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: Sandy Acres

VOLUME III



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GCL RAD	A SANSAN PROPERTY AND		
W. A. C. 10 . 11 . 1.	(Appeliges influence-investment schools		

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FOR

Test Year Ended: December 31, 2010

DOCUMENT NUMBER-DATE

03814 JUN-I =

FPSC-COMMISSION CLERK

Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (1) DETAILED MAP

Test Year Ended December 31, 2010

Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (2) CHEMICALS USED

Test Year Ended December 31, 2010

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

	<u>Date</u>	<u>Gallons</u>	Unit Price	<u> Fotal</u>
Sandy Acres				
	02/08/10	25	1.3159	\$ 32.90
	04/07/10	20	1.3159	\$ 26.32
	05/03/10	46	1.3159	\$ 60.53
	05/25/10	52	1.3159	\$ 68.43
	06/23/10	53	1.3159	\$ 69.74
	07/15/10	32	1.3159	\$ 42.11
	08/17/10	44	1.3159	\$ 57.90
	10/07/10	35	1.3159	\$ 46.06
	11/04/10	15	1.3159	\$ 19.74
	12/01/10	22	1.3159	\$ 28.95

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 &

A	SEWAGE SERVICE, INC	3.	الدر // D. BV	10	TIME RECEIVED / DATE		U ANA	LIZED			
Aqua Po	10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265	SAMPLE DISINFE	RECEIVED BY: SAMPLE PRESERVATION: DON ICE NOT ON ICE DISINFECTANT CHECK: THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):								
	SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS		Y LAB OF POSITIVE RESU	the state of the s		L.					
	Press Hard, (4) copies (Page 1 of 1)	Lancing Carolina Alex	B OF E. coli POSITIVE RES								
YSTEM I	VAME: Sandyn Acres	å .	PWS ID	3421	// SYSTEM PH						
YSTEM A	ADDRESS: 58 351 Jehr	ΔA	<u> </u>		/	COUNTY:/	SECTION SECTION				
LIENT:	SUMSAMO / TULI (ILCOLLECTOR:	A STATE OF THE PARTY AND A STATE OF THE PARTY	****	<i>F.</i> 4.	COLLECTOR P			inalia eta			
YPE OF	SUPPLY (Check Box): A Community Water System Limited Use System	☐ Noncomr ther:	nunity v	vater Syster	ı - I Nonuansieni i	Uncommun	ty vvat	er System			
REASON	FOR SAMPLING (Check Box): Routine Compliance		☐ Rep	lacement	☐ Main Clearance □	〕 Well Surv	еу				
	□ Other:		4, 20, de					107 (18) 50 (18) 12			
SAMPLE	COLLECTION DATE(S): 1.17-2010	REM	IARKS:_		en e	Elitary States					
	TO BE COMPLETED BY SAMPLE COLU	ECTOR				MPLETED B					
Sample	Sample Point	Collection	Sample	Disinfect Res'd	Total coliform & E. co	Total	E coli	- Data			
No.	(Location or Specific Address)	Time	Type ¹	(mg/L)	Number Submission Number:	coliform		Qualifier ²			
1-4	Well	HODA.N	K	15362 - 1536 <u>- 1</u>	M10702	A					
2-4	Wella	NUTA W	R		11/0703	A		76 3 16 3 16 3 16 3 16 3 16 3 16 3 16 3 1			
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4-4	17060 SE 248 TEM.	/120AM	1	04	M10705		a significan	t in Artist			
	A Company of the supplier and the supplier of		an house		<u> </u>		ga _n	H My seed at 1			
		1.	7.57			Parameter 1 bes					
commun	e of disinfectant residuals for routine and repeat sample nity and nontransient noncommunity systems serving popula g 4,900. Do not include raw or plant samples in the average	itions up to and	or	0.4	Time(s) Analyzed:	pm					
Person	performing analysis is: A certified operator (#)	Other: ployed by a cer ployed by DEP	tified lab or DOH	-1)	ichael Ma	'ne	1- 2	20-10			
All tests ar Results: A	e performed in accordance with NELAC standards. = coliforms are absent; P = coliforms are present. ple Type Codes: D = Distribution (Routine Compliance); C = Repeat Florida Administrative Code Rule 62-160, Table 1			If you have a	TECHNICAL DIRECTOR resented herein relate only to the sny questions regarding this report, pution; P = Plant Tap; S = S	please call Lisa	Saupp at				
	ND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE Sumshing Hillity 10230 E. Huy	REPORT 3	□ Ir □ R □ R	epeat Samp eplacement	ollection Information les Required Samples Required by DEP/DOH:	DEF	урон	USE ONLY			
	15eer enlew 11 34	4420	DEF	P/DOH Revie	wing Official:						

FOR LAB USE ONLY

Å	AQUA PURE WATER 8	& FOR LAB USE ONLY						
A				.,	TIME RECEIVED / DATE			LYZED
	SEWAGE SERVICE, INC 10865 East State Road 40	RECEIV	/ED BY		FE8 15'11			***
A gua F	Silver Springs, Florida 34488-2349		E PRESEI			OT ON ICE	Z_{-}	
	(352) 625-2822, Ext. 30		ECTANT (The world of the second	SET THE FOLLOWING NE	LAC REQUIR	NOTE PART	mg/L
	Laboratory No. E83265 SAMPLE COLLECTION AND REPORT	UIHIS	SAMPLE	DOE2 NOT W	IEET THE FOLLOWING NE	LAC RECIOIR	EIVIEN I (o):
	FORM FOR DRINKING WATER	DATE/	TIME PW	S NOTIFIED B	Y LAB OF POSITIVE RESU	JLTS:	i e	
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	Press Hard, (4) copies (Page, 1 of 1)			3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	B OF E∝coli POSITIVE RE	SULTS:		
		PAID) СНІ	ECK OR RECE	IPT #:			
SYSTEM	NAME: SLANDLY) (1813)		_ PWS IE	.34 <i>A</i> .	/// <i>?</i> SYSTEM PH	ONE: 352	<u>30.7</u>	2223
SYSTEM	ADDRESS: 58351 ARXI					COUNTY:_	(Y/W)	1152
CLIENT:_	SUMANUM (HILLITALS COLLECTOR:	Mar	14 E	MUL	COLLECTOR P	HONE: <u>35</u>	tazz	5/50
TYPE OF	SUPPLY (Check Box):	☐ Noncon	nmunity \	Nater System	n 🚨 Nontransjent N	oncommun	ity Wat	er System
,	Limited Use Systems 🚨 🔾	ther: k	Ĺ	· į ira	A LY		317787 Market 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. 1. 3. 3.
REASON	FOR SAMPLING (Check Box): Routine Compliance		68	STATE OF STA	☐ Main Clearance □		ey	
	Other:							19 English 2016
SAMPLE	COLLECTION DATE(S): 3-14-16	RE	MARKS:_		and the second second			
	TO BE COMPLETED BY SAMPLE COLL	ECTOR			TO BE CON	MPLETED B'		9223B
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	. Res a	Lab Sample Number	Total	E. coli	Data Qualifier²
	(Coccino), oi epigeino regresso,		17,00	(mg/L)	Submission Number:	1 1 1 1	20 ST	Godine!
1.4	UHAA Laman salama salama salama	345p N	$ K_{i} $	44	MIO1786	_ <i>A</i>		
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commun	of disinfectant residuals for routine and repeat samples ity and nontransient noncommunity systems serving populat	tions up to and		1.4	Time(s) Analyzed:	u		Entra of the International Control of the Int
	4,900. Do not include raw or plant samples in the average. tant Residual Analysis Method: ☑ DPD Colorimetric ☐) ☑ Other:		7	7 007		to design to	
Person	performing analysis is: A certified operator (#)	oloyed by a ce	rtified lab	-,17	· 4. of 112	ومر و		-7 A
8	Supervised by a cert operator (# <u>(* 7454</u>) 🖵 Emp	oloyed by DEP	or DOH] -////	TECHNICAL DIRECTOR	<u> </u>	2 7 C	DATE
	e performed in accordance with NELAC standards. = coliforms are absent; P = coliforms are present				esented herein relate only to the say y questions regarding this report, p			352) 625-2822.
DEP Samp	ole Type Codes: D = Distribution (Routine Compliance); C = Repeat Florida Administrative Code Rule 62-160, Table 1	or Check; R =	Raw; N =	Entry to Distrib	ution; $P = Plant Tap; S = Sp$	ecial (clearan	ce, etc.)	
NAME AI	ND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE R	REPORT				DEP	/DOH U	JSE ONLY
5.5				atisfactory complete Co	ollection Information			
	ATTALIAN DURAN	14/1	□ R	epeat Sampl				
	1/1230 8. HULLINGS							
	Junina Utalité 10230 E. Haup 25 Belleurew 7/34	43.			oy DEP/DOH:			
	[BEN EURON 11 37		DEP	OH Kevie	wing Official:			operation of the second



AQUA PURE WATER &		FOR LAB USE ONLY									
SEWAGE SERVICE, INC		BY: <u>/</u>	12	TIME RECEIVED / DATE R		ID ANAL	YZEĎ				
10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265	SAMPLE PRESERVATION: DONICE NOT ON ICE 9.7 °C DISINFECTANT CHECK: DONOT DETECTED DOMESTED MG/L THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):										
SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS Press Hard. (4) copies (Page 1 of 1)	DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS. PERSON NOTIFIED: DATE STATE NOTIFIED BY LAB OF E. coil POSITIVE RESULTS: PAID CHECK OR RECEIPT #:										
Land Tolly					4						
STEM NAME: AMOUN / UNU	F	ws ID:	MAN 1	// 3 SYSTEM PHO	ONE: <u></u>						
STEM ADDRESS: 78, 35/ TPA	Mahu	9 July	dui	COLLECTOR PH							
PE OF SUPPLY (Check Box): Community Water System Limited Use System Oth EASON FOR SAMPLING (Check Box): Routine Compliance	☐ Repeat	☐ Repl	acement	☐ Main Clearance							
MPLE COLLECTION DATE(S): 3/14/30/0		ARKS:		TO BE COM	IPLETED B	Y LAB					
TO BE COMPLETED BY SAMPLE COLLE		Sample	Disinfect	Total coliform & E. coli Lab Sample	analysis met Total		ALC:				
No. (Location of Specific Address).	Time	Type ¹	Res'd (mg/L)	Number Submission Number:	coliform	C COII	Qualif				
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444/12	1831 p.m.	\mathcal{R}^{\prime}		11103186	A						
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- I want med such service (Figure 1)		1 1			Lings	1					
Average of disinfectant residuals for routine and repeat samples community and nontransient noncommunity systems serving populat including 4,900. Do not include raw or plant samples in the average.	tions up to and		04	Time(s) Analyzed:	m						
Person performing analysis is: ☐ A certified operator (#) ☐ Emp	Dother: bloyed by a certicologed by DEP c			Mare Colleges TECHNICAL DIRECTOR	15	3.7	7///OATE				
Il tests are performed in accordance with NELAC standards. esults: A = colliforms are absent; P = colliforms are present DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat Defined in Florida Administrative Code Rule 62-160, Table 1	t or Check; R = R	aw; N =	If you have a	resented herein relate only to the s- ny questions regarding this report, poution; $P = Plant Tap$; $S = Sp$	olease call Lisa	Saupp at (352) 625-				
Aumanua Litalitaik 102308. Huy 25	REPORT,	□ lr □ R	epeat Samp	ollection Information les Required Samples Required	DE	P\DOH (USE OI				
10000 May 344	20			by DEP/DOH:		74	*				

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SEWAGE SERVICE, INC.	• RECEIVE	D BV:		TIME RECEIVED / DATE RECEIVED AND ANALYZED APR 25 '10 PM 1:31							
10865 East State Road 40 Aqua Pure Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265	SAMPLE PRESERVATION: GON-ICE ONOT ON ICE CONTINUED OF MOTOR ON ICE MININFECTANT CHECK: ON MOTOR DETECTED OF MINING MELAC REQUIREMENT(S):										
SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER	DATE /TII	ME DIVIC	NOTIFIED B	Y LAB OF POSITIVE RESUL	.TS:						
TOTAL COLIFORM ANALYSIS Press Hard, (4) copies (Page 1 of 1)	DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: NOTIFIED BY: DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:										
YSTEM NAME: Sundin (ACTIS)	□ PAID		Jan. 1991	PT #: 	DNE <u>353 31</u>	¥ 7 8	228				
YSTEM ADDRESS: 58, 251 TOM	Ma	Vry	154	COLLECTOR PH	COUNTY: <u>/</u>						
		Carry Company		n 🚨 Nontransient No	oncommunit	y Wate	System				
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SAMPLE COLLECTION DATE(S): 7/07/10		ARKS:		TO BE COM	IPI ETEN BY	LAR					
TO BE COMPLETED BY SAMPLE COLLEC		CI-	Disinfect	Total coliform & E. coli	analysis meth						
Sample Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Res'd (mg/L)	Lab Sample Number Submission Number:	Total coliform	E. coli	Data Qualifier				
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Average of disinfectant residuals for routine and repeat samples. (community and nontransient noncommunity systems serving population	(Complete for ns up to and	r	05	Time(s) Analyzed:	~						
including 4,900. Do not include raw or plant samples in the average.)											
Disinfectant Residual Analysis Method: DPD Colorimetric Person performing analysis is: A certified operator (# Employ	Other: yed by a cert yed by DEP o		-71	lichael Director	200	4.2	2-10 ATE				
Disinfectant Residual Analysis Method: DPD Colorimetric Person performing analysis is: A certified operator (# Employ	yed by a cert yed by DEP o	or DOH	If you have a	TECHNICAL DIRECTOR resented herein relate only to the sa ny questions regarding this report, p pution; P = Plant Tap; S = Spe	lease call Lisa S	aupp at (3	2-/() ATE 52) 625-282				

Belleville 11 34

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

SEWAGE SERVICE, INC. 10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265 RECEIVED BY SAMPLE PRESERVATION: DISINFECTANT CHECK: DISINFECTANT CHECK: DISINFECTANT CHECK: THIS SAMPLE DOES NOT MEET THE FOLLOWING	TECTEDmg/L OWING NELAC REQUIREMENT(S):
10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265 SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS SAMPLE PRESERVATION: SAMPLE PRESERVATION: SAMPLE PRESERVATION: SAMPLE PRESERVATION: DISINFECTANT CHECK: DISINFEC	O NOT ON ICECC TECTED
Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265 SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS SAMPLE SPRING WATER PERSON NOTIFIED:	rected mg/L owing nelac requirement(s):
(352) 625-2822, Ext. 30 Laboratory No. E83265 SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS DISINFECTANT CHECK: THIS SAMPLE DOES NOT MEET THE FOLL DATE/TIME PWS NOTIFIED BY LAB OF PO	OWING NELAC REQUIREMENT(S):
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	SYSTEM PHONE 353 417/32
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NI SUMMEDIAL CONTRACTOR OF THE STATE OF THE	
DE OF SUPPLY (Check Box): Community Water System : Noncommunity Water System Noncommunity Water System	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Limited Use System Country	
ASON FOR SAMPLING (Check Box): 🔎 Routine Compliance 🗀 Repeat : 🗋 Replacement 🗀 Main Cle	
Utner.	
MPLE COLLECTION DATE(S): 5-16-3010 REMARKS:	State College Armin To 2 mg
	TO BE COMPLETED BY LAB
	oliform & E. coli analysis method. SM9223B
Imple Sample Foint Time Type I (mg/L)	Sample Total E. coli Qualiform
Submission N	
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4 1101031034 249 TELY. 2030-W D. 0.5 MIDI	P () A second of the second o
Time(s) A	nalýzed:
Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and 3:	25 pm
or including 4,900. Do not include raw or plant samples in the average:). Disinfectant Residual Analysis Method: DPD Colorimetric Other:	
Person performing analysis is:	1-11/2000 5-19-
Supervised by a cert operator (# (/ / ///) Lemployed by DEF of DOT TECHNICA	DIRECTOR DATE relate only to the samples submitted.
Il tests are performed in accordance with NELAG standards. If you have any questions rec	arding this report; please call Lisa Saupp at (352) 62
lesuits: A = coliforms are absent; P = coliforms are present	ant Tap; S = Special (clearance; etc.)
	DEP/DOH USE 0
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☐ Incomplete Collection In	formation
IAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT Satisfactory Incomplete Collection In Repeat Samples Require Repeat Samples Require Replacement Samples Require	d
☐ Incomplete Collection In ☐ Repeat Samples Require	d equired

A AQUA PURE WATER & FOR LAB USE ONLY

A	AGOA I OILE WAILII G				TIME RECEIVED / DATE F	RECEIVED AN	ID ANAL	YZED
	SEWAGE SERVICE, INC	RECEIVE	D By	-	MOV 17:10)	MINT	Sept.	
	10865 East State Road 40			RVATION:		T ON ICE	10.	5 °c
Aqua Pi	Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30	DISINFE	CTANT C	HECK:	NOT DETECTED	<u> </u>		mg/L
	Laboratory No. E83265	THIS :	SAMPLE	DOES NOT	MEET THE FOLLOWING NEL	AC REQUIRE	EMENT(S	i):
	SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER	DATEZTI	ME PWS	NOTIFIED F	BY LAB OF POSITIVE RESUI	LTS:		
	TOTAL COLIFORM ANALYSIS		19 45 15 19 19 19	THE RESERVE AND A STREET	9 (8)	1471 1470 1781		
-16	Press Hard, (4) copies (Page 1 of 1)	The second state of the second			AB OF E. coli POSITIVE RES	the second that the second	PARTY NO.	
		□ PAID	СНЕ	CK OR RECE	IPT #:		As a second	Kanadari Kanadari
SYSTEM I	SIAME SAMPLIFICATION		PWS ID	340	1113 SYSTEM PHO	NE352	347,	2222
	ADDRESS: 58, 1351, EDV					COUNTY:	13/11	LUID.
CLIENT:	Linus late of Hill File	Mar	10	EM	COLLECTOR PH		3 maring 1 mg 1 mag	16/5
TYPE OF	SUPPLY (Check Box): DC Community Water System	☐ Noncomr	munity V	Water Syste	m 🚨 Nontransient No	oncommuni	ty Wate	r System
	☐ Limited Use System ☐ Ot	and the second s						a de la composición della comp
REASON	FOR SAMPLING (Check Box): Q Routine Compliance	☐ Repeat	🔾 Rep	olacement	☐ Main Clearance ☐	Well Surv	e y	
	☐ Other:					<u> </u>		
SAMPLE	COLLECTION DATE(S): 5-16-2010	REM	1ARKS:_			Marca L. P. T.		
7.1	TO BE COMPLETED BY SAMPLE COLL	ECTOR			TO BE COM			223B
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 Qualifier²
14	DUPPE	1:450 M	R		Submission Number:	A		
24	WW12	1510 M.	R		miou099	A		
34	1670058 252 PE GUE.	1510 M	D	0.5	mioletoo	A		
4-4	MODERAGE SHOTH FOLK	3030-W	D	11-6	10190101	A		
1 7	TIPIDAGE SECTION CONT.	A. W		Russ round		** / *******		77.2.7.2.
	y ny faritr'i Santa an					\$		100
						a la contra de la contra dela contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la contra dela	# 10° - 10-	
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commun	nity and nontransient noncommunity systems serving populat g 4,900. Do not include raw or plant samples in the average.	tions up to and		0.5	3:25 pm			
Disinfe	ctant Residual Analysis Method: 🔑 DPD Colorimetric	/ Dother:		_	It lea			
		oloyed by a cer		Ly	15/10/12		<-1	9-10
(D)	Supervised by a cert operator (# (1454) 🗖 Emp	oloyed by DEP	or DOH]	TECHNICAL DIRECTOR	Mudelly .	<i></i>	DATE
	e performed in accordance with NELAC standards. ≔ coliforms are absent; P = coliforms are present			The state of the s	presented herein relate only to the sa any questions regarding this report, p			352) 625-2822
DEP Sam	ple Type Codes: D = Distribution (Routine Compliance); C = Repeat Florida Administrative Code Rule 62-160, Table 1	or Check; R = F	Raw; N =	Entry to Distri	bution; P = Plant Tap; S = Sp	ecial (clearan	ice, etc.)	
	ND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE F	REPORT			7/3, 100 (100 (100 (100 (100 (100 (100 (100	DEP	/DOH U	JSE ONLY
		. 7	7502	atisfactory	Collection Information			
	Laurahimo //Luite		□R	lepeat Samp	oles Required			
	C Hill	The second second	O R	leplacement	Samples Required			
	10000 C. Manh	()	Dat	e Reviewed	by DEP/DOH:			
	1 Boll and 5 1134	Loud- J. T.	DEF	P/DOH Revi	ewing Official:			

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

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

	FOR LAB USE ONLY
1	DATE RECEIVED AND ANALYZED A TIME RECEIVED
RECEIVED BY: Ul	() X
SAMPLE PRESERVATION:	MONICE DINOTONICE 4.8
DISINFECTANT CHECK:	NOT DETECTED
THIS SAMPLE DOES NOT ME	ET THE FOLLOWING NELAC REQUIREMENT(S):
DATE/TIME PWS NOTIFIED	BY LAB OF POSITIVE RESULTS
	NOTIFIED BY:
	3Y LAB OF E. coli POSITIVE RESULTS:
PAID CHECK OR REC	
7//7	1117 OVETEM PHONE 368 3417 8 3 3

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coll ANALYSIS Press Hard (4) copies (Page 1 of 1)	DATE/TIME PWS NOTIFIED BY EAB OF RESERVED BY LAB OF EAR OF EAR OF THE PAID CHECK OR RECEIPT #						
YSTEM NAME SAMALLY (LICKES)	P	WS ID:	3421.	118 SYSTEM PHO	ne: <u>362</u>	347.7 Vai:	da.
YSTEM ADDRESS: 58.351, 144	Win	1. 6	-111,	C COLLECTOR PHO	OUNTY: <u>/</u> ONE: <i>™3</i>		
CLIENT SUMSKUND STALLISTE COLLECTOR:	111441	#.B. <u>(1</u>	1.4184	COLLECTOR PH	Table More	ST Get in	
YPE OF SUPPLY (Check Only One): Community Water System	ty Water System	ł D	Transient N	on-community Water Sys	item 🚓		
REASON FOR SAMPLING (Check All That Apply); Distribution Routine Distribution Repeat Raw (trigge) Clearance Replacement (also check type of sample being	g replaced) – –	⊒ Boil W	ater Notice	gered or assessment) add	litional [1 Well S	Survey
SAMPLE COLLECTION DATE(S): 10/00/01/00 TO BE COMPLETED BY SAMPLE COLL		MENTS		TO BE COM	IPLETED BY	(LAB:	M9223P
Sample Point	Control of the second sections of the second	Sample Type ¹	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform		Data Qualifi
No (Location or Specific Address)	12150 M	7)	9/ 4/2	Report/Submission Number;	À		
2 4 mills	122 p.M	A	Section 100	ry10 7619	A		
34 1711758, 249 TH Que			1.8	<u>mic 15/20</u>	A Company		
44 17045 SE 2515) THE		er-s	1.8	mi01521	A		sup
		A1 Very					1.00
The second secon	2 A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 2 (2) - 4 1 - 2 (2) - 4 1 - 3 (2) - 4	247
	les a			Time(s) Analyzed:			
Average of disinfectant residuals for routine and repeat sample Free chlorine or Total chlorine (circle one).	oles:•		1.8	1 13:08 Pm	0.744,700,050,00		
Disinfectant Residual Analysis Method: DPD Colorimetric Person performing disinfectant analysis is: A certified operator (#)		1//	Uchal Mon	<u> </u>	6-2	プック DATE
All tests are performed in accordance with NELAC standards. Results: A = coliforms are absent, P = coliforms are present.		Dow	W you have	presented herein relate only to the	li diease call lus	a Saupp at	(352) 625 etc.)
All tests are performed in accordance Results: A = coliforms are absent; P = coliforms are present DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Rep Defined in Florida Administrative Code Rule 62-160, Table 1 Complete for community and nontransient noncommunity systems serving p NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RE	populations up to ar	nd includir	ng 4,900. Doin Satisfactory Incomplete Repeat Sam Replacemen	Collection Information pples Required to Samples Required	es in the aver	rage. EP/DOH	(A 2 ~ 1 14 4)
1/20 21 247 - 47.28	7 30 34			d by DEP/DOH: viewing Official:	The state of the s	AVE 19 20 a leve	2.44.144

A OUA BUDE WATER O	FOR LAB USE ONLY								
AQUA PURE WATER & SEWAGE SERVICE, INC.	RECEIVED	₽V∙	· X:	DATE RECEIVED AND ANALYZED / TIME RECEIVED JUL 10 '10 FH12:36					
10865 East State Road 40	RECEIVED SAMPLE I								
Aqua Pure Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30	Silver Springs, Florida 34488-2349				The significant	14.5	mg/L		
Laboratory No. E83265	THIS SAN	IPLE DOI	ES NOT MEET	THE FOLLOWING NELAC	REQUIREM	ENT(S):			
SAMPLE COLLECTION AND REPORT' FORM FOR DRINKING WATER TOTAL COLIFORM / E. COII ANALYSIS	PERSON	NOTIFIEI	D:	LAB OF POSITIVE RESUL	NOTIFIED B	Y:	<u> </u>		
Press Hard, (4) copies (Page 1 of 1)			NOTIFIED BY CK OR RECEIF	LAB OF E. coli POSITIVE F	RESULTS:				
YSTEM NAME: SANDLY MARIES	F	WS ID:	340)	$\frac{1}{2}$ system pho		on E			
SYSTEM ADDRESS: 58,359 tells	18 J		1		OUNTY: <u>/</u>				
CLIENT: SUMSHIND bliksters COLLECTOR:	Mar	1 2000	- My	COLLECTOR PH	one: <u>-3⁴-</u>	2.27. 4	14/4/		
TYPE OF SUPPLY (Check Only One): ☑ Community Water System □ Non-Transient Non-community V □ Limited Use System □ Other:	Vater System) O	Transient No	on-community Water Sys	tem				
REASON FOR SAMPLING (Check All That Apply): Distribution Routine Distribution Repeat Raw (triggered Clearance Replacement (also check type of sample being re				ered or assessment) add	itional [⊒ Well	Survey		
SAMPLE COLLECTION DATE(S): 1/13/20/10	CON	MENTS	S:		46, 36, 36, 38				
TO BE COMPLETED BY SAMPLE COLLEC	TOR ,			TO BE COM Total coliform & E. coli anal			SM9223B)		
Sample Sample Point (Location or Specific Address)	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)	Lab Sample Number Report/Submission Number:	Total coliform	E. coli	Data Qualifier		
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34149455825212 Mul. 1	243p m.	D	0.6	M108620	A				
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The state of the s	\$. 4 . 4 .	* - *	- 1			K			
	and the second	a nga s	Control of the Control	The state of the s	Court Placement	a tenga a	and the second		
Average of disinfectant residuals for routine and repeat samples. Free chlorine or Total chlorine (circle one).		V. MARSON	4 4	Time(s) Analyzed:	m	5.00			
Person performing disinfectant analysis is:	Other:						go.		
☐ A certified operator (#	<u> </u>		Me	chal Mars	ć.,-	7-11	(,71)		
All tests are performed in accordance with NELAC standards.				TECHNICAL DIRECTOR esented herein relate only to the sa y questions regarding this report, p		ed.	DATE 352) 625-28		
Results: A = coliforms are absent, P = coliforms are present DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or *Defined in Florida Administrative Code Rule 62-160, Table 1		2 8 34 5 5 T	Entry Point to I	Distribution; P ≅ Plant Tap; S	= Special (c	learance			
*Complete for community and nontransient noncommunity systems serving popular NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIV		including	1.4,900. Do not	include raw or plant samples	\$1. 强烈的改变的影响的 \$1. 15 Ph	The second second	USE ONL		
Suranix Utileti	in the state of th	□ In □ R	epeat Sampl		5.0				
WASO & HUNG				Samples Required by DEP/DOH:					

1 150 PV (1111 Car of 1) 3442 (2) DEP/DOH Reviewing Official:

A OUA DUDE WATED	Ω.	J. Francisco		FOR LAB USE ONLY		
AQUA PURE WATER				DATE RECEIVED AND ANA	ALYZED / TIN	ME RECEIVED
SEWAGE SERVICE, II	VC.	D BY: 40	P	AIG 16 10 P	×12:47	
10865 East State Road 40	1	PRESERV		the control of the second of t	ON ICE	10.1 ·c
Silver Springs, Florida 34488-2349		CTANT CH		Q-NOT DETECTED		mg/L
(352) 625-2822, Ext. 30 Laboratory No. E83265	THIS SA	MPLE DOE	S NOT MEET	THE FOLLOWING NELAC	REQUIREME	ENT(S):
SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER	DATE/TI	ME PWS I	NOTIFIED BY	LAB OF POSITIVE RESU	LTS:	A CONTRACTOR OF THE CONTRACTOR
TOTAL COLIFORM / E. coli ANALYSIS	PERSON	NOTIFIED	: <u> </u>		NOTIFIED B	Y:
Press Hard, (4) copies (Page 1 of 1)	DATE D			LAB OF E. coli POSITIVE		
0	□ PAID		5 4 5	T #:		
TEM NAME: SAMPLE (LARLY)		PWS ID:	3421	112 SYSTEM PHO		
TEM ADDRESS: 5E 51 July	INI		T. A.	<u>, , , , , , , , , , , , , , , , , , , </u>		
ENT SUMMIND STATES COLLECTION	tor: / ///	MUA	MUL	COLLECTOR PH	ione: 📆 📜	2011/15/15/15/1
E OF SUPPLY (Check Only One):		n.				
Non-Transient Non-comn	nunity Water Syste			on-community Water Sy	rstem	
imited Use System Other:	Land Control of the C	125754 S S S S S		and the second s	#100 E	
ASON FOR SAMPLING (Check All That Apply):		, F) n (a-:	and or occomment) ad	ditional	☐ Well Survey
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Clearance Replacement (also check type of sample I	CC					
MPLE COLLECTION DATE(S): 2/13/13/13		JIVIIVIEIVIS	•		MPLETED B	YLAB
TO BE COMPLETED BY SAMPLE	COLLECTOR			Total coliform & E. coli an	alysis method:	Colilert (SM9223B
mple Sample Point No. (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli Qualifie
No. (Location or Specific Address)	11000	0	(1197-7	Report/Submission Number:	A	
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ree chlorine or Total chlorine (circle one).	In the second section of the second section		1.0	7 - 4	10pm	
Disinfectant Residual Analysis Method: (MIDPD Colorimet Person performing disinfectant analysis is:	ric • Other					
A certified operator (#			1 1	1-1 Ans		0, 10
Employed by a certified lab Employed by DEP	or DOH		11/	TECHNICAL DIRECTOR	20	DATE
Authorized representative of supplier of water It tests are performed in accordance with NELAC standards.			The results p	presented herein relate only to the any questions regarding this repor	samples submit	ted. a Sauno at (352) 625-
esults: A = coliforms are absent; P = coliforms are present DEP Sample Type Codes: D = Distribution (Routine Compliance); C =	Beneat or Check: R	= Raw: N =	If you have a	Distribution; P = Plant Tap;	S = Special ((clearance, etc.)
DEP Sample Type Codes: D = Distribution (Routine Compilation), S = Defined in Florida Administrative Code Rule 62-160, Table 1 Complete for community and nontransient noncommunity systems services.	ving populations up to	and includin	g 4,900. Do n	ot include raw or plant samp	es in the aver	age.
Complete for community and nontransient nortcommunity systems serving AME AND MAILING ADDRESS OF PERSON/COMPANY TO	O RECEIVE REPOR	F			DE	P/DOH-USE O
			atisfactory	Collection Information		
		_ □ F	Repeat Samp	oles Required		
SUNSHINE UTILITIES				Samples Required		
10230 E. HWY 25		Dat	e Reviewed	by DEP/DOH:		

LLEVIEW, FL 84420-5551

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

A AOUA DIII	RE WATER &				FOR LAB USE ONLY				
				F	DATE RECEIVED AND AN	ALYZED / TI	ME REC	EIVED	
SEWAGE S	SERVICE, INC	RECEIVE	D BY:	No of the last of	SEP 20 '10	PH 1:26		124 12 124 3.6	
Aqua Pure Silver Springs, (352) 62	st State Road 40 Florida 34488-2349 5-2822, Ext. 30	SAMPLE DISINFEC	PRESEI	RVATION: CHECK:	THE FOLLOWING NELAC REQUIREMENT(S):				
SAMPLE COLLECTION	ry No. E83265	I IIIS SAI	VIFEC D	JES NOT WILL				Pale Sa	
FORM FOR DRINK TOTAL COLIFORM / E. Press Hard, (4) copies	ING WATER COIL ANALYSIS	PERSON	NOTIFI	ED:	Y LAB OF POSITIVE RESU	NOTIFIED E	IY: <u></u>		
Fless Talu, (+) copies	(, 95	DATE DE		NOTIFIED BY ECK OR RECEI	LAB OF E. coli POSITIVE PT #:	RESULTS:			
f_{*}	Paris			2000		ing per in	ودسور وي	·2 2 2	
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TYPE OF SUPPLY (Check Only One): ☐ Community Water System ☐ Other ☐ Other	프로마트 프로그 시간 아이들 이 아니는 아이들이 아니는 아이들이 아니는 아이들이 아니는 아이들이 아니는 것이다.	/ Water Syster	ni essil	⊒ Transient N	lon-community Water Sy	stem 🦴 🧍		## - T.	
REASON FOR SAMPLING (Check All Distribut Distribut Clearance Replacement (also	ion Repeat 🕒 Raw (trigger	red or assessm		☐ Raw (trig Vater Notice		ditional	☑ Well	Survey	
SAMPLE COLLECTION DATE(S):	9/19/2010	COI	MMENT	'S:		V.			
TO BE CO	MPLETED BY SAMPLE COLL	ECTOR			TO BE CON			SM9223B	
	e Point ecific Address)	Collection Time	Sampl Type¹	Disinfect Res'd (mg/L)	Lab Sample Number Report/Submission Number.	Total coliform	E. coli	Data Qualifi	
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4-4 11105 38 2	4975 ave.	19212m	D	04	11011043	A			
		<u> </u>				and Automotive	· == 4 · 2 · ·		
					\$ \$	4			
Average of disinfectant residuals for Free chlorine or Total chlorine (circle		S. ³		0.4	Time(s) Analyzed:				
Disinfectant Residual Analysis Met Person performing disinfectant and A certified operator (# Supervised by a certified ope Employed by a certified lab	ilysis is:	Other:		- - -	ichael Mon	عد	9 3	7-10	
☐ Authorized representative of s	supplier of water			The results :	TECHNICAL DIRECTOR resented herein relate only to the s	samples submitt	AND THE RESERVE	DATE	
All tests are performed in accordance with Nesults: A = coliforms are absent; P = colifo IDEP Sample Type Codes: D = Distribution Defined in Florida Administrative Code Rule Complete for community and nontransient research	rms are present (Routine Compliance);			If you have a Entry Point to	ny questions regarding this report, Distribution; P ≅ Plant Tap;	please call Lisa S = Special (Saupp at clearance	(352) 625-2 , etc.)	
*Complete for community and nontransient r NAME AND MAILING ADDRESS OF			a inicidali	19 7,000. DO NO	24 12 1 2 1 Early 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second of the second	USE ON	
	HINE UTILITIES E. HWY 25 MEW. FL 34420-5531		0	Repeat Samp Replacement	collection Information oles Required Samples Required by DEP/DOH:				

DEP/DOH Reviewing Official:_____

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

	FOR LAB USE ONLY		April 1985 Ballion				
	DATE RECEIVED AND ANALYZED / TIME RECEIVED OCT 18 '10 AN 10:48						
RECEIVED BY:							
SAMPLE PRESERVATION:	G-ONTICE U	NOT ON ICE $\frac{2}{2}$	· 9c				
DISINFECTANT CHECK:		<u> </u>					
DISHAI LOTAILL ST.		and the state of t	A STATE OF THE STA				
THIS SAMPLE DOES NOT N	EET THE FOLLOWING NE	LAC REQUIREMENT(S):				
THIS SAMPLE DOES NOT N	EET THE FOLLOWING NE	LAC REQUIREMENT(S)i				
DATE/TIME PWS NOTIFIED	BY LAB OF POSITIVE R	ESULTS:					
	BY LAB OF POSITIVE R	ESULTS:NOTIFIED BY:					

4qua Pare (352) 625-2822, Ext. 30 Laboratory No. E83265	TANT CHI	E DOES NOT MEET 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 I	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 #:									
SYSTEM NAME: SOMOLY GCARA	F	PWS ID:_	3421	117 system PHO	NE: <u>352</u> OUNTY: <u>∫</u>						
CLIENT: COLLECTOR: COLLECTOR: Community Water System Non-Transient Non-community Limited Use System Other:	MA Water System	(<i>//)</i>		COLLECTOR PHO	a de la	<i>337</i> 5	515)				
REASON FOR SAMPLING (Check All That Apply): Distribution Routine Distribution Repeat Raw (trigge) Clearance Replacement (also check type of sample being SAMPLE COLLECTION DATE(S): 10-17-201	replaced)	P POII AA	ater Notice.								
TO BE COMPLETED BY SAMPLE COLL	AND THE COURT OF THE WASHINGTON TO THE PARTY OF THE PART	**************************************		TO BE COM Total coliform & E. coli ana	lysis method:	Y LAB Colilert (S	6423097475672.8525000 in Fig.				
Sample Sample Point No. (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	Lab Sample Number Report/Submission Number:	Total coliform	E. coli	Data Qualifier²				
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Disinfectant Residual Analysis Method: DDDD Colorimetric Person performing disinfectant analysis is: A certified operator (#] <u>- M</u>	TECHNICAL DIRECTOR	∆.C.	<u>// - 7</u>	20-70 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 = Reperence of the complete for community and nontransient noncommunity systems serving processing the complete for community and nontransient noncommunity systems.	opulations up to a	nd includir	If you have a Entry Point to	presented herein relate only to the any questions regarding this report, Distribution; P = Plant Tap; of include raw or plant sample	, please call Lis S = Special es in the ave	a Saupp at (clearance rage	(352) 625-2822 e, etc.) USE ONLY				
NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RE	CEIVE REPORT		Repeat Sam	Collection Information on the collection of the collection in the collection of the							
10230 E. HWY 25 BELLEVIEW, FL 34420-5531				Samples Required by DEP/DOH:							
352-347-8228	P/DOH Revi	OH Reviewing Official:									

/62-550 730 Reporting Format Effective 01/1995, Revised 02/201

A AQUA PURE WATER &			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	FUR LAB USE UNLI		ting Kalenger y	1 The Robert Co			
SEWAGE SERVICE, INC		າ ev. ∞	ا تشود	DATE RECEIVED AND AN		IME RECE	IVED			
1,0865 East State Road 40 Aqua Pare Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265	SAMPLE	PRESER	HECK:	G-NOT DETECTED THE FOLLOWING NELAC	ON ICE	are to the second	7 °C mg/L			
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:								
Landen acres	□ PAID	77,73		IPT #:						
SYSTEM NAME: AMMALY (MAN)				(COUNTY:_4	Ma	tur			
CLIENT: SUMSHIME LATERAL COLLECTOR:	Mar	MG	Edu	COLLECTOR PH	ONE:35	2886	<i>615</i>			
TYPE OF SUPPLY (Check Only One): ☐ Community Water System ☐ Non-Transient Non-community ☐ Limited Use System ☐ Other:	Water Systen	n Ş	Transient I	Non-community Water Sy	stem					
REASON FOR SAMPLING (Check All That Apply): Distribution Routine Distribution Repeat Raw (triggere Clearance Replacement (also check type of sample being i	replaced)	☐ Boil V	Vater Notice	Other:		☐ Well S	Survey			
	COI	MMENT	S:	TO BE COM	IPI ETED B	Y I AR				
TO BE COMPLETED BY SAMPLE COLLE	CTOR	Sample	Disinfect	Total coliform & E. coli ana Lab Sample		Colilert (SI	м9223B) Data			
Sample Sample Point No. (Location or Specific Address)	Time	Type ¹	Res'd (mg/L)	Number Report/Submission Number:	coliform	E. coli	Qualifie			
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441610410 38,251 St toll	1059A·W	D	۵:3	141013355	1A		¥			
Average of disinfectant residuals for routine and repeat samples	<u>.</u>		, Z	Time(s) Analyzed:		1				
Person performing disinfectant analysis is: A certified operator (#	Other:		-] 2:26	gpm		Section 1			
☑ Supervised by a certified operator (#_(*_74/5/) ☐ Employed by a certified lab ☐ Employed by DEP or DOF ☐ Authorized representative of supplier of water	ਜ		-771	TECHNICAL DIRECTOR	22	11-12	9 - 101.			
All tests are performed in accordance with NELAC standards. Results: A = coliforms are absent; P = coliforms are present DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat Defined in Florida Administrative Code Rule 62-160, Table 1 Complete for community and nontransient noncommunity systems serving popu			If you have a Entry Point to	presented herein relate only to the samp questions regarding this report, properties of Distribution; P = Plant Tap; S	elease call Lisa = Special (c	ed. Saupp at (35 clearance, c				
NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECE				Section 2015	10 per 10	P/DOH U	JSE ONL			
SUNSHINE UTILITIES 10230 E. HWY 25 BELLEVIEW, FL 34420-5531		0 li 0 F 0 F	epeat Samp eplacement	Collection Information bles Required Samples Required by DEP/DOH:						

ding 4,900. Do not include raw or plant samples	ng 4,900. Do not include raw or plant samples in the average.							
	DEP/DOH USE ONLY							
Satisfactory								
Incomplete Collection Information Repeat Samples Required								
Replacement Samples Required								
Date Reviewed by DEP/DOH:	and the second second							
DEP/DOH Reviewing Official:	9							

SYSTEM ADDRESS

TYPE OF SUPPLY (Check Only One):

☐ Limited Use System ☐ Other._

Community Water System

SAMPLE COLLECTION DATE(S):

CLIENT:

Sample

À.	AQUA PURE WATER &				FOR LAB USE ONLY					
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	SEWAGE SERVICE, INC	RECEIVED	BY:	JC	, nec 970 a	11:54				
	10865 East State Road 40	SAMPLE		ATION:	1.7	ON ICE	9.	2- ·c		
zua Pu	Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30	DISINFEC			MOT DETECTED			mg/L		
	Laboratory No. E83265	THIS SAN	IPLE DO	S NOT MEE	T THE FOLLOWING NELAC	REQUIREM	IENT(S):			
	SAMPLE COLLECTION AND REPORT									
	FORM FOR DRINKING WATER	DATE/TIN	DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: PERSON NOTIFIED: NOTIFIED BY:							
	TOTAL COLIFORM / E. coli ANALYSIS Press Hard, (4) copies (Page 1 of 1)	PERSON	NOTIFIED):	LAB OF E, coli POSITIVE F	RESULTS:	o1			
		DATE DE			PT #:					
	V = V		-							
STEM N	AME: SOMOLA CACALA		PWS ID:		SYSTEM PHO					
STEM A	DDRESS: 5825/1041.				C	OUNTY:	W/ah	1272		
IENT:	Landan Allah II. Firi	Max	102	dill	COLLECTOR PH	one: <u>∃</u> 5∞	222	5150		
PE OF S	SUPPLY (Check Only One): unity Water System	/ Water Systen	n 🗅	Transient N	on-community Water Sys	tem				
Commu Limited	unity Water System		3	Service Francisco			201 244 7 - 10 245 1 201 241 241 241 241 241 241 241 241 241 24			
	FOR SAMPLING (Check All That Apply):									
Distribu	rtion Routine 🔲 Distribution Repeat 📮 Raw (trigger	red or assessm	ient)	Raw (trig	gered_or assessment) add	itional	☐ Well	Survey		
Clearar	nce Replacement (also check type of sample being	replaced)	☐ Boil W	ater Notice	Other:	<u>, 2 1</u> 2				
MPLE (COLLECTION DATE(S): 18 7-3616	cor	MMENTS	<u>:</u>						
	TO BE COMPLETED BY SAMPLE COLL	ECTOR			TO BE COM Total coliform & E. coli anal			SM9223B)		
ample	Sample Point	Collection	Sample	Disinfect	Lab Sample	Total	E coli	Data		
No.	(Location or Specific Address)	Time	Type ¹	Res'd (mg/L)	Number Report/Submission Number:	coliform	- 3011	Qualifie		
1.1	1.11	lauen.m.	R		M/0 14480	A				
	IAM IN		1		ferries on the second of the second	1	and the state			
.4	WELLA	1245pm	K		110 14481	H		-1. -11.		
3 4	4711758249 E QUE.	1251 m	D	44	11014482	A				
	17 05 05 05 15 februs	1959	7	4	MIO 14483	1				
1 hof	11045 58 251- 1101	12570 M	1	Europe 1 Section #1	111-11102	17-				
			7			1				
	of disinfectant residuals for routine and repeat sample orine or Total chlorine (circle one).	s.³		0.4	Time(s) Analyzed:	On				
Disinfed	tant Residual Analysis Method: DPD Colorimetric	Other:				<i>[''</i> `				
Person	performing disinfectant analysis is: A certified operator (#)	,*							
	Supervised by a certified operator (# 1 7454 Employed by a certified lab) DH		-77	Tickad Mon	16	17-	10-10		
9	Authorized representative of supplier of water] / ^ ^ /	TECHNICAL DIRECTOR		-/-\/	DATE		
l tests ar	e performed in accordance with NELAC standards.			The results p	resented herein relate only to the sany questions regarding this report, p	amples submit blease call Lis	ted. a Saupp at	(352) 625-28		
EP Sam	= coliforms are absent; P = coliforms are present ple Type Codes: D = Distribution (Routine Compliance); C = Repea	t or Check; R = F	Raw; N =	Entry Point to	Distribution; P = Plant Tap; S	s = Special (clearance	, etc.)		
lationad in	Florida Administrative Code Rule 62-160, Table 1 for community and nontransient noncommunity systems serving pop									
	ND MAILING ADDRESS OF PERSON/COMPANY TO REC							USE ON		
				atisfactory	Collection Information					
	SUNSHINE UTILITIES	S. Later	100000 1000		oles Required					
	SONOTINE OTILITIES				Samples Required					

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

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

2010 MONTHLY OPERATION REPORTS



									1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
	General Information		of: January 2010								
4.	Public Water System (P	WS) Information									
PWS Name: SANDY ACRES PWS Identification Number: 3421118									mber: 3421118		
	PWS Type:	Community N	on-Transient Non-C	ommunity	Transier	ent Non-Community Consecutive					
	Number of Service Con	nnections at End of M	Ionth:			Total Population S	erved at E	nd of Month:			
	PWS Owner: SUNSHI										
	Contact Person: Dewai	ine Chiristmas				Contact Person's T	itle: OFFI	CE MANAGER			
	Contact Person's Maili	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 Number	r: (352)347-6915			
	Contact Person's E-Ma	il Address:									
3.	Water Treatment Plant	Information									
	Plant Name: SANDY	ACRES						Plant Telephone Numb	per: (352)347-8228		
L	Plant Address: S.E. 25	1 Terr.				City: Belleview		State: Fla.	Zip Code: 34420		
ĺ	Type of Water Treated	by Plant: 🛛 Ra	w Ground Water	Purch	ased Finished V	Vater					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,000											
	Plant Category (per sul					Plant Class (per su	Plant Class (per subsection 62-699.310(4), F.A.C.): C				
[Licensed Operators		Name		License Class	License Number		Day(s)/Shift(s			
	Lead/Chief Operator:	Kelvin E Edun Sr.	*		С	7459					
-	Other Operators:										
	1										
1											
- 1											
- 1											
	C (:F: /:	1/61: 60									
	Certification by Lead		1: 1: FI :1	.1 1	1/ 1: 6						
, in	e undersigned water tre	eatment plant operator	licensed in Florida,	am the lea	ad/chief operato	r of the water treatm	nent plant i	dentified in Part I of this	s report. I certify that the		
IIIO	International Standard	s report is true and ac	curate to the best of	my knowi	eage and belief.	1 certify that all dr	inking wat	er treatment chemicals u	used at this plant conform to		
101	tillernational Standard	1 60 or other applicab	le standards reference	ced in subs	ection 62-555.3	20(3), F.A.C. I also	certify the	at the following addition	al operations records for this		
nai	s: and (2) if annliable	ay mat a neensed ope	rator statted or visit	ed this plai	nt during the mo	inth indicated above	(1) recor	ds of amounts of chemic	cals used and chemical feed		
aic	er can retain them, toge	appropriate treatmen	i process performan	records.	rurinermore, l	agree to provide th	ese additio	onal operations records t	o the PWS owner so the PWS		
/ YV 1	ici can retath mem togo	curer with copies of the	us report, at a conve	ment locat	ion for at least t	en years.					
	1/19	6,1/1 2	18/2010	Valuin E E	dun Ca			0.7450	¥		
11	The Ca	4///		Kelvin E E				C-7459			
olgi	nature and Date	1		Printed or	Typed Name			License Nur	nber		

PWS	PWS Identification Number: 3421118 Plant Name: SANDY ACRES													
III. Daily Data for the Month/Year of: January 2010														
						N	Chlorine		1.01.1	D''1		\	Chim	ed Chlorine (Chloramines)
Mean	S OI ACI	neving r	our-Log virt	is mactivatio	on/Removal: *		Chiorine	L_] Chlorine	Dioxide	П)zone	Combin	ed Chiorine (Chioramines)
		t Radiatio	on Ut	her (Describ	ne):		1							
Type	of Disin	fectant R	esidual Mair		istribution Syst		Free Chl	orine				Chlorami	nes)	Chlorine Dioxide
	_			C'	T Calculations, or			our-Log	Virus Inactiv	ation, if Ap				
	Days					CT Calcu					UV	Dose		
	Plant Staffed				I D: 41	District	Lowest CT						Lowest Residual	
	or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum		
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum		UV Dose		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-	mW-	Distribution	Involves Taking Water System Components
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		24	72,000											
2		24	72,000											
3	*	24	72,000										0.50	
4		24	93,000											
5	*	24	94,000										0.40	
6		24	75,000											
7	*	24	76,000					ļ					0.30	
8		24	81,000										_	
9	*	24	81,000					-				ļ		
10		24 24	81,000 91,000		-		<u> </u>	ļ	ļ	ļ			0.70	
12	*	24	92,000		 	_		 				-	0.60	
13		24	82,000		 		 		 		 	-	0.60	
14	*	24	83,000		 		 		 	-		<u> </u>	0.60	
15		24	68,000					 		 			0.00	
16		24	68,000		 		 				 	 		
17	*	24	70,000					 	7.40	<u> </u>	 	 	0.40	
18		24	76,000				 	<u> </u>	7.10	 	 	 	0.10	
19	*	24	77,000				1	1				<u> </u>	0.60	
20		24	65,000					1						
21	*	24	66,000											
22		24	67,000											
23		24	67,000											
24	*	24	68,000										0.60	
25		24	74,000											
26	*	24	75,000										0.50	
27		24	71,000											
28	*	24	71,000										0.50	
29		24	73,000											
30		24	73,000											
31	*	24	74,000		L								0.40	
Total	У.		2,348,000											
Average	e		75,741											

94,000

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



	General Information			10								
A.	Public Water System (P											
	PWS Name: SANDY					PWS Identification Number: 3421118						
	PWS Type:	Community	Non-Transient Non-	-Community	Transier	nt Non-Community	☐ Co	nsecutive				
	Number of Service Co	nnections at End	of Month:			Total Population S	erved at E	nd of Month:				
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.												
	Contact Person: Dewa	ine Chiristmas				Contact Person's T	itle: OFFI	CE MANAGER				
	Contact Person's Maili	ng Address: 1023	0 E. Hwy 25		City: Belleview State: Fla. Zip Code: 34420							
	Contact Person's Telep	hone Number: (3	52) 347-8228			Contact Person's F	ax Numbe	r: (352)347-6915				
	Contact Person's E-Ma	il Address:										
B.	Water Treatment Plant	Information										
	Plant Name: SANDY	ACRES						Plant Telephone Numl	ber: (352)347-8228			
	Plant Address: S.E. 25	1 Terr.				City: Belleview		State: Fla.	Zip Code: 34420			
	Type of Water Treated	l by Plant:	Raw Ground Water	Purc	hased Finished V	Water						
	Permitted Maximum D		pacity of Plant, gallons	per day: 23	3,000							
	Plant Category (per su	bsection 62-699.3	10(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.					7459						
	Other Operators:		The second secon									
	O O F											
	C diff. disability	VCL: CO										
	Certification by Lead			la ana 41a la	- 1/-1-:-£			identified in Deat Lefthi	a manager I complify that the			
									is report. I certify that the			
									used at this plant conform to			
									nal operations records for this			
									cals used and chemical feed			
rate	es; and (2) if applicable,	appropriate treat	ment process performa	ance records	s. Furthermore,	i agree to provide th	iese additi	onal operations records	to the PWS owner so the PWS			
ow	ner can retain them, tog	einer with copies	of this report at a con-	venient ioca	mon for at least	ten years.						
	1611		3/4/2016	Kelvin E	Edun Sr			C-7459				
C:	mature de differen	3//	1/1/		Typed Name			License Nu	mhor			
Sig	nature and Date			Printed of	Typed Name			License Nu	IIIDEI			

David Chlorine Chloramines Chlorine Chlorine Chloramines Chlorine Chloramines Chlorine Chloramines Chlorine Chloramines Chlorine Chloramines C	PWS	WS Identification Number: 3421118 Plant Name: SANDY ACRES													
Means of Achieving Four-Log Virus Inactivation (Removal, * Spree Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	П	oily Do	ta for th	e Month/Ve	er of Febr	ruary 2010									
Type of Disinfection Other (Describe)	Mean	s of Ach	ieving Fo	ur-Log Viru	s Inactivation	n/Removal·*	X Free	Chlorine	П	Chlorine	Dioxide	По	zone	Combine	ed Chlorine (Chloramines)
Type District Type District Type District Type District Type District Type Type Type District Type Type Type Type District Type							△	Cinorine		Chicinio	Diomas		20114		,
Dayson Plant Staffed Or Or Plant Or Plan							em:	Free Chlo	rine	Cor	nbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
Plant Staffed Contact Contac	2,700				· · · · · · · · · · · · · · · · · · ·	I Calculations, or I	JV Dose, to De	monstrate Fo	ur-Log			plicable*	(all special sections)		
Sufficient Content C				100		10	CT Calcul	The second secon				UVI	Dose		And the second of the second o
Visid Visi														SERVICE CONCESSION AND ACTOR SHEET	Control of the Contro
Visited Visi		Williams and and the second												CONTROL CONTRO	
State Stat		distance of the condition										Lowest	Minimum	B. T. S. L. C. Lewis and M. L. C.	
the (Place Plant in Water Plant Plant		Micrises convents		Net Quantity		(C) Before or at			Temp.		Minimum	Operating	UV Dose	at Remote	
Month 'X') Operation Pottucet gat Rate, gat Flow, mg/L minutes mg.min/L 9C Applicable mg.min/L Second Second Second Second Second O.40			ASSESSED SHEET CONTROL	第16 · 16 · 10 · 10 · 10 · 10 · 10 · 10 ·							CT	UV Dose,	Required,		Conditions, Repair or Maintenance Work that
1				20年2月2日 - 10日本記 中北京90日本 20日本日本		During Peak	And the second s			Water, if	Required,	mW-			
1	A STATE OF THE PARTY OF	X)			Rate, gpd	Flow, mg/L	minutes	mg-min/L		Applicable	mg-min/L	sec/cm	sec/cm	System, mg/L	Out of Operation
3	DOMESTICAL STREET,	*												0.40	
4 * 24 70,000 0.60 5 24 68,000 0.60 0.60 7 * 24 68,000 0.60 0.60 8 24 60,000 0.60 0.60 9 * 24 60,000 0.60 0.60 10 24 62,000 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.60 0.50	The state of the s														
6		*	24	70,000										0.60	
7	V 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1														
8 24 60,000 0.60 9 * 24 60,000 0.60 10 24 62,000 0.50 11 * 24 63,000 0.50 12 24 67,000 0.50 13 24 66,000 0.40 15 24 66,000 0.40 16 * 24 66,000 0.40 17 24 70,000 0.40 18 * 24 71,000 0.40 19 24 67,000 0.40 20 24 67,000 0.40 21 * 24 68,000 0.30 22 24 77,000 0.30 23 * 24 79,000 0.70 23 * 24 77,000 0.70 25 * 24 77,000 0.70 25 * 24 79,000 0.70 25 * 24 79,000 0.70 28 * 24 80,000 0.70	100000000000000000000000000000000000000													0.60	
10	A CONTRACTOR MANAGEMENTS	*												0.60	
10	Complete Control of the Con-	*												0.60	
11	SHOOM SHOOLS,	-												0.00	
12		*												0.50	
14 * 24 69,000 7.40 0.40 15 24 66,000 0.40 0.40 16 * 24 67,000 0.40 18 * 24 71,000 0.40 19 24 67,000 0.40 20 24 67,000 0.30 21 * 24 68,000 22 24 78,000 0.70 23 * 24 77,000 24 24 77,000 0.70 25 * 24 79,000 27 24 79,000 0.70 28 * 24 80,000 0.70															
15 24 66,000 0.40 16 * 24 67,000 0.40 17 24 70,000 0.40 18 * 24 71,000 0.40 19 24 67,000 0.30 20 24 67,000 0.30 21 * 24 68,000 0.30 22 24 78,000 0.70 23 * 24 79,000 0.70 24 24 77,000 0.70 25 * 24 79,000 0.70 26 24 79,000 0.70 27 24 79,000 0.70 28 * 24 80,000 0.70															
16 * 24 67,000 0.40 17 24 70,000 0.40 18 * 24 71,000 0.40 19 24 67,000 0.40 20 24 67,000 0.30 21 * 24 68,000 0.30 22 24 78,000 0.70 23 * 24 79,000 0.70 24 24 77,000 0.70 25 * 24 79,000 0.70 26 24 79,000 0.70 27 24 79,000 0.70 28 * 24 80,000 0.70		*								7.40				0.40	
17 24 70,000 0.40 18 * 24 71,000 0.40 19 24 67,000 0.30 20 24 67,000 0.30 21 * 24 68,000 0.30 22 24 78,000 0.70 23 * 24 79,000 0.70 24 24 77,000 0.70 25 * 24 79,000 0.70 26 24 79,000 0.70 27 24 79,000 0.70 28 * 24 80,000 0.70	3.5000000000000000000000000000000000000													0.40	
18 * 24 71,000 0.40 19 24 67,000 0.30 20 24 67,000 0.30 21 * 24 68,000 22 24 78,000 0.70 23 * 24 79,000 24 24 77,000 0.70 25 * 24 79,000 26 24 79,000 0.70 27 24 79,000 0.70 28 * 24 80,000 29 24 80,000 0.70		*												0.40	
19 24 67,000 0<		*												0.40	
20 24 67,000 0.30 21 * 24 68,000 0.30 22 24 78,000 0.70 23 * 24 77,000 0.70 24 24 77,000 0.70 25 * 24 77,000 0.70 26 24 79,000 0.70 27 24 79,000 0.70 28 * 24 80,000 29 24 0.70	-		-												
22 24 78,000 23 * 24 79,000 24 24 77,000 25 * 24 77,000 26 24 79,000 27 24 79,000 28 * 24 80,000 29 24				67,000											
23 * 24 79,000 0.70 24 24 77,000 0.70 25 * 24 77,000 0.70 26 24 79,000 0.70 27 24 79,000 0.70 28 * 24 80,000 0.70 29 24 0.70 0.70	The state of the s	*	-											0.30	
24 24 77,000 25 * 24 77,000 25 * 24 77,000 26 24 79,000 0.70 27 24 79,000 0.70 28 * 24 80,000 29 24 0.70														0.70	
25 * 24 77,000 0.70 26 24 79,000 0.70 27 24 79,000 0.70 28 * 24 80,000 29 24		*				-							-	0.70	
26 24 79,000 27 24 79,000 28 * 24 80,000 29 24	Control of the Contro	*				-								0.70	
27 24 79,000 28 * 24 80,000 29 24		-												0.70	
28 * 24 80,000 0.70 29 24											 				
29 24		*												0.70	
30 24	29														
	30		24												
31 24 Total 1.945.000			24			1		L						L	

69,464 80,000

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



	Cananal Information	for the Month A	over MADCH 20	10						
	General Information		MARCH 20	10						
	Public Water System (F						DIVIG I 1	C >1	2421110	
-	PWS Name: SANDY		lar m ' (ar	G '	D.T. ;	. N. C. '4		neation Num	ber: 3421118	
		Community	Non-Transient Non-	Community	Iransiei	nt Non-Community	Consecutive			
, h	Number of Service Co					Total Population Se	erved at End of Month:			
	PWS Owner: SUNSH		F CENTRAL FLORI	DA, INC.						
<u></u>	Contact Person: Dewa						tle: OFFICE MANAGI		77. 6. 1. 24422	
	Contact Person's Maili					City: Belleview		te: Fla.	Zip Code: 34420	
	Contact Person's Telep		2) 347-8228			Contact Person's Fa	ax Number: (352)347-6	915		
_	Contact Person's E-Ma									
-	Water Treatment Plant									
	Plant Name: SANDY							hone Number	: (352)347-8228	
	Plant Address: S.E. 25					City: Belleview	State: Fla.		Zip Code: 34420	
	Type of Water Treated		Raw Ground Water		hased Finished V	Vater				
	Permitted Maximum D			per day: 23	,000					
	Plant Category (per su	bsection 62-699.31	0(4), F.A.C.): V			Plant Class (per sul	osection 62-699.310(4)	, F.A.C.): C		
-	Licensed Operators		Name		License Class	License Number	ber Day(s)/Shift(s) Worked			
	Lead/Chief Operator:	Kelvin E Edun Sr.			C	7459				
	Other Operators:									
	Certification by Lead									
									eport. I certify that the	
									ed at this plant conform to	
									operations records for this	
									s used and chemical feed	
							ese additional operation	ns records to	the PWS owner so the PWS	
own	ner can retain them, tog	other with copies of	of this report, at a conv	venient loca	tion for at least t	en years.				
	11 1	6111	4/1/2 1							
	15/1	2.20/1	4/4/2010	Kelvin E I				2-7459		
Sign	nature and Date	/ '	1 %	Printed or	Typed Name		I	License Numb	per	

PWS	PWS Identification Number: 3421118 Plant Name: SANDY ACRES													
III. Daily Data for the Month/Year of: MARCH 2010														
					on/Removal: *	V Eros	Chlorine		Chlorine	Diovida	ПС)zone	Combin	ed Chlorine (Chloramines)
		Radiatio		her (Descril		△ Free	Ciliornie		Cinorine	Dioxide		Zone	Comon	ed emornic (emorannies)
-					istribution Syst	tem:	Free Chl	orine	ПСо	mbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
-			100		T Calculations, or									
	Days				en e		lations					Dose		
	Plant		100				Lowest CT	10 B					Lowest	
	Staffed			1 2 2	Lowest Residual								Residual	
	or				Disinfectant	Contact Time	A WAR TO AN OWNER THE RESIDENCE OF				7	\ <i>(</i> '	Disinfectant Concentration	
1000	Visited by		Net Quantity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Operating	Minimum	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer			of	pH of	CT	UV Dose.	Required,		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	92,000				-						0.50	
2	*	24	93,000		-		-	-		-	-		0.70	
3 4	*	24	89,000		 	-	-	-		-			0.70	
5		24	89,000 105,000				-				-		0.70	
6		24	105,000		+		+			<u> </u>	 			
7	*	24	106,000		1	1	 				 		0.60	
8		24	99,000		1	1	-	1						
9	*	24	99,000										0.60	
10		24	88,000						4					
11	*	24	89,000										0.50	
12		24	95,000					-			-			
-13		24	95,000					-	7.20	-	-		0.40	
14	*	24 24	96,000 91,000			-	-		7.30		-	-	0.40	
15	*	24	92,000			-	1	+		-	 		0.40	
17		24	58,000			-	+	1	<u> </u>	 	†		0.10	
18	*	24	59,000						<u> </u>	<u> </u>	1		0.30	
19		24	65,000											
20		24	65,000											
21	*	24	66,000										0.80	
22		24	58,000				-	-		-	-		0.00	
23	*	24	58,000			-	-	-	-	-	-	-	0.80	
24 25	*	24 24	62,000 63,000			-	-	-	 		-	-	0.70	
26		24	60,000		-	-		+	<u> </u>	 	+		0.70	
27		24	60,000	 				+		1	1	 		
28	*	24	60,000					1					0.70	
29		24	58,000											
30	*	24	59,000										0.40	
31		24	57,000											
Total			2,431,000				10.000							
Averag			78,419											
Maxim	um		106,000											

Maximum

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



market.								
		for the Month/Year of: APRIL 2010	0					
A.	Public Water System (P							
	PWS Name: SANDY						PWS Identification No	umber: 3421118
		Community Non-Transient Non-	Community	Transier	nt Non-Community		secutive	
		nnections at End of Month:			Total Population S	erved at End	d of Month:	
	PWS Owner: SUNSHI	NE UTILITIES OF CENTRAL FLORI	DA, INC.					
	Contact Person: Dewai				Contact Person's T	itle: OFFICI		
	Contact Person's Maili	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 Fa	ax Number:	(352)347-6915	
	Contact Person's E-Ma	il Address:						
В.	Water Treatment Plant	Information						
	Plant Name: SANDY	ACRES					Plant Telephone Num	ber: (352)347-8228
	Plant Address: S.E. 25	1 Terr.			City: Belleview		State: Fla.	Zip Code: 34420
	Type of Water Treated	by Plant: Raw Ground Water	Purch	nased Finished V	Vater			
		Day Operating Capacity of Plant, gallons	per day: 23	,000		-		
		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		Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Kelvin E Edun Sr.		С	7459			
	Other Operators:							
	Other Operators.							
								9
								7
	. Certification by Lead							
I, t	he undersigned water tre	eatment plant operator licensed in Florid	da, am the le	ad/chief operato	r of the water treatn	nent plant id	lentified in Part I of th	is report. I certify that the
inf	ormation provided in thi	is report is true and accurate to the best	of my knowl	ledge and belief.	I certify that all dr	inking water	r treatment chemicals	used at this plant conform to
		d 60 or other applicable standards refere						
		ay that a licensed operator staffed or vis						
		appropriate treatment process performa				iese addition	nal operations records	to the PWS owner so the PWS
ow	ner can retain them, tog	ether with copies of this report, at a con-	venient loca	tion for at least t	ten years.			
	1/ /	5 5/1/8/7/2010						
	- 13.1	2. 7/1/ 3/1/1010	Kelvin E I				C-7459	
Sig	gnature and Date		Printed or	Typed Name			License Nu	ımber
	1							

PWS	Identific	cation Nu	ımber: 34211	18		Plant Nar	ne: SANI	DY AC	RES					
			e Month/Ye			Mr	CLL] Chii	Dissilla		\	Combin	ed Chlorine (Chloramines)
		neving Fo t Radiation		is Inactivation her (Descril	on/Removal: *		Chlorine] Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
					istribution Syst	em:	Free Chl	orine	Co	mbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
				C	T Calculations, or			our-Log	Virus Inactiv	vation, if Ap				
	Days					CT Calcul					UV	Dose	All the second	
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided					1, 1	Residual Disinfectant	
	or				Disinfectant	Contact Time	Before or at First				Lowest	Minimum		
	Visited by		Net Quantity		(C) Before or at	(T) at C Measurement	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, if	Required,	mW-	mW-	Distribution	Involves Taking Water System Components
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	*	24	57,000										0.60	
2		24	79,000											
3		24	79,000							-		-		
4	*	24	81,000										0.30	
5		24	73,000					-		-	-		0.20	
6	*	24	74,000		-			-	-	 	-	 	0.20	
7	*	24	80,000					 	-	-	-		0.40	
8	-	24	81,000 68,000					-	-	+		-	0.40	
10		24	68,000		 	 		+		+	 			
11	*	24	70,000							<u> </u>			0.60	
12		24	72,000		1			1						
13	*	24	72,000					1					0.60	
14		24	78,000											
15	*	24	79,000										0.40	
16		24	75,000									ļ		
17		24	75,000						-	-			0.20	
18	*	24	75,000			-			-	-	-	-	0.30	
19	*	24	73,000					-	-	-	-		0.90	
20	-	24	74,000 81,000		-			-		-	-	-	0.90	
21	*	24	81,000		-				+	+	+	-	0.90	
23	-	24	93,000	<u> </u>	+	-		1	+	+	 	 	0.50	
24	-	24	93,000				1	1	 	1	1	+		
25	*	24	95,000						7.20	1	1		0.50	
26	1	24	71,000											
27	*	24	71,000										1.00	
28		24	79,000											
29	*	24	80,000								1		1.00	
30		24	86,000									-		
31		24								L	L	<u></u>		<u> </u>
Total			2,313,000	-										
Averag	ge		77,100											

95,000

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



		for the Month/Year of: MAY 2010						
A.	Public Water System (P							
	PWS Name: SANDY						PWS Identification	Number: 3421118
	PWS Type:	Community Non-Transient Non-Cor	nmunity	Transie	nt Non-Community		nsecutive	
	Number of Service Co.	nnections at End of Month:			Total Population S	Served at E	nd of Month:	
	PWS Owner: SUNSHI	INE UTILITIES OF CENTRAL FLORIDA	, INC.		200 Mg			
	Contact Person: Dewa	ine Chiristmas			Contact Person's T	itle: OFFI	CE MANAGER	
	Contact Person's Maili	ng Address: 10230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep	phone 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: SANDY	ACRES					Plant Telephone Nu	mber: (352)347-8228
	Plant Address: S.E. 25	1 Terr.			City: Belleview		State: Fla.	Zip Code: 34420
	Type of Water Treated	by Plant: X Raw Ground Water	Purchased Fi	nished V	Water			
		Day Operating Capacity of Plant, gallons per	day: 23,000					
		bsection 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	Licens	e Class	License Number			ift(s) Worked
	Lead/Chief Operator:	Kelvin E Edun Sr.		С	7459			
	Other Operators:							
	Outer Operations.							
	Certification by Lead				4.3.14.15.73.23.17.32.			
I, th	he undersigned water tro	eatment plant operator licensed in Florida, a	m the lead/chief	operato	or of the water treatr	nent plant	identified in Part I of	this report. I certify that the
inf	ormation provided in the	is report is true and accurate to the best of m	ny knowledge an	d belief	. I certify that all di	rinking wat	ter treatment chemical	ls used at this plant conform to
NS	F International Standard	d 60 or other applicable standards reference	d in subsection 6	52-555.3	320(3), F.A.C. I als	o certify th	at the following addit	tional operations records for this
pla	nt were prepared each d	day that a licensed operator staffed or visited	d this plant durin	g the mo	onth indicated above	e: (1) recor	rds of amounts of cher	micals used and chemical feed
rate	es; and (2) if applicable,	, appropriate treatment process performance	records. Further	ermore,	I agree to provide th	nese addition	onal operations record	ds to the PWS owner so the PWS
ow	ner can retain them, tog	ether with copies of this report, at a conveni	ient location for	at least	ten years.			
	1/ //	C (/// ////// ///						
	13/12	* 17/1/1	elvin E Edun Sr.				C-7459	
Sig	nature and Date	Pr	rinted or Typed 1	Name			License 1	Number

PWS	Identific	cation Nu	mber: 34211	18		Plant Nar	ne: SAND	Y AC	RES					
1111	Means of Achieving Four-Log Virus Inactivation/Removal: *													
Mean	s of Ach	ieving Fo	our-Log Viru	s Inactivation	on/Removal: *	⊠ Free	Chlorine	Г	Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ					• 10000					
					istribution Syste	em.	Free Chle	orine	Cor	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
Турс		l l		C	T Calculations, or I	IV Dose to De	monstrate F	our-Log	Virus Inactiv	ation, if Ar	pplicable*			40.00 (1.00)
	Days					CT Calcul						Dose		
	Plant					10 (10 m) 10 (10 m) 10 (10 m)	Lowest CT						Lowest	
10 OF 18	Staffed				Lowest Residual		Provided	10 (40%) 10 (40%)					Residual	
	or		40.00		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First					Minimum		Emergency or Abnormal Operating
	by	**	Net Quantity	22173	(C) Before or at	Measurement	Customer			Minimum	Operating	UV Dose	at Remote Point in	Conditions, Repair or Maintenance Work that
Day of the	Operator (Place	Hours Plant in	of Finished Water	D - 1 - E1	First Customer	Point During	During	of Water,	pH of	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	ON 10 100 100 100 100 100 100 100 100 100	T12 12 TE TO TO THE THE REAL PROPERTY.	Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	°C	Applicable	mg-min/I	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	Λ)	24	86,000	Kaic, gpu	Tiow, mg/L	minutes	HIR-IIIII	C	Аррисанс	Ing minit	300/011	300/011	5,5000,000	
2	*	24	86,000	-	 			-	 	 			1.40	
3		24	104,000											
4	*	24	105,000										0.80	
5		24	84,000											
6	*	24	85,000										0.80	
7		24	92,000											
8		24	92,000											
9	*	24	92,000									ļ	0.40	
10	-	24	99,000						-		-	-	1.20	
11	*	24	99,000		-			 	-			-	1.20	
12	*	24	93,000 93,000		-			-	 		-	 	0.40	
14	-	24	93,000					}	 	-			0.40	
15		24	93,000		-			-			 			
16	*	24	95,000						7.20				0.50	
17		24	81,000		 									
18	*	24	82,000										0.30	
19		24	97,000											
20	*	24	98,000										1.50	
21		24	91,000									-		
22		24	91,000						-	-			1	
23	*	24	93,000						-	-		-	0.80	
24		24	102,000			-							0.40	
25	*	24	102,000	<u> </u>					-	 	-	-	0.40	
26		24	89,000			-	-	-	+	-	-	-	0.40	
27	*	24	90,000			-		-	-	+	-	-	0.70	
28		24	86,000			-	-	-	+	-		-	 	
29	*	24	86,000 88,000		-		-	-	+	+			0.30	
30	ļ -	24	88,000	-	-	-	-	-	+	+		1	0.50	
31 Total	4	24	2,854,000					1	1				J	
Avera	je –	7.00	92,064											
rivora	Seattle for the tick		72,007	4										

Average 92,064

Maximum 105,000

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



l.		for the Month/Year of: JUNE 2010					
١.	Public Water System (P						
	PWS Name: SANDY					PWS Identification N	umber: 3421118
	PWS Type:	Community Non-Transient Non-	-Community	Transie	nt Non-Community	Consecutive	
	Number of Service Co.	nnections at End of Month:			Total Population Serv	ved at End of Month:	
	PWS Owner: SUNSHI	INE UTILITIES OF CENTRAL FLORI	IDA, INC.				
	Contact Person: Dewa	ine Chiristmas			Contact Person's Title	e: OFFICE MANAGER	
	Contact Person's Maili	ng Address: 10230 E. Hwy 25			City: Belleview	State: Fla.	Zip Code: 34420
	Contact Person's Telep	phone Number: (352) 347-8228			Contact Person's Fax	Number: (352)347-6915	
	Contact Person's E-Ma	il Address:					
3.	Water Treatment Plant	Information					
	Plant Name: SANDY	ACRES				Plant Telephone Num	
	Plant Address: S.E. 25	1 Terr.			City: Belleview	State: Fla.	Zip Code: 34420
	Type of Water Treated			hased Finished V	Water		
		Day Operating Capacity of Plant, gallons	per day: 23	,000			
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V			Plant Class (per subse	ection 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:						
	. Certification by Lead		1 41 1	- 1/ 1 · C	C41 4 4 4	4 -14 : 14:5- 1 :- D+ I -54h	is noment. I contify that the
., 1	he undersigned water tre	eatment plant operator licensed in Florid	ia, am the le	ad/chief operato	or of the water treatmer	it plant identified in Part I of th	is report. I certify that the
ni	ormation provided in the	is report is true and accurate to the best	of my know	ledge and belief	. I certify that all drink	ang water treatment chemicals	used at this plant conform to
		d 60 or other applicable standards refere					
ola	ant were prepared each of	lay that a licensed operator staffed or vis	sited this pia	int during the mo	onth indicated above: (1) records of amounts of chem	to the DWS experses the DWS
at	es; and (2) if applicable,	, appropriate treatment process performa	ance records	Furthermore,	agree to provide thes	e additional operations records	to the PWS owner so the PWS
WC	ner can retain them, tog	ether with copies of this report, at a con	venient loca	tion for at least	ten years.		
	1/11	561/1 1/8/2016	Kelvin E I	Zalona Ca		C-7459	
	4///						1
Si	enature and Date		Printed or	Typed Name		License Nu	ımber

PWS	7S Identification Number: 3421118 Plant Name: SANDY ACRES													
III. Daily Data for the Month/Year of: JUNE 2010														
Means	of Ach	ieving Fo	our-Log Viru	s Inactivation	on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
		t Radiatio	on 🔲 Ot	her (Describ	oe):									
Type	of Disin	fectant R	esidual Main	tained in Di	istribution Syst		Free Chl			mbined C		Chlorami	nes)	Chlorine Dioxide
				C	F Calculations, or	UV Dose, to Do		our-Log	Virus Inactiv	ation, if Ap	plicable*	and the second		
	Days				100	CT Calcu		1	ı —		UV	Dose		
	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	
467	Or =				Disinfectant	Contact Time		S. Maria				digestari.	Disinfectant	
	Visited	7.7			Concentration	(T) at C	at First					Minimum	Concentration	The State of the Control of the Cont
	by		Net Quantity		(C) Before or at	Measurement	Customer			Minimum			at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished Water	D. L.UI	First Customer	Point During Peak Flow,	During Peak Flow,	of Water,	pH of	CT Required,		Required, mW-	Point in Distribution	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
the Month	(Place "X")	Plant in	Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	minutes	mg-min/L		Applicable	mo-min/I	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	*	24	87,000	Raic, gpd	Tion, mg/E	minutes	ms mm.		2 ippirodoic		500,011		0.50	.
2		24	90,000											
3	*	24	90,000										0.50	
4		24	89,000											
5	*	24	89,000		ļ	-	ļ		-				0.40	
6 7	*	24	91,000 86,000			 	-	 		-		<u> </u>	0.40	
8	*	24	87,000		-	 		 		 			0.40	
-9-		24	83,000			 							5,10	
10	*	24	84,000										0.30	
-11		24	101,000											
12		24	101,000											
13	*	24	102,000				-			-			2.60	
14 15	*	24	112,000 112,000			 	-	-	-				2.60	
16		24	97,000					1	 				2.00	
17	*	24	98,000				<u> </u>		 				2.00	
-18		24	74,000											
19		24	74,000											
20	*	24	74,000					-	7.60				1.80	
21	*	24	101,000					-			-		1.80	
22	*	24	101,000 96,000										1.80	
24	*	24	96,000			-	-	1		-			1.80	
25		24	98,000				 	1						
26		24	98,000											
27	*	24	98,000										1.60	
28		24	90,000											
29	*	24	90,000				-	-				-	1.60	
30		24	75,000			-	-	-	-	-		-		
31 Total	and the later of		2,764,000										L	
Averag	e		92,133	-										
Maxim			112,000											

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



1.	General Information	for the Month/Year of: JULY 2010)			
A.	Public Water System (F	WS) Information				
	PWS Name: SANDY	ACRES			PWS Identification N	umber: 3421118
	PWS Type:	Community Non-Transient Non	-Community Transie	nt Non-Community	Consecutive	
	Number of Service Co	nnections at End of Month:		Total Population S	erved at End of Month:	
	PWS Owner: SUNSH	NE UTILITIES OF CENTRAL FLOR	IDA, INC.			
	Contact Person: Dewa	ine Chiristmas		Contact Person's T	itle: OFFICE MANAGER	
	Contact Person's Maili	ng Address: 10230 E. Hwy 25		City: Belleview	State: Fla.	Zip Code: 34420
	Contact Person's Telep	phone Number: (352) 347-8228		Contact Person's F	ax Number: (352)347-6915	
	Contact Person's E-Ma	ail Address:				
B.	Water Treatment Plant	Information				
	Plant Name: SANDY	ACRES			Plant Telephone Num	
	Plant Address: S.E. 25			City: Belleview	State: Fla.	Zip Code: 34420
	Type of Water Treated		Purchased Finished \	Water	0.000	
		Day Operating Capacity of Plant, gallon	s per day: 23,000			
		bsection 62-699.310(4), F.A.C.): V			bsection 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:					
m	Certification by Lead	I/Chiaf Operator				
		eatment plant operator licensed in Flori	da am the lead/chief operato	ir of the water treatn	pent plant identified in Part I of th	is report. I certify that the
		is report is true and accurate to the best				
		1 60 or other applicable standards refere				
		lay that a licensed operator staffed or vi				
		appropriate treatment process perform				
		ther with copies of this report, at a cor			орона по	**
	11	1 = 11 1 1		11 TE 14 TENT TV		
	1/1/19	2. GM/ 2/U/VO/	Kelvin E Edun Sr.		C-7459	
Sig	nature and Date	11/1	Printed or Typed Name		License Nu	ımber
~ 1,5	1 11/11 2 11/11	T .	Timber of Types I tulle		Liconde I (c	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: SANDY ACRES PWS Identification Number: 3421118 III. Daily Data for the Month/Year of: JULY 2010 Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactivation/Removal: * Chlorine Dioxide Ozone Free Chlorine Other (Describe): Ultraviolet Radiation Chlorine Dioxide Combined Chlorine (Chloramines) Free Chlorine Type of Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose CT Calculations Days Lowest Lowest CT Plant Residual Provided Lowest Residual Disinfectant Staffed Disinfectant Contact Time Before or Disinfectant or Minimum Concentration Lowest Concentration (T) at C at First Visited Emergency or Abnormal Operating Minimum Operating UV Dose at Remote Measurement Customer Temp. **Net Quantity** (C) Before or at by Conditions: Repair or Maintenance Work that Point in Required, UV Dose. During pH of CT First Customer Point During of of Finished Involves Taking Water System Components Operator Hours Day of Distribution mWmW-Required, Peak Flow, Water, Water, if Water Peak Flow **During Peak** Peak Flow, Plant in (Place Out of Operation sec/cm² System, mg/L sec/cm² °C Applicable mg-min/L mg-min/L Flow, mg/L minutes Produced, gal Rate, gpd Month "X") Operation 1.50 75,000 24 1 2 24 81,000 3 24 81,000 1.30 24 83,000 * 4 81,000 24 1.20 24 81,000 6 7 * 24 90,000 1.20 24 91,000 8 24 94,000 9 94,000 24 10 95,000 24 11 24 70,000 12 0.60 7.40 24 70,000 13 73,000 24 14 0.60 24 74,000 15 81,000 16 24 81,000 24 17 0.50 24 82,000 18 24 76,000 19 0.40 76,000 * 24 20 88,000 21 24 0.80 22 24 89,000 99,000 23 24 99,000 24 24 0.40 25 * 24 99,000 86,000 26 24 1.20

1.20

24

24

24

24

24

86,000

84,000

85,000

91,000

91,000

84,709

27

28

29

30

31

Total

Average

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



1 0							
I. General Information		ar of: AUGUST 2010					
A. Public Water System (PWS) Information						
PWS Name: SANDY	ACRES				PWS	Identification Nu	ımber: 3421118
PWS Type:	Community	Non-Transient Non-Communi	ty Transie	nt Non-Community	Consecuti	ve	
Number of Service C	onnections at End of	f Month:		Total Population S	Served at End of M	Ionth:	
PWS Owner: SUNSI	IINE UTILITIES O	F CENTRAL FLORIDA, INC.					
Contact Person: Dew	aine Chiristmas			Contact Person's 7	Title: OFFICE MA		
Contact Person's Mai	ling Address: 10230	E. Hwy 25		City: Belleview		State: Fla.	Zip Code: 34420
Contact Person's Tele				Contact Person's F	ax Number: (352)	347-6915	
Contact Person's E-M	Iail Address:						
B. Water Treatment Plan	t Information						
Plant Name: SANDY	ACRES				Plant	Telephone Numb	ber: (352)347-8228
Plant Address: S.E. 2	51 Terr.			City: Belleview	State:	Fla.	Zip Code: 34420
Type of Water Treate	ed by Plant:	Raw Ground Water Pur	rchased Finished	Water			
Permitted Maximum	Day Operating Capa	acity of Plant, gallons per day: 2	23,000				
Plant Category (per s	ubsection 62-699.31	0(4), F.A.C.): V		Plant Class (per su	ibsection 62-699.3	310(4), F.A.C.): (C
Licensed Operators	10.00	Name	License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator	Kelvin E Edun Sr.	- 5	С	7459			
Other Operators:							
Omer operators.							
		The second secon					
H. Certification by Le	ad/Chief Operator						
I, the undersigned water t	reatment plant opera	ator licensed in Florida, am the	lead/chief operato	or of the water treats	ment plant identifi	ed in Part I of thi	is report. I certify that the
information provided in t	his report is true and	l accurate to the best of my kno	wledge and belief	. I certify that all d	rinking water treat	tment chemicals	used at this plant conform to
NSF International Standa	rd 60 or other applie	cable standards referenced in su	ibsection 62-555.	320(3), F.A.C. I als	o certify that the f	following addition	nal operations records for this
plant were prepared each	day that a licensed	operator staffed or visited this p	lant during the m	onth indicated abov	e: (1) records of a	mounts of chemi	cals used and chemical feed
rates: and (2) if applicabl	e. appropriate treatn	nent process performance recor	ds. Furthermore,	I agree to provide the	hese additional op	erations records	to the PWS owner so the PWS
owner can retain them to	gether with copies of	of this report, at/a convenient lo	cation for at least	ten years.	and the second s		
A The can read the same and same				• • • • • • • • • • • • • • • • • • • •			
	166111	9/1/2010 Kelvin I	E Edun Sr.			C-7459	
Signature and Date	1.70		or Typed Name		AD	License Nu	mber
Digitalui e anu Dale	,	Timted	or Typed Panic			Livelibe I tu	

PWS	VS Identification Number: 3421118 Plant Name: SANDY ACRES													
Ш	III. Daily Data for the Month/Year of: AUGUST 2010													
					on/Removal: *	M Free	Chlorine	$\neg \tau$	Chlorine	Dioxide	По	zone	Combin	ned Chlorine (Chloramines)
		t Radiatio		her (Describ		2 1100	Cinorine		Cinornic	Diomide		Zone	_ сошон	cu chiorme (chioranimes)
					istribution Syst	em· 🔯	Free Chlo	orine	Cor	nbined Ch	hlorine (C	hlorami	nes)	Chlorine Dioxide
Type	OI DISIII	lectant R	CSIGUAI IVIAII		T Calculations, or	LIV Dose to Do	emonstrate F	our-line	Virus Inactiv	ation if An	nlicable*	-11101 a1111	nes)	Chromic Bloxide
Supplied to	Days	- 10 m		PROGRAMMENT CONTRACTOR OF THE PROGRAMMENT OF THE PR	property of the second	CT Calcu			1100	411011, 12 110		Dose		
200 TO	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant							Residual	Section Park 10 The Control of Co
	or			10 mg		Contact Time		3 3 3 3					Disinfectant	
	Visited by		Net Quantity		Concentration (C) Before or at	(T) at C Measurement	at First	т	100	Minimum	Lowest	Minimum	Concentration at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During		Temp.	pH of	CT	UV Dose,	Remired	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		Flow, mg/L	minutes	mg-min/L	٩C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	
1	*	24	92,000										1.00	
2 24 87,000														
3 * 24 87,000														
5	*	24	75,000 76,000										1.20	
6		24	74,000					-					1.20	
7		24	74,000		-		-	-					 	
8	*	24	75,000		-								0.90	
9		24	81,000											
10	*	24	32,000										0.80	
11		24	88,000											
12	*	24	89,000										1.00	
13		24	84,000						-					
14 15	*	24	84,000 86,000					-	7.40				1.00	
16		24	87,000		+	 			7.40				1.00	
17	*	24	88,000					<u> </u>					1.00	
18		24	86,000		<u> </u>									
19	*	24	86,000										0.80	
-20		24	94,000											
21		24	94,000											
22	*	24	94,000		-		-						0.60	
23 24	*	24	77,000 78,000		-				-				0.60	
24 25	-	24	63,000		-		-						0.60	
26	*	24	64,000		+				 				0.50	
27		24	111,000				1						1	
28		24	111,000											
29	*	24	112,000										0.50	
∴30		24	114,000											
31	*	24	115,000										0.40	
Total	F12 (15)		2,658,000											
Averag	e		85,741											

Maximum

115,000

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



		for the Month/Year of: September 2	010							
A.	Public Water System (F						·			
PWS Name: SANDY ACRES								entification Number: 3421118		
	PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive									
		umber 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 Maili		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.	B. Water Treatment Plant Information									
		Name: SANDY ACRES				Plant Telephone Number: (352)347-8228				
	Plant Address: S.E. 25	1 Terr.		City: Belleview		State: Fla.	Zip Code: 34420			
	Type of Water Treated	hased Finished V	Water							
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,000										
	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	er en	License Class	License Number		Day(s)/Shift	t(s) Worked		
	Lead/Chief Operator:	Kelvin E Edun Sr.		С	7459					
	Other Operators:									
-		LGLIAG							Despise .	
	Certification by Lead		.1 1	1/1: 6	Cul		11 WC 11 D 11 C4			
		eatment plant operator licensed in Florid								
		is report is true and accurate to the best of							~	
	NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this									
	plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed									
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS										
owner can retain them, together with copies of this report, at a convenient location for at least ten years.										
	11/1/4	9/1 10/4/2010	Valada P I	Cd C			0.7450			
	13/1 .	111/1/1/1/1	Kelvin E I				C-7459			
Sig	nature and Date		Printed or	Typed Name			License N	umber		

PWS	VS Identification Number: 3421118 Plant Name: SANDY ACRES													
1111.	III. Daily Data for the Month/Year of: September 2010													
Mean	s of Ach	nieving Fo	our-Log Viru	s Inactivation	on/Removal: *		Chlorine		Chlorine	Dioxide)zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ										
Type	of Disin	fectant R	esidual Mair		istribution Syst		Free Chl				hlorine (ines)	Chlorine Dioxide
				- C	I Calculations, or			our-Log	Virus Inactiv	ation, if Ap				
	Days					CT Calcu			787 800	Section 2	UV	Dose		2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Plant		T				Lowest CT						Lowest	Projection of the second section of the s
	Staffed				Lowest Residual		Provided						Residual	
1.86	or		Anna San Anna		Disinfectant	Contact Time						3.6	Disinfectant Concentration	The second second second second
10 April 1	Visited by		Net Quantity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Operating			Emergency or Abnormal Operating
1.32.3	Operator	Hours	of Finished		First Customer	Point During		of	pH of	CT	UV Dose,	Remired	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			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	86,000								A STATE OF THE STA			
2	*	24	86,000										0.50	
3,		24	76,000											
4		24	76,000											
5	*	24	78,000										0.50	
6		24	64,000											
7	*	24	65,000					ļ					0.50	
8		24	69,000				-	-			-			
9	*	24	70,000		ļ			-		-			0.50	
10		24	72,000			-	-	<u> </u>			-			
11	*	24	72,000			-	-	-		-	-		0.40	
12	-	24	73,000				-	-			-	-	0.40	
13	*	24	87,000 88,000			+	-	 	 	 	-	 	0.40	
14	T	24	84,000		ļ	+	-	 	-	-	 		0.40	
16	*	24	85,000			+	+	 			-		0.40	
17		24	77,000			+		+		<u> </u>	-	 	0.40	
18	-	24	77,000			+	 	+		 	 	 	-	
19	*	24	79,000				1	1	7.30		-	—	0.40	
20		24	92,000					1						
21	*	24	92,000										0.30	
22		24	94,000											
23	*	24	95,000										0.30	
24		24	98,000											
25		24	98,000											
26	*	24	99,000									-	0.60	
27		24	92,000			1								
28	*	24	93,000										0.60	
29		24	112,000							-			1	
30	*	24	112,000						-	-	-		0.50	
31	VENEZIA A REMOCETAR	24											1	
Total	Application		2,541,000											
Averag	The second secon		84,700	-										
Maxin	ıum		112,000											

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



	6	6 4 34 41 77 6 0 4 1 001	10					
		for the Month/Year of: October 201	10					
A.	Public Water System (P							
	PWS Name: SANDY						tification Nun	nber: 3421118
		Community Non-Transient Non-	Community	Transie	nt Non-Community	Consecutive		
		nnections at End of Month:			Total Population S	erved at End of Montl	h:	
		NE UTILITIES OF CENTRAL FLORI	DA, INC.					
	Contact Person: Dewai					itle: OFFICE MANA		
		ng Address: 10230 E. Hwy 25			City: Belleview		tate: Fla.	Zip Code: 34420
	Contact Person's Telep	phone Number: (352) 347-8228			Contact Person's Fa	ax Number: (352)347-	-6915	
	Contact Person's E-Ma	il Address:						
В.	Water Treatment Plant	Information						
	Plant Name: SANDY	ACRES				Plant Tele	phone Numbe	er: (352)347-8228
	Plant Address: S.E. 25	1 Terr.			City: Belleview	State: Fla.		Zip Code: 34420
	Type of Water Treated	by Plant: Raw Ground Water	Purch	nased Finished V				
		Day Operating Capacity of Plant, gallons	per day: 23	,000				
		bsection 62-699.310(4), F.A.C.): V	-		Plant Class (per sul	bsection 62-699.310(4	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:							
	Other Operators.							
	Certification by Lead							
		eatment plant operator licensed in Florid						
		is report is true and accurate to the best of						
NS	F International Standard	d 60 or other applicable standards refere	enced in subs	section 62-555.3	20(3), F.A.C. I also	certify that the follow	wing additiona	al operations records for this
		ay that a licensed operator staffed or vis						
		appropriate treatment process performa				ese additional operati	ons records to	the PWS owner so the PWS
ow.	ner can retain them, togo	ether with copies of this report, at a con-	venient locat	tion for at least 1	en years.			
	11/1/							
	15/1/7	Ed 11/4/2010	Kelvin E F				C-7459	
Sig	nature and Date	7 / //	Printed or	Typed Name			License Num	ber

PWS	PWS Identification Number: 3421118 Plant Name: SANDY ACRES													
III. Daily Data for the Month/Year of: October 2010														
						-			V = 1 1					1.511 1. (511
Mear	is of Ach	neving F	our-Log Viru	is Inactivation	on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide)zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ										
Type	of Disin	fectant R	esidual Mair		istribution Syst		Free Chle		Con	mbined C	hlorine (Chlorami	ines)	Chlorine Dioxide
				C'	T Calculations, or	UV Dose, to De	monstrate F	our-Log	Virus Inactiv	ation, if Ap	pplicable*			
	Days					CT Calcul	ations				UV	Dose		
	Plant						Lowest CT						Lowest	
}	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited		N. O		Concentration	(T) at C	at First	-				Minimum		F
David	by	Hours	Net Quantity of Finished		(C) Before or at		Customer	Temp.	11. 0		Operating	UV Dose	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
the	Operator (Place	Plant in	Water	Deals Elean	First Customer During Peak	Point During	During Peak Flow,	of	pH of	CT Required,	mW-	Required,	Distribution	Involves Taking Water System Components
Month	1		Produced, gal	Peak Flow Rate, gpd		Peak Flow, minutes	mg-min/L	Water, °C	Water, if Applicable	Required,	mw-	mW- sec/cm ²	System, mg/L	Out of Operation
1	A)	24	110,000	Kate, gpu	Flow, mg/L	ininutes	mg-mm/L		Applicable	mg-min/L	sec/cm	Sec/ciii	System, mg/L	Out of Operation
2	 	24	110,000			-		-			-			
3	*	24	111,000		 						 		0.50	
4	 	24	121,000			 		-		<u> </u>	 	 	0.50	
5	*	24	121,000			 			 	 	 		0.50	
6		24	113,000							 	 	 	0.50	
7	*	24	114,000							 	 	 	0.50	
8	1	24	103,000					 		 	 		0.50	
9	<u> </u>	24	103,000								†	<u> </u>		
10	*	24	104,000					<u> </u>		 	 	 	0.50	
11		24	110,000		<u> </u>					 		†		,
12	*	24	111,000										0.40	
13		24	106,000								T			
14	*	24	107,000									1	0.30	
15		24	83,000											
16		24	83,000											
17	*	24	84,000						7.40				0.40	
18		24	97,000						17.00-5917-0-17					
19	*	24	97,000										0.50	
20		24	88,000											
21	*	24	89,000										0.60	
22		24	83,000											
23		24	83,000											
24	*	24	83,000										0.40	
25		24	98,000											
26	*	24	99,000										0.60	
27		24	94,000											
28	*	24	95,000										0.60	
29		24	91,000											
30		24	91,000											
31	*	24	91,000		1								0.30	
Total			3,073,000											

121,000

Maximum

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



-	~	1 CO10											
		for the Month/Year of: November 2010											
Α.	Public Water System (P				DIVICET CO ST	1 2401110							
	PWS Name: SANDY			· N C '	PWS Identification Nu	imber: 3421118							
		Community Non-Transient Non-Community	Transie	nt Non-Community									
		nnections at End of Month:		Total Population S	Served at End of Month:								
		NE UTILITIES OF CENTRAL FLORIDA, INC.											
	Contact Person: Dewai				Citle: OFFICE MANAGER	12: 2 1 2::22							
		ng Address: 10230 E. Hwy 25		City: Belleview	State: Fla.	Zip Code: 34420							
		hone Number: (352) 347-8228		Contact Person's F	ax Number: (352)347-6915								
	Contact Person's E-Ma												
B.	Water Treatment Plant												
	Plant Name: SANDY			·	Plant Telephone Numb								
	Plant Address: S.E. 25			City: Belleview	State: Fla.	Zip Code: 34420							
	Type of Water Treated		hased Finished V	Water									
		bay Operating Capacity of Plant, gallons per day: 23	,000										
	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:												
П	. Certification by Lead	I/Chief Operator			AN TO BE SEE THE POST OF								
		eatment plant operator licensed in Florida, am the lea	ad/chief operato	r of the water treatr	nent plant identified in Part I of thi	s report. I certify that the							
		is report is true and accurate to the best of my knowl											
		1 60 or other applicable standards referenced in subs											
		ay that a licensed operator staffed or visited this pla											
		appropriate treatment process performance records											
OW	ner can retain them show	ether with copies of this report, at a convenient local	tion for at least	ten years.	ios additional operations records	The state of the s							
5 11	1			Julio.									
	13/1/2	4// 17/70/0 Kelvin E F	Edun Sr.		C-7459								
Sig	nature and Date	Printed or	Typed Name		License Nu	mber							
Sig	mature and Date	/ / Timed or	1 y peu 1 tante		Electise Nu	11001							

PWS	Identification Number: 3421118 Plant Name: SANDY ACRES													
				ar of: Nove	mbar 2010	***************************************								
	ALLEN LA	Linklanka Lovino Eo		Tractivation	n/Removal: *	M Eros	Chlorine		Chlorine	Diarida	Пс	zone	Combin	ed Chlorine (Chloramines)
Mean	8 Of ACI	Radiatio	ur-Log Viru	her (Describ	n/Kemovar.	☑ Free	Chiornie	L	CHIOTHE	Dioxide		ZOHE		ed chorne (chorannies)
Incorporal			Desperated			Ka	77. 271.1		Па.	11.0	1.1	71.1	> 171	Chlorine Dioxide
Type	of Disini	rectant Re			stribution Syste		Free Chl			mbined C			nes) 📋	Uniorine Dioxide
	T.	14 155		الله القرار	Calculations, or l	JV Dese, to De	monstrate H	our-Log v	irus maçti	vanon, or Ar	pucable"	Dose		
	Days Plant		and the second				Lowest CT			1 2 1 1 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1		Juse	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided				100		Residual	
	or	Maria de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición de	110	М.	Disinfectant	Contact Time	Before or					200	Disinfectant	
	Visited				Concentration	CDatC	at First				Lowest	Minimum	Concentration	
	by		Ner Quantity		(C) Before or at			Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished	policies all for the	First Customer	Point During	During	of	pH of	CT .	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
	(Place "X")	Plantin	Water		During Peak		Peak Flow,	Water,	Water at	Required, mg-min/L	mW-	mW- sec/cm ²	Distribution System, mg/L	Out of Operation
Month 1	A Jee	24	Produced, gal 89,000	Kaie, gpu	Flow, mg/L	Comples	Ing-min/L		Аррисацие	mk-mmr	§ SECVEIII	sec/en	3 temiling 12	Fig. 19 at OFO perturbing
2	#	24	90,000						·				0.50	
3		24	83,000			aussuus muus muus museen maks		 					1.11.00	
4	*	24	83,000				***************************************	 						
5		24	88,000			***************************************	***************************************				***************************************			
- 6	***************************************	24	88,000											
7	*	24	88,000						7.30				0.30	
8		24	84,000											
9	#	24	84,000			***************************************							0.30	
10	*	24	99,000							ļ			0.60	
- 11	*	24	99,000				•••••••••••••••••••••••••••••••••••••••						0.60	
12		24 24	93,000 93,000											
13	#	24	95,000										0.50	
15		24	91,000	***************************************		***************************************							0.50	
16	*	24	91,000										0.70	
17		24	96,000			-								
18	#	24	97,000										0.70	
19		24	93,000											
20		24	93,000											
21	*	24	94,000										0.50	
22		24	98,000								ļ		0.00	
23	*	24	99,000					ļ					0.60	
24 25	*	24 24	103,000 104,000									ļ	0.60	
25 26		24	99,000						· · · · · · · · · · · · · · · · · · ·			<u> </u>	0.00	
27		24	99,000			***************************************								
28	#	24	101,000							***************************************			0.50	
29		24	90,000			######################################		 						
30	4	24	91,000	•		humanian na mananan na			**************************************				0.50	
31		24												
Total			2,795,000											
Averag		1345 BC	93,166											
Maxim	um		104,000											

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



I.	General Information	for the Mont	h/Year of: December 20	10					
A.	Public Water System (P		tion						
	PWS Name: SANDY							PWS Identification Nu	mber: 3421118
		Community	Non-Transient Non-	Community	Transie	nt Non-Community	- Invested	onsecutive	
	Number of Service Con					Total Population S	erved at I	End of Month:	
			ES OF CENTRAL FLORII	DA, INC.					
	Contact Person: Dewai					Contact Person's T	itle: OFF		
	Contact Person's Maili					City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep		r: (352) 347-8228			Contact Person's F	ax Numb	er: (352)347-6915	
_	Contact Person's E-Ma								
В.	Water Treatment Plant		Anadolina de la compania de la comp						(2.72).247 0220
	Plant Name: SANDY							Plant Telephone Numb	
	Plant Address: S.E. 25		Maria			City: Belleview		State: Fla.	Zip Code: 34420
	Type of Water Treated		Raw Ground Water		hased Finished V	Water			
			Capacity of Plant, gallons	per day: 2.	3,000	DI (CI)	, ,	(2 (20 210/4) E A (2)	
	Plant Category (per su	bsection 62-6			ir: or		bsection	52-699.310(4), F.A.C.):	
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift(s) worked
	Lead/Chief Operator:	Kelvin E Edun S	Sr.		С	7459			
	Other Operators:								
								144	
П	Certification by Lead	d/Chief Oper	ator						
									this report. I certify that the
									ls used at this plant conform to
									ional operations records for
									chemicals used and chemical
fee	d rates; and (2) if applic	cable, appropr	jate treatment process perl	formance re	ecords. Furthern	nore, I agree to pro-	vide these	additional operations re	ecords to the PWS owner so the
PΝ	S owner can retain the	m, together 🔊	ith copies of this report, at	a convenie	ent location for a	it least ten years.			
	11/18	- 1/1	11						
	14117-8	1///	1/5/2011	Kelvin E I				C-7459	
Sig	nature and Date	1	/ /	Printed or	Typed Name			License Nu	mber
- 2									

PWS	VS Identification Number: 3421118 Plant Name: SANDY ACRES													
1111.	III. Daily Data for the Month/Year December 2010													
Mean	s of Ach	hieving F	our-Log Vira	us Inactivati	on/Removal: *		Chlorine		Chlorine	Dioxide		Dzone	Combin	ned Chlorine (Chloramines)
		t Radiati		her (Describ										
Type	of Disin	fectant R	esidual Main	ntained in D	istribution Sys	tem:	Free Chl	orine	☐ Co	mbined C	Chlorine (Chloram	ines)	Chlorine Dioxide
				(CT Calculations, or			our-Log	Virus Inactiv	ation, if Ap				2-10 (C)
	Days Plant				1	CT Calcu	Lowest CT	1	· · · · · · · · · · · · · · · · · · ·	1	UV	Dose	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided					7.4	Residual	÷ 1.20 minutes
	or				Disinfectant	Contact Time	Before or at						Disinfectant	
	Visited				Concentration	(T) at C	First					Minimum	Concentration	n 10 c n w
Day of	by: Operator	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	Required.	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	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/cm ²	System, mg/L	Operation
1		24	88,000											
2	*	24	89,000										0.50	
3		24	83,000											
5	*	24	83,000 84,000									-	0.40	
6		24	103,000					-					0.40	
7	*	24	103,000					-	7.30	-		-	0.40	
8		24	100,000					-	7.50	-		-	0.40	
9	*	24	100,000										0.60	
10		24	99,000											
11		24	99,000											
12	*	24	99,000										0.40	
13	*	24	114,000										2.50	
14 15		24	114,000 110,000								-	-	0.70	
16	*	24	110,000					-			-	-	0.50	
17		24	98,000					-		 			0.30	
18		24	98,000									-		
19	*	24	99,000									1	0.60	
20		24	107,000											
21	*	24	108,000										0.60	
22		24	103,000											
23	*	24	104,000										0.50	
24		24	96,000							-				
25 26	*	24	96,000 97,000							-	-	-	0.40	
27		24	94,000							-		-	0.40	
28	*	24	94,000							-		 	0.30	
29		24	108,000										0.50	
30	*	24	109,000										0.50	
31		24	101,000											
Total			3,090,000										and the second s	
Average	,		99,677											

114,000

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



1.	General Information	for the Month/Year of: January 20	09								
A.	Public Water System (PWS) Information									
	PWS Name: SANDY	ACRES					PWS Identification Nu	mber: 3421118			
	PWS Type:	Community Non-Transient Non	-Community	Transie	nt Non-Community	ПСо	nsecutive				
	Number of Service Co	onnections at End of Month:	-		Total Population S		nd of Month:				
	PWS Owner: SUNSH	INE UTILITIES OF CENTRAL FLOR	IDA, INC.								
	Contact Person: Dewa	ine Chiristmas			Contact Person's 7	Title: OFFI	CE MANAGER				
	Contact Person's Mail	ing Address: 10230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420			
		ohone Number: (352) 347-8228			Contact Person's F	Fax Numbe	r: (352)347-6915				
	Contact Person's E-Ma	ail Address:									
B.	Water Treatment Plant	Information									
Plant Name: SANDY ACRES Plant Telephone Number: (352)347-8228											
	Plant Address: S.E. 25	1 Terr.			City: Belleview		State: Fla.	Zip Code: 34420			
	Type of Water Treated			hased Finished V	Vater						
		Day Operating Capacity of Plant, gallons	s per day: 23	,000							
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	and the second second	License Class	License Number	7-10-100-100-10	Day(s)/Shift(s) Worked			
	Lead/Chief Operator:	Kelvin E Edun Sr.		C	7459						
	Other Operators:										
	•										
			-								
	The State of Section 1995 of the Section 1995										
П	Certification by Lead	I/Chief Operator									
		eatment plant operator licensed in Floric	da am the le	ad/chief operator	of the water treatm	nent plant i	dentified in Part I of this	report I certify that the			
		s report is true and accurate to the best									
		1 60 or other applicable standards refere									
		ay that a licensed operator staffed or vis									
		appropriate treatment process performa									
		ether with copies of this report, at a con-					in optimion it to its				
		// / /			,						
	-1/2 //	2. 2/1 2/4/2019	Kelvin E E	Edun Sr.			C-7459				
Sign	nature and Date	11/10/	Printed or	Typed Name			License Num	ber			
		· · · · · · ·									

PWS			mber: 34211		OKT TOKT	Plant Nar								
				5.32.	2000									
III.	Daily Da	ta for th	e Month/Ye	ar of: Jani	mary 2009	M Fran	Chlorine	Г	Chlorine	Dioxide	П)zone	Combin	ed Chlorine (Chloramines)
Mean	s of Ach	neving Fo	our-Log Viru	s inactivation her (Describ	on/Removal: *	M Fiee	CHIOTHIC			Dionide				
<u> </u>	traviole	t Radiatio				M	Free Chl	orine	Cor	nhined C	hlorine (Chlorami	nes)	Chlorine Dioxide
Туре	of Disin	fectant R	esidual Main	tained in D	istribution Syste T Calculations, or U	IV Dora to Da	monstrate R	our-log	Virus Inactiv	ration if Ar	policable*			
	Ъ			<u> </u>	1 Calculations; of C	CT Calcul	ations	our-Log	*11 05 1110011		UV	Dose		
	Days Plant					and the second second	Lowest CT					33.146	Lowest	
	Staffed			10 mg 24 syenii	Lowest Residual	Disinfectant	Provided					100	Residual	
	or					Contact Time	Before or						Disinfectant Concentration	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum UV Dose		Emergency or Abnormal Operating
	by		Net Quantity	31	(C) Before or at	Measurement Point During	Customer During	Temp.	pH of	CT	IIV Dose	Required,	Point in	Conditions: Repair or Maintenance Work tha
	Operator	Hours	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	Peak Flow,		Water, if			mW-	Distribution	Involves Taking Water System Components
the	(Place "X")	Plant in	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
Month 1	Λ)	24	0	Trait, Spa										NO METER
2		24	0											
3	*	24	0										0.60	
4		24	0											
5		24	0									-	0.70	
6	*	24	0					-				 	0.70	
7		24	0					-			-	-	0.70	
8	*	24	0					-	-			 	0.70	
9		24	0					-						
10	*	24	0					+					0.40	NO METER
11	<u> </u>	24	140,800					1						
13	*	24	140,900										0.40	
14		24	149,300											
15	*	24	149,400										0.30	
16		24	146,600								ļ			
17		24	146,600							-	-	-	0.30	
18	*	24	146,700						-	-	-		0.50	
19		24	157,700				-	-		-			0.30	
20	*	24	157,800		-			-						
21		24	157,400		-								0.30	
22	*	24	157,400 134,400		+									
23		24	134,400		1									
24 25	*	24	134,500						7.20				0.40	
26	-	24	145,200										0.10	
27	*	24	145,200								-	-	0.40	
28		24	149,700					-		-	-	-	1.20	
29	*	24	149,800					-	-	+	-	+	1.20	
30		24	163,600					-	-	-	+	-		
31		24	163,600			L								
		4.14.813	2,971,000											
Avera	es de la companya de	and the state of	95,838	1										

Average 95,838

Maximum 163,600

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



	General Information		ear of: February 20	109					
A.	Public Water System (F								
	PWS Name: SANDY	ACRES					PWS I	dentification Nu	ımber: 3421118
	PWS Type:	Community] Non-Transient Non-	-Community	Transie	nt Non-Community	☐ Consecutiv	e	
	Number of Service Co	nnections at End o	of Month:			Total Population S	erved at End of M	onth:	
	PWS Owner: SUNSHI	NE UTILITIES C	F CENTRAL FLOR	DA, INC.					
	Contact Person: Dewa	ine Chiristmas				Contact Person's Ti	itle: OFFICE MAN	NAGER	
	Contact Person's Maili	ng Address: 10230	0 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep	hone Number: (35	52) 347-8228			Contact Person's Fa	ax Number: (352)3	347-6915	
	Contact Person's E-Ma	il Address:							
В.	Water Treatment Plant	Information							
	Plant Name: SANDY	ACRES					Plant T	elephone Numb	per: (352)347-8228
	Plant Address: S.E. 25	1 Terr.				City: Belleview	State: 1	Fla.	Zip Code: 34420
	Type of Water Treated	by Plant:	Raw Ground Water	Purcl	hased Finished V	Water			
	Permitted Maximum D	ay Operating Cap	acity of Plant, gallons	per day: 23	,000				
	Plant Category (per sul	osection 62-699.3	10(4), F.A.C.): V			Plant Class (per sub	section 62-699.31	10(4), F.A.C.): C	
	Licensed Operators		Name		License Class	License Number	of of the Green and the	Day(s)/Shift(s	s) Worked
		Kelvin E Edun Sr.			С	7459			
	Other Operators:								
	~ · I ·								
							-> -> -> ->		
Щ	Certification by Lead	/Chief Operator							T 416-41-441-
l, th	ie undersigned water tre	atment plant opera	ator licensed in Florid	la, am the le	ad/chief operato	r of the water treatm	ent plant identified	in Part I of this	s report. I certify that the
nto	rmation provided in this	s report is true and	accurate to the best	of my knowl	ledge and belief.	1 certify that all dri	nking water treatm	nent chemicals u	used at this plant conform to
NSI	International Standard	60 or other applic	cable standards refere	nced in subs	section 62-555.3	20(3), F.A.C. 1 also	(1) manufacture 10	llowing addition	nal operations records for this
olar	it were prepared each da	ay that a licensed of	operator staffed or vis	ited this pla	nt during the mo	onth indicated above:	(1) records of am	ounts of chemic	cals used and chemical feed
							ese additional oper	alions records to	o the PWS owner so the PWS
WI	ner can retain them, toge	aner with copies of	i uns report, at a con	venient iocai	non for at least t	en years.			
	11/1	5 5/1	3/5/200	Kelvin E E	Idun Cr			C-7459	
	31/1/	× 10//	1/3/001					License Nun	n la au
igi	nature and Date		′ /	Printed or	Typed Name			License Nun	nder

PWS	WS Identification Number: 3421118 Plant Name: SANDY ACRES													
Ша	Daily Da	ata for th	e Month/Y	ear of: Feb	ruary 2009									
Mean	s of Ach	nieving F	our-Log Vir	us Inactivation	on/Removal: *	Free	Chlorine	Г	Chlorine	Dioxide	П	Ozone	Combin	ned Chlorine (Chloramines)
U	ltraviole	t Radiation	on 🔲 O	ther (Descril	pe):				•					
Type	of Disin	fectant R	esidual Mai	ntained in D	istribution Sys	stem:	Free Chl	orine				Chlorami	ines)	Chlorine Dioxide
9-44-6				C	T Calculations, o	r UV Dose, to D	emonstrate F	our-Log	Virus Inacti	vation, if A	pplicable*		Kindy Street	Property of the Control of the Contr
	Days			A Political Control	1	CT Calcu	lations Lowest CT			1	UV	Dose	T	
19.00	Plant Staffed		160		Lowest Residue	al Disinfectant					late and		Lowest Residual	
	or				Disinfectant		Before or		9.45	100			Disinfectant	
	Visited				Concentration	(T) at C	at First					Minimum	Concentration	
	by		Net Quantity		(C) Before or a		Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak		During Peak Flow,	of Water,	pH of	C1 Required,	UV Dose,	Required, mW-	Point in Distribution	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L		mg-min/L	water,	Applicable	me-min/I	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	*	24	163,800	Turo, Spa	101111111111111111111111111111111111111				Edd at Zanaman				0.60	4
2		24	165,900											
3	*	24	166,000										0.60	
4		24	157,000		-					-	-	-	0.60	
5	*	24	157,000 180,000	<u> </u>	 			-				-	0.60	
7		24	180,000	 	 	+		-		1	-			
8	*	24	181,000										1.20	
9		24	174,000											
10:-	*	24	174,800										1.20	
11		24	186,600										1.00	
12	*	24	186,700					-		-			1.00	
13 14		24	189,100 189,100	-		-		-			 			
15	*	24	189,100		-	+	-				-		0.70	
16		24	179,400											
17	*	24	179,500										0.40	
18		24	86,600											
19	*	24	86,700					-		-			0.60	
20		24	89,300 89,300		-	-		-			 			
22	*	24	89,400			+			7.30	 	 	 	0.50	
23		24	91,000											
24	*	24	91,000										0.40	
25		24	90,000							ļ				
26	*	24	90,000			-					<u> </u>		1.00	
27		24	95,500					-		-		 		
28 29		24	95,500					-			-	 		
30		24	0					-		<u> </u>	 	1		
31		24	0			1								
Total		No.	3,993,400											
Average	eks jiya y		128,819											
Maxim	ım 🐣 🔭		189,200											

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



		for the Month/Year of: MARCH 20	109					
A.	Public Water System (I							
	PWS Name: SANDY						PWS Identification N	umber: 3421118
		Community Non-Transient Non-	Community	Transie	nt Non-Communit		onsecutive	
		nnections at End of Month:			Total Population	Served at E	End of Month:	
		INE UTILITIES OF CENTRAL FLORI	DA, INC.		Y			
	Contact Person: Dewa				Contact Person's	Title: OFFI		
		ing Address: 10230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep	phone Number: (352) 347-8228			Contact Person's	Fax Numbe	er: (352)347-6915	
	Contact Person's E-Ma	ail Address:						
B.	Water Treatment Plant	Information						
	Plant Name: SANDY	ACRES					Plant Telephone Num	iber: (352)347-8228
	Plant Address: S.E. 25	1 Terr.			City: Belleview		State: Fla.	Zip Code: 34420
	Type of Water Treated	by Plant: Raw Ground Water	Purch	nased Finished V	Vater			
		Day Operating Capacity of Plant, gallons	per day: 23	,000				
		bsection 62-699.310(4), F.A.C.): V			Plant Class (per s	subsection 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.		С	7459			
	Other Operators:							
	Other Operators.							
			-					
П.	Certification by Lead	I/Chief Operator						
I, th	ne undersigned water tre	eatment plant operator licensed in Florida	a, am the lea	ad/chief operator	r of the water treat	ment plant	identified in Part I of th	is report. I certify that the
info	ormation provided in thi	s report is true and accurate to the best of	of my knowl	edge and belief.	I certify that all d	lrinking wat	ter treatment chemicals	used at this plant conform to
NS:	F International Standard	d 60 or other applicable standards referen	nced in subs	section 62-555.3	20(3), F.A.C. I al	so certify th	at the following addition	onal operations records for this
plan	nt were prepared each d	ay that a licensed operator staffed or vis	ited this plan	nt during the mo	onth indicated above	ve: (1) recor	ds of amounts of chem	icals used and chemical feed
rate	es; and (2) if applicable,	appropriate treatment process performa	nce records.	Furthermore, I	agree to provide t	these addition	onal operations records	to the PWS owner so the PWS
owi	ner can retain them, toge	ether with copies of this report, at a conv	venient locat	tion for at least t	en years.			
	1/1/6	E/14/6/2000						
	12/12.	4/5/10	Kelvin E E				C-7459	
Sig	nature and Date		Printed or	Typed Name			License Nu	ımber

PWS Identification Number: 3421118 Plant Name: SANDY ACRES														
III. Daily Data for the Month/Year of: MARCH 2009														
					on/Removal: *	⊠ Free	Chlorine	T	Chlorine	Dioxide	ПС)zone	Combin	ned Chlorine (Chloramines)
		t Radiati		ther (Descril				-						
Type	of Disin	fectant R	esidual Mair	ntained in D	istribution Syst	em:	Free Chl	orine	Cor	mbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
	1997	100	and deposit of the		T Calculations, or		monstrate F	our-Log	Virus Inactiv	ation, if A				Contract the second second
	Days			File grade of	7.0	CT Calcul		e la comi		4.41.4	UV	Dose		
	Plant				1.00		Lowest CT	100 J					Lowest	
	Staffed				Lowest Residual		Provided						Residual Disinfectant	
	or Visited		and the second		Disinfectant Concentration	Contact Time (T) at C	Before or at First				Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at		Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	Page Comment of the	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,		Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if			- 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	95,600 93,600					-					1.00	
3	*	24	93,600		-								0.70	
4		24	98,800		 						-		0.70	
5	*	24	98,900								<u> </u>		1.00	
6		24	96,200											
7		24	96,200											
8	*	24	96,400										0.70	
9		24	105,500											
10	*	24	105,600										0.60	
11		24	109,900										0.50	
12	*	24	109,900 114,100									ļ	0.50	
14		24	114,100								-			
15.	*	24	114,100										0.50	
16		24	104,100	-									0.50	
17	*	24	104,100										0.40	
18		24	99,300											
19	*	24	99,400										0.60	
20		24	92,600											
21	*	24	92,600 92,700						7.30				0.50	
22	*	24	67,900						7.30		-		0.30	
24	*	24	68,000		 								0.50	
25		24	60,000										0,00	
26	*	24	60,000										0.50	
27		24	90,100											
28		24	90,100											
29	*	24	90,300										0.70	
30		24	82,800										0.70	
31	*	24	82,800		L								0.70	
1 Otal	•	-	2,919,500 94,177											
CONTRACTOR CONTRACTOR CONTRACTOR	um	CONTRACTOR NAMED AND ADDRESS OF THE PARTY OF	114,200											
	The Company of the Company	STATE OF STREET	,											

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



		for the Month/Year of: APRIL 20	009										
A.	Public Water System (F						·						
	PWS Name: SANDY						PWS Identification N	Number: 3421118					
	Total Control Control	Community Non-Transient No	on-Community	Transie	nt Non-Community	NO STATE OF THE PERSON NAMED IN COLUMN 1	onsecutive						
		nnections at End of Month:			Total Population S	Served at E	End of Month:						
		NE UTILITIES OF CENTRAL FLO	RIDA, INC.		P								
	Contact Person: Dewa				Contact Person's	Title: OFFI							
		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	Fax Numbe	er: (352)347-6915						
	Contact Person's E-Ma	il Address:											
В.	Water Treatment Plant	Information											
	Plant Name: SANDY	ACRES					Plant Telephone Nun	nber: (352)347-8228					
	Plant Address: S.E. 25	1 Terr.			City: Belleview		State: Fla.	Zip Code: 34420					
	Type of Water Treated	by Plant: Raw Ground Water	Purc	hased Finished V	Water								
	Permitted Maximum D	ay Operating Capacity of Plant, gallo	ns per day: 23	3,000									
	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	Harage and A	License Class	License Number		Day(s)/Shif	t(s) Worked					
	Lead/Chief Operator:	Kelvin E Edun Sr.		С	7459								
	Other Operators:												
	Other Operators,												
-													
L													
	Certification by Lead			1/1:0				· · · · · · · · · · · · · · · · · · · ·					
		atment plant operator licensed in Flor											
		s report is true and accurate to the bes											
		60 or other applicable standards refer											
olar	it were prepared each de	ay that a licensed operator staffed or v	visited this pla	int during the mo	onth indicated above	e: (1) recor	ds of amounts of chem	icals used and chemical feed					
ate	s; and (2) if applicable,	appropriate treatment process perform	nance records	. Furthermore, I	agree to provide th	iese additio	onal operations records	to the PWS owner so the PWS					
own	er can retain them, toge	ether with copies of this report, at a co	invenient loca	tion for at least t	en years.								
	11/11	96.111 Chilant	1	21 6			0.7450						
	1411	1/1/1 1/4/70	Kelvin E F				C-7459						
Sign	nature and Date	111	Printed or	Typed Name			License N	umber					

	PWS	PWS Identification Number: 3421118 Plant Name: SANDY ACRES													
Ultraviolet Radiation															
Days Plant Staffed Order Staffed Order Staffed Order Staffed Order Staffed Order Ord	Mean U	s of Ach Itraviole	neving Fo	our-Log Viru on	is Inactivation	on/Removal: * be):	ĭ Free	Chlorine	L	Chiorine	Dioxide		ozone		
Days Plant Staffed Or Visited Post Plant Plant	Type	of Disin	fectant R	esidual Mair	ntained in D	istribution Syst	em:	Free Chl	orine					nes)	Chlorine Dioxide
Plant Staffed Staffe		197			C	T Calculations, or	UV Dose, to De	monstrate F			ation, if Ap	pplicable*			
Staffed or Visited V							CT Calcul		A STATE OF THE STA	1	F. Control	UV.	Dose		
Order Visited Visite		200				Lawart Daridval	Disinfestant	Drovided							
Visited by Windows Net Quantity Operator Hours of Finished the Plant in the Plant		Street to the said													
Day of Operator Hours the Place Place		STATE OF THE PARTY			3.64										
The Plant in Water Peak Flow During Peak Peak Flow P		by		Net Quantity			Measurement		A STATE OF THE PARTY OF THE PAR	- 1		Operating	UV Dose		Emergency or Abnormal Operating
Month W Operation Produced, gal Rate, gpd Flow, ing/L minutes mg-min/L or C Applicable mg-min/L sec/cm² System, mg/L Out of Operation	100000000000000000000000000000000000000								Territory of the National States						Involves Taking Water System Components
1	The Atlantic														
2		Λ)			Raic, gpu	110w, mg/L	minucs	mg mm/D		пррисавте	ing iiiiv.	, , , , , , , , , , , , , , , , , , ,	300,000	, ,	•
3	-	*												0.60	
S	3			73,900											
6 24 76,200 0.60														0.60	
7		*												0.60	
8									<u> </u>					0.60	
9 * 24 0		*				-								0.00	FLOW METER NOT IS WORKING
10	-	*												0.50	The Winds Brever to Workship
11 24 0 12 * 24 0 13 24 0 14 * 24 0 15 24 0 16 * 24 0 17 24 0 19 * 24 0 20 24 0 21 * 24 0 22 24 0 0.30 22 24 0 0.60 23 * 24 0 24 24 0 0.60 25 * 24 0															
13															
14 * 24 0 15 24 0 16 * 24 0 17 24 0 18 24 0 19 * 24 0 20 24 0 21 * 24 0 22 24 0 23 * 24 0 24 24 0 25 * 24 0	12	*	24	0										0.40	
15														0.40	
16 * 24 0 17 24 0 18 24 0 19 * 24 0 20 24 0 21 * 24 0 22 24 0 23 * 24 0 24 24 0 0.60 25 * 24 0		*										-		0.40	
17 24 0 18 24 0 19 * 24 0 20 24 0 21 * 24 0 22 24 0 0.30 23 * 24 0 24 24 0 0.60 25 * 24 0														0.40	
18 24 0 19 * 24 0 20 24 0 21 * 24 0 22 24 0 23 * 24 0 24 24 0 25 * 24 0														0,10	
19 * 24 0 20 24 0 21 * 24 0 22 24 0 23 * 24 0 24 24 0 25 * 24 0															
21 * 24 0 22 24 0 23 * 24 0 24 24 0 25 * 24 0		*								7.30				0.50	
21 24 0 0 0.60 22 24 0 0 0.60 24 24 0 0 0.60 25 * 24 0 0 0.60	20		24	0											
23 * 24 0 24 24 0 25 * 24 0	21	*												0.30	
25						-								0.60	
25 * 24 0 0 0.60		*				-							 	0.00	
		*							-					0.60	
26 24 0			24	0					<u> </u>						
27 24 0															
28 * 24 0 0.50		*												0.50	
29 24 0															
30 * 24 0 0.60		*												0.60	
31 24 0 Total 528,600	100000000000000000000000000000000000000	Control Control					L		L	L				I	

Average

Maximum

17,051

77,200

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



	1.8											
Ι.	General Information	for the Month	/Year of: MAY 2009									
A.	Public Water System (I	PWS) Informat	ion									
	PWS Name: SANDY	ACRES						PWS Ide	entification Nu	ımber: 3421118		
	PWS Type:	Community	☐ Non-Transient Non-Co	mmunity	☐ Transie	nt Non-Community		Consecutive				
	Number of Service Co	nnections at Er	nd of Month:			Total Population S	Served a	End of Mor	nth:			
	PWS Owner: SUNSH	INE UTILITIE	S OF CENTRAL FLORIDA	A, INC.								
	Contact Person: Dewa	ine Chiristmas				Contact Person's T	Title: OF	FICE MANA	AGER			
	Contact Person's Maili	ing Address: 10	0230 E. Hwy 25			City: Belleview			State: Fla.	Zip Code: 34420		
	Contact Person's Telep	hone Number:	(352) 347-8228			Contact Person's F	ax Num	ber: (352)34	7-6915			
	Contact Person's E-Ma	ail Address:										
В.	Water Treatment Plant	Information										
	Plant Name: SANDY	ACRES						Plant Te	lephone Numb	per: (352)347-8228		
	Plant Address: S.E. 25	1 Terr.				City: Belleview		State: Fla	a.	Zip Code: 34420		
	Type of Water Treated	by Plant:	Raw Ground Water	Purchas	sed Finished V	Water						
	Permitted Maximum D	Day Operating (Capacity of Plant, gallons pe	r day: 23,00	00							
	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		icense Class	License Number			Day(s)/Shift(s	s) Worked		
	Lead/Chief Operator:	Kelvin E Edun S	r.		С	7459						
	Other Operators:											
	Other Operators.											
												
-		VGI: co	ACCUSED AND ADDRESS OF THE PARTY OF THE PART									
Ш	. Certification by Lead	I/Chief Opera	perator licensed in Florida,	41- 1	(ali: - f = = = = + =	a a f tha swatan tracto	nant mlas	et identified i	n Dant I of this	s report Leartify that	tho	
1, t	ne undersigned water tre	eatment plant of	and accurate to the best of r	am me read/	chief operato	I contifue that all dr	inlein piai	it identified i	nt chemicals u	s report. I certify that	rm to	
ini	ormation provided in thi	s report is true	plicable standards reference	ily Kilowicu	ge and bener.	20(2) EAC Lole	niking v	that the falle	m chemicais u	al operations records	for this	
NS	F International Standard	1 60 or other ap	ed operator staffed or visited	d this plant	during the me	20(3), F.A.C. I also	0 Certify	ards of pmoi	unts of chemic	calcused and chemical	feed	
pia	nt were prepared each d	ay that a needs	eatment process performance	u mis piant	during the inc	agree to provide th	ese add	itional operat	tions records to	o the PWS owner so the	ne PWS	
rau	es, and (2) if applicable,	appropriate tre	es of this report, at a conven	ient location	n for at least t	en veare	iese aud	monar operar	tions records t	o me i w b owner so u	101 110	
ow	ner can retain them, toge	ether with copie	es of this report, at a conven	ient iocation	ii ioi ai ieasi i	en years.						
	1/40 /	8 91	1/6/4/200 x	elvin E Edu	ın Sr				C-7459			
Sin	nature and Date	co US		rinted or Ty					License Nur	mber		
OIE	mature and Date		, ,	inited of Ty	ped Paine				Diconse i van			

PWS	WS Identification Number: 3421118 Plant Name: SANDY ACRES													
1111.	Daily Da	ata for t	he Month/Y	ear of: MA	V 2009									
Mean	s of Act	hieving F	our-Log Vir	is Inactivation	on/Removal: *	Ø Frac	Chlorine		Chlorine	Disside			Па 1:	1.011 : (011
U	ltraviole	et Radiati	on O	ther (Describ	be):	M FICE	Cinornie	L	Chiorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
Type	of Disir	fectant F	Residual Main	ntained in D	istribution Syst	em:	Free Chl	orine	ПСо	mbined C	Chlorine (Chlorami	ines)	Chlorine Dioxide
			1000	C	T Calculations, or	UV Dose, to D	emonstrate F	our-Log	Virus Inacti	vation, if A	pplicable*	To the day		In the second
	Days			12.4		CT Calcu	lations					Dose		
	Plant		And the second			100	Lowest CT	A Victoria		Section 18			Lowest	
	Staffed				Lowest Residual Disinfectant	Disinfectant	Provided						Residual	
	Visited				Concentration	Contact Time (T) at C	Before or at First				Toward	X #12.2	Disinfectant Concentration	
	by		Net Quantity		(C) Before or at			Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
A CONTRACTOR OF THE PARTY OF TH	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
2		24	0					-						FLOW METER IS NOT WORKING
3	*	24	0					-			-		0.60	
4		24	0					-					0.60	
5	*	24	0					-		-			0.60	
6		24	8,700										0.60	
7	*	24	8,700										0.50	
8		24	8,500										0.20	
9		24	8,500											
10	*	24	85,200										0.60	
11	*	24	84,900										-	
12	-	24	85,000 84,800										0.50	
14	*	24	84,800										0.40	
15		24	75,700										0.40	
16		24	75,700											
17	*	24	75,900										0.40	
18		24	71,100											
19	*	24	71,200										0.40	
20		24	64,800											
21	*	24	64,900										0.40	
22		24	49,000 49,000											
24	*	24	49,000										0.30	
25		24	44,200										0.30	
26	*	24	44,200						7.40				0.30	
27		24	0											FLOW METER IS NOT WORKING
28	*	24	0										0.60	
29		24	0											
30		24	0											
31	* [24	0										0.60	
Total			1,194,000											
	m		38,516 85,200											
TYTAXIIII	LIL ME AND SERVE	A PARTY STATE	65,200											

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



-											
		for the Month/Year of: JUNE 2009)								
A.	Public Water System (I										
	PWS Name: SANDY						PWS Identification Nu	mber: 3421118			
	PWS Type:	Community Non-Transient Non	-Community	Transier	nt Non-Communit	y Co	onsecutive				
	Number of Service Co	nnections at End of Month:			Total Population	Served at E	End of Month:				
	PWS Owner: SUNSH	INE UTILITIES OF CENTRAL FLOR	IDA, INC.								
	Contact Person: Dewa	ine Chiristmas			Contact Person's	Title: OFFI	CE MANAGER				
	Contact Person's Maili	ing Address: 10230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420			
	Contact Person's Telep	phone Number: (352) 347-8228			Contact Person's	Fax Numbe	er: (352)347-6915				
	Contact Person's E-Ma	ail Address:									
B.	Water Treatment Plant										
	Plant Name: SANDY						Plant Telephone Numb				
	Plant Address: S.E. 25				City: Belleview		State: Fla.	Zip Code: 34420			
	Type of Water Treated	l by Plant: Raw Ground Water	Purc	hased Finished V	Vater						
		Day Operating Capacity of Plant, gallon	s per day: 23	,000							
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		Day(s)/Shift(s) Worked					
	Lead/Chief Operator:	Kelvin E Edun Sr.		C	7459						
	Other Operators:										
	0										
		VCI: CO									
	Certification by Lead	1/Chief Operator	le em the le	ad/ahiaf amamatas	e of the wester treet	mont plant	identified in Dort I of this	ranget I cortify that the			
I, tr	ne undersigned water tre	eatment plant operator licensed in Florical structure and accurate to the best	ia, am the le	ad/chief operator	I cortificate all d	ment plant	tor treatment chemicals w	red at this plant conform to			
inic	ormation provided in thi	is report is true and accurate to the best of the best of the following and the following references to the best of the best o	of my know	reage and belief.	20(2) E A C I al	nniking wat	et the following addition	al operations records for this			
NS.	F International Standard	ay that a licensed operator staffed or vi-	enced in subs	nt during the mo	nth indicated above	so certify in	de of amounts of chemic	als used and chemical feed			
plai	nt were prepared each d	ay that a licensed operator started or vis	siteu uiis pia	Furthermore I	agree to provide t	hese addition	and operations records to	the PWS owner so the PWS			
rate	es; and (2) if applicable,	ether with copies of this report, at a con	venient locat	tion for at least to	agree to provide t	nese addition	onar operations records to	the I was owner so the I was			
owi	ner can retain them, togo	ether with copies of this report, at a con	venient ioca	tion for at least t	on years.						
	13119	51/1 7/5/2001	Kelvin E E	Edun Sr			C-7459				
Cic	motivational Data	2011		Typed Name			License Num	her			
Sig	nature and Date	' /	rimited or	Typed Ivaille			License Nuii	1001			

PWS	WS Identification Number: 3421118 Plant Name: SANDY ACRES													
1111.	III. Daily Data for the Month/Year of: JUNE 2009													
					on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide		Ozone	Combin	ed Chlorine (Chloramines)
		t Radiati		her (Describ					_					
Type	of Disin	fectant R	esidual Mair	ntained in D	istribution Syst	em: 🛚	Free Chl	orine		mbined C				Chlorine Dioxide
			-T. 10 (4)	C	T Calculations, or	UV Dose, to De	monstrate F	our-Log	Virus Inactiv	vation, if A	pplicable*			
	Days		3 40		<u> </u>	CT Calcul	ations				UV	Dose	, w	
A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided		1967	100			Lowest Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First	100	1.5		Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement		Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of	CT Required,		Required, mW-	Point in Distribution	Involves Taking Water System Components
the Month	100		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	71 /	24	0	, Itale, Spa	11011,1152									FLOW METER IS NOT WORKING
2	*	24	0										0.50	
3		24	0											
4	*	24	0										0.50	
5		24	0											
6	*	24 24	0		-								0.50	
8	-	24	0		 			<u> </u>			 	 	0.50	
9	*	24	0										0.40	
10		24	0											
11	*	24	0										0.40	
12		24	0					ļ						
13	*	24	0								-	 	0.40	
14 15	Ť	24	0								-		0.40	
16	*	24	0										0.40	
17		24	0											
18	*	24	0										0.40	
19		24	0								-			
20		24	0						7.30		-		0.40	
21 22	*	24 24	0		-				7.30				0.40	
23	*	24	0										0.90	
24		24	0											
25	*	24	0										0.30	
26		24	0											
27		24	0										0.50	
28	*	24	0					-			-		0.30	
29	*	24 24	0		-								0.40	FLOW METER IS NOT WORKING
30	-	24	U											
Total	I.	24	0					L				***************************************		
	e	represent to participation and property of	0											
	um 🦸		0											

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



I.	General Information	for the Month/Year of: JULY	2009									
A.	Public Water System (I	PWS) Information										
	PWS Name: SANDY	ACRES				the states the	PWS Identification Nu	mber: 3421118				
	PWS Type:	Community Non-Transien	t Non-Community	Transie	nt Non-Communit	y Co	onsecutive					
	Number of Service Co	nnections at End of Month:			Total Population	Served at I	End of Month:					
	PWS Owner: SUNSH	INE UTILITIES OF CENTRAL F	LORIDA, INC.									
	Contact Person: Dewa	ine Chiristmas			Contact Person's	Title: OFF						
	Contact Person's Mail	ing Address: 10230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420				
		phone Number: (352) 347-8228			Contact Person's	Fax Number	er: (352)347-6915					
	Contact Person's E-Ma											
B.	Water Treatment Plant											
Plant Name: SANDY ACRES Plant Telephone Number: (352)347-8228												
	Plant Address: S.E. 25				City: Belleview		State: Fla.	Zip Code: 34420				
	Type of Water Treated			hased Finished V	Vater							
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,000											
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	s) Worked				
	Lead/Chief Operator:	Kelvin E Edun Sr.		C	7459							
	Other Operators:											
						-						
						-						
						-						
	tion to the state of the state											
П.	Certification by Lead	d/Chief Operator					- Pegalitekayakas - 1988					
		eatment plant operator licensed in	Florida, am the le	ad/chief operator	r of the water treat	ment plant	identified in Part I of this	report. I certify that the				
info	ormation provided in thi	is report is true and accurate to the	best of my know	ledge and belief.	I certify that all d	Irinking wat	ter treatment chemicals us	sed at this plant conform to				
		d 60 or other applicable standards										
pla	nt were prepared each d	ay that a licensed operator staffed	or visited this pla	int during the mo	nth indicated above	ve: (1) recor	rds of amounts of chemic	als used and chemical feed				
rate	es; and (2) if applicable,	appropriate treatment process per	formance records	. Furthermore, I	agree to provide t	these addition	onal operations records to	the PWS owner so the PWS				
owi	ner can retain them, tog	ether with copies of this report, at	a convenient loca	tion for at least t	en years.							
		6 6/1/2/5/	100)				0.5450					
	7/1/2	. 2011 0/3/2	Kelvin E I				C-7459					
Sig	nature and Date		Printed or	Typed Name			License Num	nber				

PWS Ide	WS Identification Number: 3421118 Plant Name: SANDY ACRES												
	III. Daily Data for the Month/Year of: JULY 2009												
	Achieving violet Radia		us Inactivation other (Describ	on/Removal: *	⊠ Free	Chlorine] Chlorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
- London - L			ntained in D	istribution Syst	tem:	Free Chl	orine	Со	mbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
- 7,70			Ċ	T Calculations, or	UV Dose, to D	emonstrate F	our-Log	Virus Inacti	vation, if A	pplicable*			
	ays			A POST CARE						UV	Dose:		
Control of the Contro	lant		100 Maria	12 20 20		Lowest CT Provided					100	Lowest Residual	The state of the s
C. S.	offed or			Lowest Residual Disinfectant	Contact Time		100					Disinfectant	
Part of the second	sited		1 1	Concentration	(T) at C	at First	74.45			Lowest	Minimum	Concentration	
	by	Net Quantity		(C) Before or at			Temp.	100	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of Ope	rator Hour			First Customer	Point During	During	of	pH of	CT	UV. Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
	lace Plant		Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	
Month ">		on 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 FLOW METER IS NOT WORKING
2	* 24	0	-		-		-			-	-	0.60	FLOW METER IS NOT WORKING
3	24	0										0.00	
4	24	0				1							
	* 24	0										0.60	
6	24	0											
7	* 24	0										0.60	
8	24	0											
3000	* 24	0					-			ļ	-	0.50	
10	24	0											
11 12	* 24 * 24	0			-		-	7.40				0.50	
13	24	0		 				7.40				0.50	
	* 24	0										0.50	A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
15	24	0											
16 ,	* 24	0										0.50	
17	24	0											
18	24	0					-				-	0.10	
17	* 24	0					-			-		0.40	
20	* 24 * 24	0					-			-	-	0.40	
21 '	24	0					1					0.40	
	* 24	0			<u> </u>		 					0.30	
24	24	0											
25	24	0											
	* 24	0										0.50	
27	24	0											
28	* 24	0										0.40	
29	24	0										0.00	ELOW METER IS NOT WORKING
50	* 24	0										0.60	FLOW METER IS NOT WORKING
31 Total	24	0						L	L	L			1
			-										
The state of the s	APPENDICATION OF THE PERSON OF	59393											

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



September 1		for the Month/Year of:	August 2009									
A.	Public Water System (I											
	PWS Name: SANDY						PWS Identification Nu	ımber: 3421118				
	PWS Type:	Community Non-	Transient Non-Community	Transie	nt Non-Community		onsecutive					
		onnections at End of Mon			Total Population S	Served at E	and of Month:					
	PWS Owner: SUNSH	INE UTILITIES OF CET	NTRAL FLORIDA, INC.									
	Contact Person: Dewa				Contact Person's	Title: OFFI						
		ing Address: 10230 E. H			City: Belleview		State: Fla.	Zip Code: 34420				
		ohone Number: (352) 34'	7-8228		Contact Person's I	ax Numbe	r: (352)347-6915					
	Contact Person's E-Ma	A STATE OF THE PARTY OF THE PAR										
B.	Water Treatment Plant											
	Plant Name: SANDY ACRES Plant Telephone Number: (352)347-8228											
	Plant Address: S.E. 251 Terr. City: Belleview State: Fla. Zip Code: 34420											
	Type of Water Treated			nased Finished \	Water							
			of Plant, gallons per day: 23	,000								
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	N	lame	License Class	License Number		Day(s)/Shift(s) Worked				
	Lead/Chief Operator:	Kelvin E Edun Sr.		С	7459							
	Other Operators:											
I, the info NS plan rate own	ormation provided in the F International Standard in were prepared each des; and (2) if applicable, there can retain them, tog	eatment plant operator lic is report is true and accur d 60 or other applicable s lay that a licensed operate appropriate treatment pr	standards referenced in substor staffed or visited this plate rocess performance records feport, at a convenient local Kelvin E. F.	edge and belief. section 62-555.3 nt during the mo. Furthermore, I tion for at least t	I certify that all dr 20(3), F.A.C. I als onth indicated above agree to provide the	rinking wat o certify th e: (1) recor	ter treatment chemicals use the following additioned at the following additioned are followed and the following additioned as the following additional areas and the following additional areas and the following additional areas are treatment of the following areas are treatment of the follo	ased at this plant conform to nal operations records for this cals used and chemical feed to the PWS owner so the PWS				
Sig	nature and Date	,	/ / Finited of	Typed Ivanie			Diceiise ivai	11001				

PWS	WS Identification Number: 3421118 Plant Name: SANDY ACRES													
111.	III. Daily Data for the Month/Year of: August 2009													
		nieving Fort		is Inactivation ther (Describ	on/Removal: *	⊠ Free	Chlorine] Chlorine	Dioxide		Ozone	Combin	ed Chlorine (Chloramines)
				ntained in D	istribution Syst	em:	Free Chl	orine	Con	mbined C	Chlorine (Chlorami	nes)	Chlorine Dioxide
			1000	С	T Calculations, or	UV Dose, to De	monstrate F	our-Log	Virus Inactiv	ation, if A			Activities (1997)	(24) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
	Days		least the same		100	CT Calcul				1	UV	Dose		
	Plant			100		S	Lowest CT Provided				7.00		Lowest Residual	
	Staffed				Lowest Residual Disinfectant	Disinfectant Contact Time	Before or						Disinfectant	
	or Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating
Day of		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			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	0										0.50	FLOW METER IS NOT WORKING
3	-	24	0										0.30	
4	*	24	0		 								0.50	
5		24	0										3,00	
6	*	24	0										0.50	
7		24	0											
8	*	24	0										0.40	
9		24	0					ļ						
10		24	0									 	0.40	
11	*	24	0										0.40	
12	*	24	0		-								0.60	
14		24	0										0.00	
15		24	0											
16	*	24	0										0.50	
17		24	0											
18	*	24	0										0.50	
19	*	24	0										0.50	
21	*	24	0		 								0.30	
22		24	0										***************************************	
23	*	24	0						7.20				0.40	
24		24	0											
25	*	24	0										0.40	
26		24	0											
27	*	24	0										0.40	
28		24	0											
29	*	24	0										0.60	FLOW METER IS NOT WORKING
30	T	24	0										0.00	The White It is the state of th
Total			0						L	1			L	1
200	WATER CONTRACTOR OF THE	rango y ne valore e Manago y ne valore e	0											

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



	Consuel Information	for the Month/Year of: September 2009										
	Public Water System (I		American American American									
A.	PWS Name: SANDY				DWC Ide	entification Nur	mhor: 2421119					
			Transia	nt Non-Community	Consecutive	minication Nui	11061. 3421116					
		Community Non-Transient Non-Community	I ransie			41.						
		onnections at End of Month:		Total Population Ser	rved at End of Mon	itn:						
		INE UTILITIES OF CENTRAL FLORIDA, INC.			a a person a state							
	Contact Person: Dewa			Contact Person's Tit			Ta: a 1 01100					
		ing Address: 10230 E. Hwy 25		City: Belleview		State: Fla.	Zip Code: 34420					
		phone Number: (352) 347-8228		Contact Person's Fax	Number: (352)34	7-6915						
	Contact Person's E-Ma											
В.	Water Treatment Plant	Information										
	Plant Name: SANDY	ACRES			Plant Tel	lephone Numbe	er: (352)347-8228					
	Plant Address: S.E. 25	1 Terr.		City: Belleview	State: Fla	a.	Zip Code: 34420					
	Type of Water Treated	by Plant: X Raw Ground Water Purch	nased Finished V	Water								
		Day Operating Capacity of Plant, gallons per day: 23,	,000									
	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:											
							A A A A A A A A A A A A A A A A A A A					
					· · · · · · · · · · · · · · · · · · ·							
ļ												
Π.	Certification by Lead	I/Chief Operator										
I, th	ne undersigned water tre	eatment plant operator licensed in Florida, am the lea	ad/chief operato	r of the water treatme	nt plant identified i	in Part I of this	report. I certify that the					
info	ermation provided in thi	is report is true and accurate to the best of my knowle	edge and belief.	I certify that all drin	king water treatme	nt chemicals us	sed at this plant conform to					
NS	F International Standard	d 60 or other applicable standards referenced in subs	ection 62-555.3	20(3), F.A.C. I also	certify that the follo	owing additiona	al operations records for this					
plar	nt were prepared each d	ay that a licensed operator staffed or visited this plar	nt during the mo	onth indicated above:	(1) records of amou	unts of chemica	als used and chemical feed					
rate	es; and (2) if applicable,	appropriate treatment process performance records.	Furthermore, I	agree to provide thes	se additional operat	tions records to	the PWS owner so the PWS					
owi	ner can retain them, tog	ether with copies of this report, at a convenient locat	ion for at least t	ten years.								
	11	100/11/16										
	-150	1 4 Skelvin E E	dun Sr.			C-7459						
Sign	nature and Date	Printed or	Typed Name			License Num	ber					

PWS	Identifi	cation N	umber: 3421	118		Plant Na	me: SANI	DY AC	RES					
Ш.	Daily Da	ata for t	ne Month/Y	ear of: Sep	tember 2009									
Mean	s of Acl	hieving F	our-Log Virt	is Inactivati	on/Removal: *		Chlorine	T	Chlorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
U	ltraviole	t Radiati	on 🔲 Ot	ther (Descri	be):			_	_					
Type	of Disin	nfectant F	Residual Main	ntained in D	istribution Syst	tem:	Free Chl	orine	Co	mbined (Chlorine (Chlorami	nes)	Chlorine Dioxide
				C	T Calculations, or	UV Dose, to De	emonstrate F	our-Log	Virus Inacti	vation, if A	pplicable*			
	Days			- K. S. S.		CT Calcu					UV	Dose		
	Plant				1.0000.0000.00		Lowest CT	7-12		13.00			Lowest	
	Staffed				Lowest Residual		Provided			1			Residual	
	or				Disinfectant	Contact Time			7.				Disinfectant	
	Visited by		Net Quantity		(C) Before or at	(T) at C Measurement	at First Customer	m			Lowest	Minimum	Concentration at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	Minimum CT	IIV Doce	UV Dose. Required,		Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		THE PROPERTY OF STREET		mW-	Distribution	Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/I	sec/cm ²		System, mg/L	
1	*	24	0	, 5,									0.60	FLOW METER IS NOT WORKING
2		24	79,000											
3	*	24	80,000										0.50	
4		24	98,000											
5		24	98,000											
6	*	24	100,000										0.50	
7		24	50,000											
8	*	24	51,000										0.40	
9		24	71,000											
10	*	24	71,000										0.60	
11		24	86,000											
12	*	24	86,000								ļ	ļ	0.50	
13		24	88,000		ļ	-							0.50	
14	*	24	76,000 76,000		-						-		0.40	
16		24	70,000		-			-					0.40	
17	*	24	70,000					-	-		 		0.60	
18		24	73,000		-			-	-	 	1		0.00	
19		24	73,000					 						
20	*	24	75,000						7.40	<u> </u>			0.50	
21		24	70,000					<u> </u>	7.10				0.50	
22	*	24	70,000					<u> </u>					0.50	
23		24	87,000											
24	*	24	87,000										0.50	
25		24	79,000											
26		24	79,000											
27	*	24	79,000										0.50	
28		24	71,000											
29	*	24	71,000										0.40	
30		24	69,000											
31	in Basis Assessade and	24								L				
Total	AND A SHARMAN SHIP		2,233,000											
		CHICAGON MACCONSTITUTE CONT.	74,433											
Maximi	ım	er en	100,000											

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



		for the Month/Year of: October 20	109						
A.	Public Water System (
	PWS Name: SANDY						PWS Identification Nur	nber: 3421118	
		Community Non-Transient Non	-Community	Transie	nt Non-Commun		Consecutive		
		onnections at End of Month:			Total Population	n Served	at End of Month:		
		INE UTILITIES OF CENTRAL FLOR	IDA, INC.						
	Contact Person: Dewa	The same of the sa			Contact Person'	's Title: (OFFICE MANAGER		
	Contact Person's Mail	ing 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.	Water Treatment Plant	Information							
	Plant Name: SANDY	ACRES					Plant Telephone Numbe	er: (352)347-8228	
								Zip Code: 34420	
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water								
	Permitted Maximum I	Day Operating Capacity of Plant, gallon	s per day: 23	,000					
	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			Day(s)/Shift(s)	Worked	
	Lead/Chief Operator:	Kelvin E Edun Sr.		С	7459				
	Other Operators:								
	•								
	The second secon								
	Certification by Lead								
		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							
		appropriate treatment process performs				these ac	ditional operations records to	the PWS owner so the PWS	
IWC	ier can retain them, toge	ether with copies of this report, at a con	venient locat	ion for at least t	en years.				
	15.15	Ed / 11/0/2019	Kelvin E E	dun Sr.			C-7459		
Zio:	nature and Date	4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		Typed Name			License Numb	nor -	
3121	lature and Date		rimieu or	Typeu Ivallie			License Numi	JCI	

PWS Identification Number: 3421118 Plant Name: S.						me: SANI	DY AC	RES						
П	Daily Da	ta for th	ne Month/Ye	ar of Oct	ober 2000									
					on/Removal: *	Ø E=oo	Chlorine		Chlorine	Disside				1011 : (011 :)
TVICAL	Itraviole	t Radiati	our-Log virt	her (Describ	on/Kemovai.	M Fiee	Chiorine	L_] Chiorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
					istribution Syst		Free Chl		По	1.:	71.1	CLI		CIL ' D' 'I
Туре	OI DISIII	nectant R	Cesiduai iviaii		T Calculations, or		Free Chi	orine	L Co	mbined (Chlorine (Chloram	ines) 📋	Chlorine Dioxide
100	Days				r Calculations, of		lations			vation, II A		Dose		The second secon
	Plant					C F Galea	Lowest CT			T in	UΥ	Dose	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time							Disinfectant	
	Visited				Concentration	(T) at C	at First	100		12.5			Concentration	
Davios	by	Hours	Net Quantity of Finished		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
the	Operator (Place	Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During	of Water,	pH of	CT Required,	UV Dose, mW-	Required, mW-	Point in Distribution	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month			Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable			sec/cm ²	System, mg/L	Out of Operation
1-	*	24	69,000	70		12.33			States of electronic and other	9			0.40	
2		24	91,000											
3		24	91,000	3										
- 4	*	24	91,000										0,40	
.5		24	77,000					ļ						
6	*	24	77,000										0,70	
8	*	24 24	78,000 79,000										0.70	
9	-	24	79,000					-					0.70	
10		24	76,000					 			 			
11	*	24	76,000	:									0.60	
12		24	78,000											
13	*	24	79,000										0.60	
14		24	80,000											
15	*	24	80,000										0.60	
16		24	81,000 81,000					-						
17	*	24	83,000						7.50				0.50	
19		24	70,000					-	7.30				0.30	
20	*	24	71,000										0.50	
21		24	69,000											
22	*	24	69,000										0.50	
23		24	71,000											
24		24	71,000											
25	*	24	72,000										0.50	
26	*	24	70,000 71,000										0.40	
27 28		24	68,000										0.40	
29	*	24	69,000										0.40	
30		24	72,000											
31		24	72,000											
	S. based tak		2,358,000											
	e e e		76,064											
Marin	120000000000000000000000000000000000000	Contract to the Contract of th	01.000											

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



See page 4 for instructions.

	General Information			vember 2009					
A.	Public Water System (P	WS) Informa	ation					,	
	PWS Name: SANDY	ACRES					PWS	Identification Nu	ımber: 3421118
	PWS Type:	Community	Non-Transi	ent Non-Community	Transie	nt Non-Community	Consecut	ive	
	Number of Service Con	nnections at I	End of Month:			Total Population S	erved at End of N	Month:	
	PWS Owner: SUNSHI	NE UTILITI	ES OF CENTRAL	L FLORIDA, INC.					
	Contact Person: Dewai	ine Chiristma	S			Contact Person's T	itle: OFFICE MA	ANAGER	
	Contact Person's Maili	ng Address:	10230 E. Hwy 25			City: Belleview		State: Fla.	Zip Code: 34420
	Contact Person's Telep	hone Numbe	r: (352) 347-8228			Contact Person's Fa	ax Number: (352	2)347-6915	
	Contact Person's E-Ma	il Address:							
B.	Water Treatment Plant	Information							
	Plant Name: SANDY						Plant	Telephone Numb	ber: (352)347-8228
	Plant Address: S.E. 25					City: Belleview	State	: Fla.	Zip Code: 34420
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water								
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,000								
	Plant Category (per sul		99.310(4), F.A.C.		N	Plant Class (per su	bsection 62-699.	310(4), F.A.C.): (С
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 One	rator						
				in Florida, am the lead	/chief operato	or of the water treatm	ent plant identifi	iod in Part I of thi	is report. I certify that the
inf	ormation provided in thi	is report is tra	ie and accurate to	the best of my knowled	dge and belief	I certify that all dr	inking water trac	tment chemicals	used at this plant conform to
NS	E International Standard	d 60 or other	annlicable standar	ds referenced in subsec	etion 62-555	2003) EAC Inle	niking water trea	following addition	nal operations records for this
nla	int were prepared each d	lay that a lice	applicable standar need operator staff	fed or visited this plant	during the ma	onth indicated above	(1) records of a	mounts of chemic	cals used and chemical feed
rat	es: and (2) if annlicable	appropriate	treatment process	nerformance records	Futthermore	I soree to provide th	and ditional be	anounts of chemic	to the PWS owner so the PWS
OW	ner can retain them, tog	ether with co	ries of this report	at a convenient loration	m for at least	en vears		relations leonins i	A Hailtwir hambrantan in in
MAN	to character thank to B	Sales Midi Ag	Principal Charles	Mendle the Alt the Alt	全国の変素を	第一號(功作 9括 19第			
	TILE.	Eg/	12/5/20	Kelvin E Ed	un Sr.			C-7459	
Sig	gnature and Date			Printed or T	yped Name			License Nu	mber

Page 1

PWS Identification Number: 3421118	Plant Name: SANDY AC	Plant Name: SANDY ACRES								
III. Daily Data for the Month/Year of: November 2	2009									
Means of Achieving Four-Log Virus Inactivation/Remo	oval: * X Free Chlorine	Chlorine Dioxide Ozone	Combined Chlorine (Chloramines)							
Ultraviolet Radiation Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution	on System:	Combined Chlorine (Chlor								
Days CT Calcula	tions, or UV Dose, to Demonstrate Four-Log CT Calculations	Virus Inactivation, if Applicable* UV Dose								
	Lowest CT	UV DOSE	Lowest							
Staffed Lowest	Residual Disinfectant Provided		Residual Production							
	Tectant Contact Time Before or		Disinfectant							
	ntration (T) at C at First ore or at Measurement Customer Temp	Minimum Operating UV E	num Concentration Oose Pat Remote Emergency of Abnormal Operating							
Day of Operator Hours of Finished First Co	istomer Point During During of	pH of CT UV Dose, Requi	ired. Point in Conditions, Repair of Maintenance Work that							
the Place Plant in Water Peak Flow Durin	g Peak Peak Flow, Peak Flow, Water,	Water, if Required, mW- mV	V- Distribution Involves Taking Water System Components							
Month X" Operation Produced, gal Rate, gpd Flow,	mg/L minutes mg-min/L °C	Applicable mg-min/L sec/cm ² sec/c								
24 75,000			0.30							
3 * 24 87,000			0.90							
4 24 110,000										
5 * 24 111,000 6 24 108,000			0.90							
6 24 108,000 7 24 108,000										
8 * 24 109,000			0.80							
9 24 81,000			0.00							
* 24 81,000			0.80							
24 72,000										
12 * 24 72,000 13 24 78,000			0.60							
14 24 78,000										
15 * 24 79,000		7.50	0.50							
16 24 74,000										
17. * 24 75,000			0.50							
18 24 71,000 19 * 24 72,000			0.50							
20 24 69,000			0.50							
21 24 69,000										
* 24 70,000			0.40							
23 24 77,000										
24 * 24 78,000 25 24 83,000			0.70							
26 * 24 84,000			0.70							
27 24 80,000			0.70							
28 24 80,000										
29 * 24 81,000			0.60							
30 24 85,000										
31 24 Total 2,481,000										
Average 82,700										
Maximum 111,000										

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



	General Information 1		r of: December 20	009							
A.	Public Water System (P										
	PWS Name: SANDY A							PWS Identification Nu	mber: 3421118		
	PWS Type:	Community []	Non-Transient Non-	Community	☐ Transie	nt Non-Community	☐ Co	onsecutive			
	Number of Service Con	nnections at End of	Month:	20		Total Population S	erved at E	End of Month:			
	PWS Owner: SUNSHI	NE UTILITIES OF	CENTRAL FLORI	DA, INC.							
	Contact Person: Dewai					Contact Person's Title: OFFICE MANAGER					
	Contact Person's Maili	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	er: (352)347-6915			
	Contact Person's E-Ma	il Address:									
В.	. Water Treatment Plant Information										
	Plant Name: SANDY	ACRES						Plant Telephone Numb	per: (352)347-8228		
	Plant Address: S.E. 25	1 Terr.		C.N.		City: Belleview		State: Fla.	Zip Code: 34420		
	Type of Water Treated	by Plant: X	law Ground Water	Purcl	hased Finished V	Water					
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,000										
	Plant Category (per sul	bsection 62-699.310	0(4), F.A.C.): V	Plant Class (per su	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	2000				
	Other Operators:										
	1										
	and the second										
-	C diff di la Una	I/Cl.:f.Oston									
	. Certification by Lead		or licensed in Florid	a am tha la	ad/abiaf anamata	er of the wester treats	nont plant	identified in Dort I of thi	s report. I certify that the		
									used at this plant conform to		
									nal operations records for this		
									cals used and chemical feed		
									to the PWS owner so the PWS		
Tau	ner can retain them, tog	appropriate treatme	This report latta bob	dement loca	tion for at least	En vesto					
UW	ner can retain them, tog	curer with copies of									
	All	2. Enf/	1/5/2010	Kelvin E I	Edun Sr.			C-7459			
Sig	enature and Date			Printed or	Typed Name			License Nu	mber		

PWS Identification Number: 3421118 Plant N							ne: SANDY	ACRES					
	oily Do	to for the	Month/Ye	ar of Dece	mher 2000								
					on/Removal: *	⊠ Free	Chlorine	Chlori	ne Dioxide	O:	zone	Combin	ned Chlorine (Chloramines)
		Radiation		ner (Describ	Mi Kellioval.	Z Tiec	Cinorine	_ Cilion	ic Dioxide		20110		()
			have and		stribution Syste	M	Free Chlor	ine D	Combined Cl	hlorine (C	hlorami	nes)	Chlorine Dioxide
Type	or Disin	tectant Ke	siduai Main		l Calculations, or I	IV Dose to De	monstrate Fou	religo Virus Ina				103)	
	Days			Section of the sectio	i Calculations, or t	CT Calcul		TOP And The		UVL	Oose		
	Plant			The second		100	Lowest CT					Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided					Residual	
	or				the control of the co	Contact Time	Before or			Lowest		Disinfectant Concentration	
	Visited	2 - 1 - 1 - 1			Concentration (C) Before or at	(T) at C	at First	Temp.	Minimum	Dowest		at Remote	Emergency or Abnormal Operating
Devof	by Operator	SECURITY OF STATE OF	Net Quantity of Finished		First Customer	Point During	During	of pHot	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		Operation			Flow, mg/L	minutes	mg-min/L	°C Applica	ole mg-min/L	sec/cm ²	sec/cm ²		Out of Operation
1.	*	24	85,000									0.60	
2		24	65,000									0.60	
3 🛫	*	24	65,000									0.60	
4		24	67,000										
. 5	*	24 24	67,000 68,000		-							0.60	
6 7	T	24	64,000			-						0.00	
8	*	24	64,000		-							0.50	
9		24	67,000										
10	*	24	68,000									0.50	
11.		24	68,000										
12		24	68,000									0.50	
13	*	24	69,000					7.50	_			0.50	
14		24	64,000		-							1.00	
15	*	24	64,000		-							1.00	
16 17	*	24	68,000 69,000									1.00	
18	· ·	24	72,000		-								
19		24	72,000										
20	*	24	74,000									0.90	
-21		24	70,000									0.00	
22	*	24	70,000		<u> </u>					-		0.90	
23	<u> </u>	24	75,000							-	-	0.90	
24	*	24	76,000 73,000			-				-		0.30	
25 26		24	73,000		-	-							
27	*	24	74,000									0.80	
28		24	68,000										
29	*	24	69,000									0.80	
30		24	74,000							-			
31	* •	24	75,000									0.60	
Total			2,165,000	-									

85,000

^{*} 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

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name	SANDY A 24901 SE Highway 42,	CRES	_ County	Marion	PWSID#	3421118
Plant Location:	24901 SE Highway 42.	Umatilla, FL 32784			Phone _	352-347-8228
Owner Name:	Sunshine Utilities of Ce.	ntral Plonda, Inc.			Phone _	352-347-8228
HATIST AUTESS	107 30 SE FUSTIWAY 2.7	Deneview LP 34420	" J J J J			
Contact Person	Dewaine Christmas 04/08/10	Total Comment Date O.A.	the <u>Owner</u>	at Comulia	Pnone _	302-347-8228 Doto 08/08/01
This Survey Date	04/08/10	Last Survey Date <u>04</u>	(20/07 L	ast Compnai	ice mspecuo	1 Date <u>08/08/01</u>
PWS TYPE: Co	ommunity		RAW WATI	ER SOURC	E,	
PLANT CATEG	GORY & CLASS: 5D		☑ GROUN	D; Number o	of Wells	2
		000 and				
	SIGN CAPACITY: 230.	too gpa				
PWS STATUS:	Approved		Emergen	cy water Ca	Pacity	
31 UBC - A E V - PAR MANT & MATERIAL PROTESTION BUT MINISTER THE PART AND A STATE OF THE PART AND A ST			STANDBY	POWER SO	URCE: Yes	
TREATMENT I	PROCESSES IN USE		Source P Capacity of S	ropane gener	rator	1.5
	on		Capacity of S	Standby (KW)) —	12
THE STATE OF THE S		n salmanika kurika ili hullen ugalak qoqi ora dega hoqe otan hayara dhucubatah d	Switchover: Hrs Operated			
0737844404F 4 F845	L ANY LYS L AMERICA FORTE	NO.	What equipn	ent does it o	nerate?	HOWII
Mobile Home I	A CHARACTERISTIC	22				
Food Service:	Yes No N/A		High S	ervice Pump	5,	
rood Belvice.	JICS FILLO MINA		□ Treatm	ent Equipme	ent	
Number of Service	e Connection	228	Satisfy avg. o	laily demand	? XYes ☐	No Unknown
Population Served	1 570 Basis	Owner	Audio-visual	alarm? LY	es ⊠No	
OPEDATION &	MAINTENANCE LO	C+ Vag				l alarm at the
	uit ENARCE EO		<u>water tre</u>	<u>atment piar</u>	IĹ,	
Comments		Ballus British Ballus I alan Later any Arab Later and Arab Arab Arab Salary Salary	PLANS AN	D MAPS		
need absent on the contract of		A TANAMAN POPULATION OF THE PROPERTY OF THE PR			⋈ Ye	s □No □N/A
						s No No N/A
CERTIFIED OF			Lead and Co	pper Plan	∑ Ye	s No No N/A
	rtification Class-Number:		Distribution	System Map	ĭ Ye	s No No N/A
Kelvin Edin C	-7459	ETITLE STATE FOR STATE OF STAT				s No No N/A
Hro/dov: Daminad	Visit Actua	Vicit	Comments _		***************************************	
	d 3 Actual		Section Service and Assessment As			
Non-consecutive	Days? Tyes	INO NINA	PREVENT	VE MAIN	TENANCE/	O&M
	must be on non consecutiv		Operation &			
	hours per week.		Preventive M	laintenance F	Program 🔀	Yes No
		aran i	Flushing	Program		Yes No N/A Yes No N/A
MONTHLY OF	ERATION REPORTS	(MORs)	Taalatian	Records		res No No NA
MORS submitted	regularly? X Yes [n MORs? X No [NO LIN/A	Isolation	Records		Yes No N/A Yes No N/A
	m MORs) 49,832 gpd		Comments _			
Maximum Day (fi	rom MORs) 114,200 gpd	03/09	- Carrier State	Marie and a street, by a state of the state	are anti-off and frame of relationship which was under the proposition of relation	mine distribution factories des factions in contract processor consistent menorance and acceptant famous
	THE PARTY OF THE P		ALLES TO SERVICE OF THE PROPERTY OF THE SE	TELEF THE NOTES AND THE AND THE STREET, WHEN AND AND AND AND AND AND AND AND AND AN	en namen automore Autorium talentum talentum talentum talentum talentum talentum talentum talentum talentum ta	THE STATE AND ADDRESS AS A STATE OF BUILDING STATE OF A
			CROSS CO			
			THE PERSON AND THE PERSON	3. T. / A	T (sted <u>Unknown</u>
	Device Flow M		WWTP RPZ Written Plan	Inc docueto	Date	Tested <u>Unknown</u>
Date Last Calibrat	ted Unknown	on the state of th	Comments_		_ Date	IN/ I'X
The man common the	OHUIDITII	Charles and Advances Company of the	CONTRACTOR INC.			CONTROL OF THE PARTY OF THE PAR

PWS	ID #	3421118
Date	o.e. várovýmskember	04/08/10

Well Numb	oer (Florida Unique Well ID#)	1(AAG9607)	2		
Year Drille		1981	1981		ALLEN EL PROPERTO DE LA CONTRACTOR DE LA
Depth Drill	led	180°	179*		Paragraphic of the paragraph of the Artificial Sec
Drilling Me	effied	Cable tool	Cable tool		to An I successful the state of Anni. An
Type of Gr	out	Neat Cement	Neat Cement		
Static Wate	er Level	60'	60°		
Pumping V	Vater Level	Unknown	Unknown		
Design We	ll Yield	Unknown	Unknown	THE COLOR TO CHARLES AND ASSESSMENT OF THE COLOR TO CHARL	
Test Yield		Unknown	Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown		Address of the same
Strainer		Unknown	Unknown		A new access of the St Andrews
Length (ou	tside casing)	108'	110'		
Diameter (outside casing)	6"	677		Control of the Contro
Material (c	outside casing)	Black steel	Black steel		elle paping providen die die der einstelle
Well Conta	amination History	None	None		Elman multi-challed displaying in Projection
Is inundati	on of well possible?	No	No		
6, X 9, X 9	1" Concrete Pad	Yes	Yes	AND AN ANY CONTROL OF THE AND ANY CONTROL AND ANY CONTROL OF THE ANY	Control of the Contro
angles et a cita de partir de la cita de la	Septic Tank	>200	>200°		*****
SET	Reuse Water	N/A	N/A		Epopulari va viloyakaanii roosa t
BACKS	WW Plumbing	>100'	>100°		SE sakujungan projesta pila sekreta d
	Other Sanitary Hazard	None observed	None observed	The second second control of the second	
altric state influid anni et del princi mil militari que su cale cas estre	Туре	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
PUMP	Model Number	Unknewn	Unknown		eden a presimentaria, mesenti flu
	Rated Capacity (gpm)	230	89		CONTRACTOR OF STREET STREET
	Motor Horsepower	15	5	THE PARTY AND	DOMESTICAL TO STATEMENT OF
Well casin	g 12" above grade?	*No*	Yes		and the second second second
Well Casin	ng Sanitary Seal	Yes	Yes	The second secon	NAMES OF THE PARTY
Raw Water	Sampling Tap	Yes	Yes		
Above Gro	ound Check Valve	Yes	Ye28	And were the set of the Control of t	MANAGER CONT. TO THE
Security		Yes	Yes		
Well Vent	Protection	N/A	Yes		

COMMENTS *The well casing for well #1 does not extend 12 inches above the ground. The Department will continue to accept this well casing height so long as the well is not found to be chemically or microbially contaminated.

						3421118			
					Date	04/08/10			
CHLORINATION (Di Type Gas Hyr Make Chem-Tech Chlorine Feed Rate	00	zity1 <u>5</u>	gpd	STORAGE FACILIT (G) Ground (C) Cle (B) Bladder (H) Hy	earwell (E)	Elevated :/flow-through			
Chlorine Feed Rate	100% OI SIT	<u>9же</u>	/ A	Tank Type/Number	HI				
Chlorine Residuals: Pla	ant 14	Remote	().4	Capacity (gal)	2,000				
Avg. Amount of Cl ₂ gas Chlorine Residuals: Pla Remote tap location	16725 SE 2	52 nd Avenu	10	Material	Steel	anness de missentation de la social de la company de la co			
DED TEST VIII	1-Site	with obergr	.01		Yes				
Injection Points Prio	one []			Gravity Drain					
Booster Pump Info				By-Pass Piping	Yes				
Comments				Protected Openings	Yes				
				Sight Glass or Level Indicator	No				
CILL T. C. TI	N/1000 NT	S T (C	and a second	PRV/ARV	ARV				
Chlorine Gas Use Requirements	YES N	J Con	nments	Pressure Gauge	Yes				
Dual System]		On/Off Pressure	30/50				
Auto-switchover		I	Marie Carlo	Access Secured	Yes				
Alarms:		The state of the s		Access Manhole	Yes				
Loss of Cl ₂ capability				Tank Sample Tap	Effluent	OF THE PROPERTY OF THE PROPERTY AND ADMINISTRATION AND ADMINISTRATION OF THE PROPERTY OF THE P			
Loss of Cl ₂ residual Cl ₂ leak detection			a de la companie de l	Location	pipe				
Scale	The state of the s			Date of Inspection	06/2008				
Chained Cylinders			um antenderpris specific e er consejuent verdistaten niver floroviet in j	Date of Cleaning	06/2008				
Reserve Supply		1							
Adequate Air-pak			-	Comments					
Sign of Leaks									
Fresh Ammonia]			ingstavarhalisten malgisturmuskava kahtilordinalisidelike dibili i Nalkalus bast mistik is allestedit.				
Ventilation				Annual and a second supplication of the second seco	er i gangi, ra ya maraya kasala kasala makanda anga ataun sa sabaha banguan ini da di d				
Room Lighting				HIGH SERVICE PU	MPS				
Warning Signs			To see	Pump Number	THE ST				
Repair Kits	I have	J		Type					
Fitted Wrench		1		Make	***************************************				
Housing/Protection		1		Model	TEC., COLLAND. SERVING				
AERATION (Gases, F	Fe & Mn Rer	noval)		Capacity (gpm)	reactive to the second of the	ercus puncionaria decensaria construir de la cura construir de la compania de la compania de la compania de la			
Type			autonominanto vida fondi seri polo de comunidad com está con .	Motor HP					
Aerator Condition				Date Installed	TO SHE THE AVERAGE CONTRACTOR STATE OF THE S				
Visible Algae Growth				International and the second s					
Protective Screen Cond	dition	CONTRACTOR AND	Line allows and a residence of the second state of the second stat	Comments	in administrativa il francis (m) national proposition (francisco) de complete complete (m) and complete (m)				
Frequency of Cleaning Date Last Inspected/Cl	earied	the transitive to the first of the street was an extension of the street was	Wilder and Ready for Constituted the survey of configuration and	* Legislatus Constitution (Constitution and Constitution Constitution (Constitution Constitution	San a maddiffeldion is flowed that is the conference of the flower terrology in the first section to the conference of the flower terrology is the flower terrology in the flower terrology in the flower terrology is the flower terrology in the flo				
Comments				from the problem of many was obtained about an electric formation to a set about the property of most reddens and					

PWS	ID	#	3421118
Date			04/08/10

DEFICIENCIES:

- 1. Failure to establish and implement an adequate cross-connection control program. The written cross-connection 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.
 - v. Written procedures for approving competent backflow preventer testers and insuring that required premises-isolating backflow preventers are tested only by approved, competent backflow preventer testers.
 - vi. Written procedures for keeping installation, testing, and repair records for each required premises-isolating backflow preventer (to be kept for not less than ten years)
 - vii. Written procedures for educating premise owners about (a), the need to have registered professional engineers or certified fire-protection system contractors check the hydraulics of existing fire-protection systems when premises-isolating backflow preventers are added at existing service connections to which existing fire-protection systems are in turn connected and (b), the need to install thermal expansion devices and/or pressure relief valves within closed loop plumbing systems created by the installation of premises-isolating backflow preventers.
 - viii. Written procedures for handling backflow complaints and emergencies.
 - ix. A program manual containing all of the above mentioned written material.

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

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

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

PWS	ID#3421118
Date	04/08/10

DEFICIENCIES (continued...):

2. Failure to provide an audio/visual alarm to indicate a loss of standby power.

At each site where standby power is required, the supplier of water shall provide an audio-visual alarm system that is activated in the event any power source fails. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. [Rule 62-555.320(14)(f), F.A.C.]

Sunshine Utilities is under contract to have an audio/visual alarm system placed at this water system.

3. Failure to provide records of exercising of standby power. There was no generator logbook on site at the time of inspection.

Preventive maintenance on electrical or mechanical equipment — including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves — shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [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	Daniel Stideler	Title	Env. Specialist II	Date	04/21/10
Approved by	Bath	Title_	Env. Supervisor II	Date	04/21/10

Please provide any changes to the following:

	Business Name:	
	Owner(s) Name:	
Mailing Address:		
AL-PROPRIES AND A PROPRIES AND A PRO	Mailing Address:	- Mariana - Mari
Date:	Phone Number(s):	
	Fax #:	
	E-Mail Address:	
Florida Department of En Drinking Water Complian 3319 Maguire Boulevard, Orlando, Florida 32803	nce/Enforcement Program	
Attention: Daniel Shideler,	Environmental Specialist	
	ent's Sanitary Survey Report for the subject public water system date e to correct the listed deficiencies:	d April 8, 2010, the
Deficiency <u>Item No.</u>	Corrective Action Done	Date Done
1 Manny	Cardona has approved our cross	4/27/10
	tion plan on March 9, 2010 It	
` 11	now be implemented.	and the second s
	now so implamation.	
	to have alarms installed	
		Managaga and a sure specification of Managagagagagagagagagagagagagagagagagaga
3. Log bo	ole was onsite inside of the	
gonora	ter transfor Switch	5/10/10
(Attach additional sheet if necessity)	essary')	
I hereby certify to the correc	ctness of the above information:	
PWS Owner/Representative		
Name of PWS Owner/Repre	esentative: Demaine 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

Test Year Ended December 31, 2010

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

James H Hodges - President Clarise Hodges - Vice President

Weekly Salary Weekly Salary \$1,449.43 effective 3/9/2007 \$1,125.75 effective 3/9/2007

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

James H Hodges Jr. - Operations Manager

Weekly Hourly

\$25.39 effective 5/30/2008

Corporate Secretary

Maintain electrical equipment Assist and oversee repair of broken lines

Work with engineer on designing, extending, and/or modifications to water system

Oversee all plant operations

Inspections and general maintenance

Infield handling of customers complaints

Emergency 24 hr a day call

Scheduling line flushing and preventative maintenance

Work in conjunction with certified operator to maintain proper chemical balance

Interview prospective service technicians

Scheduling of all outside work to be performed

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

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

Ronald Joyner - Meter Reader

Weekly Hourly

\$10.87 effective 5/30/2008

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

Pamela Christmas - Billing Clerk Supervisor

Weekly Hourly

\$15.71 effective 5/30/2008

Answer and direct incoming calls to appropriate department

Generate work orders for serviceman

Set up new customer accounts

Maintain and balance cash drawer

Handle payments from walk-in customers

Log incoming calls

Re-bill past customers with outstanding balances

Compile report of monthly hookups

Compile bad debt report

Input meter readings

Generate monthly bills, final bills, and shut off notices

Calculate lost gallons

Bill all current and past due customers

Maintain net billed sales

Maintain hookup logs

Maintain write off logs

Determine deposit refunds

Coordinate all locates thru One-Call Locates

Jane Rop - Bookkeeper

Weekly Hourly

\$15.08 effective 5/30/2008

input and balance daily accounts receivable

Bank Deposits

Check reconciliation

Handle insufficient funds checks

General ledger posting and balancing

Process weekly payroll

Weekly, quarterly and year end payroll tax reports

Process accounts payable

Profit and loss statements

Generate cut off list

Follow up status on open work orders

Gather information for accountant to prepare annual reports

Input all time into payroll

Dewaine Christmas - Manager

Weekly Hourly

\$26.44 effective 5/30/2008

Responsible for overseeing daily operations of corporation

Reports to President and Vice-President

Knows all phases of operations and can fill in as needed

Responsible for payments of accounts payable

Scheduling of all water testing for compliance

Works in conjunction with attorney and CPA

Works with FDEP and FPSC on related matters

Works with operations manager on scheduling work

Works with President, engineer, and developer to obtain new water systems

Handles customers complaints

Review pre bill reports prior to processing customer statements

Gathers information to prepare annual reports