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

DOCUMENT NUMBER - DATE

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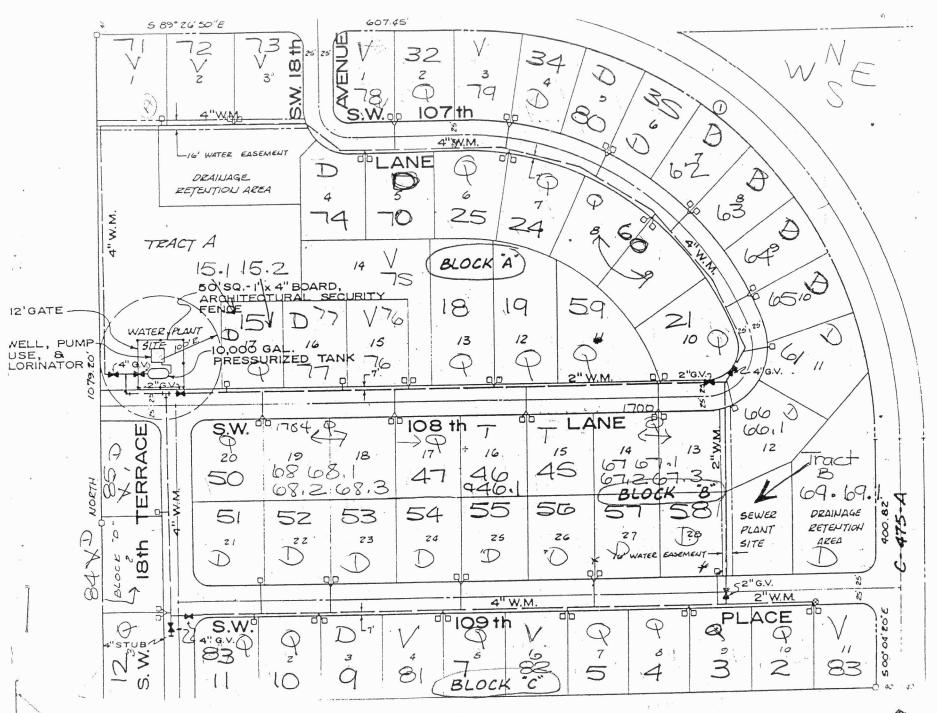
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Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (1) DETAILED MAP



- QUAIL RUN- 5/D10

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

Quail Dun	<u>Date</u>	<u>Gallons</u>	Unit Price	Total
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.

the spin of	FOR LAB USE ONLY
	TIME RECEIVED / DATE RECEIVED AND ANALYZED
RECEIVED BY:	10x 18 10 5x17:19
SAMPLE PRESERVATION:	G-ONICE ONOT ONICE 7.7
DISINFECTANT CHECK:	NOT DETECTED □mg
THIS SAMPLE DOES NOT	MEET THE FOLLOWING NELAC REQUIREMENT(S):
	MEET THE FOLLOWING NELAC REQUIREMENT(S):
DATE/TIME PWS NOTIFIED	MEET THE FOLLOWING NELAC REQUIREMENT(S): BY LAB OF POSITIVE RESULTS: NOTIFIED BY:
DATE/TIME PWS NOTIFIED PERSON NOTIFIED:	BY LAB OF POSITIVE RESULTS:

Aqua Po	Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265 SAMPLE COLLECTION AND REPORT	DISINFE	SAMPLE PRESERVATION: GONT CE NOT ON ICE CONTROL CONTRO								
TOTAL COLIFORM ANALYSIS Press Hard. (4) copies (Page 1 of 1) DATE STATE NO PAID CH				S NOTIFIED BY LAB OF POSITIVE RESULTS: NOTIFIED BY: DIFFIED BY LAB OF E, coli POSITIVE RESULTS: ECK OR RECEIPT #:							
YSTEM I	NAME: QUAIL RUM		PWS ID:	3422	1046 SYSTEM PHO	ONE: <u>352 .</u>	34 73	222			
YSTEM A	ADDRESS: 560 10841					COUNTY: /					
LIENT:	Sumstand Atalitals COLLECTOR:	Mas	16 1	y de	COLLECTOR PH	HONE: 35	2,27,1	3750			
YPE OF	SUPPLY (Check Box):	☐ Noncomr	nunity V	later System	n □ Nontransient No	oncommun	ity Wate	r System			
REASON	FOR SAMPLING (Check Box): Routine Compliance		☐ Rep	lacement	☐ Main Clearance / □	Well Surv	ey	Cambridge Cambri			
	☐ Other:				10.5 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 ×	Sange of the					
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	TO BE COMPLETED BY SAMPLE COLL	ECTOR				MPLETED B					
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	Total coliform & E. co Lab Sample Number	Total coliform	E. coli	Data Qualifier²			
13	usell	4450 m.	K	(g/ -/	Submission Number:	A					
23	1644 543 109 TH PL	4510 N	D	D.L.	110690	A					
33	18275W 108 W LN	458pm	D	D. In	MO 691	A					
							7, 1945	,			
					46		i e				
commun	e of disinfectant residuals for routine and repeat sample hity and nontransient noncommunity systems serving popular 4,900. Do not include raw or plant samples in the average	ations up to and	or .	D 60	Time(s) Analyzed:	7pm		40.42			
Disinfe Person	ctant Residual Analysis Method: DPD Colorimetric performing analysis is: A certified operator (#)	Other:	tified lab or DOH] -///	chael Man	vae		<i>O−/O</i> DATE			
Results: A	re performed in accordance with NELAC standards. = coliforms are absent; P = coliforms are present ple Type Codes: D = Distribution (Routine Compliance); C = Repea n Florida Administrative Code Rule 62-160, Table 1	at or Check; R = I	Raw; N =	If you have a	resented herein relate only to the say questions regarding this report, oution; $P = Plant Tap$; $S = Span Tap$; $S = Span$	please call Lisa	Saupp at (
NAME A	Sunshing Address of PERSON/FIRM TO RECEIVE	HEPORT LIA	□ Ir □ R □ R	epeat Samp eplacement	ollection Information les Required Samples Required by DEP/DOH:	DEI	P/DOH (USE ONLY			

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1300	0.001	25 A)	34426	1

	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.

	FOR LAB USE ONLY
	TIME RECEIVED / DATE RECEIVED AND ANALYZED
RECEIVED BY:	FEB 15 '10 PK 1/31
SAMPLE PRESERVATION:	GONTEE DINOT ON ICE 7.6 °C
DISINFECTANT CHECK:	□ NOT DETECTED □mg/L
THIS SAMPLE DOES NOT I	MEET THE FOLLOWING NELAC REQUIREMENT(S):
	150 Carlot (150 Ca
DATE/TIME PWS NOTIFIED	BY LAB OF POSITIVE RESULTS:
PERSON NÓTIFIED:	NOTIFIED BY
DATE STATE NOTIFIED BY LA	AB OF E. coli POSITIVE RESULTS:
PAID CHECK OR RECI	IPT #:

Aqua Pure	Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265	SAMPLE PRESERVATION: GONTICE ONOT ON ICE CD SINFECTANT CHECK: GONTICE ONOT DETECTED OT THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):									
FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS Press Hard, (4) copies (Page 1 of 1) DATE STATE NOTIFIED PAID CHECK-OR					BY LAB OF POSITIVE RESULTS: NOTIFIED BY AB OF E coli POSITIVE RESULTS: EIPT #:						
YSTEM NAME:	Qual Prus		PWS ID	3424	<u>0460</u> SYSTEM PHO			√ ("") '			
YSTEM ADDRE	. C. S.	Maria	· C/	1111							
CLIENT: <u>ALLU</u>		<u> Mau</u>	<u>(</u>	Votor System	COLLECTOR PH						
TYPE OF SUPPL	Y (Check Box):	tiffér:	<u> </u>	1 /	Port in Processing	l Well Surv	egents)	# \(\frac{1}{2} \cdot \)			
SAMPLE COLLE	ection date(s): $\frac{2.14-10}{}$	REM	ARKS:_								
	TO BE COMPLETED BY SAMPLE COLL	FCTOR			TO BE CON						
Sample	Sample Point	Collection	Sample	Disinfect Res'd.	Lab Sample	i analysis met Total coliform	thod: SM9 E. coli	223B Data Qualifier ²			
No.	(Location or Specific Address)	Time	Type ¹	(mg/L)	Number Submission Number	Comoin		Qualifier			
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3-3/1	15256016774 LAI	903A.M.	D	6.6	1101947	A_{-}	10.000	75 (C. 26)			
	· Yerry Conthill Kerly French	englast :	(e.v.)	e announce of the	Jan	· • • • •	(ka)				
community and	sinfectant residuals for routine and repeat sampled nontransient noncommunity systems serving popular. Do not include raw or plant samples in the average	tions up to and	r t	0.6	Time(s) Analyzed:	pm					
Person perfor A certif	ming analysis is: fied operator (#)	Other:	tified lab or DOH	<u> </u>	Mar Men	١٤	2/7	Z- //) DATE			
Results: A = colifo DEP Sample Type	rmed in accordance with NELAC standards. rms are absent; P = coliforms are present e Codes: D = Distribution (Routine Compliance); C = Repeat Administrative Code Rule 62-160, Table 1	at or Check; R = F	Raw; N ≈	If you have a	resented herein relate only to the s ny questions regarding this report,	please call Lisa	Saupp at (3	12 (25 1) 10 10 10 10 10 10 10 10 10 10 10 10 10			
	AILING ADDRESS OF PERSON/FIRM TO RECEIVE	REPORT	n.s	Satisfactory		DE	P/DOH I	USE ONLY			
\ \{	LUMANIA BULLETA	6	O 1 O F	ncomplete C Repeat Samp	ollection Information les Required Samples Required						
	Bellemen 13	4436			by DEP/DOH:						



AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 Silver Springs, Florida 34488-2349

	FOR LAB USE ONLY
	TIME RECEIVED / DATE RECEIVED AND ANALYZED
RECEIVED BY:	MAR 15 10 PH 1:31
SAMPLE PRESERVATION:	DONTCE DINOT ON ICE $\frac{9.7}{}$ °C
DISINFECTANT CHECK:	D-NOT DETECTED □mg/L
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oracia di Santanta di Santa d Santa di Santa di Sa	
DATE/TIME PWS NOTIFIED	BY LÂB OF POSITIVE RESULTS!
DATE/TIME PWS NOTIFIED PERSON NOTIFIED	

(352) 625-2822, Ext. 30 Laboratory No. E83265	DISINFECTANT CHECK: DINOT DETECTEDmg/L									
SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS (Press Hard, (4) copies (Page 1 of 1)	DATE/TIN PERSON DATE ST	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: WWW. BUNG	J.	PWS ID:	There are in the Strategie	SYSTEM PHO		area a				
SYSTEM ADDRESS: SUN 100 100	7W			<u> </u>						
CLIENT: JUNA WA O LILLA VILLA COLLECTOR:	•	1-11/19		COLLECTOR PH						
TYPE OF SUPPLY (Check Box): Community Water System	Noncomm	nunity V	/ater System	□ Nontransient No	100					
REASON FOR SAMPLING (Check Box): Routine Compliance	Repeat				Well Surv	еγ				
☐ Other:										
SAMPLE COLLECTION DATE(S): 3/14/20/13	REM.	ARKS:								
TO BE COMPLETED BY SAMPLE COLL	ECTOR			TO BE COM			2000			
Sample Sample Point	Collection	Sample	Disinfect Res'd	Total coliform & E. coli Lab Sample	Total	E. coli	Data Ωualifier²			
No. (Location of Specific Address)	Time :	Type1	(mg/L)	Number Submission Number:	coliform.		Qualitier			
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23 17212 562 1027 211	1715 p.M.	D	D 4	1103190	A					
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The second secon		1		1	1 4	À	15 5 5 5 m			
Average of disinfectant residuals for routine and repeat sample community and nontransient noncommunity systems serving popular including 4,900. Do not include raw or plant samples in the average	itions up to and	ľ.	0.8	Time(s) Analyzed:	M					
Disinfectant Residual Analysis Method: DPD Colorimetric Person performing analysis is:	Other: ployed by a cerl ployed by DEP	tified lab or DOH	<u>-212</u>	Educal Mac	-2.¢-		7-77 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 = Repea Defined in Florida Administrative Code Rule 62-160, Table 1	at or Check; R = F	Raw; N =	If you have ar	esented herein relate only to the say questions regarding this report, I	please call Lisa pecial (cleara	Saupp at (
NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE	REPORT	0 II	lepeat Sampl	ollection Information es Required Samples Required	DE	P/DOH	USE ONL			

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	DEP/DOH USE ONL)
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Incomplete Collection Information	
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l Replacement Samples Required	
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DEP/DOH Reviewing Official:	
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A	AQUA PURE WATER &				FOR LAB USE ONLY	•					
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	10865 East State Road 40 Silver Springs, Florida 34488-2349	SAMPLE		VATION:	TON ICE INOT ON ICE 7./ °C						
tqua P	(352) 625-2822, Ext. 30	DISINFE	DISINFECTANT CHECK: TO NOT DETECTEDmg/L								
	Laboratory No. E83265	THIS S	THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):								
	SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER	DATE/TI	ME PWS	NOTIFIED E	BY LAB OF POSITIVE RES	SULTS:					
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	Press Hard, (4) copies (Page 1 of 1)	DATE ST	DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:								
		□ PAID	CHE	CK OR RECE	IPT #:						
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YSTEM A	ADDRESS: 500 108 LAI	-				COUNTY:	Ma	1001			
LIENT:x(Sumshing Ittilities COLLECTOR:		Alla	4 /2	de COLLECTOR	PHONE: 35/2	RAZ	35/51			
YPE OF	SUPPLY (Check Box): 🖟 Community Water System	☐ Noncomr	nunity V	Vater Systei	m 🚨 Nontransient I	Noncommun	ity Wat	er System			
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	U Other:										
AMPLE	COLLECTION DATE(S): 4/35/10	REM	IARKS:_								
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	TO BE COMPLETED BY SAMPLE COLLE	ECTOR			Total coliform & E. c	MPLETED B oli analysis met		9223B			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier			
1-3	well	Juranam	R		Submission Number: M 10 5/68	A					
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Average	of disinfectant residuals for routine and repeat samples	. (Complete fo	r		Time(s) Analyzed:	AT THE RESERVE					
commun	ity and nontransient noncommunity systems serving population 4,900. Do not include raw or plant samples in the average.)	ons up to and		0.7	Q:15p.	m					
Disinfec	tant Residual Analysis Method: 🗵 DPD Colorimetric	Other:			L						
	performing analysis is: A certified operator (#)	loyed by a cert		(C)	Victor FIII	20.6	d.	79.117			
S . 9	Supervised by a cert operator (#	loyed by DEP	or DOH		TECHNICAL DIRECTOR			DATE			
Results: A	e performed in accordance with NELAC standards. = coliforms are absent; P = coliforms are present ole Type Codes: D = Distribution (Routine Compliance); C = Repeat of	or Check; R = F	law; N =	If you have a	resented herein relate only to the ny questions regarding this report outlion; $P = Plant Tap$; $S = S$	t, please call Lisa	Saupp at (
	Florida Administrative Code Rule 62-160, Table 1	EDODT				DEI	5/DOH	USE ONL			
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3 Satisfactory	
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Repeat Samples Required	
Replacement Samples Required	
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DEP/DOH Reviewing Official:	

		FO	R LAB USE ONLY		- V					
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Silver Springs, Florida 34488-2349	SAMPLE PRESERVAT	`	NOT DETECTED		mg/l					
(352) 625-2822, Ext. 30	DISINFECTANT CHEC			7574 5447 475 4.595	DUIREMENT(S):					
Laboratory No. E83265	THIS SAMPLE DOE	S NOT MEET	THE FULLOWING NECA	o IIEdoinelvie						
SAMPLE COLLECTION AND REPORT			D OF POSITIVE RESILLT	S.						
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	1	OR RECEIPT #								
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and the second of the second o	The state of the s	1.1.	Main Clearance	Well Survey						
EASON FOR SAMPLING (Check Box). 🔎 Routine Compliance	e la Repeat la Replac	ement 🖵	iviain Glearance 🚨	v reni Gui vey						
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AMPLE COLLECTION DATE(S): 5-17-2010	REMARKS:				ar an ar great par					
AMPLE COLLECTION DATE(O)		Principal Control								
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TO BE COMPLETED BY SAMPLE CO	tally a second consequence of the property of		Total coliform & E. coli	analysis method	d: SM9223B					
Sample Point	Collection Sample	Disinfect Res'd	Lab Sample Number	Total E	. coli Dat Qualif					
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Average of disinfectant residuals for routine and repeat sam	ples. (Complete for		Time(s) Anal∛zed: ∫		il di ate					
community and nontransient noncommunity systems serving por	outations up to and	0.5	3:25 Pm							
including 4,900. Do not include raw or plant samples in the avera	age.)									
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Tt 4 ditied encretor (#	Employed by a certified lab Employed by DEP or DOH	71/w	TECHNICAL DIRECTOR	rae :	DATE					
Supervised by a sort operation (The results prese	ented herein relate only to the s	amples submitted						
All tests are performed in accordance with NELAC standards. Results: A = coliforms are absent; P = coliforms are present			questions regarding this report,							
DEP Sample Type Codes: D = Distribution (Houtine Compliance); C = ne	epeat or Check; R = Raw; N = E	ntry to Distribut	ion; $P = Plant Tap; S = Sp$	eciai (ciearanc	e, e.c.)					
Defined in Florida Administrative Code Hule 62-160, Table 1				California de Santa de Cal	/DOH USE C					
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Julia in a concern			amples Required	Mart S						
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1 HOUVELURE VI	DEP/	DOH Review	ing Official:		1.1.2%					
		Charles C.C. Aside		5 74 (5 12 5 2	Revise					

A AOU	A DURF WATER &				FOR LAB USE ONLY	galacepan same	38,546					
SEWA	(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) EM NAME:) BV:	JC	DATE RECEIVED AND ANALYZED / TIME RECEIVED JUN 21 10 ANIO 55							
	10865 East State Road 40 er Springs, Florida 34488-2349 (352) 625-2822, Ext. 30	SAMPLE	PRESER\ TANT CH	/ATION: IECK:	ON ICE ONOT ON ICE 7.8 °C NOT DETECTED OF M9/L THE FOLLOWING NELAC REQUIREMENT(S):							
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. coil ANALYSIS Press Hard, (4) copies (Page 1 of 1) TEM NAME: OLLECTOR: OTHER OF SUPPLY (Check Only One): Community Water System Other: ASON FOR SAMPLING (Check All That Apply): Distribution Routine Distribution Repeat Replacement (also check type of sample being MPLE COLLECTION DATE(S): OTHER OF SUPPLY (Check Only One): TO BE COMPLETED BY SAMPLE COLL Sample Point (Location or Specific Address) TO BE COMPLETED BY SAMPLE COLL Sample No. (Location or Specific Address) Signification Residual Analysis Method: DPD Colorimetric Preson performing disinfectant analysis is: A certified operator (#		PERSON	NOTIFIEI P/DOH I	D: NOTIFIED BY	/ LAB OF POSITIVE RESUL LAB OF E. coli POSITIVE I	NOTIFIED E	The Townson St.					
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Distribution Routine Clearance	☐ Distribution Repeat ☐ Raw (trigge cement (also check type of sample being	replaced) [ater Notice	gered or assessment) add		☐ Well	Survey				
	TO BE COMPLETED BY SAMPLE COLL	ECTOR			TO BE COM Total coliform & E. coli ana	IPLETED B lysis method	Y LAB : Colilert (S	SM9223B)				
Sample No. (L	Sample Point ocation or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifie				
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Disinfectant Residual A Person performing dis A certified opera Supervised by a Employed by a Authorized representation	Analysis Method: (2) DPD Colorimetric infectant analysis is: tor (#	Other:) DH		The results I	TECHNICAL DIRECTOR	າ <u>)</u> ເຂ_ :amples submil	ted.	2 <i>プー</i> 化 DATE				
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Fell.	EVIEW TL 2445	1559	Da		by DEP/DOH:							

A AQUA PURE WATER 8	•			FOR LAB USE ONLY							
SEWAGE SERVICE, INC		D BV:	u [DATE RECEIVED AND AN	4 24 - 14 1	IME REC	EIVED				
10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265	SAMPLE DISINFE	PRESER	VATION: HECK:	MONICE NOT ON ICE 8-9 °C O NOT DETECTED O mg/L TET THE FOLLOWING NELAC REQUIREMENT(S):							
SAMPLE COLLECTION AND REPORT' FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS Press Hard, (4) copies (Page 1 of 1)	PERSON	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 #:									
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verage of disinfectant residuals for routine and repeat sample ree chlorine or Total chlorine (circle one). Isinfectant Residual Analysis Method: DPD Colorimetric	0s,3· □ Other:	Transfer service	66	Time(s) Analyzed:	in.	Section 1	t Estate				
Person performing disinfectant analysis is: ☐ A certified operator (#))H		-77	What Nows	<u>C </u>	7-4	Grid DATE				
tests are performed in accordance with NELAC standards, soults: A = coliforms are absent; P = coliforms are present EP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeatined in Florida Administrative Code Rule 62-160, Table 1 omplete for community and nontransient noncommunity systems serving political contractions.		CAR BURNESS	If you have a Entry Point to		please call Lisa 3 = Special (ed. Saupp at clearance	(352) 625-2				
AME AND MAILING ADDRESS OF PERSON/COMPANY TO REC		□ S □ Ir □ R	atisfactory icomplete (epeat Sami	Collection Information bles Required Samples Required		P/DOH	USE ON				
102302	Pro Comment			by DEP/DOH:							

Bollewes 7/3490 DEP/DOH Reviewing Official:_

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A	SEWAGE SERVICE, INC	•	مستري	10	DATE RECEIVED AND A		IIVIE REC	EIVED
	10865 East State Road 40	INCOLIVE		RVATION:		OT ON ICE	10	P- / °C
Aqua Po	Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30	DISINFE			NOT DETECTED			mg/L
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	SAMPLE COLLECTION AND REPORT							
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Disinfe	ctant Residual Analysis Method: DPD Colorimetric performing disinfectant analysis is:	☑ Other:						
	A certified operator (#			14.54	1. Cm		, mar.	
	Employed by a certified lab	H		1	hepal Mos	٥١	18-	18-11
	re performed in accordance with NELAC standards.				TECHNICAL DIRECTOR presented herein relate only to the			DAIE
Results: A	= coliforms are absent; P = coliforms are present ple Type Codes: D = Distribution (Routine Compliance); C = Repeat	t or Check; R = I	Raw; N		any questions regarding this report Distribution; $P = Plant Tap$;			
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	ND MAILING ADDRESS OF PERSON/COMPANY TO RECE					The second secon	Since Spirit Halbirday	USE ON
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	DE HWY 25 EVIEW, FL 84420-5531				by DEP/DOH:			
	47 8228 FL 84420-5531		DE	P/DOH Revi	ewing Official:	y politically design		John S. F.

347-8228

A	AQUA PURE WATER &			<u>-</u>	FOR LAB USE ONLY	A second second	grisi	10 K
A		WAGE SERVICE, INC. 10865 East State Road 40 Silver Springs, Floridia 34488-2349 (SS2) 625-2822; Ext. 30 Laboratory, No. E83255 E COLLECTION AND REPORT IMP FOR DRINKING WATER COLLECTION AND REPORT IMP FOR DRINKING WATER COLLECTION AND REPORT IMP FOR DRINKING WATER COLLECTOR PART OF COLLECTOR DATE DEPP JOHN OTHERD BY LAB OF E-coll POSITIVE RESULTS COLLECTOR PHONE COLLECTOR PWS. ID. JULIA 1982 SAMPLE DOES NOT MEET THE FOLLOWING, NELAD RE COLLECTOR PHONE Mack Only One Control Contro		IME REC	EIVED:			
	10865 East State Road 40	Since Lower Control		VATION:		garden by Miller of the	7.	3 ℃
gua Po	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) JAME: DDDRESS: DNon-Transient Non-Communit Use System							mg/L
	Laboratory No. E83265	THIS SAI	MPLE DC	ES NOT MEE	t the following nelac	REQUIREM	MENT(S):	
	FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS							**************************************
	Press Hard, (4), copies (Page 1, or 1)					RESULTS:_		Successor.
STEM	JAME QUAIL PULL		PWS ID	3424	134/10 SYSTEM PHO	NE: <u>#45</u> 2	34,72	227
					C	OUNTY:	Nas.	Bu
_IENT:3	Acces to a late of the contract of the contrac	Ma	40	S-111	2 COLLECTOR PH	ONE: 350	2,28.7	5/5/
Limited	I Use System □ Other: FOR SAMPLING (Check All That Apply):					agentalia estas		Survey
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MPLE	and the second s		VIIVIEIVI					SN40222B)
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er heart	State of the state	reducint follows: Sund	Y 4	1	Section of the section	a sametra de	Clave J. Mercus	A Agranta
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Disinfe	ctant Residual Analysis Method: 🖾 DPD Colorimetric	Other:			1 7 7 2	<i>f</i> :		
	A certified operator (#	<u> </u>		-72	Tichael 10%	مريد	9:	7-10
<u> </u>	Authorized representative of supplier of water			The results n		emples submit		DATE
		or Check; R = I	Raw; N ≈	If you have a	ny questions regarding this report, I	oleasé call Lisa	a Saupp at	(352) 625-28 , etc.)
Defined in Complete	n Florida Administrative Code Bule 62-160, Table 1 for community and nontransient noncommunity systems serving popul	llations up to an				in the aver	age.	186
JAME A	ND MAILING ADDRESS OF PERSON/COMPANY TO RECE	IVE REPORT				DE	P/DOH.	USE ONI
			lo i	ncomplete C				
	SUNSHINE UTILITIES							
	BELLEV EW FL 34420-5631		Dat	te Reviewed	by DEP/DOH:			
	352-347-8228		DE	P/DOH Revie	ewing Official:		04/400===	5 45 5 4 5 5 C
					100	THE ALL	" " " UUE D	THEAT NO!

	DEP/DOH USE ONI
☐ Satisfactory	
☐ Incomplete Collection Information	
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Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	
	-1 F# 04/400E Davicad 09/9/



AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 Silver Springs, Florida 34488-2349

	FOR LAB USE ONLY							
RECEIVED BY:	DATE RECEIVED AND ANALYZED / TIME RECEIVED							
SAMPLE PRESERVATION:	DONICE DINOT ON ICE 9.4 °C							
DISINFECTANT CHECK:	Ø-NOT DETECTED □mg/L							
THIS SAMPLE DOES NOT ME	EET THE FOLLOWING NELAC REQUIREMENT(S):							
DATE/TIME PWS NOTIFIED	BY LAB OF POSITIVE RESULTS:							
	BY LAB OF POSITIVE RESULTS:NOTIFIED BY:							
PERSON NOTIFIED:								

	(352) 625-2822, Ext. 30 Laboratory No. E83265			HECK: ES NOT MEE	T THE FOLLOWING NELAC	REQUIREN	1ENT(S):	mg/L
	SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER	DATE/TI	ME PWS	NOTIFIED BY	Y LAB OF POSITIVE RESUL	_TS:		
	TOTAL COLIFORM / E. coli ANALYSIS				LAU O, TOOM VE HEGGE			
	Press Hard, (4) copies (Page 1 of 1)	DATE DE	EP/DOH	NOTIFIED BY	LAB OF E. coli POSITIVE	RESULTS:_		
		☐ PAID	CHE	CK OR RECEI	PT #:			
YSTEM I	シンプラ ハラエイ		PWS ID:	3424	104/0 SYSTEM PHO	ONE: 35.3	-	
	ADDRESS: OW 100 LAT	Ma	11/1	SILL	COLLECTOR PH			
	SUPPLY (Check Only One):		1		COLLECTOR PR			
	SUPPLY (Check Only One): unity Water System							
	d Use System							
REASON	FOR SAMPLING (Check All That Apply):							C
Distrib	ution Routine Distribution Repeat Raw (triggince Replacement (also check type of sample being	ered or assessm a replaced)	nent) □ ☑ Boil W	→ Raw (trigg /ater Notice	gered or assessment) add • Other:		☐ Well	Survey
AMPLE				`	TO BE COM		Y LAB	
	TO BE COMPLETED BY SAMPLE COL	Collection	Sample	Disinfect.	Total coliform & E. coli anal	lysis method: Total	1000	SM9223B) Data
Sample No.	Sample Point (Location or Specific Address)	Time	Type ¹	Res'd (mg/L)	Number	coliform	E. coli	Qualifier ²
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Free chl	lorine or Total chlorine (circle one).			0.5	//:5	7 An	~	
Person	ctant Residual Analysis Method: 🖼 DPD Colorimetric performing disinfectant analysis is:	Other:						
	A certified operator (#	ents.		211	LI CM			0-10
	Employed by a certified lab	ОН		116	TECHNICAL DIRECTOR		- CO 6	DATE
Results: A DEP Sam	re performed in accordance with NELAC standards. = coliforms are absent; P = coliforms are present uple Type Codes: D = Distribution (Routine Compliance); C = Repe	eat or Check; R = I	Raw; N =	If you have a	resented herein relate only to the samy questions regarding this report, p Distribution; P = Plant Tap; S	olease call Lisa	Saupp at (
³ Complete	n Florida Administrative Code Rule 62-160, Table 1 for community and nontransient noncommunity systems serving po		d including	g 4,900. Do no	t include raw or plant samples			1 4 2 2 2 1 1 4 2 2 2 2 1
NAME A	ND MAILING ADDRESS OF PERSON/COMPANY TO RE	CEIVE REPORT	o s	atisfactory		DEI	P/DOH I	USE ONL
	SUNSHINE LITHER		□ Ir	complete C	ollection Information			
	SUNSHINE UTILITIES 10230 E. HWY 25		The second secon	선생님이 얼마나 아들이 있는데 그 보고 있는데 없다.	les Required Samples Required			
	BELLEVIEW, FL 34420-5531		Date	e Reviewed	by DEP/DOH:			
	352-347-8228				wing Official:			

SYSTEM ADDRESS:

TYPE OF SUPPLY (Check Only One):

SAMPLE COLLECTION DATE(S):

REASON FOR SAMPLING (Check All That Apply):

Community Water System ☐ Limited Use System

Distribution Routine

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

AQUA PURE WATER &	ઢ			FOR LAB USE ONLY			
EWAGE SERVICE, IN		DV-	10	DATE RECEIVED AND AND AND AND AND AND AND AND AND AN		ME RECE	IVED
10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265	SAMPLE I	PRESERV	ECK:	G-NOT DETECTED THE FOLLOWING NELAC	ON ICE REQUIREM		mg/L
MPLE COLLECTION AND REPORT FORM FOR DRINKING WATER AL COLIFORM / E. coli ANALYSIS Press Hard. (4) copies (Page 1 of 1)	PERSON	NOTIFIED): IOTIFIED BY	LAB OF POSITIVE RESULT LAB OF E. coli POSITIVE	NOTIFIED B		
Qualkus	- I	PWS ID:_	3424	16410 SYSTEM PHO			
ss: 5(1) 103 LN	N 1	35-14-55-8			COUNTY: /		
Y (Check Only One): Vater System Other:	· · · · · · · · · · · · · · · · · · ·		, i	COLLECTOR PHONON	ing in the	1	7/5()
AMPLING (Check All That Apply): loutine	ig replaced)	⊒ Boil W	ater Notice	☐ Other:		□ Well	Survey
TO BE COMPLETED BY SAMPLE COL	The property of the second second			TO BE CON Total coliform & E. coli and	MPLETED B	Y LAB Collect (SM9223B)
Sample Point (Location or Specific Address)	Collection Time 3	Sample Type!	Disinfect. Res'd (mg/L)	Lab Sample Number Report/Submission Number	Total coliform	E. coli	Data Qualifie
是一种。1995年,1995年,中国的市场的基础的企图,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年		****			生生 建于洛尔克及安克	4	
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16 () 644 540 10974 PL	LOHOP M.	R D	10.5 10.5	MIC(2) 63	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		

No.	(Location or Specific Address)	11116	урод	(mg/L)	Report/Submission Number:	ALC: NOTE OF STREET
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A	of disinfectant residuals for routine and repeat sample	S,3			Time(s) Analyzed:	الإنتهاد

Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: TDPD Colorimetric

Person performing disinfectant analysis is:

- □ A certified operator (#
- Supervised by a certified operator (#___
- ☐ Employed by DEP or DOH Employed by a certified lab
- Authorized representative of supplier of water

All tests are performed in accordance with NELAC standards, Results: A = coliforms are absent; P = coliforms are present

The results presented herein relate only to the samples submitted.

If you have any questions regarding this report, please call Lisa Saupp at (352) 625-28 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.)

*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 BELLEVIEW, FL 34420-5531 352-347-8228

	DEP/DOH USE ON
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DER/DOH Reviewing Official:	

100 EEO 720 Panating Format Effective 01/1995. Revised 02/20

A	AQUA PURE WAIER &			- г	DATE DECEMED AND AN	ALVZED / T	CINAL DEC	EIVED				
	SEWAGE SERVICE, INC	■ RECEIVE	D BV:	James .	DATE RECEIVED AND AN		IIVIE REC	CIVED				
iqua Pure	10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30	SAMPLE	PRESER CTANT C		□ NOT DETECTED □ mg/L							
	Laboratory No. E83265	THIS SA	MPLE DC		T THE FOLLOWING NELAC	4 W 4 DE 1	34 (43 a 14 a 14)					
	SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS Press Hard, (4) copies (Page 1 of 1)	PERSON	DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: PERSON NOTIFIED: NOTIFIED BY: DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:									
	(1,633 t lalid),(4),(50pc),(1,65	DATE DI	PERSONAL PROPERTY.		/ LAB OF E. coli POSITIVE							
/STEM NA	ME: Qual Rus		PWS ID	3424	<u>///4//c</u> system pho			A CONTRACTOR OF THE PARTY OF TH				
YSTEM AD	DRESS: 56 10 5 411	Mas	10.	Edu	COLLECTOR PH	OUNTY:_/						
	IPPLY (Check Only One):	.)			2							
and the second second	ity Water System	Water Syster	n 🗆	Transient N	lon-community Water Sys	stem * ****	29	6 y 1 x x x x x x x x x x x x x x x x x x x				
	on SAMPLING (Check All That Apply): on Routine Distribution Repeat Baw (triggere	d or assessn	nent)	☐ Raw (trig	gered or assessment) add	litional	☐ Well	Survey				
Distribution Clearance	Replacement (also check type of sample being re	eplaced)	☐ Boil V	Vater Notice	Other:		P					
AMPLE CO	DILECTION DATE(S): $11-7-2010$		MMENT	S:	ТО ВЕ СОМ	PLETED B	Y LAB					
Sample	TO BE COMPLETED BY SAMPLE COLLECTION Sample Point	Collection	Sample	Disinfect Res'd	Total coliform & E. coli anal Lab Sample	Total	E coli	Data				
No.	(Location or Specific Address)	Time	Type¹	(mg/L)	Number Report/Submission Number:	coliform		Qualifie				
2/	uf l l	130p.M	K		11013349	<i> </i>						
13/		136PM	D	1.7	110/5350	 						
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inger (*)												
1.5 - 5 - 60 - 5				# = = = = = = = = = = = = = = = = = = =								
	of disinfectant residuals for routine and repeat samples. ne or Total chlorine (circle one).	3'		1.7	Time(s) Analyzed:	6pm		ar Colores				
Disinfecta	Pure 18 1 State of the second state of the sec	Other:					7.1	4.5				
Su ☐ En	certified operator (#			9771	ichael Mars	٤	11-4	9-777 DATE				
All tests are p Results: A = 0 DEP Sample	performed in accordance with NELAC standards. coliforms are absent; P = coliforms are present Type Codes: D'= Distribution (Routine Compliance); C = Repeat of	or Check; R =	Raw; N =	If you have a	TECHNICAL DIRECTOR presented herein relate only to the samp questions regarding this report, properties of the present of the	olease call Lisa	a Saupp at (
Complete for	orida Administrative Code Rule 62-160, Table 1 community and nontransient noncommunity systems serving popul MAILING ADDRESS OF PERSON/COMPANY TO RECEL		□ S	atisfactory			MARK TO COLUMN THE PARTY OF THE	USE ON				
	SUNSHINE UTILITIES 10230 E. HWY 25 BELLEVIEW FLOOR		□ R	epeat Samp	ollection Information les Required Samples Required							
	BELLEVIEW, FL 34420-5531		Dat	e Reviewed	by DEP/DOH:							

	DEP/DOH USE ONL
☐ 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 Springer Florida 34488-2349

	FOR LAB USE ONLY
RECEIVED BY:	DEC 8'10 HH11:54
SAMPLE PRESERVATION:	O ON ICE O NOT ON ICE 9020°C
DISINFECTANT CHECK:	MOT DETECTED mg/L
THIS SAMPLE DOES NOT ME	EET THE FOLLOWING NELAC REQUIREMENT(S):
THIS SAIVII EL DOLG IVOT IVIL	ET TILL I OLLOWING NEEDS JILLOUINE MEDITION.
	BY LAB OF POSITIVE RESULTS:
DATE/TIME PWS NOTIFIED	
DATE/TIME PWS NOTIFIED PERSON NOTIFIED:	BY LAB OF POSITIVE RESULTS:

Aqua Po	(352) 625-2822, Ext. 30 Laboratory No. E83265			HECK: ES NOT MEE	T THE FOLLOWING NELAC	4 2 2 2							
	SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS Press Hard, (4) copies (Page 1 of 1)	PERSON	DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: PERSON NOTIFIED: DATE DEP/ DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: PAID CHECK OR RECEIPT #:										
YSTEM N	NAME: QUALL BUN ADDRESS: 560108, LM		PWS ID:		<u> 7040</u> system pho с		m 4	E 2.					
	MM Share Utilities collector:	Maria	180		COLLECTOR PH								
Common Co	SUPPLY (Check Only One): unity Water System	red or assessm	nent) [[]] Boil W	☐ Raw (trig	gered or assessment) add	itional	☐ Well						
SAMPLE			VIIVIENTS	·	TO BE COM	PLETED B	Y LAB						
Sample	TO BE COMPLETED BY SAMPLE COLL Sample Point	Collection Time	Sample Type ¹	Disinfect Res'd	Total coliform & E. coli anal Lab Sample Number	Total coliform	E coli	100 E 100 E 100 E					
No.	(Location or Specific Address)	9/54·M·	R	(mg/L)	Report/Submission Number: M1014477	A							
23	1720 56710874 LN	9210 M.	D	() . hof	M10 14478	A	- 10						
3-3	18175WO 1U974 PL	9240m.	D	04	M1014479	A							
			7			3		ETK W					
	of disinfectant residuals for routine and repeat sample orine or Total chlorine (circle one).	s.³		04	Time(s) Analyzed:	on							
Person	tant Residual Analysis Method: DPD Colorimetric performing disinfectant analysis is: A certified operator (# Supervised by a certified operator (# Employed by a certified lab Employed by DEP of DC Authorized representative of supplier of water	Other:) DH		<u>-214</u>	chael Mors	<u>/</u>	12-4	The second second					
All tests and Results: A DEP Samus Poefined in Complete	e performed in accordance with NELAC standards. = coliforms are absent; P = coliforms are present ple Type Codes: D = Distribution (Routine Compliance); C = Repea Florida Administrative Code Rule 62-160, Table 1 for community and nontransient noncommunity systems serving pop	oulations up to and		If you have a		ease call Lisa = Special (o in the avera	led. Saupp at (Collearance, age.	etc.)					
NAME A	SUNSHINE UTILITIES 10230 E. HWY 25	EIVE REPORT	□ In □ Re	epeat Samp	ollection Information les Required Samples Required	DE	P/DOH (USE ONLY					

BELLEVIEW, FL 34420-5531 352-347-8228

☐ Satisfactory		
☐ Incomplete Collection Informatio	n	
☐ Repeat Samples Required		
☐ Replacement Samples Required		
Date Reviewed by DEP/DOH:		
DED (DOLL Deviewing Officials		

2010 MONTHLY OPERATION REPORTS



A .. 10 ... TO 1

500	page 4 for hista detroits.											
			Year of: January 2010)								
A.]	Public Water System (P	WS) Information	on									
	PWS Name: QUAIL R	UN						PWS Identification Nu	mber: 3424046			
		Community	Non-Transient Non-C	Community	☐ Transier	nt Non-Community	Co	nsecutive				
-	Number of Service Con	nnections at End	d of Month:			Total Population Se	erved at E	nd of Month:				
	PWS Owner: SUNSHI	NE UTILITIES	OF CENTRAL FLORI	DA, INC.								
	Contact Person: Dewaine Chiristmas Contact Person's Title: OFFICE MANAGER											
1	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:											
В.	3. Water Treatment Plant Information											
	Plant Name: QUAIL R	UN						Plant Telephone Numb	per: (352)347-8228			
	Plant Address: S.W. 108ln City: Ocala State: Fla. Zip Code: 34471											
	Type of Water Treated	by Plant:	X Raw Ground Water	Purch	hased Finished V	Vater						
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200											
	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.										
	Other Operators:											
	- Lance of Commons											
-		LICE: CO										
1	Certification by Lead	Temer Operati	Ol	and the la	- 1/-L:-C	- C41 4 4 4		1 .'C 1' D . I CA'				
in f	ne undersigned water tre	eaument plant of	ond accurate to the heat	a, am me le	ad/cniei operato	r of the water treatm	ent plant i	dentified in Part I of this	s report. I certify that the			
MIC	E International Standar	d 60 or other or	and accurate to the best of	of my known	ledge and belief.	20(2) E A C. Lalan	nking wat	er treatment chemicals to	used at this plant conform to hal operations records for this			
NO	r international Standard	a ou or other ap	plicable standards referen	ited this also	section 62-333.3	20(3), F.A.C. Taiso	certify th	at the following addition	nal operations records for this			
pia	in were prepared each d	appropriate tre	etront process performs	nce records	Furthermore	num mulcated above	(1) recor	us of amounts of chemic	cals used and chemical feed o the PWS owner so the PWS			
			of this report, at a conv				ese additio	onal operations records t	o the PWS owner so the PWS			
OW.	ner can retain them, tog	culer with copie	of this report, at a conv	ement local	tion for at least t	en years.						
	1/0/6	6.111	2/8/2010	Kelvin E E	Edun Sr			C-7459				
C:	moture by Data	4///	0)10010		Typed Name				and an			
218	nature and Date		/ /	rimied or	Typed Name			License Nur	noer			

PWS Identification Number: 3424046 Plant Name: QUAIL RUN														
111.	Daily Da	ita for tl	ic Month Ye	ar of: Janu	iary 2010									
					on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide	П	zone	Combin	ed Chlorine (Chloramines)
		t Radiati		her (Describ		2		-	,		-			,
				tained in Di	stribution Syst	em: 🛛	Free Chle	orine	Co	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
				C	T Calculations, or	UV Dose, to De								
Days CT Calculations UV Dose														
]	Plant						Lowest CT						Lowest	
1	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
1	Of Visited				Disinfectant	Contact Time	Before or	1]]		Disinfectant	'
	Visited by		Net Quantity		Concentration	(T) at C	at First				Lowest	Minimum	Concentration at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		(C) Before or at First Customer	Measurement Point During	Customer	Temp.	-11 -6	Minimum	Operating	UV Dose Required,		Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	During Peak Flow,	of Water,	pH of	CT Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation		Rate, gpd	Flow, mg/L	minutes	mg-min/L	waici, °C	Applicable			sec/cm ²	System, mg/L	Out of Operation
1	*	24	20,000	Kute, gpu	110W, High	minutes	mg-must.		Applicable	mg-mar.	300/0111	300/011	1.20	
2		24	23,000					 	†	 	†		7.50	
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					L					0.70	
12	*	24	23,000					<u> </u>				ļ	0.70	,
13		24	20,000					ļ					0.70	
14		24	25,000				<u> </u>	 		<u> </u>	 		0.60	
16		24 24	22,000 27,000			ļ	 	 	 				0.60	
17		24	28,000			 			7.60	 		 	0.60	
18	•	24	24,000			 	ļ		7.50	 			0.60 1.30	
19	*	24	27,000						<u></u>			 	1.30	
20	•	24	21,000			 			 -	 	 	 	1.30	
21	*	24	20,000					 		 	 	 	1.20	
22		24	22,000						 	—	 	 	1.20	
23		24	25,000							1			T	
24	*	24	26,000						1	 			1.20	
25	*	24	21,000				<u> </u>						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								L		0.90	
Total														
Average														

29,000

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



1. 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: Community Non-Transient Non-Community	Transient Non-Community 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:										
. 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									
	nished 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										
	e Class License Number Day(s)/Shift(s) Worked									
A LOS MARIONES A CONTRACTOR AND A CONTRA	C 7459									
Other Operators:										
L										
II. Certification by Lead/Chief Operator										
	operator of the water treatment plant identified in Part I of this preport. A certify that the									
	d belief. I certify that all drinking water treatment chemicals used an this plant conform to									
	52-555.320(3), F.A.C. I also certify that the following additional operations records for this									
	g the month indicated above: (1) records of amounts of chemical sease than chemical feed									
	ermore, I agree to provide these additional operations records to the PWS									
wner can retain them, together with copies of this report, at a convenient location for	at least ten years.									
19 19 5al 3/4/2010 Kelvin E Edum Sr	0.7450									
	<u>C-7459</u>									
ignature the Date Printed or Typed	Name License Number									

PWS	PWS Identification Number: 3424046 Plant Name: QUAIL RUN													
III.	III. Daily Data for the Month/Year of: February 2010													
Mear	s of Ach	ieving Fo	our-Log Viru	s Inactivation	on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		Ozone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ										
Type	of Disin	fectant R	esidual Main	tained in Di	stribution Syst	em: 🔀	Free Chl	orine	Con	mbined C	'hlorine (Chloram	ines) 🔲	Chlorine Dioxide
			1043	C	F Calculations, or	UV Dose, to Do	emonstrate F	our-Log	Virus Inactiv	vation, if Ap	pplicable*	_		
	Days		44.4	建 高级。	The state of the s	C1 Calcu	lations		1	1	UV	Dose	Lowest	
	Plant Staffed				Lowest Residual		Provided		1				Residual	
	or				Disinfectant	Contact Time		100 mg	7				Disinfectant	200 H
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by ,		Net Quantity		(C) Before or at	Measurement		Temp,	12.00		Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT .	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place "X")	Plant in	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L		Applicable	Required,	mW- sec/cm ²	mW- sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
Month 1	*	24	19,000	Kaic, gpu	Flow, mg/L	inniutes	ang-mu/L	, . · · · ·	Applicable	mg-mmr	300/0111	SCC/CIII	1.20	Out of Operation
2	*	24	21,000					1	<u> </u>	 	 	 	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							ļ	ļ	 	1.00	
9	*	24	24,000		-	ļ	 	ļ		 			1.00	
10	*	24	23,000 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			-	ļ	-		-	-	-	0.60	
19	*	24	25,000 23,000					-	-	-	-		0.50	
20	*	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	16	24	25,000					-					1.00	
28	*	24	25,000				-	-		-		-	1.00	
29	4	24						-		-				
30		24	-					-	-	-	-		 	
Total		24	668,000											
Avera			23,857											
Maxi	8		39,000	1										

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



		for the Month/Year of: MARCH 201	10								
4.	Public Water System (P	WS) Information				79 333 7 3					
	PWS Name: QUAIL R	UN				PWS Idea	ntification Nur	nber: 3424046			
	PWS Type:	Community Non-Transient Non-C	Community	Transier	nt Non-Community	Consecutive					
	Number of Service Cor	nnections at End of Month:			Total Population Se	erved at End of Mont	th:				
	PWS Owner: SUNSHI	NE UTILITIES OF CENTRAL FLORII	DA, INC.								
Contact Person: Dewaine Chiristmas Contact Person's Title: OFFICE MANAGER											
Contact Person's Mailing Address: 10230 E. Hwy 25 City: Belleview State: Fla. Zi											
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 R	UN				Plant Tele	ephone Numb	er: (352)347-8228			
	Plant Address: S.W. 10)8ln			City: Ocala	State: Fla		Zip Code: 34471			
	Type of Water Treated	by Plant: X Raw Ground Water	Purchased Fi	nished V	Vater						
	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.		С	7459						
	Other Operators:										
	F										
-		UCL: fO									
Ш	. Certification by Lead	eatment plant operator licensed in Florida	om the lead/shipt	onarata	r of the water treatme	ent plant identified in	Doet Lofthia	remort Leastify that the			
		is report is true and accurate to the best of									
		d 60 or other applicable standards referen									
		lay that a licensed operator staffed or visit									
		appropriate treatment process performation									
rai	es, and (2) if applicable,	ether with copies of this report, at a conv	renient location for	at least t	en vears	se additional operati	ions records to	the I was owner so the I was			
UN	inci can retain them, tog	canci with copies of this report, at a conv	oment room on for	at least t	on jours.						
	- BAR	EGAN 4/4/2010	Kelvin E Edun Sr.				C-7459				
Si	gnature and Date		Printed or Typed	Name			License Num	ber			

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	PWS I	PWS Identification Number: 3424046 Plant Name: QUAIL RUN													
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine	III. D	ailv Da	ta for th	e Month/Ye	ar of: MA	RCH 2010				~					
Type of Disinfectant Residual Maintained in Distribution System:	Means	of Ach	ieving Fo	our-Log Viru	s Inactivation	on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
Days Plant Staffed or Visited by Day of Operator the (Place Month) "X") Operation Produced, gal Rate, gpd Flow, mg/L or 1	Ult	raviolet	Radiatio	on 🗌 Otl	her (Describ	e):									
Days Plant Staffed or Visited by Day Operator He (Place Month) "X") Operation Produced, gal with the "X") Operation Produced, gal with the "X") Operation Produced, gal with the "X") Operation Power of the "X"	Type o	of Disin	fectant R	esidual Main	tained in Di	stribution Syste	em: 🛛	Free Chlo	orine				Chlorami	nes)	Chlorine Dioxide
Plant Staffed or Visited by Operator Hours (Place Plant in Water Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes Month 3 = 24 23,000 2 = 3 24 25,000 3 = 24 25,000 5 * 24 22,000 5 * 24 22,000 6 6 24 26,000 5 * 24 26,000 6 * 24 26,000 * ** Lowest CT Provided Before or A Disinfectant Contact Time Before or at Customer Temp. Minimum Operating UV Dose at Remote Conditions Repair or Maintenance Work that Involves Taking Water System Components System, mg/L Out of Operation Involves Taking Water System Components System, mg/L Out of Operation Involves Taking Water System, mg/L Out of Operation Involves Ta					C	Calculations, or			our-Log	Virus Inactiv	ation, if Ap	pplicable*			
Staffed or Visited or Visited by Net Quantity						i i	CT Calcu			1		UV	Dose		Dispersion of the second of th
Or Visited by Net Quantity Operator Hours Mater Peak Flow Munimum Peak Flow Munimum Operator Munimum Operator Munimum Operator Munimum Operator Munimum Operator Operator Munimum Operator Operator Munimum Operator O		175.16				I amost Decides !	Disimfortant		1,000		er e			10 The Land Section 1920 (1927)	
Visited by Net Quantity by Net Quantity by Net Quantity by Operation by Operator the (Place Plant in Water Peak Flow Month "X") Operation 1 * 24 23,000		Monagar correct 75%												THE RESERVE AND PROPERTY OF THE PARTY OF THE	Market State Control of the Control
by Operator Choice (C) Before or at Measurement Customer Temp of Point During During (Place Month) The (Place Month) The Coperation (Place Month) The Cop		MAKENING CONTRACTOR		and the second		Printed the Annual Company of the Co						Lowest	Minimum	The Residence of the Secretary Control of the	
the (Place Month) Plant in (Water) Water (Place) Plant in (Place) Plant in (Place) Plant in (Place) Plant in (Month) Plant in (Water) Plant in (Place) Water, if (Place) Required, mg-min/L mW-mW-mw-mg-min/L Sec/cm² System, mg/L Out of Operation 1 * 24 23,000 - - - - - 1.00 - <td></td> <td>by</td> <td></td> <td>Net Quantity</td> <td></td> <td>(C) Before or at</td> <td>Measurement</td> <td></td> <td>Temp.</td> <td></td> <td>Minimum</td> <td>Operating</td> <td>UV Dose</td> <td>at Remote</td> <td></td>		by		Net Quantity		(C) Before or at	Measurement		Temp.		Minimum	Operating	UV Dose	at Remote	
Month "X" Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L °C Applicable mg-min/L sec/cm² System, mg/L Out of Operation 1 * 24 23,000 1.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Point During</td> <td>During</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>The state of the s</td> <td></td>							Point During	During						The state of the s	
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 25,000 0.90 6 24 26,000 0.90									Water,	Water, if	Required,				
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 0.90	2.50000 Topics Official				Kate, gpu	Flow, mg/E	Hinutes	mig-mun/L	G.	мррисавие	mig-inmer	SCC/CIII	SCO/CIII		out or operation
3 * 24 21,000 1.00 4 * 24 25,000 0.90 5 * 24 22,000 0.90 6 24 26,000 0.90	100 March 100 To 100 March														
4 * 24 25,000 0.90 5 * 24 22,000 0.90 6 24 26,000 0.90	Control of the State of the Sta	*													
6 24 26,000	4	*		25,000											
	5	*										<u> </u>		0.90	
	10.00 mm and 10.00													0.00	
	7		24	27,000											
8 * 24 21,000 0.90 9 * 24 20,000 0.90	THE REPORT OF STREET						-	-				 			
10 * 24 23,000 0.90	On the Control of the					 						 			
11 * 24 29,000 0.80															
12 * 24 24,000 0.80	12	*		24,000										0.80	
13 24 30,000															
14 * 24 30,000 7.50 0.80						ļ	ļ			7.50	-	ļ			
15 * 24 22,000 0.80 16 * 24 28,000 0.80							-								
16 * 24 28,000 0.80 17 * 24 21,000 0.70					-		-								
18 * 24 20,000 0.70							 		-			-			
19 * 24 23,000		*												+	
20 24 23,000															
21 * 24 24,000 0.70	21		24	24,000											
22 * 24 19,000 0.70															
23 * 24 28,000 0.60									-			-	-		
24 * 24 26,000 0.60 25 * 24 24,000 0.60						-		-			-				
25 * 24 24,000 26 * 24 28,000 0.60									-		-	 	 		
27 24 25,000												†		1.20	
28 * 24 25,000 1.20		*												1.20	
29 * 24 21,000 1.20	29	*		21,000											
30 * 24 36,000															
31 * 24 25,000		*	24									1		1.00	
Total 764,000	-	Color may have													
Average 24,645 Maximum 36,000					-										

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

		for the Month/Year of: APRIL 201	10										
A.]	Public Water System (P						DWC 14 - 4°C - 31	h 2424046					
	PWS Name: QUAIL R			———·	. N. C. '.		PWS Identification Nu	mber: 3424046					
		Community Non-Transient Nor	n-Community	I ransiei	nt Non-Community		nsecutive						
		nnections at End of Month:	. DIG		Total Population S	served at E	nd of Month:						
		NE UTILITIES OF CENTRAL FLOR	CIDA, INC.		G D L T	".1 OPPI	OF MANAGER						
	Contact Person: Dewai				Contact Person's T	itle: Offi	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-Ma		
В.	Water Treatment Plant						T=						
	Plant Name: QUAIL R						Plant Telephone Numb						
	Plant Address: S.W. 10				City: Ocala		State: Fla.	Zip Code: 34471					
	Type of Water Treated			nased Finished V	Vater								
	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	7.7	Day(s)/Shift(s) Worked					
	Lead/Chief Operator:	Kelvin E Edun Sr.		C	7459		The contract of the Agencies and the Contract of the Agencies and the Agencies and the Contract of the Agencies and Agencies and the Agencies and Age						
	Other Operators:												
	C diff. dim bull an	A/Chiaf Operator						Amount of the second					
Ш	. Certification by Lea	eatment plant operator licensed in Flor	ida am the le	ad/chief operato	r of the water treatn	nent plant	identified in Part I of this	report. I certify that the					
I, I	ne undersigned water th	is report is true and accurate to the best	t of my know	ledge and belief	I certify that all dr	inking wat	er treatment chemicals u	sed at this plant conform to					
INI	ormation provided in the	d 60 or other applicable standards refer	renced in subs	section 62-555 3	20(3) FAC Lalso	o certify th	at the following addition	al operations records for this					
IN2	or illeritational Standar	lay that a licensed operator staffed or v	visited this nla	nt during the ma	onth indicated above	e. (1) tecor	ds of amounts of chemic	als used and chemical feed					
pia	and (2) if applicable	, appropriate treatment process perform	nance records	Furthermore	agree to provide th	ese additio	onal operations records to	the PWS owner so the PWS					
Tal	mor con retain them too	ether with copies of this report, at a co	nvenient loca	tion for at least t	en vears.	ivo addin	mar operations records t	o die i wo owner so the i was					
UW	mer can retain them, tog	Said with copies of this report, at a co	, 51110111 1004		J								
	1// //	9 9/1/ (1-1/2010	Kelvin E I	Edun Sr.			C-7459						
Si	gnature and Date	gnature and Date Printed or Typed Name License Number											

PWS	Identific	cation Nu	mber: 34240	146		Plant Na	me: QUAI	L RUN	1					
III.	Daily Da	ta for th	e Month/Ye	ar of: APF	RIL 2010									
Mear	s of Ach	ieving Fo	our-Log Viru	s Inactivation	on/Removal: *	⊠ Free	Chlorine] Chlorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
				tained in D	istribution Syst	em:	Free Chl	orine	Co	mbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
				C	T Calculations, or	UV Dose, to De	emonstrate F	our-Log	Virus Inactiv	vation, if A				
	Days					CT Calcu	-	L		r e	UV	Dose		
	Plant Staffed or Visited				Lowest Residual Disinfectant Concentration	Disinfectant Contact Time (T) at C	at First				Lowest			
Day of the	by Operator (Place	Hours Plant in	Net Quantity of Finished Water	Peak Flow	(C) Before or at First Customer During Peak	Measurement Point During Peak Flow,	Customer During Peak Flow,	of Water,	pH of Water if	Minimum CT Required,	UV Dose,	UV Dose Required, mW-	at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	1		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C		mg-min/L			System, mg/L	
1	*	24	22,000										1.00	· · · · · · · · · · · · · · · · · · ·
2	*	24	25,000										1.00	
3		24	26,000											
4	*	24	27,000		-		-	ļ	-				0.80	
5	*	24	22,000				 	-	-		-	-	0.80	
7	*	24	22,000 20,000				-	-	-	-	-	-	1.20	
8	*	24	32,000			-	<u> </u>	 	<u> </u>	 		1	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				-			-	1	-	0.60	
14	*	24	24,000		 	 			-		-	-	0.60	
15	*	24	28,000 25,000		-	-	-	-	-	-	-	 	0.60	
17	+	24	28,000		-			+	-	-	-		0.60	
18	*	24	28,000		-	-		-			 	+	0.60	
19	*	24	24,000					1			 		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		-	-		-	7.10	-	-	-		
25	*	24	29,000		-			-	7.40	-	-	-	0.70	
26	*	24	22,000		-	-		 	 	 		+	0.70	
27	*	24	33,000 19,000	-	+			-	-	+	-	-	0.50	
29	*	24	28,000	 	+			1			-	+	0.40	
30	*	24	20,000	-	-	-		-		-	-	<u> </u>	1.20	
31	ie .	24	20,000							1			1.20	
Total		1	836,000			-			-	-	-	-		
Avera	ige		27,866	1										
Maxi	-		63,000											

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



-		Control of the Contro									
		for the Month/Year of: MAY 2010									
	Public Water System (P						DIVIGITA CC C 21	1 - 2424046			
-	PWS Name: QUAIL R		C		1 N C	По	PWS Identification Nu	mber: 3424046			
	The state of the s	Community Non-Transient Non-Community	Community	1 ransier	nt Non-Community	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	nsecutive				
- 1-		nnections at End of Month:	D.I. DIC		Total Population Se	rved at E	nd of Month:				
		NE UTILITIES OF CENTRAL FLORII	CE MANAGEMENT								
- 4-	Contact Person: Dewai		CE MANAGER	17: 7 1 21120							
		ng Address: 10230 E. Hwy 25		State: Fla.	Zip Code: 34420						
		hone Number: (352) 347-8228	x Number	r: (352)347-6915							
Contact Person's E-Mail Address:											
B. Water Treatment Plant Information											
	Plant Name: QUAIL R		ephone Number: (352)347-8228								
1	Plant Address: S.W. 10			State: Fla.	Zip Code: 34471						
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water											
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200											
		bsection 62-699.310(4), F.A.C.): V		section 6	2-699.310(4), F.A.C.): (
	Licensed Operators	Name		License Class	License Number		Day(s)/Shift(s	s) Worked			
	Lead/Chief Operator:	Kelvin E Edun Sr.		С	7459						
	Other Operators:										
1											
-											
-	C ''C' ' 1 1	1/CL: - CO			Acres 1810 Janes Albertan						
	Certification by Lead	eatment plant operator licensed in Florida	a am tha la	ad/abiaf an areta	- of the water treeter	-4 -14	1	I i'C il iil			
		is report is true and accurate to the best of									
		d 60 or other applicable standards referen									
		lay that a licensed operator staffed or vision, appropriate treatment process performations.									
		ether with copies of this report, at a conv				se additio	onal operations records to	o the PWS owner so the PWS			
OWI	ner can retain them, tog	einer with copies of this report, at a conv	vement 10ca	mon for at least t	en years.						
	15 15	2/// 6/4/2010	Kelvin E	Edun Sr			C-7459				
<u> </u>	18/16	4/1 4/4/		Typed Name			License Nur	-L			
519	nature and Date		Fillited Of	Typed Name			License Nur	nder			

WS I	dentific	ation Nur	mber: 34240	46		Plant Nan	ne: QUAL	L KUN						
	aily Da	ta for the	e Month/Ye	ar of: MA	Y 2010									
one	of Ach	ieving Fo	ur-Log Viru	s Inactivatio	on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
tans	box in lat	Radiatio	n Dog Thu	her (Describ	ne).									
UI	raviolei	Radiatio				em: 🛛	Free Chlo	rine	Cor	nbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
pe (of Disini	tectant Ke	esiduai Main		stribution System of Calculations, or I	IV Dose to De	monstrate Fo	our-Log	Virus Inactiv	ation if Ar	policable*			
			, J. 184	· · · · · · · · · · · · · · · · · · ·	i Calculations, or	CT Calcul	ations	ui Log			UV	Dose		
	Days					C1 Calcul	Lowest CT						Lowest	
	Plant				Lowest Residual	Disinfectant	Provided						Residual	
	Staffed or	900 T 5		384	Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First					Minimum		n 10-4
	by		Net Quantity	70.4	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work t
v of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of		UV Dose,		Point in Distribution	Involves Taking Water System Componen
he	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW- sec/cm ²	System, mg/L	Out of Operation
onth	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm	Sec/cm	System, mg/L	
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 23,000										1.00	
10	*	24	26,000										1.00	
11	*	24	24,000										1.00	
12 13	*	24	38,000										0.60	
14	*	24	25,000										0.60	
15		24	26,000											
16	*	24	26,000						7.40			-	0.50	
17	*	24	22,000									-	0.50	
18	*	24	29,000					-			-	-	0.30	
19	*	24	19,000						-	-		-	0.40	
20	*	24	21,000				-	-			-	-	0.40	
21	*	24	23,000					-	-	-		-	0.40	
22	Ň	24	32,000			-	-	-		-	-	+	0.30	
23	*	24	33,000				-		-	-	-	+	0.50	
24	*	24	21,000				-	-					0.60	
25	*	24	26,000			-		-	-	-		+	0.60	
26	*	24	26,000	-		-		-		1	1		0.50	
27	*	24	33,000	-			+	-	-	1			0.50	
28	*	24	21,000	-			-	1	+					
29		24	26,000	-					1				0.50	
30	*	24	27,000 22,000										0.40	
31		24	786,000	-						- words - was a second - was a second				
otal	and the state of t		25,354	-										
ver	nge mum		38,000	-										

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



1.	General Information	for the Month/Y	'ear of: JUNE 2010										
Α. :	Public Water System (P	WS) Information	n					500 RT 500 F					
	PWS Name: QUAIL R	UN						PWS Identification N	umber: 3424046				
	PWS Type:	Community [Non-Transient Non-	Community	Transie	nt Non-Communi	ty 🔲 C	onsecutive					
	Number of Service Co.					Total Population	Served at	End of Month:					
	PWS Owner: SUNSHI	NE UTILITIES	OF CENTRAL FLORI	DA, INC.									
	Contact Person: Dewa						Title: OFF	ICE MANAGER					
	Contact Person's Maili	ng Address: 102	30 E. Hwy 25			City: Belleview State: Fla. Zip Code: 34420							
	Contact Person's Telep		352) 347-8228			Contact Person's	Fax Numb	er: (352)347-6915					
Contact Person's E-Mail Address:													
В.	Water Treatment Plant												
Plant Name: QUAIL RUN Plant Telephone Number: (352)347-8228 City Cools													
Plant Address: S.W. 108ln City: Ocala State: Fla. Zip Code: 34471													
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water													
	Permitted Maximum I	Day Operating Ca	pacity of Plant, gallons	per day: 43	,200								
	Plant Category (per su	bsection 62-699.					62-699.310(4), F.A.C.):						
	Licensed Operators		Name		License Class	License Numbe	r	Day(s)/Shift	(s) Worked				
	Lead/Chief Operator:	Kelvin E Edun Sr.			С	7459							
	Other Operators:												
Lead/Chief Operator: Kelvin E Edun Sr. C 7459 Other Operators: — — —													
					-								
					ļ								
						L							
П	. Certification by Lea	d/Chief Operato	or .										
				la, am the le	ad/chief operato	r of the water trea	tment plant	t identified in Part I of th	is report. I certify that the				
									used at this plant conform to				
									onal operations records for this				
pla	nt were prepared each o	lay that a license	d operator staffed or vis	sited this pla	nt during the mo	onth indicated abo	ve: (1) reco	ords of amounts of chem	icals used and chemical feed				
rat	es; and (2) if applicable	, appropriate trea	tment process performa	ince records	. Furthermore,	agree to provide	these addit	ional operations records	to the PWS owner so the PWS				
ow	ner can retain them, toe	ether with copie	of this report, at a con-	venient loca	tion for at least t	en years.							
	11.110	2 - 1/1	1/212		2.12 1941								
	1/1/19	40///	113/1010	Kelvin E F	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (C-7459					
Sig	enature and Date	1/	///	Printed or	Typed Name			License Nu	ımber				

PWS	Identific	cation Nu	mber: 34240	46		Plant Na	me: QUAI	L RUN	1					
III. E	aily Da	ta for th	e Month/Ye	ar of: JUN	E 2010									
					n/Removal: *		Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ										
Type	of Disin	fectant R	esidual Main	tained in Di	stribution Syst	em: 🔀	Free Chlo	orine		nbined C		Chlorami	nes)	Chlorine Dioxide
				· · · · · · · · · · · · · · · · · · ·	Calculations, or	UV Dose, to De	monstrate Fo	our-Log	Virus Inactiv	ation, if Ap	plicable*	Dose		
	Days			Control of the contro	F S	CT Calcu	lations Lowest CT				UV	Dose	Lowest	
	Plant Staffed		7 (A)		Lowest Residual	Disinfectant							Residual	
	or			ar a the track of	Disinfectant	Contact Time	Before or		4				Disinfectant	
	Visited				Concentration	(T) at C	at First					Minimum		The state of the s
	by		Net Quantity		(C) Before or at		Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
1 may 2 may	Operator		of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose, mW-	Required, mW-	Point in Distribution	Conditions: Repair or Maintenance Work that Involves Taking Water System Components
the	(Place "X")	Plant in	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, °C	Water, if Applicable			sec/cm ²	System, mg/L	Out of Operation
Month 1	*	24	19,000	Kaie, gpu	riow, mg/L	Titiliuics.	ing-init		тррисанс	mg-mm/L	3CO/CIII	SCO/CIII	0.40	β σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
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 38,000										0.60	
10	*	24	23,000		<u> </u>			-				 	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		ļ				ļ				0.50	
18	*	24	21,000			-	-	-		-	ļ	 	0.60	
19	*	24	20,000	ļ			<u> </u>	 	7.30	 	 	 	0.60	
20	*	24	21,000	-	-	-	†	<u> </u>	7.50	 			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					-	-			-	0.60	
27.	*	24	29,000				-	-		-		-	0.60	
28	*	24	22,000				-	-	-		-	-	0.60	
29	*	24	25,000			-	-				-	-	0.60	
30	-	24	22,000			+	+	-					0.00	
Total		- Control of	753,000								-			
	ge.		25 100											

39,000

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



		for the Month/Year of: JU	JLY 2010								
4.	Public Water System (P										
	PWS Name: QUAIL R		sient Non-Community		nt Non-Community	PWS Ide	entification Nur	mber: 34240)46		
	PWS Type:										
		nnections at End of Month:	nth:								
		NE UTILITIES OF CENTRA									
	Contact Person: Dewai		AGER								
	Contact Person's Maili	State: Fla.	Zip Code	e: 34420							
	Contact Person's Telep	7-6915									
	Contact Person's E-Ma										
В.	Water Treatment Plant										
	Plant Name: QUAIL R					Plant Te	lephone Numb	er: (352)347	7-8228		
	Plant Address: S.W. 10				City: Ocala	State: Fl	a.	Zip Cod	e: 34471		
Type of Water Treated by Plant: Raw Ground Water 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											
			section 62-699.310	(4), F.A.C.): C							
	Licensed Operators	Name		Day(s)/Shift(s) Worked						
	Lead/Chief Operator:	Kelvin E Edun Sr.									
	Other Operators:										
	Ŭ.,										
				1							
				<u> </u>							
				 							
	. Certification by Lead										
I, t	the undersigned water tre	eatment plant operator license	d in Florida, am the le	ad/chief operato	r of the water treatme	nt plant identified i	in Part I of this	report. I ce	rtify that the		
inf	formation provided in thi	is report is true and accurate to	o the best of my know	ledge and belief.	I certify that all drin	king water treatme	nt chemicals us	sed at this pl	ant conform to		
NS	SF International Standard	d 60 or other applicable standa	ards referenced in subs	section 62-555.3	20(3), F.A.C. I also	certify that the follo	owing additiona	al operations	records for this		
pla	ant were prepared each d	ay that a licensed operator sta	ffed or visited this pla	int during the mo	onth indicated above:	(1) records of amou	unts of chemica	als used and	chemical feed		
rat	tes; and (2) if applicable,	appropriate treatment process	s performance records	. Furthermore, l	agree to provide the	se additional operat	tions records to	the PWS or	wner so the PWS		
ov	vner can retain them, tog	ether with copies of this repor	t, at a convenient loca	tion for at least t	en years.						
	1/, /	2/1/12/1	12010								
	15110	- 8/1/ 0/9/	ZOIO Kelvin E I				C-7459				
Si	gnature and Date		Printed or	Typed Name			License Num	ber			

the (Place Plant in Water Peak Flow Month ("X") Operation Produced, gal Rate, gpd Flow, mg/L minutes Peak Flow minutes mg-min/L Peak Flow mg-min/L mw-mw-mw-mg-min/L Sec/cm² System, mg/L Out of Operation O.60 2 * 24 22,000	PWS	Identifi	cation Nu	ımber: 34240	046		Plant Na	me: QUA	L RUI	V					
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	ША	Daily Da	ita for th	e Month/Ye	ear of: JUL	Y 2010									
Ultraviolet Radiation							⊠ Free	Chlorine	Г	Chlorine	Dioxide	П)zone	Combin	ed Chlorine (Chloramines)
Days Plant Staffed Or Visited by Hours (Place Plant in Month (Place Plant in Month) Produced, gal 2 2 2 2 2 2 2 2 2															(Caronamos)
Days Plant Staffed Or Visited Day of the the (Place Plant in Water Peak Flow Month "X") Operation Produced, gal 2 2 2 2 2 2 2 2 2	Type	of Disin	fectant R	esidual Mair						Co	mbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
Plant Staffed Or Or Visited Or Visited Dy Or Operator the (Place Month "X") Operation Produced, gal 24 28,000 3 24 28,000 3 24 28,000 5 * 24 21,000 5		No. Shaker			C	T Calculations, or	UV Dose, to Do	emonstrate F	our-Log	Virus Inactiv	vation, if A				
Staffed or Visited by Net Quantity of Finished the Month "X") Operation 1 ** 24 25,000							CT Calcu		The some	I a second	T V CS	UV	Dose		
Day of Operator the Month "X" Operation "X		12 July 2017	engles of		Solida Santa	Lowest Residual	Disinfectant			100	100				
Visited by Net Quantity Day of Operator the (Place Month "X") Operation 2 2 * 24 22,000 2 * 24 29,000 5 * 24 26,000 6 * 24 25,000 9 * 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 11 * 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 10 24 25,000 11 * 24 25,000 10 25 25 25 25 25 25 25 2		Manager - search 2				是这种方式是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			1000	12-7611 Spring 114		4. 14	13		A Comment of the Comm
Day of Operator Hours the the (Place Month) Produced, gal Rate, gpd Plant in Operation Produced, gal Rate, gpd Plant in Produced, gal Rate, gpd Plant in Produced, gal Rate, gpd Plant in Produced, gal Rate, gpd Plant in Produced, gal Rate, in Point In Point In Point In Point In Involves Taking Water System Component in Point Involves Taking Water Sys	44.7	Visited	8			Concentration			100			Lowest	Minimum		
the Month Plant in Month Water ("X") Plant in Operation Water, gpd Peak Flow, mg/L Peak Flow, mg/minutes Peak Flow, mg/minutes Water, mg/min/L Water, if Applicable Required, mg/min/L mW-mw-sec/cm² Sec/cm² Distribution System, mg/L Involves Taking Water System Component Month (mg-min/L) 1 * 24 25,000 25,000 40,000	100					(C) Before or at			Temp.	1 15 14 2 15 5 to 1 6 7 4 5 5 15 7 6 7 5 1	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L *C Applicable mg-min/L sec/cm² System, mg/L Out of Operation 1 * 24 25,000 0.60			1 2 2 1 TO 1 SO			First Customer		During				UV Dose,	Required,		Conditions; Repair or Maintenance Work that
1 * 24 25,000 0.60 2 * 24 22,000 0.90 3 24 28,000 0.90 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 25,000 0.70 10 24 25,000 0.70 11 * 24 25,000	**************************************									Water, if	Required,	mW-			Involves Taking Water System Components
2 * 24 22,000 0.90 3 24 28,000 0.90 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 25,000 0.70 10 24 25,000 0.60 11 * 24 25,000					ivate, gpu	110W, High	ninuics	mg-mm/L		Applicable	mg-min/L	sec/cm	sec/cm ⁻		Out of Operation
3 24 28,000 0.90 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 25,000 0.70 10 24 25,000 0.60 11 * 24 25,000	-	*									-				
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 25,000 0.70 10 24 25,000 0.60 11 * 24 25,000	3			28,000										0.90	
6 * 24 30,000														0.90	
7 * 24 21,000	_	-												0.90	
8 * 24 25,000 0.80 9 * 24 20,000 0.70 10 24 25,000 0.70 11 * 24 25,000 0.60						-									
9 * 24 20,000 0.70 10 24 25,000 0.70 11 * 24 25,000 0.60		-													
10 24 25,000 5.76 11 * 24 25,000 0 0 0 0						-									
11 * 24 25,000														0.70	
		*												0.60	
* 24 26,000	12	*	24	26,000											
13 * 24 33,000 7.40 0.60										7.40					
14 * 24 22,000															
15 * 24 31,000 0.50 16 * 24 22,000	_					-								0.50	
16 * 24 22,000 17 24 26,000 0.50	_	-												0.50	
T 100 + 24 27 000	-	*												0.50	
18 * 24 21,000 19 * 24 21,000		*													
20 * 24 29,000 0.40	20	*													
21 * 24 26,000	_														
22 * 24 27,000 0.40														0.40	
23 * 24 24,000 0.40		*	The same of the sa											0.40	
24		-													
24 27,000		-													
24 20 000															
28 * 24 28,000 0.30 0.60		*													
29 * 24 32,000 0.60		*												AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	
30 * 24 30,000			-												
31 * 24 30,000 0.50	-	*	24												
Total 838,000 Average 27,032	_	W. C. V. V. 120													

DEP Form 62-555.900(3)Alternate Page 2

39,000

Maximum

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



1.	General Information f	or the Month/	Year of: AUGUST 20	010								
	Public Water System (P								,			
	PWS Name: QUAIL R							PWS Identification Nu	ımber: 3424046			
		Community	Non-Transient Non-	Community	Transier	nt Non-Communi	- torrest	nsecutive				
	Number of Service Con					Total Population	Served at E	nd of Month:				
	PWS Owner: SUNSHI	NE UTILITIES	OF CENTRAL FLORI	DA, INC.								
	Contact Person: Dewai	ne Chiristmas				Contact Person's	Title: OFFI					
	Contact Person's Mailin			City: Belleview State: Fla. Zip Code: 34420								
	Contact Person's Telep		352) 347-8228			Contact Person's	Fax Number	r: (352)347-6915				
	Contact Person's E-Ma											
B.	Water Treatment Plant											
Plant Name: QUAIL RUN Plant Telephone Number: (352)347-8228 City: Ocala State: Fla Zip Code: 34471												
Plant Address: S.W. 108ln City: Ocala State: Fla. Zip Code: 34471												
Type of Water Treated by Plant: Raw Ground Water 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 Numbe	<u>r</u>	Day(s)/Shift(s) Worked			
	Lead/Chief Operator:	Kelvin E Edun Sr.			С	7459						
	Other Operators:											
	100000						-					
							-					
					L							
11	. Certification by Lead	d/Chief Operat	01									
I, t	the undersigned water tre	eatment plant op	erator licensed in Florid	la, am the le	ad/chief operato	r of the water trea	atment plant	identified in Part I of thi	is report. I certify that the			
inf	formation provided in the	is report is true a	and accurate to the best of	of my knowl	ledge and belief.	I certify that all	drinking wa	ter treatment chemicals	used at this plant conform to			
NS	SF International Standard	d 60 or other app	olicable standards refere	nced in subs	section 62-555.3	20(3), F.A.C. I a	also certify th	nat the following addition	nal operations records for this			
pla	ant were prepared each d	lay that a license	d operator staffed or vis	ited this pla	nt during the mo	onth indicated abo	ove: (1) reco	rds of amounts of chemi	cals used and chemical feed			
							these additi	onal operations records	to the PWS owner so the PWS			
ow	vner can retain them, tog	ether with copie	s of this report, at a conv	venient loca	tion for at least t	en years.						
		111	allan	** 1 :	7.1			0.5450				
-	1711	7//	11/1010	Kelvin E E				<u>C-7459</u>				
Si	gnature and Date	11	///	Printed or	Typed Name			License Nu	mber			

PWS Identifie	cation Nu	mber: 34240)46		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)																
					☐ Free Ch	lorine	П	Chlorine	Dioxide	По	zone	Combin	ed Chlorine (Chloramines)			
Ultraviole			ther (Describ		_											
			ntained in Di	istribution Syste	em: 🛛 Fi	m: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide										
		3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	C	F Calculations, or I	JV Dose, to Demo	nstrate Four				plicable*						
Days					CT Calculation					- UV I	Dose					
Plant Staffed				Lowest Residual	Lo	west CT rovided			e de la companya de l			Lowest Residual				
or						efore or						Disinfectant				
Visited				Concentration		nt First			and the state of	Lowest	Minimum	Concentration		Altra		
by		Net Quantity	14 15 16 16	(C) Before or at	Measurement C	ustomer T	emp,		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating			
Day of Operator		of Finished		First Customer	Point During I		of	pH of	CT	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work			
the (Place	Plant in	Water	Peak Flow	During Peak		ak Flow, W	Vater,	Water, if	Required,	mW-	mW- sec/cm ²	Distribution System, mg/L	Involves Taking Water System Compone Out of Operation	nts		
Month "X")	24	Produced, gal	Rate, gpd	Flow, mg/L	minutes m	g-min/L	- U 1	Applicable	mg-min/L	sec/cm ²	sec/cm	0.50	Out of Operation	ALC: UK		
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		-					-			0.60				
8 *	24	27,000 23,000	-	-								0.60		_		
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 29,000			-				-			0.40				
17 *	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				
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 Maximum		24,451 31,000	-													
IVIAXIIIIUIII	Teller at the	31,000														

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



1.	General Information 1	for the Montl	1/Year of: September	2010					
4. I	Public Water System (P	WS) Informat	tion						
	PWS Name: QUAIL R	UN						PWS Identification N	umber: 3424046
	PWS Type:	Community	Non-Transient Non-	n-Community	Transie	nt Non-Community	- toward	nsecutive	
	Number of Service Con					Total Population S	erved at E	nd of Month:	
			ES OF CENTRAL FLOR	RIDA, INC.					
	Contact Person: Dewai					Contact Person's T	itle: OFFI		
	Contact Person's Maili					City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep		: (352) 347-8228			Contact Person's F	ax Numbe	r: (352)347-6915	
	Contact Person's E-Ma	il Address:							
75000	Water Treatment Plant								
	Plant Name: QUAIL R							Plant Telephone Num	
	Plant Address: S.W. 10	08ln				City: Ocala		State: Fla.	Zip Code: 34471
	Type of Water Treated		Raw Ground Water		nased Finished V	Water			
			Capacity of Plant, gallor	ns per day: 43,	,200				
	Plant Category (per sul	bsection 62-69					bsection 6	2-699.310(4), F.A.C.):	
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Kelvin E Edun	Sr.		C	7459			
	Other Operators:								
П	Certification by Lead	d/Chief Oper	ator						
I, tl	he undersigned water tre	eatment plant	operator licensed in Flor	rida, am the lea	ad/chief operato	r of the water treatn	nent plant	identified in Part I of th	is report. I certify that the
info	ormation provided in th	is report is tru	e and accurate to the bes	t of my knowl	ledge and belief.	I certify that all dr	inking wat	er treatment chemicals	used at this plant conform to
NS	F International Standard	d 60 or other a	applicable standards refe	renced in subs	section 62-555.3	20(3), F.A.C. I also	o certify th	at the following addition	nal operations records for this
pla	nt were prepared each of	day that a licer	ised operator staffed or v	isited this pla	nt during the mo	onth indicated above	e: (1) recor	ds of amounts of chemi	cals used and chemical feed
							ese addition	onal operations records	to the PWS owner so the PWS
ow	ner can retain them, tog	gether with cop	pies of this report, at a co	nvenient locat	tion for at least 1	en years.			
	11/101	. //	12/1/2010	** * * * * *					
	1412.71		10/4/2010	Kelvin E E				C-7459	
Sig	mature and Date	,		Printed or	Typed Name			License Nu	mber

PWS	S Identification Number: 3424046 Plant Name: QUAIL RUN Daily Data for the Month/Year of: September 2010													
Ш	Daily Da	ta for th	e Month/Ye	ar of: Sent	ember 2010									
Mean	s of Ach	ieving Fo	our-Log Viru	s Inactivatio	n/Removal: *	X Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ	e):									
Type	of Disin	fectant R	esidual Mair	ntained in Di	stribution Syste	em: 🛛	Free Chlo	orine	Cor	nbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
	1000			C1	Calculations, or U	JV Dose, to De	emonstrate Fo	our-Log	Virus Inactiv	ation, if A	pplicable*			
41-4	Days					CT Calcu	Lowest CT				UV)	Jose	Lowest	
1	Plant Staffed				Lowest Residual	Disinfectant	Provided		And the second				Residual	Company of the Compan
	or		1.262		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited			olicity for	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by	11	Net Quantity		(C) Before or at	Measurement	Customer During	Temp.	_U of	Minimum CT	Operating UV Dose,	UV Dose	at Remote Point in	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that
Doay of	Operator (Place	Hours Plant in	of Finishedi Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	Peak Flow,	of Water,	pH of Water, if	Required,		mW-	Distribution	Involves Taking Water System Components
Month	"X")		Produced, gal		Flow, mg/L	minutes	mg-min/L	°C ,	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	
11	*	24	19,000										0.70	
2	*	24	22,000										0.70	
18	*	24	20,000						-				0.70	
14	*	24	23,000 24,000				 	 	 	 	 		0.70	
:::65 !tic6	*	24	20,000					-	 				0.60	
177	*	24	22,000										0.60	
11:18	*	24	20,000										0.60	
1449	*	24	22,000										0.60	
10 0	*	24	22,000				-				1		0.50	
1111	*	24	26,000 27,000	-	-			-	-		 		0.50	
12 13	*	24	22,000	1		 	 						0.50	
14	*	24	22,000										0.40	
15	*	24	18,000										0.60	
16	*	24	21,000					-			-		0.60	
_17	*	24	24,000	-			<u> </u>	<u> </u>	-		-		0.60	
28		24	31,000	-	 		-	 	7.30		-		0.60	
#9 2/20	*	24	32,000 22,000		 		-	 	1.30				0.60	
(1)211	*	24	22,000	 			 	1	 		-		0.60	
1122	*	24	21,000										0.50	
1123	*	24	33,000										0.50	
1124	*	24	17,000					-	-				0.50	
125		24	21,000	ļ			-	-	<u> </u>		-		0.40	
:::26	*	24	22,000		-	-		 	 	-	-		0.40	
#27 #28	*	24	19,000 25,000				 	-	-		-		0.40	
1128	*	24	15,000					1			+		0.30	
10BO	*	24	20,000										0.30	
1931		24												
Total														
Awera	ige		22,466	-										

Page 2

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



Ceneral Information for the Month/Year of: October 2010 A. Public Water System (PWS) Information PWS Name: QUAIL RUN PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month:	046
PWS Name: QUAIL RUN PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month:	046
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month;	
Number of Service Connections at End of Month: Total Population Served at End of Month:	040

PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.	
Contact Person: Dewaine Chiristmas Contact Person's Title: OFFICE MANAGER	
	de: 34420
Contact Person's Telephone Number: (352) 347-8228 Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:	
3. Water Treatment Plant Information	
Plant Name: QUAIL RUN Plant Telephone Number: (352)34	7-8228
	de: 34471
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200	The state of the s
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:	
Care operators	
11. Certification by Lead/Chief Operator	
It, 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 can be undersigned water treatment plant identified in Part I of this report.	ertify 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 p	
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 operation	
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	
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS of	owner so the PWS
owner can retain them, together with copies of this report, at a convenient location for at least ten years.	JAMES SO ME I MO
Owner can retain ment, together with copies of this report, at a convenient location for at least ten years.	
13. 17. Ed 11/4/2010 Kelvin E Edun Sr. C-7459	

PWS	WS Identification Number: 3424046 Plant Name: QUAIL RUN													
III. I	Daily Da	ta for th	e Month/Ye	ar of: Octo	ber 2010									
Mean	s of Ach	ieving Fo	our-Log Viru	s Inactivation	on/Removal: *		Chlorine		Chlorine	Dioxide)zone	Combin	ned Chlorine (Chloramines)
		Radiation		her (Describ										
Type	of Disin	fectant R	esidual Main	tained in Di	istribution Syst	em: 🔀	Free Chlo			mbined C		Chlorami	ines)	Chlorine Dioxide
				C	Γ Calculations, or			our-Log	Virus Inactiv	ation, if Ap				
	Days					CT Calcul					UV	Dose		
	Plant				D	D: : C	Lowest CT			1			Lowest	
	Staffed Lowest Residual Disinfectant Provided Residual Disinfectant Contact Time Before or Disinfectant Disi													
Visited Concentration (T) at C at First Lowest Minimum Concentration														
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Day of Operator Hours of Finished First Customer Point During During of pH of CT UV Dose, Required, Point in Conditions; Repair or Maintenance Work that													
1	the Place Plant in Water Peak Flow During Peak Peak Flow, Peak Flow, Water, Water, if Required, mW- Distribution Involves Taking Water System Components													
Month	Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L °C Applicable mg-min/L sec/cm ² sec/cm ² System, mg/L Out of Operation													
1														
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				<u> </u>					-	0.40	
13	*	24	19,000										0.60	
14	*	24	21,000			-			-	-		-	0.60	
15	1		25,000							 			0.60	
16	*	24	25,000						7.30	 			0.50	
18	*	24	19,000						1.50		-		0.50	
19	*	24	24,000									-	0.40	
20	*	24	18,000							 		 	0.40	
21	*	24	21,000							1			0.40	
22	*	24	20,000										0.30	
23	1	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											
Avera	ge		21,290											
Maxim														

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



		or the Month/Year of: November 20)10					
A.]	Public Water System (P'						Y	
	PWS Name: QUAIL RI						PWS Identification N	umber: 3424046
		ommunity Non-Transient Non-C	Community	Transier	nt Non-Community		nsecutive	
		nnections at End of Month:			Total Population S	erved at E	nd of Month:	
		NE UTILITIES OF CENTRAL FLORID	DA, INC.					
	Contact Person: Dewain				Contact Person's T	itle: OFFI		
	Contact Person's Mailir	ng Address: 10230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep	hone Number: (352) 347-8228			Contact Person's F	ax Numbe	r: (352)347-6915	
	Contact Person's E-Mai	il Address:						
3. ່	Water Treatment Plant I	nformation						
	Plant Name: QUAIL R	UN					Plant Telephone Num	ber: (352)347-8228
	Plant Address: S.W. 10	8ln			City: Ocala		State: Fla.	Zip Code: 34471
	Type of Water Treated	by Plant: Raw Ground Water	Purc	hased Finished V	Water			
		ay Operating Capacity of Plant, gallons I	per day: 43	,200				
	Plant Category (per sub	osection 62-699.310(4), F.A.C.): V			Plant Class (per su	bsection 6	2-699.310(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:							
11	. Certification by Leac	/Chief Operator	41 1	1/1: 6	Cil	1 1 4	11 -4'C 1'- D-41-64	:
I, t	he undersigned water tre	eatment plant operator licensed in Florida	a, am the le	ad/chief operato	or of the water treath	nent plant	identified in Part I of th	is report. I certify that the
inf	formation provided in this	is report is true and accurate to the best o	of my know	ledge and belief.	. I certify that all dr	inking wat	er treatment chemicals	used at this plant conform to
NS	SF International Standard	d 60 or other applicable standards referen	nced in sub	section 62-555.3	(20(3), F.A.C. 1 also	o certify th	at the following addition	nal operations records for this
pla	ant were prepared each d	ay that a licensed operator staffed or visi	ited this pla	int during the mo	onth indicated above	e: (1) reco	ds of amounts of chemi	icals used and chemical feed
rat	es; and (2) if applicable,	appropriate treatment process performan	nce records	s. Furthermore,	I agree to provide th	iese additie	onal operations records	to the PWS owner so the PWS
ow	mer can retain them, tog	ether with copies of this report, at a conv	enient loca	tion for at least	ten years.			
	1/1/4	[[] [] [] [] [] []					0.5150	
	1/3/16	Gd/ 12/5/2010	Kelvin E				C-7459	
Sig	gnature and Date		Printed or	Typed Name			License Nu	ımber
	/							

mth "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes Fing-min D 0.70 1 * 24 18,000 0.60 2 * 24 22,000 1.70 3 * 24 19,000 1.70 4 * 24 18,000 1.70 5 * 24 21,000 1.70 6 24 25,000 7.50 1.70 7 * 24 26,000 1.70 8 * 24 29,000 1.60 9 * 24 29,000 1.60						DRIFORE	Plant Nam	e: QUAII	RUN						
Chlorine Dioxide Combined Chlorine Chloramines Chlorine Dioxide															(611
Chlorine Dioxide Combined Chlorine Chloramines Chlorine Dioxide	. D	aily Dat	a for the	Month/Yea	r of: Nove	Moer 2010	M Free (Chlorine		Chlorine	Dioxide		zone	Combine	ed Chlorine (Chloramines)
Other Distribution System: Series Seri	eans	of Achi	eving For	ır-Log Virus	Inactivation	n/Removal.	M Free v	CIIIOIIIC							
Days Plant Starter	TIL	teloivent	Radiation	n IIOth	ier (Describe	e):	\square	Eroo Chlo	rine	ПСот	nbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
Doss	me (of Disinf	ectant Re	sidual Maint	tained in Dis	stribution Syste	m: 🔼	Pret Cilic	nur-Log	Virus Inactiv	ation, if Ap	plicable*			HT 다음 전환 이렇다고 있는데 요요!
Districtant		A440			CI	Calculations, or l		nonstrate re	Jui-Log	MAR THE		UV	Dose		
Plate Starfed Concestration Concestrat		Days			Mark State 8		GI Calcula	Lowest CT	6 41	15.8					
Contest Cont				集 37 對		Lowest Decidual									
Visited Visi		24				Disinfectant	Contact Time	Before or							
New York New York							(T) at C								Emergency or Abnormal Operating
First Customer Fract Flow, mg/L Fract Flow,		Visited		Net Quantity		(C) Before or at	Measurement	Customer		***		LIV Dose	Required		Conditions: Repair or Maintenance Work the
15 Charles Water Peak Flow Durng Feak Flow, my The first The	ov of		Hours	Charles and the State of the Control		First Customer	Point During	During		pH 01		mW-			
Operation Produced, gal Rate; gpd Flow, mg/L minutes m	the	Place	Plant in	Water		During Peak		Peak Flow,		Applicable	me-min/L	sec/cm ²			Out of Operation
10	1onth		Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	U I	Арриоавис	Ing mas				
1,70	1		24						-						
1.70	2	*	24	22,000			-		1						
1.70	3	*	24				-		1						
6 24 25,000 1.70 7 • 24 26,000 1.70 8 • 24 20,000 1.60 9 • 24 24,000 1.60 10 • 24 24,000 1.60 11 • 24 24,000 1.60 12 • 24 23,000 1.50 13 24 27,000 1.50 16 • 24 28,000 1.50 16 • 24 28,000 1.50 18 • 24 28,000 1.50 19 • 24 22,000 1.40 20 24 25,000 1.40 21 • 24 26,000 1.40 22 • 24 25,000 1.40 21 • 24 26,000 1.30 25 • 24 28,000 1.30 26 • 24 28,000 1.30 25 • 24 28,000 1.30 26 • 24 28,000 1.20 27 24 28,000 <td>4</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.70</td> <td></td>	4	1					-	-						1.70	
7. * 24	5	*				-								1.70	
1.60	6.									7.50					
1.60	7	V				-									
10 * 24 24,000	8	2.			-	-						-			
1	500 50000	3			-	1							-		
112	10	(1)		The state of the s									_		
1.50		Ref							-			+	+	1.00	
1.50	Cont. (C/ Pt)	1			1							-	+	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 1.40 20 24 25,000 1.40 21 * 24 26,000 1.40 22 * 24 26,000 1.30 24 * 24 23,000 1.30 25 * 24 28,000 1.20 26 * 24 27,000 1.00 28 * 24 28,000 1.00 29 * 24 27,000 0.80 30 * 24 27,000 0.80 31 24 744,000 1.00 1.00												-	+		
16 * 24 34,000 1.50 17 * 24 28,000 1.50 18 * 24 33,000 1.50 19 * 24 22,000 1.40 20 24 25,000 1.40 21 * 24 26,000 1.40 22 * 24 26,000 1.30 23 * 24 26,000 1.30 24 * 24 23,000 1.30 25 * 24 28,000 1.20 26 * 24 27,000 1.00 28 * 24 28,000 1.00 29 * 24 27,000 0.80 30 * 24 27,000 0.80 31 24 744,000 744,000		30						-	-	+		+	-		
17		(9)	_						+	-		1		1.50	
18 * 24 33,000 1,50 19 * 24 22,000 1,40 20 24 25,000 1,40 21 * 24 26,000 1,40 22 * 24 26,000 1,30 23 * 24 26,000 1,30 24 * 24 28,000 1,20 25 * 24 22,000 1,00 26 * 24 27,000 1,00 28 * 24 22,000 0,80 30 * 24 27,000 0,80 Total 744,000 0,80		15/8		28,000			1	-	-	+					
19 * 24 22,000	COST BALLED FOR	*						+	-	1				1.50	
20 24 25,000 1.40 21 * 24 26,000 1.40 22 * 24 22,000 1.30 23 * 24 24,000 1.30 24 * 24 28,000 1.20 25 * 24 22,000 1.00 26 * 24 27,000 1.00 28 * 24 28,000 1.00 29 * 24 27,000 0.80 30 * 24 27,000 0.80 31 24 744,000	ALCOHOLD STATE	*	24				+	-	1						
22 * 24 22,000	ARTHUR STREET	Ti.	_		-		-	1							
23 * 24 26,000	21	5(8)			-	-	-	1							
24 * 24 23,000 25 * 24 28,000 26 * 24 22,000 27 24 27,000 28 * 24 28,000 29 * 24 27,000 30 * 24 27,000 31 24 Total *** 744,000	-22	K 200				-									
25 * 24 28,000 1.20 26 * 24 22,000 1.00 27 24 27,000 1.00 28 * 24 28,000 1.00 29 * 24 22,000 1.00 30 * 24 27,000 1.00 31 24 Total 744,000		37%			-										
26 * 24 22,000 27 24 27,000 28 * 24 28,000 29 * 24 22,000 30 * 24 27,000 31 24 744,000		102			-	-									
27	ACCOUNT OF THE	12.00			-	-								1.20	
28 * 24 28,000 29 * 24 22,000 30 * 24 27,000 31 24 Total *** 744,000	100	(E3E			-									1.00	
20 * 24 22,000 30 * 24 27,000 31 24 Total 744,000	11.00	No. 100			-										
30 * 24 27,000 31 24 744,000	20000-000	105253			-										
31 24 Total 744,000	The California Control	13674										-	-	0.80	
Total 744,000		STATE OF THE PARTY		27,000											
	-	- 1912 (2010) DO NO CONTROL OF THE C	24	744 000		1									
			ya wasan waka Karangan	(2-(n->1)											

Average 24,800

Maximum 34,000

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



	General Information t			010			
A.	Public Water System (P		n				
	PWS Name: QUAIL R					PWS Identification No	umber: 3424046
		community	Non-Transient Non-	Community	ent Non-Community	Consecutive	
	Number of Service Cor	mections at En	d of Month:		Total Population Se	erved at End of Month:	
	PWS Owner: SUNSHI	NE UTILITIES	OF CENTRAL FLORI	DA, INC.			
	Contact Person: Dewai					tle: OFFICE MANAGER	
	Contact Person's Maili	ng Address: 10	230 E. Hwy 25		City: Belleview	State: Fla.	Zip Code: 34420
	Contact Person's Telep		(352) 347-8228		Contact Person's Fa	x Number: (352)347-6915	
	Contact Person's E-Ma	il Address:					
B.	Water Treatment Plant						
	Plant Name: QUAIL R	UN				Plant Telephone Num	
	Plant Address: S.W. 10				City: Ocala	State: Fla.	Zip Code: 34471
	Type of Water Treated	7	✓ Raw Ground Water	Purchased Finished	Water		
			Capacity of Plant, gallon	s per day; 43,200			
	Plant Category (per sui	bsection 62-699	9.310(4), F.A.C.): V			section 62-699.310(4), F.A.C.):	
	Licensed Operators		Name	License Class	License Number	Day(s)/Shift(s) Worked
	Lead/Chief Operator:	Kelvin E Edun Sr.		C	7459		
	Other Operators:						
	1						
	l. Certification by Lea	UChief Onever	(A				
	Cermication by test	entment plant o	parator licenced in Flori			ment plant identified in Part I of	thic report I cortify that the
						rinking water treatment chemica	
						so certify that the following addit	
N;	SF International Standar	a 60 or other ap	opincable standards refer	or visited this plant during	the month indicated	above: (1) records of amounts of	chemicals used and chemical
th	is plant were prepared ea	ach day mat a m	to transment process per	or visited this plant during	mara. I nurea ta pravi	ide these additional operations re	chefficals used and cheffical
Te	ed rates; and (2) ii appin	abie, appropria	he freatment process per	a convenient location for	nt least ten venss	rue mese additional operations re	ecolds to the rws owner so the
P	ws owner can retain the	in, together with	reopies of this report, a	l a convenient location for a	at icast ich years.		
	11/19	61/1	15/211	Kelvin E Edun Sr.		C-7459	
	13/1/1.	70/1/	1/1/2011				
Si	gnature and Date	,	/ /	Printed or Typed Name		License Nu	mber

PWS	W3 Adentification Number: 3424046 Plant Name: QUAIL RUN													
1111	Daily Da	ta for th	e Month/Yo	ar Dece	mber 2010									
Mean	s of Ach	ieving Fo	our-Log Viru		on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		Dzone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ										
Type	of Disin	fectant R	esidual Mair	ntained in D	istribution Sys	tem:	Free Chl	orine	Co:	mbined C	hlorine (Chloram	ines)	Chlorine Dioxide
				(CT Calculations, or	UV Dose, to De	emonstrate Fi	our-Log	Virus Inactiv	ation, if App				
	Days				r	CT Calcul	Ations Lowest CT				UV.	Dose	Lowest	
	Plant Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or at						Disinfectant	
	Visited				Concentration	(T) at C	First				Lowest	Minimum	Concentration	
	by	***	Net Quantity of Finished		(C) Before or at	Measurement	Customer	Temp.	Y1 .4	Minimum CT	Operating UV Dose,	UV Dose	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves
Day of the	Operator (Place	Hours Plant in	oi rinished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	Required.	mW-	mW-	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm²	System, mg/L	Operation
1	*	24	17,000										0.60	
2	*	24	21,000										0.60	
3	*	24	20,000										0.60	
-4		24	24,000										0.50	
5	*	24	25,000										0.50	
7	*	24	20,000					-	7.40	-			0.40	
8	*	24	22,000		-				7.40				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 22,000			-				-		ļ	0.90	
17	*	24	25,000									-	0.80	
18		24	26,000										0.00	
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 26	*	24	26,000					-				-	0.50	
27	*	24	22,000			<u> </u>		-					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											
Avera	20		23,290											

36,000

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



50	e puge i for motraetions	•					
1.	General Information	for the Month/Year of: January 2009					
A.	Public Water System (F	WS) Information					
	PWS Name: QUAIL R	UN			PWS Ident	tification Nu	mber: 3424046
		Community Non-Transient Non-Community	/ Transie	nt Non-Community	Consecutive		
		nnections at End of Month:		Total Population S	erved at End of Month	1:	
		NE UTILITIES OF CENTRAL FLORIDA, INC.				83.836	
	Contact Person: Dewa	ine Chiristmas		Contact Person's T	itle: OFFICE MANAC	GER	
	Contact Person's Maili	ng Address: 10230 E. Hwy 25		City: Belleview	St	tate: Fla.	Zip Code: 34420
		phone Number: (352) 347-8228		Contact Person's F	ax Number: (352)347-	6915	
	Contact Person's E-Ma						
B.	Water Treatment Plant	Information					
	Plant Name: QUAIL R	UN			Plant Tele	phone Numb	er: (352)347-8228
	Plant Address: S.W. 10	08ln		City: Ocala	State: Fla.		Zip Code: 34471
	Type of Water Treated	l by Plant: Raw Ground Water Purc	hased Finished V	Water			
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 43	3,200				
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 62-699.310(4), F.A.C.): C	
	Licensed Operators	Name	License Class	License Number	Γ	ay(s)/Shift(s) Worked
	Lead/Chief Operator:	Kelvin E Edun Sr.	С	7459			
	Other Operators:						
	0						
							*
-	O CE CALLA	I/CL: f O					
Ш	. Certification by Lead	eatment plant operator licensed in Florida, am the le	ad/chief operato	r of the water treatm	ent plant identified in	Part I of this	report. I certify that the
ւ, և :բ	ne undersigned water tre	is report is true and accurate to the best of my know	ledge and helief	I certify that all dr	inking water treatment	chemicals us	sed at this plant conform to
MIC	E International Standard	d 60 or other applicable standards referenced in subs	section 62-555 3	20(3) F.A.C. Lalso	certify that the follow	vine addition	al operations records for this
nla nla	nt were propored each d	ay that a licensed operator staffed or visited this pla	ent during the mo	onth indicated above	: (1) records of amoun	ts of chemica	als used and chemical feed
pia rati	as: and (2) if annlicable	appropriate treatment process performance records	Furthermore.	agree to provide th	ese additional operation	ns records to	the PWS owner so the PWS
au	ner can retain them toge	ether with copies of this report, at a convenient loca	tion for at least 1	ten vears.	- F		
UW	nor can retain them, toge	And with copies orans report, at a convenient roca					
	1/ 1/ 5	2-5/// 2/4/300 Kelvin E I	Edun Sr.			C-7459	
Sio	mature and Date		Typed Name			License Num	ber

WE	dentific	ation Nu	mber: 342404	16	ORT FOR F	Plant Nan	ne: QUAII	L RUN	,					
					2009									ed Chlorine (Chloramines)
I. D	aily Dat	a for the	e Month/Yea	Inactivatio	n/Removal· *	⊠ Free	Chlorine		Chlorine	Dioxide		zone	Combine	ed Chlorine (Chloranines)
eans	of Achi	eving Fo	ur-Log Virus	Inactivatio	II/Keinovai.	23 1100								
7 7 71		Dadiatio	n I I I I I I I I I I I I I I I I I I I	ier i Descrio	C).	M	Free Chlo	rine	Cor	nbined C	hlorine (C	Chlorami	nes)	Chlorine Dioxide
une	of Disinf	ectant Re	esidual Main	tained in Di	stribution Systems of	em: 🔼	Free Cinc	Tille	Vine Inactiv	ation if Ar	policable*	200		
ype	JI DISHI	i/Ac to a	A CONTROL MAKE	C	stribution Systemations, or		monstrate re	our-Log	VII US III GCII Y	ation, iz i i	UV	Dose		
	Days					CT Calcul	ations			2707-05-05-05-05-05-05-05-05-05-05-05-05-05-		2015 CH 10	Lowest	
	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided Before or						Residual Disinfectant	
	or				Disinfectant	Contact Time	at First			1000	Lowest	Minimum	Concentration	atConcreting
	Visited				Concentration	(T) at C Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work the
	by		Net Quantity		(C) Before or at	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Involves Taking Water System Components
av of	Operator	Hours	of Finished		Pirst Customer During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution System, mg/L	Out of Operation
the	(Place	Plant in	Water	Peak Flow	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Out-Or Op-
1onth	"X")		Produced, gal	Rate, gpd	Flow, mg.L								0.70	
1		24	19,000		-							-	0.70	
2	*	24	20,000		-							-	0.70	
3	*	24	23,000										0.50	
4		24	23,000								-	-	1.00	
5	*	24	24,000								-	-	1.00	
6	*	24	20,000									-	1.00	
7	*	24	16,000	-							-	-	1.00	
8	*	24	18,000 17,000	-							-	-	1.00	
9	*	24	18,000									-	0.90	
10		24	19,000							-		+	0.90	
11	*	24	16,000							-	-	-	0.90	
12	*	24	23,000						-	-	+	-	0.90	
13	*	24	15,000							-	-	+	0.80	
14	*	24	17,000				-	-	-	+		+	0.80	
15	*	24	16,000					-		+	_			
16	7	24	15,000				-	+		-	1		0.80	
17	*	24	16,000				-	-					0.80	
18	*	24	17,000				-	+					0.70	
20	*	24	20,000				-	-					0.70	
21	*	24	18,000				-	-					0.70	
22		24	26,000				-	-					0.70	
23	5738	24	21,000											
24	7.7%	24	26,000			-			7.30				0.50	
25		24	27,000			-		1					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											
Tot	CONTRACTOR OF THE PROPERTY.		575,000											
1974 531 5 11 1	roge		18,548											

Average. * Refer to the instructions for this report to determine which plants must provide this information. 27,000



I.	General Information	for the Month/Year	of: February 20	009						
A.	Public Water System (F	WS) Information								
	PWS Name: QUAIL R	RUN						PWS Identification Nu	mber: 3424046	
	PWS Type:	Community \[\] \[\]	Non-Transient Non-	-Community	Transie	nt Non-Community	☐ Co	nsecutive		
	Number of Service Co	nnections at End of I	Month:			Total Population S	Served at E	nd of Month:		
	PWS Owner: SUNSHI	NE UTILITIES OF	CENTRAL FLOR	IDA, INC.						
	Contact Person: Dewa					Contact Person's T	Title: OFFI	CE MANAGER		
	Contact Person's Maili	ng Address: 10230 E	E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420	
	Contact Person's Telep	hone Number: (352)	347-8228			Contact Person's F	ax Numbe	r: (352)347-6915		
	Contact Person's E-Ma									
В.	Water Treatment Plant	Information								
	Plant Name: QUAIL R	UN						Plant Telephone Numb	er: (352)347-8228	
	Plant Address: S.W. 10					City: Ocala		State: Fla.	Zip Code: 34471	
	Type of Water Treated	by Plant: 🛛 Ra	aw Ground Water	Purcl	hased Finished V	Water				
	Permitted Maximum D			s per day: 43	,200					
	Plant Category (per sul	bsection 62-699.310	(4), F.A.C.): V				ibsection 6	2-699.310(4), F.A.C.): C		
	Licensed Operators		Name	100	License Class	License Number		Day(s)/Shift(s) Worked	
	Lead/Chief Operator:	Kelvin E Edun Sr.			С	7459				
	Other Operators:									
	J Jr.									
3										
_	Certification by Lead	I/Chief Openator				Andrew States of the Control				
41	ceruncation by Lead	etment plent energie	r licensed in Florid						report. I certify that the	
, ll	ne undersigned water tre	a report is true and a	courate to the hest	of my knowl	ledge and belief	I certify that all dr	inking wat	er treatment chemicals u	sed at this plant conform t	0
III (E International Standard	s report is true and a	ale standards refere	enced in subs	section 62-555 3	20(3) F A C Lalse	o certify th	at the following addition	al operations records for t	his
NO.	r iliternational Standard	over that a licensed one	erator staffed or vis	sited this pla	nt during the mo	onth indicated above	e (1) recor	ds of amounts of chemic	als used and chemical fee	d
nta	in were prepared each d	annonriate treatmet	at process performs	ance records	Furthermore 1	agree to provide th	ese additio	onal operations records to	the PWS owner so the P	WS
alt	ner can retain them, togg	appropriate treatmen	his report at aron	venient locat	tion for at least t	en vears	iose additio	The operations revolus		
<i>)</i> W l	ner can retain vient, tog	C - Willi copies di	nio report at 4 con)	ioi at ioast t	, J J.				
	11/18	6. 9M/1	3/8/2019	Kelvin E E	Edun Sr.			C-7459		
lice	nature and Date	- \ [M]	1/3/00		Typed Name			License Nun	nber	
אונ	nature and Date		/	I IIIICG OI	I J POG I TOURING				1900 700	

DWC	S Identification Number: 3424046 Plant Name: QUAIL RUN													
	L. Daily Data for the Month/Year of: February 2009													
III. D	aily Da	ita for the	e Month/Ye	ar of: Febr	uary 2009				G1.1 ·	D' '1		\	Cambin	ed Chlorine (Chloramines)
Means	of Ach	ieving Fo	ur-Log Viru	s Inactivatio	n/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		zone	Comom	ed Chlorine (Chlorannies)
TII	raviole	t Radiatio	on Otl	her (Describ	e):								, <u> </u>	Cities Dissille
Type	of Disin	fectant Re	esidual Main	tained in Di	stribution Syste	em: 🛚 🖂	Free Chlo	orine	Cor	nbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
Type	וופוע ונ	I I	T. S. Fu	C1	Calculations, or I	J v Dose, to De	monstrate Fo	our-Log	Virus Inactiv	ation, if A	plicable*			
6.	Days			100		CT Calcul	ations			10.00	ic : UV	Dose	Lowest	
	Plant		46.7				Lowest CT						Residual	
	Staffed		980		Lowest Residual	Disinfectant	Provided Before or						Disinfectant	
11.34.2	or				Disinfectant Concentration	Contact Time (T) at C	at First				Lowest	Minimum	Concentration	
	Visited		Net Quantity		(C) Before or at	Measurement		Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
_	by	TT	of Finished		First Customer	Point During		of .	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
Day of the	Operator (Place	Hours Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water if	Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal		Flow, mg/L	minutes	mg-min/L	· °C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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								 	-	0.50	
6	*	24	16,000								<u> </u>		3.50	
7		24	20,000										0.40	
- 8	*	24	20,000										0.90	
9	*	24	17,000 23,000										0.90	
10	*	24	18,000										0.90	
11	*	24	21,000										0.80	
13	*	24	20,000								-		0.80	
14		24	20,000								-	-	0.70	
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				-	+	-	-	+	<u> </u>	0.90	
20	*	24	21,000				-	 	+	<u> </u>				
21		24	23,000			-	-	1	7.40				0.80	
22	*	24	24,000						1	†			0.80	
23	*	24	27,000 24,000	-	-	1							0.80	
24	*	24	21,000	-									1.00	
25	*	24	25,000	+								-	1.00	
26 27	*	24	20,000									-	0.90	
28		24	24,000									-	-	
29		24	0				-	-			-	+	-	
30		24	0					-	-	-		-		
31		24	0							1				
Total	THE RESERVE	187 (1991)	586,000											
Avera	ge		18,903	_										

30,000

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



	1 0									
1.	General Information	for the Month/	Year of: MARCH	H 2009						
A.	Public Water System (F	WS) Informatic	on							
	PWS Name: QUAIL R	UN						PWS Identification N	umber: 3424046	
	PWS Type:	Community	Non-Transient N	Non-Community	Transie	nt Non-Community	Con	nsecutive		
	Number of Service Co	nnections at End	d of Month:			Total Population S	Served at E	nd of Month:		
	PWS Owner: SUNSHI			ORIDA, INC.						
	Contact Person: Dewa					Contact Person's	Title: OFFIC	CE MANAGER		
	Contact Person's Maili		230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420	
	Contact Person's Telep	phone Number: ((352) 347-8228			Contact Person's I	ax Number	:: (352)347-6915		
	Contact Person's E-Ma									
В.										
	Plant Name: QUAIL R	RUN	0					Plant Telephone Num	ber: (352)347-8228	
	Plant Address: S.W. 19					City: Ocala		State: Fla.	Zip Code: 34471	
	Type of Water Treated		Raw Ground Wat	er Purc	hased Finished V	Water				
	Permitted Maximum D				,200					
	Plant Category (per su	bsection 62-699	.310(4), F.A.C.): V			Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	С	
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift	(s) Worked	25 () ()
	Lead/Chief Operator:	Kelvin E Edun Sr.	<u> </u>		С	7459				
	Other Operators:									
	Other Operators.									
П	. Certification by Lead	d/Chief Operat	or		1/1:0	0.1				
I, t	the undersigned water tre	eatment plant op	erator licensed in Fl	orida, am the le	ad/chief operato	r of the water treatr	nent plant i	dentified in Part I of thi	is report. I certify that the	
inf	formation provided in the	is report is true a	and accurate to the b	est of my know.	ledge and belief.	I certify that all dr	inking wate	er treatment chemicals	used at this plant conform t	.0
NS	SF International Standard	d 60 or other app	olicable standards re	ferenced in sub	section 62-555.3	20(3), F.A.C. 1 als	o certify tha	it the following addition	nal operations records for t	his
pla	ant were prepared each d	lay that a license	ed operator staffed or	r visited this pla	nt during the mo	onth indicated above	e: (1) record	is of amounts of chemi	cals used and chemical feed	d MG
rat	es; and (2) if applicable	, appropriate trea	atment process perfo	rmance records	Furthermore, I	agree to provide tr	iese additio	nai operations records	to the PWS owner so the P	WS
OW	oner can retain them, tog	ether with copie	s of this report, at a	convenient loca	tion for at least t	en years.				
	1500	19 9,11	4/5/200	79	24 0			0.7450		
	1 ld h	14/1	11 3/10	Kelvin E I				<u>C-7459</u>	1	
Sic	onature and Date		1	Printed or	Typed Name			License Nu	mber	

PWS	Identific	cation Nu	umber: 34240	046		Plant Na	me: QUA	IL RUI	N					
III. Daily Data for the Month/Year of: MARCH 2009 Means of Achieving Four-Log Virus Inactivation/Removal: *														
Mear	s of Ach	ieving F t Radiati	our-Log Viru	us Inactivation ther (Describ	on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
					istribution Syst	em.	Free Chl	orine	ПС	mbined C	Thlorine (Chloram	inec)	Chlorine Dioxide
Турс	OI DISIII	lectant N	Cesiduai iviali	ramed in D	T Calculations, or	LIV Dose to D	emonstrate F	our-I og	Virus Inacti	vation if A	policable*	Cinorani	mes)	Emorine Bloxide
	Days			2.00	r Carcajarions, or	CT Calcu	lations	our nog		1000		Dose	e de la companya de l	
	Plant					Compression and	Lowest CT	1					Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
4	Visited				Concentration	(T) at C	at First						Concentration	
	by		Net Quantity		(C) Before or at					Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished	<u> </u>	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak Flow, mg/L	Peak Flow,	Peak Flow, mg-min/L		Applicable	Required,		mW- sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
Month	"X") *	Operation		Rate, gpd	riow, mg/L	minutes	ing-min/15	- C	Аррисавіс	mg-mm/L	s sec/em	Secrem	0.60	Out of Operation
2	*	24	25,000 23,000	-		 	 	+	 	 	+	 	0.80	
3	*	24	25,000	-	 	 		 	 	+	-	 	0.80	
4	*	24	22,000				 	†	 	†		1	0.60	
5	*	24	26,000		 			1					0.60	
6	*	24	25,000										0.60	
7		24	29,000											
8	*	24	29,000					I					0.30	
9	*	24	22,000										0.70	
-10	*	24	24,000										0.60	
11	*	24	21,000								<u> </u>		0.60	
12	*	24	25,000				-	-				-	0.60	
13	*	24	22,000				<u> </u>	 	ļ	-	 		0.50	
14		24	28,000					 			-		0.40	
15	*	24	29,000		 	-	-	-	-	 	-	-	0.40	
16	*	24	21,000	<u> </u>			-	 	-	-			0.60	
17	*	24	21,000 24,000		-	 	 	 		-	-		0.60	
18	*	24	22,000		 	 	-	+	 	1			0.50	
19	*	24	24,000	 			<u> </u>	 		†	1		0.50	
21		24	27,000			1								
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					-			ļ		0.50	
29	*	24	29,000			-	-	-	-	-			0.50	
30	*	24	26,000				-	-	-	-	-		0.40	
31	*	24	28,000	-	L								0.40	
THE RESERVE TO SERVE THE RESERVE THE	- 2550	port for the same point of the contract of the contract of	775,000 25,000	1										
	ium .		33,000	1										
IVIAXIII	IUIII ME TO AND		33,000											

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



	General Information			09					
A.	Public Water System (F	WS) Information	on						
	PWS Name: QUAIL R							PWS Identification N	umber: 3424046
	PWS Type:	Community	Non-Transient Nor	n-Community	Transie	nt Non-Community	☐ Co	onsecutive	
	Number of Service Co	nnections at En	d of Month:			Total Population S	served at E	End of Month:	
	PWS Owner: SUNSH	NE UTILITIES	S OF CENTRAL FLOR	UDA, INC.					
	Contact Person: Dewa	ine Chiristmas				Contact Person's T	itle: OFFI	CE MANAGER	
	Contact Person's Maili	ng Address: 10	230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep	hone Number:	(352) 347-8228			Contact Person's F	ax Numbe	er: (352)347-6915	
	Contact Person's E-Ma								
В.	Water Treatment Plant	Information							
	Plant Name: QUAIL R	UN						Plant Telephone Num	iber: (352)347-8228
	Plant Address: S.W. 1	08ln				City: Ocala		State: Fla.	Zip Code: 34471
	Type of Water Treated	by Plant:	X Raw Ground Water	Purch	nased Finished V	Water			•
	Permitted Maximum L	Day Operating C	apacity of Plant, gallon	s per day: 43	,200				
	Plant Category (per su	bsection 62-699	9.310(4), F.A.C.): V			Plant Class (per su	bsection 6	62-699.310(4), F.A.C.):	С
	Licensed Operators		Name		License Class	License Number	And the large course of	Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Kelvin E Edun Sr			С	7459			
	Other Operators:								
	Other Operators.								
	The second secon								
11	. Certification by Lead	d/Chief Operat	or						
									is report. I certify that the
inf	ormation provided in thi	is report is true	and accurate to the best	of my knowl	edge and belief.	I certify that all dri	inking wat	er treatment chemicals	used at this plant conform to
NS	F International Standard	d 60 or other ap	plicable standards refer	enced in subs	ection 62-555.3	20(3), F.A.C. I also	certify th	at the following additio	nal operations records for this
pla	ant were prepared each d	lay that a license	ed operator staffed or vi	sited this plan	nt during the mo	onth indicated above	: (1) recor	ds of amounts of chemi	cals used and chemical feed
rat	es; and (2) if applicable,	appropriate tre	atment process perform	ance records.	Furthermore, I	agree to provide the	ese additio	onal operations records	to the PWS owner so the PWS
ow	mer can retain them, tog	ether with copie	of this report, at a cor	venient locat	ion for at least t	en years.			
	1///	6/2/1	//11/09						
	13/1/	1.7/11	5/9/201	Kelvin E E				C-7459	
Sig	gnature and Date	7	/ //	Printed or	Typed Name			License Nu	mber

PWS	PWS Identification Number: 3424046 Plant Name: QUAIL RUN II. Daily Data for the Month/Year of: APRIL 2009													
III. Daily Data for the Month/Year of: APRIL 2009 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine														
Means	of Ach	ieving Fo	our-Log Viru	s Inactivation her (Describ	on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
					istribution Syste	em:	Free Chlo	orine	Cor	nbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
Турс	OI DISHI	rectant ic	CSIGGGI IVIGII	C	T Calculations, or I	UV Dose, to De	monstrate Fo	our-Log	Virus Inactiv	ation, if Ap	pplicable*			Control of the contro
	Days				2.2		ations			1.64	UV.	Dose		
	Plant		7	4.4	100		Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	ayan San San San San					Residual Disinfectant	
	00				Disinfectant Concentration	Contact Time (T) at C	Before or at First				Lowest	Minimum	Concentration	
	Visited by		Net Quantity		(C) Before or at		Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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		-								0.30	
9	*	24	25,000 24,000										0.40	
10		24	30,000		-								0.10	
11	*	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		 								0.50	
23	*	24	30,000		-								0.50	
24	*	24	25,000 30,000										0.50	
25	*	24	31,000		 								0.50	
26	*	24	26,000										0.50	
27	*	24	27,000										0.40	
29	*	24	25,000										0.40	
30	*	24	28,000										0.40	
31		24												
Total	i Haringa da karana		808,000											
Assacras	engent appearance.	ALTERNATION OF THE	26.033	1										

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



	1 5									
1.	General Information	for the Month	Year of: MAY 200	9						
A.	Public Water System (F	WS) Informati	on							
	PWS Name: QUAIL R	RUN					PV	VS Identification Nu	umber: 3424046	
	PWS Type:	Community	Non-Transient No	n-Community	Transie	ent Non-Community	Consec	cutive		
	Number of Service Co	nnections at En	d of Month:			Total Population Se	rved at End o	of Month:		
	PWS Owner: SUNSHI	NE UTILITIES	S OF CENTRAL FLO	RIDA, INC.						
	Contact Person: Dewa					Contact Person's Tit	tle: OFFICE I	MANAGER		
	Contact Person's Maili	ing Address: 10	230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420	
	Contact Person's Telep	hone Number:	(352) 347-8228			Contact Person's Fa	x Number: (3	52)347-6915		
	Contact Person's E-Ma									
В.	Water Treatment Plant	Information								
	Plant Name: QUAIL R	RUN		*			Pla	ant Telephone Numb	ber: (352)347-8228	
	Plant Address: S.W. 10				*	City: Ocala	Sta	ate: Fla.	Zip Code: 34471	
	Type of Water Treated		Raw Ground Water	Purcha	ased Finished V	Water				
			Capacity of Plant, gallor		200					
	Plant Category (per su					Plant Class (per sub	section 62-69	9.310(4), F.A.C.): (C	
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift(E grand and a
	Lead/Chief Operator:	Kelvin E Edun Sr	ſ.		С	7459				1504 P. 150 July 10 10 10 10 10 10 10 10 10 10 10 10 10
	Other Operators:									
	Other Operators.									
	Parameter and the second secon	VCI 1 60							Managara da Ma	
Ш	. Certification by Lead	d/Chief Operat	ior 11 Til	11 41 1	1/-1: 6			.c. 1 . D. +I -C41 :	T	
I, t	he undersigned water tre	eatment plant of	perator licensed in Flor	ida, am the lead	d/cnier operato	r of the water treatme	ent plant ident	ined in Part I of thi	s report. I certify that th	ie
inf	ormation provided in the	is report is true	and accurate to the bes	t of my knowle	age and belief.	20(2) E A C. Lalaa	iking water tr	eatment chemicals t	used at this plant conform	II to
NS	F International Standard	d 60 or other ap	plicable standards refer	renced in subse	ction 62-333.3	20(3), F.A.C. Talso	(1) manada a	e following addition	nal operations records fo	or this
pla	nt were prepared each d	lay that a licens	ed operator statted or v	risited this plant	Furthermore I	I narea to provide the	(1) records o	operations records t	cals used and chemical for the PWS owner so the	DUZ
rat	es; and (2) if applicable,	, appropriate tre	atment process perform	nance records.	on for at least t	tagree to provide the	se additional	operations records t	o the r w 3 owner so the	LWS
OW	ner can retain them, tog	etner with copie	es of this report, at a co	invenient iocatio	on for at least t	ien years.				
	1/2 /	c//	6/4/2014	Kelvin E Ed	lun Cr			C-7459		
	1417	- 60/1/	1/1/200					License Nur		
Sig	mattire and Date		/	Printed or T	yped Name			License Nur	nder	

PWS	PWS Identification Number: 3424046 Plant Name: QUAIL RUN													
III. Daily Data for the Month/Year of: MAY 2009														
					on/Removal: *	⊠ Free	Chlorine	Г	Chlorine	Dioxide	П)zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ					•					()
					istribution Syst	em:	Free Chl	orine	ПСол	mbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
10.00				C	T Calculations, or	UV Dose, to De	monstrate F	our-Log	Virus Inactiv	vation, if A	pplicable*	100	Chief Selection of	Yes the state of t
	Days				124, 201	CT Calcul					UV	Dose	1	
	Plant				125		Lowest CT						Lowest	
	Staffed or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or			1			Residual Disinfectant	
	Visited				Concentration	(T) at C	at First	7170 (54.5)			Lowest	Minimum	Concentration	
	by.		Net Quantity		(C) Before or at	Measurement	Customer	Temp.	at the first	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,		mW-	Distribution	Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm*	sec/cm ²	System, mg/L	Out of Operation
1	*	24	26,000 29,000		-			 			 		0.40	
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 42,000		-					-	 		0.60	
12	*	24	19,000										0.90	
14	*	24	21,000							<u> </u>			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 24	18,000 22,000										1.00	
23	*	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	A 104 514	The second section of the second section is	806,000											
Averag	eler i	A	26,000											

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



	General Information)9					
A.	Public Water System (I	PWS) Informati	on						
	PWS Name: QUAIL I						PWS Identific	ation Number: 34	24046
	PWS Type:	Community	Non-Transient No	n-Community	Transie	nt Non-Community	Consecutive		
	Number of Service Co	nnections at En	d of Month:			Total Population S	Served at End of Month:		
	PWS Owner: SUNSH	INE UTILITIES	S OF CENTRAL FLOI	RIDA, INC.					
	Contact Person: Dewa	ine Chiristmas				Contact Person's	Title: OFFICE MANAGER	\	
	Contact Person's Maili	ing Address: 10	230 E. Hwy 25			City: Belleview	State		Code: 34420
	Contact Person's Telep		(352) 347-8228			Contact Person's I	Fax Number: (352)347-691	5	
	Contact Person's E-Ma	ail Address:							
B.	Water Treatment Plant	Information		1.00000					
	Plant Name: QUAIL F	RUN					Plant Telepho	ne Number: (352)	347-8228
	Plant Address: S.W. 1					City: Ocala	State: Fla.	Zip (Code: 34471
	Type of Water Treated	l by Plant:	X Raw Ground Water	Purch	ased Finished V	Water			
	Permitted Maximum D			ns per day: 43,	200				
	Plant Category (per su	bsection 62-699					bsection 62-699.310(4), F	.A.C.): C	
	Licensed Operators		Name		License Class	License Number	Day(s)/Shift(s) Worke	d
	Lead/Chief Operator:	Kelvin E Edun Sr			C	7459			
	Other Operators:								
П	. Certification by Lead	I/Chief Operat	0"						
				ida am the lea	d/chief operato	r of the water treatn	nent plant identified in Par	t I of this report.	I certify that the
							inking water treatment che		
NS	F International Standard	1 60 or other ap	olicable standards refer	renced in subse	ection 62-555.3	20(3), F.A.C. I also	certify that the following	additional operat	ions records for this
nla	nt were prepared each d	av that a license	ed operator staffed or v	risited this plan	nt during the mo	onth indicated above	e: (1) records of amounts o	f chemicals used	and chemical feed
rate	es: and (2) if applicable,	appropriate tre	atment process perforn	nance records.	Furthermore, I	agree to provide th	ese additional operations r	records to the PW	S owner so the PWS
ow	ner can retain them, tog	ther with copie	s of this report, at a co	nvenient locati	ion for at least t	en years.			
	1/1	c = 1	1/1/1/	P					
	1/5/1	2. [1/1]	17/5/200	Kelvin E E	dun Sr.		C-7	459	
Sig	nature and Date		///	Printed or	Typed Name		Lice	ense Number	
	/		/ /						

Daily Data for the Month/Year of: JUNE 2009 Sans of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)				mber: 34240		OKT TOKT	Plant Na	ne: QUAI	L RUN	1					
Combined Chloramines Chlor						E 2000									
Universide Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide	L. D	ally Da	ta for th	e Monuny e	s Inactivation	n/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
Days Days Pear Conditional Color Col	leans	or Acn	Padiatio	n Otl	her (Describ	e):									
Days Part	JUI	CD:	Gastont D	osidual Main	tained in Di	stribution Syste	em: 🗆	Free Chlo	orine	Cor	nbined C	hlorine (Chlorami	nes)	
Doctor Plant Staffed Plant Plant Staffed Plant	ype (or Disin	lectant K	esiduai iviaiii		Calculations or U	V Dose, to Do	monstrate Fo	our-Log	Virus Inactiv	ation, if Ap	plicable*			
Distriction		Dove					CT Calcu	lations			6.115	UV.	Dose		
Staffed or Visited by Net Quantity Order Fore Content Fore		500			The state of the s			Lowest CT.						ACCUSED TO THE PARTY OF THE PAR	
Visited Visi								发展的发展,更多的现在分词是一种发展的	1494	1					
Visited by Visited by Visited by Visited by Visited by Visited		10				A STATE OF THE PARTY OF THE PAR	The state of the s	Nath and the control of the state of the				Lowest	Minimum		
Part Process Process		Visited						4 Strategy Company of the Strategy Company	Temp		Minimum	Operating	UV Dose		Emergency or Abnormal Operating
Plant in Plant in							Point During			pH of	CT	UV Dose,	Required,		Conditions; Repair or Maintenance Work t
Note		Operator			Peak Flow				Water,				mW-		
1	the	(Place	Operation				ACTUAL STREET CONTRACTOR STREET, STREE	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²		Out of Operation
2	onui			23 000											
3	2														
1	3														
S	4 .														
6	5	*												0.50	
7. * 24 25,000	6													0.50	
8	7	*		25,000						-					
9 * 24	8	*	24							-		-			
10	9	*				-		-	-	1	-				
11	10	*							-			 			
13	11								-						
14	12	*				-	 								
15	13						-	 		†					
16	14				-	-								0.30	
17	15								1						
18 * 24 49,000 0.50 19 * 24 54,000 0.30 20 24 57,000 0.40 21 * 24 55,000 0.40 22 * 24 55,000 0.40 23 * 24 52,000 0.50 24 * 24 52,000 0.50 25 * 24 63,000 0.50 26 * 24 59,000 0.40 27 24 62,000 0.40 28 * 24 63,000 0.40 29 * 24 21,000 0.40 30 * 24 22,000 0.40 31 24 31 24															
19 * 24 54,000															
20 24 57,000 21 * 24 58,000 22 * 24 55,000 23 * 24 53,000 24 * 24 52,000 25 * 24 63,000 26 * 24 59,000 27 24 62,000 28 * 24 63,000 29 * 24 21,000 30 * 24 22,000 31 24 1,297,000 1000 1,297,000														0.50	
21 * 24 58,000		-												0.20	
22 * 24 55,000		*								7.40					
23 * 24 53,000									-		-	-	-		
24 * 24 52,000		1		53,000			1	-			-	-			
25 * 24 63,000 26 * 24 59,000 27 24 62,000 28 * 24 63,000 29 * 24 21,000 30 * 24 22,000 31 24 1,297,000 Cotal 1,297,000	24	*		52,000			-		-	+	-	-			
26 * 24 59,000 0.40 27 24 62,000 0.40 28 * 24 63,000 0.40 29 * 24 21,000 0.40 30 * 24 22,000 0.40 31 24 1,297,000 0.40		*		63,000			-		+		 	-			
27	26	*				-	-		+				1		
29 * 24 21,000 30 * 24 22,000 31 24 1,297,000 Otal: 1,297,000						-	-	-	-					0.40	
30 * 24 22,000 31 24 1,297,000 Otal: 1,297,000	28					-			1					0.40	
31 24 (297,000 (202)	29	6				-	1							0.40	
1,297,000		*		22,000	-		+								
12 222			Control of the property of the	1 207 000	-				1		-				
	Total	CONTRACTOR OF THE PROPERTY OF TRACES	A STATE OF THE PARTY OF THE PAR		\dashv										

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



1.	General Information	for the Month/	Year of: JULY 2009						
A.	Public Water System (I	PWS) Information	on						
	PWS Name: QUAIL F	RUN						PWS Identification Nu	umber: 3424046
	PWS Type:	Community	Non-Transient Non-	-Community	Transie	nt Non-Community	Co:	nsecutive	
	Number of Service Co	nnections at En	d of Month:			Total Population S	erved at E	nd of Month:	
	PWS Owner: SUNSH	INE UTILITIES	OF CENTRAL FLOR	IDA, INC.					
	Contact Person: Dewa					Contact Person's T	itle: OFFI	CE MANAGER	
	Contact Person's Mail	ing Address: 102	230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Teler					Contact Person's Fa	ax Number	:: (352)347-6915	
	Contact Person's E-Ma	ail Address:							
В.	Water Treatment Plant	Information							
	Plant Name: QUAIL F	RUN						Plant Telephone Num	ber: (352)347-8228
	Plant Address: S.W. 1					City: Ocala		State: Fla.	Zip Code: 34471
	Type of Water Treated	d by Plant:	Raw Ground Water	Purch	ased Finished V	Water			
			apacity of Plant, gallons	per day: 43,	200			***************************************	
	Plant Category (per su					Plant Class (per sul	bsection 62	2-699.310(4), F.A.C.): (C
	Licensed Operators		Name	7	License Class	License Number		Day(s)/Shift(s) Worked
	Lead/Chief Operator:	Kelvin E Edun Sr.			С	7459			
	Other Operators:								
	Other Operators.								
	Constitution of the second								
Ш	. Certification by Lead	d/Chief Operat	or		1/ 1: 6	Cil	1 1 1	1 416 - 1 1 D- 4 T - 641-1	T - 4: C - 4h - 4 - h -
, t	he undersigned water tre	eatment plant op	erator licensed in Florid	ia, am the lea	d/chief operato	r of the water treatm	ient plant i	dentified in Part I of thi	s report. I certify that the
nfo	ormation provided in the	is report is true a	and accurate to the best	of my knowle	edge and belief.	20(2) E A C Lala	inking wate	er treatment chemicals t	used at this plant conform to
NS	F International Standard	d 60 or other app	olicable standards refere	enced in subs	ection 62-333.3	20(3), F.A.C. I also	(1) magazi	de of amounts of chami-	nal operations records for this
ola	nt were prepared each d	ay that a license	d operator statted or vis	sned this plan	Eurthermore	I saree to provide the	. (1) lecon	nal operations records t	cals used and chemical feed to the PWS owner so the PWS
ate	es; and (2) if applicable, ner can retain them, tog	appropriate tre	Afthis report at a con-	venient locat	ion for at least t	agree to provide the	ese additio	nai operations records t	to the T WB owner so the T WB
OW.	ner can retain them, tog	einer with copie	syot unis report, at a con	vement locat	IOII IOI at icast t	ien years.			
	11016	Golf !	3/5/229	Kelvin E E	dun Sr			C-7459	
7.	12/16	11/1	0/0/1/01		Typed Name			License Nu	mher
110	nature and Date		1 1	rimed or .	I Aben Lygille			Licelise Ivui	litoti

PWS	Identific	eation Nu	mber: 34240)46		Plant Na	me: QUA	L RUI	1					
III. Daily Data for the Month/Year of: JULY 2009 Means of Achieving Four-Log Virus Inactivation/Removal: *														
U U	traviole	t Radiatio	on 🗌 Ot	her (Describ	ne):									,
Type	of Disin	fectant R	esidual Mair	tained in Di	istribution Syst	em:	Free Chl	orine	Co.	mbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
			10 mm 1 m	C	T Calculations, or	UV Dose, to De		our-Log	Virus Inacti	vation, if A	pplicable*		and the second second	
	Days					CT Calcu			ander Later one	the second	UV	Dose		
	Plant		1			At a second	Lowest CT			1000	4000		Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	STATE OF THE STATE				1		Disinfectant	
	Visited		St. 6		Concentration	(T) at C Measurement	at First Customer	Temp.		Minimum	Lowest	Minimum UV Dose	Concentration at Remote	Emergency or Abnormal Operating
	by	Harina	Net Quantity of Finished		(C) Before or at First Customer	Point During	During	of	pH of	CT	LIV Doce	Required,	Point in	Conditions; Repair or Maintenance Work that
Day of	Operator (Place	Hours Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water.	Water if	Required,	mW-	mW-	Distribution	Involves Taking Water System Components
the Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C ,	Applicable			sec/cm ²	System, mg/L	Out of Operation
1	*	24	23,000	, , , , , , , , , , , , , , , , , , ,	, ,			100000000000000000000000000000000000000					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 26,000										0.00	
11	*	24	26,000						7.30				0.60	
12	*	24	20,000						7.00				0.60	
13	*	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										0.00	
25	*	24	24,000										0.70	
26	*	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											
Francisco de Caración de Carac			22.002	1										

30,000

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



1. (General Information	for the Month/Y	ear of: August 20	009					
4. P	Public Water System (P	WS) Information	l						
	PWS Name: QUAIL R	RUN						PWS Identification N	umber: 3424046
	PWS Type:	Community	Non-Transient No	on-Community	Transie	nt Non-Community	Co	onsecutive	
-	Number of Service Co.	nnections at End	of Month:			Total Population S	Served at E	End of Month:	
	PWS Owner: SUNSHI	NE UTILITIES (OF CENTRAL FLO	RIDA, INC.					
	Contact Person: Dewa					Contact Person's	Title: OFFI	CE MANAGER	
1	Contact Person's Maili		0 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep			-		Contact Person's F	ax Numbe	er: (352)347-6915	
	Contact Person's E-Ma					·			
-	Water Treatment Plant								
	Plant Name: QUAIL R							Plant Telephone Num	nber: (352)347-8228
-	Plant Address: S.W. 10					City: Ocala		State: Fla.	Zip Code: 34471
	Type of Water Treated		Raw Ground Water	r Purc	hased Finished V				
	Permitted Maximum D	,			,200				
	Plant Category (per su					Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	C
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift	
	Lead/Chief Operator:	Kelvin E Edun Sr.			С	7459			
	and the second s								
	Other Operators:								
					 				
					 				
	<u> Baran da kanan kanan da kana</u>	L							
Ш	Certification by Lead	I/Chief Operator	•						
the	e undersigned water tre	eatment plant oper	rator licensed in Flor	rida, am the le	ad/chief operato	r of the water treatn	nent plant	identified in Part I of th	is report. I certify that the
nfor	rmation provided in thi	is report is true an	d accurate to the bes	st of my know	ledge and belief.	I certify that all dr	inking wat	er treatment chemicals	used at this plant conform to
NSF	International Standard	60 or other appl	icable standards refe	renced in subs	section 62-555.3	20(3), F.A.C. I also	certify th	at the following addition	nal operations records for this
nlan	t were prepared each d	av that a licensed	operator staffed or	visited this pla	nt during the mo	onth indicated above	e: (1) recor	ds of amounts of chemi	cals used and chemical feed
rates	e: and (2) if applicable	appropriate treat	ment process perform	mance records	. Furthermore, I	agree to provide th	ese additio	onal operations records	to the PWS owner so the PWS
oum	er can retain them, tog	ether with copies	of this report at a co	onvenient loca	tion for at least t	en years.		1	
UWII	or can retain then tog	1 2 - Vital copies,							
	15,1	4 911	1 9/8/20	Melvin E F	Edun Sr.			C-7459	
Sion	nature and Date	CON I	111	_ /	Typed Name			License Nu	mber

PWS	Identific	cation Nu	mber: 34240)46		Plant Na	ne: QUAI	L RUN	1					
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)														
		ieving Fo		is Inactivation her (Describ		⊠ Free	Chlorine		Chlorine	Dioxide		Ozone	Combin	ed Chlorine (Chloramines)
Type	of Disin	fectant R			istribution Syste	em· 🛛	Free Chl	orine	ПСо	mbined C	hlorine (Chlorami	ines)	Chlorine Dioxide
Type	or Disin	100tant 10	CSIGUAL IVIAN	C	T Calculations, or I	IV Dose to De	monstrate Fo	our-Log	Virus Inactiv	vation if A	onlicable*			Streeting Application purposes and
	Days			9		CT Calcul	ations				UV	Dose	1"	
	Plant						Lowest CT		Section 1				Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or		7 7 91 7		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited		1.00		Concentration	(T) at C	at First					Minimum		
100	by		Net Quantity		(C) Before or at	Measurement Point During	Customer During		-117	Minimum CT	Operating	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Operator	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	Peak Flow,	of Water,	pH of	Required,	mW-	mW-	Distribution	Involves Taking Water System Components
the Month	(Place "X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable			sec/cm ²	System, mg/L	Out of Operation
1	Α,	24	18,000	Tano, Spa									7. 7. 0	10.000 A 10
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										0.40	
10	*	24	21,000										0.40	
-11	*	24	23,000		-								0.30	
12	*	24	28,000		 								0.30	
13	*	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										0.60	
23	*	24	21,000						7.40				0.60	
24	*	24	22,000						7.40				0.60	
25	*	24	27,000 20,000		-								0.60	
26 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	
			662,000											
	reheli ili e a calani.	San San San San San San	21 254											

Maximum 29,000 * Refer to the instructions for this report to determine which plants must provide this information.



		for the Month/Year of: September	2009								
A.	Public Water System (I										
	PWS Name: QUAIL F						PWS Identification Nu	mber: 3424046			
		Community Non-Transient Non	n-Community	Transie	nt Non-Community	-	nsecutive				
		nnections at End of Month:			Total Population S	Served at En	nd of Month:				
		INE UTILITIES OF CENTRAL FLOR	IDA, INC.								
	Contact Person: Dewa				Contact Person's T	itle: OFFIC	CE 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 R	RUN					Plant Telephone Numb	er: (352)347-8228			
	Plant Address: S.W. 1				City: Ocala		State: Fla.	Zip Code: 34471			
	Type of Water Treated	l by Plant: X Raw Ground Water	Purc!	hased Finished V	Vater						
		Day Operating Capacity of Plant, gallon	s per day: 43	,200							
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V			Plant Class (per su	bsection 62	2-699.310(4), F.A.C.): C				
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked											
	Lead/Chief Operator:	Kelvin E Edun Sr.		С	7459						
	Other Operators:										
- 1											
	Certification by Lead							(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
		eatment plant operator licensed in Floric									
		is report is true and accurate to the best									
		1 60 or other applicable standards refere									
		ay that a licensed operator staffed or vis									
rate	es; and (2) if applicable,	appropriate treatment process performa	ance records.	Furthermore, 1	agree to provide the	ese addition	nal operations records to	the PWS owner so the PWS			
owi	wher can retain them, together with copies of this report, at a convenient location for at least ten years.										
	13. 19	9/1 /1/ 4/2001	Valuin E E	don Co			0.7450				
	11110	W/1 19 -100-1	Kelvin E E				C-7459				
Sign	nature and Date		Printed or	Typed Name			License Num	ber			

PWS	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)													
		ieving Fo t Radiatio	our-Log Viru on 🔲 Ot	is Inactivation her (Describ	on/Removal: * oe):	⊠ Free	Chlorine	L	Chlorine	Dioxide)zone	Combin	led Chlorine (Chloramines)
Type	of Disin	fectant R	esidual Mair	tained in D	istribution Syst	em: 🗵	Free Chl	orine	Co1	mbined C	Chlorine (Chlorami	ines)	Chlorine Dioxide
				C	I Calculations, or	UV Dose, to De	monstrate F	our-Log	Virus Inactiv	ation, if A	pplicable*		de esta esta esta esta esta esta esta est	
	Days					CT Calcul		7	The same of the sa	i e	UV	Dose		
	Plant			4.4	Tamas Basiana	Districtors	Lowest CT Provided						Lowest Residual	
	Staffed or				Lowest Residual Disinfectant	Contact Time	Before or	7					Disinfectant	
	Visited	10.0		9	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,		Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	∞mW-	Distribution	Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	*	24	22,000 27,000		-								0.50	
3.	*	24	23,000					 			-		0.50	
4	*	24	21,000					t					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								<u> </u>		0.80	
11	*	24	17,000										0.80	
12	*	24	18,000		ļ			-					0.70	
13	*	24	19,000 20,000		 			-					0.70	
14	*	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 41,000					 					0.60	
24	*	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						L			L	L		
Total			716,000											
	ge,		23,866											
Maxin	ium, "		45,000											

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



1.	General Information	for the Month	/Year of: October 20	09								
A.	Public Water System (I	PWS) Informati	on									
	PWS Name: QUAIL I	RUN				PWS Identification Number: 3424046						
	PWS Type:	Community	Non-Transient Non	-Community	Transie	nt Non-Community	Co:	nsecutive				
	Number of Service Co	onnections at En	d of Month:			Total Population Served at End of Month:						
	PWS Owner: SUNSH	INE UTILITIE	S OF CENTRAL FLOR	IDA, INC.								
	Contact Person: Dewa	ine Chiristmas				Contact Person's T	itle: OFFI	CE MANAGER				
	Contact Person's Mail	ing Address: 10	230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420			
	Contact Person's Telep	ohone Number:	(352) 347-8228			Contact Person's F	ax Number	r: (352)347 - 6915				
	Contact Person's E-Ma					<u> </u>	***************************************					
B.	Water Treatment Plant	Information					TOTAL PROPERTY OF THE PARTY OF THE PARTY OF					
	Plant Name: QUAIL F	RUN		,				Plant Telephone Numl	ber: (352)347-8228			
	Plant Address: S.W. 1				***************************************	City: Ocala		State: Fla.	Zip Code: 34471			
	Type of Water Treated	l by Plant:	Raw Ground Water	Purc	hased Finished V							
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 Number	45	Day(s)/Shift(
	Lead/Chief Operator:	Kelvin E Edun Sr			7459							
	Other Operators:											
	O moo O portations.											
Ш	Certification by Lead	l/Chief Operat	or					1 10 11 5 1 61	Y C 1			
l, th	ne undersigned water tre	eatment plant of	perator licensed in Florid	da, am the le	ad/chief operato	r of the water treatm	nent plant i	dentified in Part I of thi	s report. I certify that the	4		
into	ormation provided in thi	s report is true	and accurate to the best	of my know	ledge and belief.	1 certify that all dr	inking wat	er treatment chemicals t	used at this plant conform	thic		
NS.	International Standard	1 60 or other ap	plicable standards refere	enced in subs	section 62-333.3	20(3), F.A.C. 1 also	certify the	at the following addition	nal operations records for	illis		
olai	it were prepared each d	ay that a license	ed operator statted or vis	sited this pla	nt during the mo	onin indicated above	: (1) record	ns of amounts of chemic	cals used and chemical fee	u M/C		
rate	s; and (2) if applicable,	appropriate tre	atment process performa	ance records	. Furthermore, I	agree to provide un	ese additio	mai operations records t	to the PWS owner so the P	VVD		
JWI	ier can retain them, toge	einer with copie	s of this report, at a con	ivenient ioca	tion for at least t	en years.						
	16,1.2	9//	11/5/2009	Kelvin E I	Edua Ca			C-7459				
٠.		· F	Majarry						no b ou			
Sign	nature and Date	de la	1 1	Printed or	Typed Name			License Nu	moer			

PWS	Identifi	cation Nu	ımber: 34240	046		Plant Na	me: QUAI	IL RUN	1					
111.	Daily Da	ata for th	ne Month/Yo	ear of: Octo	ober 2009				11. 14. v. 1/11. v. 1. 1. 1. 14. 14. 14. 14. 14. 14. 14. 1					
			our-Log Virt	ıs Inactivatio	on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
U	ltraviole	t Radiati	on O	ther (Describ	oe):			873 Tel						
Type	of Disin	fectant R	esidual Main	ntained in D	istribution Syst	em:	Free Chl	orine		mbined C			nes)	Chlorine Dioxide
	274 (442) 2	Service in	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· C	T Calculations, or			our-Log	Virus Inacti	vation, if A				
	Days			100	100	CT Calcu		derogen in			UV	Dose*	Photo in	
	Plant		9 (9) (1) (1) (4) (5)				Lowest CT						Lowest Residual	Participation of the second of
100	Staffed or		100	100	Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or					5.00	Disinfectant	
1.5	Visited		7.00		Concentration	(T) at C	at First				Lowest	Minimum		
	by •		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,		Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	Required,	mW-	mW-	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
Month 1	"X") *		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm	sec/cm ²	0.50	Out of Operation
2	*	24	23,000				-	-					0.50	
3		24	25,000								1		1	
4	*	24	26,000										0.50	
5		24	20,000											
6	*	24	22,000										0.70	
7	*	24	20,000									ļ	0.70	
8	*	24	28,000									-	0.70	
- 9	*	24	22,000				-	-		-	 		0.60	
10	*	24	22,000		ļ			-			-		0.60	
11	*	24	28,000 26,000				 		 			 	0.60	
13	*	24	30,000						<u> </u>				0.60	
14	*	24	19,000										0.80	
15	*	24	17,000										0.80	
16	*	24	20,000										0.80	
17		24	24,000						7.10	-	-		0.60	
18	*	24	24,000					ļ	7.40	<u> </u>		-	0.60	
19 20	*	24	19,000 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							ļ		 	0.40	
26	*	24	22,000							-		 	0.80	
27	*	24	21,000				-	-					0.80	
28	*	24 24	30,000 27,000		-							 	0.70	
30	*	24	23,000										0.70	
31		24	24,000											
	1		717,000											
Averag	ed Samuel	4.	23,129											
Maxim	um .	and the second	30,000											

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



1.	General Information	for the Mont	/Year of: November	2009					
	Public Water System (P								
	PWS Name: QUAIL R	UN						PWS Identification Nu	mber: 3424046
	PWS Type:	Community	Non-Transient No	n-Community	Transie	nt Non-Community	ПСС	onsecutive	121010
	Number of Service Co	nnections at E				Total Population S	- Innered		
			ES OF CENTRAL FLOI	RIDA, INC.				224 02 11202001	en det en
Contact Person: Dewaine Chiristmas Contact Person's Title: OFFICE MANAGER									
	Contact Person's Maili	ng Address: 1	0230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep	hone Number	: (352) 347-8228			Contact Person's I	Fax Numbe	er: (352)347-6915	
	Contact Person's E-Ma					The state of the s			
В.	Water Treatment Plant								
	Plant Name: QUAIL R							Plant Telephone Numb	per: (352)347-8228
	Plant Address: S.W. 10					City: Ocala		State: Fla.	Zip Code: 34471
	Type of Water Treated		Raw Ground Water		hased Finished V	Water			
	Permitted Maximum D	ay Operating	Capacity of Plant, gallo	ns per day: 43	,200				
	Plant Category (per sul	bsection 62-69	99.310(4), F.A.C.): V			Plant Class (per su	ubsection 6	2-699.310(4), F.A.C.): (C
			Name	2164541	License Class	License Number		- Day(s)/Shift(s) Worked
	Lead/Chief Operator:	Kelvin E Edun	Sr.		С	7459			
	Other Operators:								
П	. Certification by Lead	/Chief Oper:	ntor						
				ida am the le	ad/chief operato	or of the water treats	ment plant	identified in Part I of this	s report. I certify that the
info	ormation provided in thi	s report is true	e and accurate to the bes	t of my know	ledge and belief	I certify that all d	rinking wa	ter treatment chemicals i	used at this plant conform to
NS	F International Standard	60 or other a	pplicable standards refe	renced in sub	section 62-555	320(3) FAC Lals	so certify th	at the following addition	nal operations records for this
pla	nt were prepared each d	ay that a licen	sed operator staffed or v	isited this pla	int during the mo	onth indicated abov	e: (1) reco	rds of amounts of chemic	cals used and chemical feed
rate	es; and (2) if applicable,	appropriate to	eatment process perform	nance records	Furthermore.	I agree to provide t	hese additi	onal operations records t	o the PWS owner so the PWS
owi	her can retain them toge	ether with op	les of this report at a co	nyetlieht loca	tion for at least	ten vears.	aran men nung neut di Ed	AMERICA TO A MARCO STATE OF THE TOTAL THE TOTAL TOTAL TOTAL TO A STATE OF THE TOTAL	THE
	1/1/0	0/1	1 1	TO SERVE SHEET		in isseen word! ISJARA ISJARY			
	1911 2.	19/	12/5/2019	Kelvin E l	Edun Sr.			C-7459	
Sig	nature and Date	* /	11	Printed or	Typed Name			License Nur	mber

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: *													
Ultraviolet Radiation Other (Describe):	☐ Free Chiorine	Tree Chiorine Chiorine Dioxide Ozone Comoined Chiorine (Chiori											
Type of Disinfectant Posidual Maintained in Distribution Cont.	M.E. CILL:												
Days Plant Staffed Lowest Residual Lowest Residual	n:	Combined Chlorine (Chlorine)	oramines) Chlorine Dioxide										
Days 10 by 1	CT Calculations	rus mactivation, if Applicable 1											
Days Plant Staffed Lowest Residual	CI Calculations	UV DOSE	Lowest										
Staffed Lowest Residual	Disinfectant Provided	多。	Residual										
Staffed Lowest Residual Disinfectant (Visited Concentration	Contact Time Before or	The state of the s	Disinfectant										
Visited Concentration Disinfectant (Concentration Concentration Concent	(T) at C at First	Lowest Min	imum Goncentration										
[by] Net Quantity (C) Before or at M Day of Operator Hours of Finished First Customer	Measurement Customer Temp.	Minimum Operating UV	Dose at Remote Emergency or Abnormal Operating uired. Point in Conditions: Repair or Maintenance Work that										
THE STATE OF THE PARTY OF THE P	Point During During of	pH of CT UV Dose Req	uired; Point in Conditions, Repair or Maintenance Work that										
	Peak Flow, Peak Flow, Water,	Water, it Required, imw-s im	W- Distribution Involves Faking Water System Components /cm System ing/L Out of Operation										
1 * 24 25,000	amues mg-mane	reprised in State 1	0.50										
2 * 24 37,000			0.50										
* 24 40,000			0.50										
4 * 24 36,000			0.40										
5 * 24 38,000			0.40										
66 * 24 41,000			0.30										
7 24 40,000 8 * 24 41,000													
* 24 41,000 9 * 24 44,000			0.90										
10 * 24 47,000	~		0.90										
* 24 39,000			0.80										
* 24 40,000			0.80										
13 * 24 19,000			0.70										
24 17,000													
15 * 24 18,000			0.60										
16 * 24 16,000 17 * 24 14,000		7.50	0.60										
17 * 24 14,000 18 * 24 18,000			0.60										
19 * 24 20,000			0.50										
20 * 24 15,000			0.50										
21 24 18,000			0.50										
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 27 * 24 29,000			0.90										
* 24 29,000 28 24 25,000			0.90										
29 * 24 25,000			0.80										
30 * 24 21,000			0.80										
31 24			0.00										
Total 854,000													
Average 28,466													
Maximum 47,000													

DEP Form 62-555.900(3)Alternate Page 2

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



	General Information f		ar of: December 2	009							
Α.	Public Water System (P										
	PWS Name: QUAIL R							PWS Identification N	Number: 3424046		
	PWS Type:	Community	Non-Transient Non-	Community	Transier	nt Non-Community	☐ Co	nsecutive			
	Number of Service Cor	nnections at End o	of Month:			Total Population S	Served at E	and of Month:			
	PWS Owner: SUNSHI	NE UTILITIES O	F CENTRAL FLORI	DA, 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-Ma	il Address:							11 00 00 1000 00 00 00 00 00 00 00 00 00		
В.	Water Treatment Plant 1	Information									
	Plant Name: QUAIL R	UN						Plant Telephone Nun	nber: (352)347-8228		
	Plant Address: S.W. 10		anne de la companya			City: Ocala		State: Fla.	Zip Code: 34471		
	Type of Water Treated	by Plant:	Raw Ground Water	Purch	ased Finished V	Water					
	Permitted Maximum D	ay Operating Cap		per day: 43,	200						
	Plant Category (per sub			•		Plant Class (per su	absection 6	52-699.310(4), F.A.C.):	: C		
	Licensed Operators		Name	1155	License Class	License Number		Day(s)/Shif	t(s) Worked		
	Lead/Chief Operator:	Kelvin E Edun Sr.			С	7459					
	Other Operators:										
	Cuici Operators.										
Ш	Certification by Lead	I/Chief Operator	ALEXANDER PROPERTY				- 1.				
I, th	he undersigned water tre	eatment plant oper	ator licensed in Florid	da, am the lea	ad/chief operato	or of the water treats	ment plant	identified in Part I of t	his report. I certify that the		
info	ormation provided in thi	s report is true and	d accurate to the best	of my knowl	edge and belief	. I certify that all d	rinking wa	ter treatment chemicals	s used at this plant conform to		
NS	F International Standard	l 60 or other appli	cable standards refere	enced in subs	section 62-555.3	320(3), F.A.C. I als	so certify the	nat the following additi	onal operations records for this		
pla	nt were prepared each d	ay that a licensed	operator staffed or vis	sited this pla	nt during the mo	onth indicated abov	e: (1) reco	rds of amounts of chen	nicals used and chemical feed		
rate	es; and (2) if applicable,	appropriate treatr	nent process performa	ance records.	Furthermore,	I agree to provide t	hese additi	onal operations record	sto the PWS owner so the PWS		
ow	ner can retain them, toge	ether with copies of	of this report, at a con	venient locat	tion for at least	ten years.					
	1/1/00/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/										
	17116	2011	1/5/200	Kelvin E E	Edun Sr.			C-7459			
Sig	nature and Date	V	1	Printed or	Typed Name			License N	lumber		

PWS Identific	ation Nur	nber: 34240	046	Pla	Plant Name: QUAIL RUN								
III. Daily Da	ta for the	Month/Ye	ear of: December	2009									
			us Inactivation/Rem		Free Chlorine	Chlor	ine Dioxide	Ozone	Combine	ed Chlorine (Chloran	nines)		
Ultraviolet		n \square Ot	ther (Describe):										
			ntained in Distribut	tion System:	Free Chlo	orine \square	Combined C	hlorine (Chlora	mines) [Chlorine Dioxide			
1,700			CT Calcu	lations, or UV Dos	e, to Demonstrate Fo	our-Log Virus In	ctivation if An	mlicable*		Mornic Dioxide			
Days			Commence of the commence of th	C)	Calculations			UV Dose					
Plant					Lowest CT				Lowest				
- Staffed			Lowes	t Residual Disint	ectant Provided			Alteria	Residual				
or Visited			Disti Cons	nfectant Contac entration (T)	at C at First			Lowest Minim	Disinfectant um Concentration		Marian Carlos Ca		
by		Net Quantity	(C) Be	efore or at Measu	rement Customer	Temp.	Minimum	Operating UV Do	ose at Remote	Emergency or Abno	ormal Operating		
Day of Operator	Hours	of Finished	First C	Customer Point I	During During	of - pH c	f CT	UV Dose, Requir	ed, Point in	Conditions; Repair or M	aintenance Work that		
the (Place	Plant in	Water	Peak Flow Duri		Flow, Peak Flow,	Water, Water	if Required,	mW- mW		Involves Taking Water			
Month XX")			Rate, gpd Floy	v, mg/L min	utes - mg-min/L	°C Applie	ble mg-min/L	sec/cm². sec/cn	n ² System, mg/L	Out of Op	eration		
2 *	24	23,000							0.40				
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				
10 *	24	23,000 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 * 17 *	24 24	24,000 26,000							0.50				
18 *	24	19,000							0.40				
19	24	22,000							0.60				
20/ *	24	23,000							0.80				
21 *	24	20,000							0.80				
22 *	24	24,000							0.70				
23 *	24	21,000							0.70				
25	24	23,000 26,000							0.70				
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	-										

^{*} 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 OHAIL RUN SUBDIVISION	County	Marion	PWS ID#	3424046
Plant Name QUAIL RUN SUBDIVISION Plant Location SW 108 Lane and SW 18 Terrace, Ocala, FI	32671		Phone	352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 3442			Phone	352-347-8228
Owner Address 10230 SF Highway 25, Belleview, FL 344.	20-5531		- Allendaries	
Contact Person Dewaine Christmas	Title Owner		Phone	352-347-8228
Contact Person Dewaine Christmas This Survey Date 04/08/10 Last Survey Date 0)4/26/07 L	ast Complianc	e Inspection	Date <u>07/31/06</u>
PWS TYPE: Community		ER SOURCE		
PLANT CATEGORY & CLASS: 5C	GROUN	ID; Number of	Wells	1
	☐ PURCH	ASED from P	WS ID#	TO THE PROPERTY THE THE PARTY AND THE PARTY
MAX-DAY DESIGN CAPACITY: 260,000 gpd				
PWS STATUS: Approved	Emerger	icy water cap	acity	
		POWER SO		
TREATMENT PROCESSES IN USE	Source			
Hypochlorination —	Capacity of	Standby (kW)	Secretary of Assert to Company of the Secretary	
11,7000,101111111011	Switchover:	Automatic	Manua Manua	L
	Hrs Operate	d Under Load		
SERVICE AREA CHARACTERISTICS	What equipr	nent does it op	erate?	
Subdivision	☐ Well I	rumps		
Food Service: Yes No N/A	☐ High :	Service Pumps		
	I reatr	nent Equipmen	III	o Unknown
Number of Service Connection 70	Sausiy avg.	dany demanda 1 alarm? ∐Y∈	TI LES LIN	3 []Ohkhown
Population Served 245 Basis Owner				
OPERATION & MAINTENANCE LOG: Yes	Comments _			
Location Plant		and the second s		BETTANET SENS AND RESERVE AND MARKANIS INVESTIGATION STORY CONTROL AND
Comments	PLANS AN	ND MAPS		
CHILIPPING	Coliform Sa	mpling Plan	⊠ Yes	□No □N/A
	D/DBP Mor	itoring Plan	⊠ Yes	□ No □ N/A
CERTIFIED OPERATOR: Yes	Lead and Co	opper Plan	X Yes	No N/A No N/A No N/A No N/A
Operator(s) & Certification Class-Number:	Distribution	System Map	☐ Yes	□ No 図 N/A
Kelvin Edun C-7459	Emergency	Response Pla	n Yes	□ No 🛛 N/A
				and the state of t
Hrs/day: Required Visit Actual Visit		nganggang anakka sa anakin marani na manakan matana dina dina mata katanin		
Days/wk: Required 5+1 Actual 5+1				
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A		IVE MAINT		
Comments: This plant requires 5 visits per week and one		Maintenance		
weekend visit per week. Visits must total 0.6 hrs per week.	Prevenuve P	Maintenance P	togram	res UNO
SACRETICAL PROPERTY OF A SACRET AND A SACRET	riusimi	g Program		es No No N/A
MONTHLY OPERATION REPORTS (MORs)	Icolotics	n Valve Exerc	ica 🛱 V	es No NA
MORs submitted regularly? Yes No N/A	ischance	Records		es No N/A
Data missing from MORs? No Yes N/A	Commonte	Records	Maritiment	Management Sections
Average Day (from MORs) 26,146 gpd	Comments _	er . De estre con altres desences y vij rokant bred en beek die in de	anderselfe Arman de Steffen and de Armanda de Steffen de Steffen Armanda de Armanda de Armanda de Armanda de A	Newsystem in an incommence of the Common fact and the reserve and supplementation describes whose of development
Maximum Day (from MORs) 72,000 gpd 06/09		and the second of the second as easy of the last of the second of the se		
Comments	CROSS CO	ONNECTION	CONTRO	L
	# BFPAs	None obser		ted Unknown
Flow Measuring Device Flow Meter		Z N/A		Fested Unknown
Meter Size & Type 4" Rockwell		n Inadequate		PUBLISHED STANDARD AND AND AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED.
Date Last Calibrated Unknown				
And the state of t	and the second s			

PWS	ID#	3424046
Date		04/08/10

	WATER SOURCE				
	er (Florida Unique Well ID#)	1(AAG9894)	inge die 18 gegen de fan de felige de de gener word en de begen de geleg besteplen in de kommendele de besteple		and the state of the communication of the state of the st
Year Drille	d	1980	MANUS AND		
Depth Drill	ed	Unknown			
Drilling Me	thod	Unknown			
Type of Gro	out	Unknown			
Static Wate	r Level	Unknown			
Pumping W	Vater Level	Unknown			
Design Well Yield Fest Yield		Unknown			
		Unknown			
Actual Yiel	d (if different than rated capacity)	Unknown			
Strainer		Unknown			
Length (out	tside casing)	Unknown			
Diameter (c	outside casing)	620	MANUAL GRAPHINA AND ALL COST COST (\$1200), CT (2014), CT 24 49 184 HA MANUAL (\$1240), CT (2014), CT (2014), CT	Gradual Color in minimum on minimum disabat responsive production and self-of-minimum under additional minimum disabat responsive production and the self-of-minimum disabat responsive production and the self-of	rigina usus 5/20 kantan ushi sauri makususususususususususususususususususus
Material (o	utside casing)	Black steel			
Well Contamination History		None			
Is inundation of well possible?		No			
6' X 6' X 4	" Concrete Pad	Yes	de communicación desentars, passe administrar de del desenvisor de entre		
	Septic Tank	>200°			
SET	Reuse Water	N/A	gendarietzi i manu zu uzu susum na port ne nero ner za erin mort di unit zu delaktik del indi indire più dell'en erramenti E		
BACKS	WW Plumbing	>100'	The second is allowed to allow any contract of the second and the		
	Other Sanitary Hazard	None observed			
	Туре	Submersible			
	Manufacturer Name	Sta-Rite			
PUMP	Model Number	Unknown			
	Rated Capacity (gpm)	360			
	Motor Horsepower	30			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes		The second secon	
Raw Water Sampling Tap Above Ground Check Valve Security		Yes	And the second state of the control		
		Yes			
			Parisa vyrasynas, praeminy stanieus ringeren inne subsitation tauni luni amerikan a trouviero ethorin a tatos attanie eth E	-	
Security		Yes			

COMMENTS	

CHLORINATION (Date of the control of	oo Capacity	30 gpd	STORAGE FACILITY (G) Ground (C) Cle (B) Bladder (H) Hy Tank Type/Number	earwell (E) El	
Chlorine Feed Rate Avg. Amount of Cl ₂ gas Chlorine Residuals: Pla	s used	N/A emote 0.8	Capacity (gal)	10,000	
Remote tap location	Apartment 169	9		Steel	CONTRACTOR OF THE PROPERTY OF
DPD Test Kit: On	-site Will	i operator	Material	4	
Injection Points Prio	one Not		Gravity Drain	Yes	
Booster Pump Info			By-Pass Piping	Yes	
Comments			Protected Openings	Yes	
			Sight Glass or Level Indicator	No	
Chlorine Gas Use	YES NO	Comments	PRV/ARV	ARV	
Requirements	TES NO	C. GRANDANCIALS	Pressure Gauge	Yes	
Dual System			On/Off Pressure	40/60	
Auto-switchover			Access Secured	Yes	
Alarms:	l many		Access Manhole	Yes	
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection	Annual An		Tank Sample Tap Location	Effluent pipe	
Scale			Date of Inspection	07/2008	
Chained Cylinders			Date of Cleaning	07/2008	
Reserve Supply		ann ain an Tharland Amailt ann ann ainm ainn ainn air an Air Tharlan Air Tharlan Air Air Air Air Air Air Air A	Review and the second s		
Adequate Air-pak			Comments The hydr	ropneumatic is c	corroded
Sign of Leaks					
Fresh Ammonia			UNICATION CONTRACTOR AND		SPEAR SPEAR OF THE THE ASSESSMENT SELECTION OF THE SPEAR ASSESSMENT OF THE SPE
Ventilation					WEST-ASSESSMENT CONTRACTOR OF THE VESTERS BY SUCCESS OF THE VESTERS OF THE VESTER
Room Lighting			HIGH SERVICE PU	MDC	
Warning Signs			Pump Number	VII 3	
Repair Kits			Type		
Fitted Wrench			Make		
Housing/Protection			Model		
A FED A TELONIA COMPANIA	2 0 M D	.15	Capacity (gpm)	1	
AERATION (Gases, F			Motor HP	<u> </u>	
Type Capacity Aerator Condition			Date installed		
Visible Algae Growth					
Protective Screen Cond	Protective Screen Condition Comments				
Frequency of Cleaning Date Last Inspected/Cle	eaned	NEW STATE CONTRIBUTION OF THE STATE WAS BELLEVILLE OF THE PROPERTY OF THE PROPERTY OF THE STATE OF THE STATE OF	Manufactures and the second se		
Comments					

PWS ID # 3424046 Date 04/08/10

PWS	ID#	3424046
Date	NAME AND ADDRESS OF THE OWNER, WHEN	04/08/10

DEFICIENCIES:

- 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.
 - Written schedule and written procedures for at least annual testing of backflow prevention assemblies and for repair when necessary.
 - 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.
 - 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).
 - wii. 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	Saniel Shider	Title_	Env. Specialist II	Date	04/21/10
	BANKA				
Approved by		Title	Env. Supervisor II	Date	04/21/10

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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:	
Date:		
	Fax #:	
	E-Mail Address:	
Florida Department of Environmental Protection Drinking Water Compliance/Enforcement Programmental Special Orlando, Florida 32803 Attention: Daniel Shideler, Environmental Special	gram	
In response to the Department's Sanitary Survey following actions were done to correct the listed d	Report for the subject public water system da	ated April 8, 2010, the
William Control to Con	re Action Done	Date Done
1. Manny Cardong	approval OUT Cross	4/27/10
connection glan o	on March 9, 2010. It	
will now be in	-plantock	
2. Tank was clounoch	d spots of Corrusian	5/4/10
were gandad &		
		THE THE STREET, A VEG THE PARTY AND THE STREET, AND THE STREET
(Attach additional sheet if necessary)		
I hereby certify to the correctness of the above info	armatian:	
	imanum	
PWS Owner/Representative Signature:	04	rt dir landa kalkus elektrikan dem keleban kalkus kalkus kalkus keleban perkenan kalkus berban perkenala kalkus
Name of PWS Owner/Representative: Da	Waine 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	1FTYR14UO8PA79328	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

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

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

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