

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



FOR

Test Year Ended: December 31, 2010

COM \_\_\_\_\_  
APA \_\_\_\_\_  
ECR I+2 maps also fwd.  
GCL \_\_\_\_\_  
RAD \_\_\_\_\_  
SSC \_\_\_\_\_  
ADM \_\_\_\_\_  
OPC \_\_\_\_\_  
CLK \_\_\_\_\_

DOCUMENT NUMBER-DATE

03814 JUN-1 =

FPSC-COMMISSION CLERK

Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (1)  
DETAILED MAP

Test Year Ended December 31, 2010

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Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (2)  
CHEMICALS USED

Test Year Ended December 31, 2010

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

	<u>Date</u>	<u>Gallons</u>	<u>Unit Price</u>	<u>Total</u>
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

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# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

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

### FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

JAN 18 '10 PM 12:24

RECEIVED BY: *[Signature]*

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

7.7 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ \_\_\_\_\_ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED:

NOTIFIED BY:

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

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME:

*Sandy Acres*

PWS ID: *3421118*

SYSTEM PHONE: *352347-2223*

SYSTEM ADDRESS:

*SE 251 Terr*

COUNTY: *Marion*

CLIENT:

*Sunshine Utilities*

COLLECTOR:

*Maria Ede*

COLLECTOR PHONE: *3522885150*

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other:

SAMPLE COLLECTION DATE(S):

*1-17-2010*

REMARKS:

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
1-4	Well 1	11:00 A.M.	R	
2-4	Well 2	11:07 A.M.	R	
3-4	110945 SE 252 <sup>ND</sup> AVE.	11:31 A.M.	D	D-4
4-4	17060 SE 242 <sup>TH</sup> LANE	11:20 A.M.	D	D-4

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

*D-4*

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is:

☐ A certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☒ Supervised by a cert operator (# *07459*)

☐ Employed by DEP or DOH

### TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier <sup>2</sup>
Submission Number:			
<i>M10702</i>	<i>A</i>		
<i>M10703</i>	<i>A</i>		
<i>M10704</i>	<i>A</i>		
<i>M10705</i>	<i>A</i>		

Time(s) Analyzed:

*1:17 pm*

All tests are performed in accordance with NELAC standards.

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

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

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

*Sunshine Utilities  
10230 E. Hwy 25  
Bellevue FL 34420*

DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

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

### FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED

FEB 15 '10 PM 1:32

RECEIVED BY: *EP*

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

7.6 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐

mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED:

NOTIFIED BY:

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

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME: *Sandier Acres*

PWS ID: *3421112* SYSTEM PHONE: *3523077273*

SYSTEM ADDRESS: *SE 351 Ave*

COUNTY: *FLORIDA*

CLIENT: *Sunshine Utilities*

COLLECTOR: *Maria Edul*

COLLECTOR PHONE: *352275150*

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other:

SAMPLE COLLECTION DATE(S): *2-14-10*

REMARKS:

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
1-4	<i>well 1</i>	<i>3:45p.m.</i>	<i>R</i>	
2-4	<i>well 2</i>	<i>3:51p.m.</i>	<i>R</i>	
3-4	<i>16386 SE 249TH Ave.</i>	<i>3:57p.m.</i>	<i>D</i>	<i>0.4</i>
4-4	<i>16994 SE 251ST Ave</i>	<i>4:03p.m.</i>	<i>D</i>	<i>0.4</i>

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

*0.4*

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is:

☐ A certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

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

☐ Employed by DEP or DOH

### TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier?
Submission Number:			
<i>M101986</i>	<i>A</i>		
<i>M101987</i>	<i>A</i>		
<i>M101988</i>	<i>A</i>		
<i>M101989</i>	<i>A</i>		

Time(s) Analyzed:

*3:00pm*

*Michael Herse*

TECHNICAL DIRECTOR

*2-17-10*

DATE

All tests are performed in accordance with NELAC standards.

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

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

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

The results presented herein relate only to the samples submitted.

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

*Sunshine Utilities*  
*10230 E. Hwy 25*  
*Bellview FL 34420*

DEP/DOH USE ONLY

☒ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

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

### FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED

MAR 15 '10 PM 1:01

RECEIVED BY: RP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

9.9 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ \_\_\_\_\_ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_

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

☐ PAID ☐ CHECK OR RECEIPT #:

SYSTEM NAME:

Sandy Acres

PWS ID: 3421118

SYSTEM PHONE: 352 347 7222

SYSTEM ADDRESS:

SE 251 Ter

COUNTY: Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Eden

COLLECTOR PHONE: 352 237 5154

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other: \_\_\_\_\_

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other: \_\_\_\_\_

SAMPLE COLLECTION DATE(S):

3/14/2010

REMARKS:

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect. Res'd (mg/L)
1	<u>Well 1</u>	<u>12:25pm</u>	<u>R</u>	
2	<u>Well 2</u>	<u>12:31pm</u>	<u>R</u>	
3	<u>25160 SE 172 St</u>	<u>12:39pm</u>	<u>D</u>	<u>0.4</u>
4	<u>17105 SE 249th Ave</u>	<u>12:43pm</u>	<u>D</u>	<u>0.4</u>

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

0.4

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing analysis is:

☒ A certified operator (# 12454)

☐ Employed by a certified lab

☒ Supervised by a cert operator (# 12454)

☐ Employed by DEP or DOH

### TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier
Submission Number:			
<u>M103185</u>	<u>A</u>		
<u>M103186</u>	<u>A</u>		
<u>M103187</u>	<u>A</u>		
<u>M103188</u>	<u>A</u>		

Time(s) Analyzed:

3:25pm

All tests are performed in accordance with NELAC standards.

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

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

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Sunshine Utilities  
10230 E. Hwy 25  
Belleview FL 34420

DEP/DOH USE ONLY

☒ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

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

### FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

APR 25 '10 PM 1:31

RECEIVED BY: JP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

9.1 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ \_\_\_\_\_ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED:

NOTIFIED BY:

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

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME:

Sandier Acres

PWS ID: 3421118

SYSTEM PHONE: 352 347 2228

SYSTEM ADDRESS:

SE 251 Ter

COUNTY: Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Marie Eden

COLLECTOR PHONE:

352 223 5150

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System ☐ Other:

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other:

SAMPLE COLLECTION DATE(S):

4/25/10

REMARKS:

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res <sup>d</sup> (mg/L)
1-4	well 1	355pm	R	
2-4	well 2	400pm	R	
3-4	17025 SE 24 <sup>TH</sup> Ter	406pm	D	0.5
4-4	10640 SE 25 <sup>TH</sup> Ter	413pm	D	0.5

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

0.5

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is:

☐ A certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☒ Supervised by a cert operator (# C-7459)

☐ Employed by DEP or DOH

### TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier <sup>2</sup>
Submission Number:			
M105164	A		
M105165	A		
M105166	A		
M105167	A		

Time(s) Analyzed:

2:15pm

All tests are performed in accordance with NELAC standards.

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

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

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Sunshine Utilities  
10230 E. Hwy 25  
Belleview FL 34420

### DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

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

### FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

RECEIVED BY JP

MAY 17 10 PM 1:17

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

10.5 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ \_\_\_\_\_ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_

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

☐ PAID ☐ CHECK OR RECEIPT # \_\_\_\_\_

SYSTEM NAME:

Sandy Creek

PWS ID:

3421113

SYSTEM PHONE:

3523472222

SYSTEM ADDRESS:

SE 1251 Teri

COUNTY:

FLORIDA

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria E. Hill

COLLECTOR PHONE:

3522235150

TYPE OF SUPPLY (Check-Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other: \_\_\_\_\_

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other: \_\_\_\_\_

SAMPLE COLLECTION DATE(S):

5-16-2010

REMARKS:

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
1-4	Well 1	1:45pm	R	
2-4	Well 2	1:51pm	R	
3-4	16700 SE 252 <sup>nd</sup> Ave.	1:57pm	D	0.5
4-4	11010 310 SE 249 <sup>th</sup> Ter.	2:03pm	D	0.5

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

0.5

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing analysis is:

☐ A certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☒ Supervised by a cert operator (# C 1459)

☐ Employed by DEP or DOH

### TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier
Submission Number:			
m106098	A		
m106099	A		
m106100	A		
m106101	A		

Time(s) Analyzed:

3:25 pm

All tests are performed in accordance with NELAC standards.

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

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

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Sunshine Utilities  
10230 E. Highway 25  
Boonville, TN 37026

### DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

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

### FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

RECEIVED BY: MP

MAY 17 '10 PM 1:17

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

10.5 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ \_\_\_\_\_ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED:

NOTIFIED BY:

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

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME:

Sandy Acres

PWS ID: 3421113

SYSTEM PHONE: 3523472222

SYSTEM ADDRESS:

SE 251 Teri

COUNTY: Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Edin

COLLECTOR PHONE: 3522335156

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other:

SAMPLE COLLECTION DATE(S):

5-16-2010

REMARKS:

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)
14	Well #1	1:45 p.m.	R	
24	Well #2	1:51 p.m.	R	
34	16700 SE 252 <sup>nd</sup> Ave.	1:59 p.m.	D	0.5
44	11010310 SE 249 <sup>th</sup> Teri	2:03 p.m.	D	0.5

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

0.5

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is:

☐ A certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☒ Supervised by a cert operator (# 1459)

☐ Employed by DEP or DOH

### TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier <sup>2</sup>
Submission Number:			
m106098	A		
m106099	A		
m106100	A		
m106101	A		

Time(s) Analyzed:

3:25 pm

All tests are performed in accordance with NELAC standards.

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

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

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Sunshine Utilities  
10230 E. Hwy. 25  
Bellevue 7134400

DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

### FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

JUN 21 10:10:55

RECEIVED BY: JC

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

9.8 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐

mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_

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

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME:

Sandy Acres

PWS ID:

3421118

SYSTEM PHONE:

352 3478223

SYSTEM ADDRESS:

SE 251 St

COUNTY:

Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Edmon

COLLECTOR PHONE:

352 2885150

TYPE OF SUPPLY (Check Only One):

☒ Community Water System

☐ Non-Transient Non-community Water System

☐ Transient Non-community Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check All That Apply):

☒ Distribution Routine

☐ Distribution Repeat

☒ Raw (triggered or assessment)

☐ Raw (triggered or assessment) additional

☐ Well Survey

☐ Clearance

☐ Replacement (also check type of sample being replaced)

☐ Boil Water Notice

☐ Other:

SAMPLE COLLECTION DATE(S):

6/20/2010

COMMENTS:

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
1-4	well 1	12:15 p.m.	R	
2-4	well 2	12:22 p.m.	R	
3-4	17117 SE 249TH Ave	12:21 p.m.	D	1.8
4-4	17045 SE 251ST TRAIL	12:32 p.m.	D	1.8

Average of disinfectant residuals for routine and repeat samples:

Free chlorine or Total chlorine (circle one)

1.8

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (#

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

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

### TO BE COMPLETED BY LAB

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

Lab Sample Number	Total coliform	E. coli	Data Qualifier
Report / Submission Number			
M107518	A		
M107519	A		
M107520	A		
M107521	A		

Time(s) Analyzed:

12:08 pm

Michael Morse 6-23-10

TECHNICAL DIRECTOR

DATE

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

All tests are performed in accordance with NELAC standards.

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

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

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

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

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

Sunshine Utilities  
10220 E Hwy 25  
Belleview, FL 34426-5501  
727 247-4720

DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

### FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

JUL 14 '10 PM 12:34

RECEIVED BY: ck

SAMPLE PRESERVATION: ☒ ON ICE ☐ NOT ON ICE 8.9 °C

DISINFECTANT CHECK: ☒ NOT DETECTED ☐ \_\_\_\_\_ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: \_\_\_\_\_

PERSON NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_

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

☐ PAID CHECK OR RECEIPT #: \_\_\_\_\_

SYSTEM NAME: Sandy Acres

PWS ID: 3421118 SYSTEM PHONE: 3523472222

SYSTEM ADDRESS: SE 251 Ave

COUNTY: Hardee

CLIENT: Sunshine Utilities COLLECTOR: Maria Silva COLLECTOR PHONE: 3522126150

TYPE OF SUPPLY (Check Only One):

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

REASON FOR SAMPLING (Check All That Apply):

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

SAMPLE COLLECTION DATE(S): 7/13/2010

COMMENTS: \_\_\_\_\_

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
14	well 11	1235p.m.	R	
24	well 12	1241p.m.	R	
34	110945 SE 252 <sup>nd</sup> Ave.	1243p.m.	D	0.6
44	17060 SE 242 <sup>nd</sup> Ave.	1254p.m.	D	0.6

Average of disinfectant residuals for routine and repeat samples:

Free chlorine or Total chlorine (circle one): 0.6

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is:

- ☐ A certified operator (# \_\_\_\_\_)  
☒ Supervised by a certified operator (# 11-74254)  
☐ Employed by a certified lab ☐ Employed by DEP or DOH  
☐ Authorized representative of supplier of water

### TO BE COMPLETED BY LAB

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

Lab Sample Number	Total coliform	E. coli	Data Qualifier
Report/Submission Number: <u>M108618</u>	<u>A</u>		
<u>M108619</u>	<u>A</u>		
<u>M108620</u>	<u>A</u>		
<u>M108621</u>	<u>A</u>		

Time(s) Analyzed:

2:05pm

All tests are performed in accordance with NELAC standards.

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

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

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

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

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

Sunshine Utilities  
10230 E. Highway 25  
Bob Primm 352 344211

TECHNICAL DIRECTOR

DATE

The results presented herein relate only to the samples submitted.

If you have any questions regarding this report, please call Lisa Saupp at (352) 625-281

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

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

DEP/DOH USE ONLY





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

### FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

RECEIVED BY: oof

AUG 16 '10 12:47

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

10.1 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ \_\_\_\_\_ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: \_\_\_\_\_

PERSON NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_

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

☐ PAID CHECK OR RECEIPT #: \_\_\_\_\_

SYSTEM NAME: Sunshine Utilities

PWS ID: 3421112

SYSTEM PHONE: 352 347 2231

SYSTEM ADDRESS: SE 251 St

COUNTY: Marion

CLIENT: Sunshine Utilities COLLECTOR: Maria Eden

COLLECTOR PHONE: 352 331 5150

TYPE OF SUPPLY (Check Only One):

☐ Community Water System

☐ Non-Transient Non-community Water System

☐ Transient Non-community Water System

☐ Limited Use System

☐ Other: \_\_\_\_\_

REASON FOR SAMPLING (Check All That Apply):

☐ Distribution Routine

☐ Distribution Repeat

☒ Raw (triggered or assessment)

☐ Raw (triggered or assessment) additional

☐ Well Survey

☐ Clearance ☐ Replacement (also check type of sample being replaced)

☐ Boil Water Notice

☐ Other: \_\_\_\_\_

SAMPLE COLLECTION DATE(S): 8/15/2010

COMMENTS: \_\_\_\_\_

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)
1-4	WELL P1	130p.m.	R	
2-4	WELL P2	136p.m.	R	
3-4	10280 SE 249TH AVE	142p.m.	D	1.0
4-4	10994 SE 251ST TERR	142p.m.	D	1.0

Average of disinfectant residuals for routine and repeat samples.<sup>3</sup>

Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is:

☐ A certified operator (# \_\_\_\_\_)

☒ Supervised by a certified operator (# P. Mosey)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

All tests are performed in accordance with NELAC standards.

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

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

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

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

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

SUNSHINE UTILITIES  
10230 E. HWY 25  
LLEVIEW, FL 34420-5011  
(352) 347-8228

### TO BE COMPLETED BY LAB

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

Lab Sample Number	Total coliform	E. coli	Data Qualifier <sup>2</sup>
Report/Submission Number:			
11109806	A		
11109807	A		
11109808	A		
11109809	A		

Time(s) Analyzed:

2:40pm

Michael Morse  
TECHNICAL DIRECTOR

8-18-10  
DATE

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

- DEP/DOH-USE ONLY
- ☐ Satisfactory
  - ☐ Incomplete Collection Information
  - ☐ Repeat Samples Required
  - ☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

### FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

RECEIVED BY: 11

SEP 20 '10 PM 1:25

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

7.3 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_

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

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME: Sandwich Acres

PWS ID: 3421118

SYSTEM PHONE: 352 347 3222

SYSTEM ADDRESS: SE 251 St

COUNTY: Marion

CLIENT: Sunshine Utilities

COLLECTOR: Maria Eden

COLLECTOR PHONE: 352 375 5555

TYPE OF SUPPLY (Check Only One):

☒ Community Water System

☐ Non-Transient Non-community Water System

☐ Transient Non-community Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check All That Apply):

☒ Distribution Routine

☐ Distribution Repeat

☒ Raw (triggered or assessment)

☐ Raw (triggered or assessment) additional

☐ Well Survey

☐ Clearance

☐ Replacement (also check type of sample being replaced)

☐ Boil Water Notice

☐ Other:

SAMPLE COLLECTION DATE(S): 9/19/2010

COMMENTS:

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)
1-4	well 1	115 p.m.	R	
2-4	well 2	120 p.m.	R	
3-4	25101 SE 172 <sup>nd</sup> St	124 p.m.	D	0.4
4-4	17105 SE 249 <sup>th</sup> Ave.	132 p.m.	D	0.4

Average of disinfectant residuals for routine and repeat samples.<sup>3</sup>

Free chlorine or Total chlorine (circle one):

0.4

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (# \_\_\_\_\_)

☒ Supervised by a certified operator (# C 7452)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

### TO BE COMPLETED BY LAB

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

Lab Sample Number	Total coliform	E. coli	Data Qualifier <sup>2</sup>
Report/Submission Number:			
M1011040	A		
M1011041	A		
M1011042	A		
M1011043	A		

Time(s) Analyzed:

3:14 p.m.

All tests are performed in accordance with NELAC standards.

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

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

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

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

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

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

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

DEP/DOH USE ONLY

TECHNICAL DIRECTOR

DATE

The results presented herein relate only to the samples submitted.

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





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

### FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

OCT 18 '10 AM 10:49

RECEIVED BY: PP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

7.9 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ \_\_\_\_\_ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_

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

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME:

Sandlyn Acres

PWS ID: 3421118

SYSTEM PHONE: 3523173238

SYSTEM ADDRESS:

SE 251 St

COUNTY: Volusia

CLIENT:

Sunshine Utilities

COLLECTOR:

Nario Edul

COLLECTOR PHONE: 3522251515

TYPE OF SUPPLY (Check Only One):

☒ Community Water System

☐ Non-Transient Non-community Water System

☐ Transient Non-community Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check All That Apply):

☒ Distribution Routine

☐ Distribution Repeat

☒ Raw (triggered or assessment)

☐ Raw (triggered or assessment) additional

☐ Well Survey

☐ Clearance

☐ Replacement (also check type of sample being replaced)

☐ Boil Water Notice

☐ Other:

SAMPLE COLLECTION DATE(S): 10-17-2010

COMMENTS:

### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)
1 4	well 1	2:00 p.m.	R	
2 4	well 2	2:00 p.m.	R	
3 4	17035 SE 248 <sup>th</sup> terr	2:12 p.m.	D	0.4
4 4	16140 SE 251 <sup>st</sup> terr	2:19 p.m.	D	0.4

Average of disinfectant residuals for routine and repeat samples.<sup>3</sup>  
Free chlorine or Total chlorine (circle one).

0.4

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (#

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

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

All tests are performed in accordance with NELAC standards.

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

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

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

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

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

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

### TO BE COMPLETED BY LAB

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

Lab Sample Number	Total coliform	E. coli	Data Qualifier <sup>2</sup>
Report / Submission Number:			
m1012235	A		
m1012236	A		
m1012237	A		
m1012238	A		

Time(s) Analyzed:

11:57 Am

Michael Morse

10-20-10

TECHNICAL DIRECTOR

DATE

The results presented herein relate only to the samples submitted.

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

### DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER

### TOTAL COLIFORM / E. coli ANALYSIS

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

#### FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

NOV 6 '10 PM 12:25

RECEIVED BY: UP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

9.9 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ \_\_\_\_\_ mg/L

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

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: \_\_\_\_\_

PERSON NOTIFIED: \_\_\_\_\_

NOTIFIED BY: \_\_\_\_\_

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

☐ PAID

CHECK OR RECEIPT #: \_\_\_\_\_

SYSTEM NAME: Sandier Acres

PWS ID: 3421113

SYSTEM PHONE: 352 347 8222

SYSTEM ADDRESS: SE 251 St

COUNTY: Marion

CLIENT: Sunshine Utilities

COLLECTOR: Maria Edin

COLLECTOR PHONE: 352 222 5150

TYPE OF SUPPLY (Check Only One):

☒ Community Water System

☐ Non-Transient Non-community Water System

☐ Transient Non-community Water System

☐ Limited Use System

☐ Other: \_\_\_\_\_

REASON FOR SAMPLING (Check All That Apply):

☒ Distribution Routine

☐ Distribution Repeat

☒ Raw (triggered or assessment)

☐ Raw (triggered or assessment) additional

☐ Well Survey

☐ Clearance

☐ Replacement (also check type of sample being replaced)

☐ Boil Water Notice

☐ Other: \_\_\_\_\_

SAMPLE COLLECTION DATE(S): 11-7-2010

COMMENTS: \_\_\_\_\_

#### TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)
1-4	Well 1	10:40 A.M.	R	
2-4	Well 2	10:45 A.M.	R	
3-4	17025 SE 248 <sup>TH</sup> LANE	10:51 A.M.	D	0.3
4-4	101040 SE 251 <sup>ST</sup> LANE	10:57 A.M.	D	0.3

Average of disinfectant residuals for routine and repeat samples.<sup>3</sup>

Free chlorine or Total chlorine (circle one):

0.3

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is:

☐ A certified operator (# \_\_\_\_\_)

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

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

#### TO BE COMPLETED BY LAB

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

Lab Sample Number	Total coliform	E. coli	Data Qualifier <sup>2</sup>
Report/Submission Number:			
M1013352	A		
M1013353	A		
M1013354	A		
M1013355	A		

Time(s) Analyzed:

2:26pm

Michael Morse

TECHNICAL DIRECTOR

DATE

11-10-10

All tests are performed in accordance with NELAC standards.

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

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

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

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

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

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

DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_







2010

MONTHLY OPERATION REPORTS

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

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> January 2010			
<b>A. Public Water System (PWS) Information</b>			
PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			
<b>B. Water Treatment Plant Information</b>			
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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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
Lead/Chief Operator:	Kelvin E Edun Sr.	C	7459
Other Operators:			

<b>II. Certification by Lead/Chief Operator</b>		
<p>I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.</p>		
Signature and Date	Printed or Typed Name	License Number
 2/5/2010	Kelvin E Edun Sr.	C-7459

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	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										0.30		
8		24	81,000												
9		24	81,000												
10	*	24	81,000										0.70		
11		24	91,000												
12	*	24	92,000										0.60		
13		24	82,000												
14	*	24	83,000										0.60		
15		24	68,000												
16		24	68,000												
17	*	24	70,000						7.40				0.40		
18		24	76,000												
19	*	24	77,000										0.60		
20		24	65,000												
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										0.40		
Total			2,348,000												
Average			75,741												
Maximum			94,000												

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



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

See page 4 for instructions.

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

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	64,000												
2	*	24	65,000										0.40		
3		24	69,000												
4	*	24	70,000										0.60		
5		24	68,000												
6		24	68,000												
7	*	24	68,000										0.60		
8		24	60,000												
9	*	24	60,000										0.60		
10		24	62,000												
11	*	24	63,000										0.50		
12		24	67,000												
13		24	67,000												
14	*	24	69,000						7.40				0.40		
15		24	66,000												
16	*	24	67,000										0.40		
17		24	70,000												
18	*	24	71,000										0.40		
19		24	67,000												
20		24	67,000												
21	*	24	68,000										0.30		
22		24	78,000												
23	*	24	79,000										0.70		
24		24	77,000												
25	*	24	77,000										0.70		
26		24	79,000												
27		24	79,000												
28	*	24	80,000										0.70		
29		24													
30		24													
31		24													
Total			1,945,000												
Average			69,464												
Maximum			80,000												

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





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

See page 4 for instructions.

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

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:		Total Population Served at End of Month:		
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.				
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER		
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420	
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915		
Contact Person's E-Mail Address:				

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date	4/4/2010	Printed or Typed Name	Kelvin E Edun Sr.	License Number	C-7459
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	92,000												
2	*	24	93,000										0.70		
3		24	89,000												
4	*	24	89,000										0.70		
5		24	105,000												
6		24	105,000												
7	*	24	106,000										0.60		
8		24	99,000												
9	*	24	99,000										0.60		
10		24	88,000												
11	*	24	89,000										0.50		
12		24	95,000												
13		24	95,000												
14	*	24	96,000						7.30				0.40		
15		24	91,000												
16	*	24	92,000										0.40		
17		24	58,000												
18	*	24	59,000										0.30		
19		24	65,000												
20		24	65,000												
21	*	24	66,000										0.80		
22		24	58,000												
23	*	24	58,000										0.80		
24		24	62,000												
25	*	24	63,000										0.70		
26		24	60,000												
27		24	60,000												
28	*	24	60,000										0.70		
29		24	58,000												
30	*	24	59,000										0.40		
31		24	57,000												
Total			2,431,000												
Average			78,419												
Maximum			106,000												

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



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

See page 4 for instructions.

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

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:		Total Population Served at End of Month:		
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.				
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER		
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420	
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915		
Contact Person's E-Mail Address:				

### B. Water Treatment Plant Information

Plant Name: 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 by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number



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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	57,000										0.60		
2		24	79,000												
3		24	79,000												
4	*	24	81,000										0.30		
5		24	73,000												
6	*	24	74,000										0.20		
7		24	80,000												
8	*	24	81,000										0.40		
9		24	68,000												
10		24	68,000												
11	*	24	70,000										0.60		
12		24	72,000												
13	*	24	72,000										0.60		
14		24	78,000												
15	*	24	79,000										0.40		
16		24	75,000												
17		24	75,000												
18	*	24	75,000										0.30		
19		24	73,000												
20	*	24	74,000										0.90		
21		24	81,000												
22	*	24	81,000										0.90		
23		24	93,000												
24		24	93,000												
25	*	24	95,000						7.20				0.50		
26		24	71,000												
27	*	24	71,000										1.00		
28		24	79,000												
29	*	24	80,000										1.00		
30		24	86,000												
31		24													
Total			2,313,000												
Average			77,100												
Maximum			95,000												

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



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

See page 4 for instructions.

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

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459
Other Operators:			

## II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Kelvin E Edun Sr. 6/4/2010</u>	Printed or Typed Name	<u>Kelvin E Edun Sr.</u>	License Number	<u>C-7459</u>
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	86,000												
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										0.40		
10		24	99,000												
11	*	24	99,000										1.20		
12		24	93,000												
13	*	24	93,000										0.40		
14		24	93,000												
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												
23	*	24	93,000										0.80		
24		24	102,000												
25	*	24	102,000										0.40		
26		24	89,000												
27	*	24	90,000										0.40		
28		24	86,000												
29		24	86,000												
30	*	24	88,000										0.30		
31		24	87,000												
Total			2,854,000												
Average			92,064												
Maximum			105,000												

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



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

See page 4 for instructions.

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

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number



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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	87,000										0.50		
2		24	90,000												
3	*	24	90,000										0.50		
4		24	89,000												
5		24	89,000												
6	*	24	91,000										0.40		
7		24	86,000												
8	*	24	87,000										0.40		
9		24	83,000												
10	*	24	84,000										0.30		
11		24	101,000												
12		24	101,000												
13	*	24	102,000										2.60		
14		24	112,000												
15	*	24	112,000										2.60		
16		24	97,000												
17	*	24	98,000										2.00		
18		24	74,000												
19		24	74,000												
20	*	24	74,000						7.60				1.80		
21		24	101,000												
22	*	24	101,000										1.80		
23		24	96,000												
24	*	24	96,000										1.80		
25		24	98,000												
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			2,764,000												
Average			92,133												
Maximum			112,000												

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



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

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> JULY 2010				
<b>A. Public Water System (PWS) Information</b>				
PWS Name: SANDY ACRES			PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month:			Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.				
Contact Person: Dewaine Christmas			Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25			City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228			Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:				
<b>B. Water Treatment Plant Information</b>				
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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

<b>II. Certification by Lead/Chief Operator</b>		
<p>I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.</p>		
<div style="text-align: right;">             Signature and Date         </div>	<div style="text-align: right;">           Kelvin E Edun Sr.            Printed or Typed Name         </div>	<div style="text-align: right;">           C-7459            License Number         </div>

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	75,000										1.50		
2		24	81,000												
3		24	81,000												
4	*	24	83,000										1.30		
5		24	81,000												
6	*	24	81,000										1.20		
7	*	24	90,000												
8	*	24	91,000										1.20		
9		24	94,000												
10		24	94,000												
11		24	95,000												
12		24	70,000												
13	*	24	70,000						7.40				0.60		
14		24	73,000												
15	*	24	74,000										0.60		
16	*	24	81,000												
17		24	81,000												
18	*	24	82,000										0.50		
19		24	76,000												
20	*	24	76,000										0.40		
21		24	88,000												
22	*	24	89,000										0.80		
23		24	99,000												
24		24	99,000												
25	*	24	99,000										0.40		
26		24	86,000												
27	*	24	86,000										1.20		
28		24	84,000												
29	*	24	85,000										1.20		
30		24	91,000												
31		24	91,000												
Total			2,626,000												
Average			84,709												
Maximum			99,000												

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



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

See page 4 for instructions.

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

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:		Total Population Served at End of Month:		
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.				
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER		
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla.	Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915		
Contact Person's E-Mail Address:				

### B. Water Treatment Plant Information

Plant Name: 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 by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## H. Certification by Lead/Chief Operator

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

Signature and Date

*Kelvin E Edun Sr.* 9/5/2010

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number



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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	92,000										1.00		
2		24	87,000												
3	*	24	87,000										1.20		
4		24	75,000												
5	*	24	76,000										1.20		
6		24	74,000												
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		24	84,000												
15	*	24	86,000						7.40				1.00		
16		24	87,000												
17	*	24	88,000										1.00		
18		24	86,000												
19	*	24	86,000										0.80		
20		24	94,000												
21		24	94,000												
22	*	24	94,000										0.60		
23		24	77,000												
24	*	24	78,000										0.60		
25		24	63,000												
26	*	24	64,000										0.50		
27		24	111,000												
28		24	111,000												
29	*	24	112,000										0.50		
30		24	114,000												
31	*	24	115,000										0.40		
Total			2,658,000												
Average			85,741												
Maximum			115,000												

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



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

See page 4 for instructions.

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

**A. Public Water System (PWS) Information**

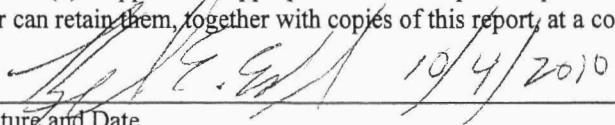
PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

  
Signature and Date

Kelvin E Edun Sr.  
Printed or Typed Name

C-7459  
License Number

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	86,000												
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										0.50		
8		24	69,000												
9	*	24	70,000										0.50		
10		24	72,000												
11		24	72,000												
12	*	24	73,000										0.40		
13		24	87,000												
14	*	24	88,000										0.40		
15		24	84,000												
16	*	24	85,000										0.40		
17		24	77,000												
18		24	77,000												
19	*	24	79,000						7.30				0.40		
20		24	92,000												
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												
28	*	24	93,000										0.60		
29		24	112,000												
30	*	24	112,000										0.50		
31		24													
Total			2,541,000												
Average			84,700												
Maximum			112,000												

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



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

See page 4 for instructions.

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

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date *Kelvin E Edun Sr.* 11/4/2010

Kelvin E Edun Sr.  
Printed or Typed Name

C-7459  
License Number



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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	110,000												
2		24	110,000												
3	*	24	111,000										0.50		
4		24	121,000												
5	*	24	121,000										0.50		
6		24	113,000												
7	*	24	114,000										0.50		
8		24	103,000												
9		24	103,000												
10	*	24	104,000										0.50		
11		24	110,000												
12	*	24	111,000										0.40		
13		24	106,000												
14	*	24	107,000										0.30		
15		24	83,000												
16		24	83,000												
17	*	24	84,000						7.40				0.40		
18		24	97,000												
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										0.30		
Total			3,073,000												
Average			99,129												
Maximum			121,000												

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



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

See page 4 for instructions.

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

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## H. Certification by Lead/Chief Operator

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

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1		24	89,000											
2	*	24	90,000										0.50	
3		24	83,000											
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											
11	*	24	99,000										0.60	
12		24	93,000											
13		24	93,000											
14	*	24	95,000										0.50	
15		24	91,000											
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											
23	*	24	99,000										0.60	
24		24	103,000											
25	*	24	104,000										0.60	
26		24	99,000											
27		24	99,000											
28	*	24	101,000										0.50	
29		24	90,000											
30	*	24	91,000										0.50	
31		24												
Total			2,795,000											
Average			93,166											
Maximum			104,000											

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



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

See page 4 for instructions.

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

**A. Public Water System (PWS) Information**

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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
Lead/Chief Operator:	Kelvin E Edun Sr.	C	7459
Other Operators:			

**II. Certification by Lead/Chief Operator**

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

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

## III. Daily Data for the Month/Year December 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	88,000											
2	*	24	89,000										0.50	
3		24	83,000											
4		24	83,000											
5	*	24	84,000										0.40	
6		24	103,000											
7	*	24	103,000						7.30				0.40	
8		24	100,000											
9	*	24	100,000										0.60	
10		24	99,000											
11		24	99,000											
12	*	24	99,000										0.40	
13		24	114,000											
14	*	24	114,000										0.70	
15		24	110,000											
16	*	24	110,000										0.50	
17		24	98,000											
18		24	98,000											
19	*	24	99,000										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		24	96,000											
26	*	24	97,000										0.40	
27		24	94,000											
28	*	24	94,000										0.30	
29		24	108,000											
30	*	24	109,000										0.50	
31		24	101,000											
Total			3,090,000											
Average			99,677											
Maximum			114,000											

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



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

See page 4 for instructions.

## I. General Information for the Month/Year of: January 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System:															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	0												NO METER
2		24	0												
3	*	24	0											0.60	
4		24	0												
5		24	0												
6	*	24	0											0.70	
7		24	0												
8	*	24	0											0.70	
9		24	0												
10		24	0												
11	*	24	0											0.40	NO METER
12		24	140,800											0.40	
13	*	24	140,900												
14		24	149,300												
15	*	24	149,400											0.30	
16		24	146,600												
17		24	146,600												
18	*	24	146,700											0.30	
19		24	157,700												
20	*	24	157,800											0.30	
21		24	157,400												
22	*	24	157,400											0.30	
23		24	134,400												
24		24	134,400												
25	*	24	134,500							7.20				0.40	
26		24	145,200												
27	*	24	145,200											0.40	
28		24	149,700												
29	*	24	149,800											1.20	
30		24	163,600												
31		24	163,600												
Total			2,971,000												
Average			95,838												
Maximum			163,600												

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



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

See page 4 for instructions.

## I. General Information for the Month/Year of: February 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

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

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	163,800										0.60		
2		24	165,900												
3	*	24	166,000										0.60		
4		24	157,000												
5	*	24	157,000										0.60		
6		24	180,000												
7		24	180,000												
8	*	24	181,000										1.20		
9		24	174,000												
10	*	24	174,800										1.20		
11		24	186,600												
12	*	24	186,700										1.00		
13		24	189,100												
14		24	189,100												
15	*	24	189,200										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												
21		24	89,300												
22	*	24	89,400						7.30				0.50		
23		24	91,000												
24	*	24	91,000										0.40		
25		24	90,000												
26	*	24	90,000										1.00		
27		24	95,500												
28		24	95,500												
29		24	0												
30		24	0												
31		24	0												
Total			3,993,400												
Average			128,819												
Maximum			189,200												

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



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

See page 4 for instructions.

## I. General Information for the Month/Year of: MARCH 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

*Kelvin E Edun Sr.*  
Signature and Date

Kelvin E Edun Sr.  
Printed or Typed Name

C-7459  
License Number



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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	*	24	95,600										1.00		
2		24	93,600												
3	*	24	93,700										0.70		
4		24	98,800												
5	*	24	98,900										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												
12	*	24	109,900										0.50		
13		24	114,100												
14		24	114,100												
15	*	24	114,200										0.50		
16		24	104,100												
17	*	24	104,100										0.40		
18		24	99,300												
19	*	24	99,400										0.60		
20		24	92,600												
21		24	92,600												
22	*	24	92,700						7.30				0.50		
23		24	67,900												
24	*	24	68,000										0.50		
25		24	60,000												
26	*	24	60,000										0.50		
27		24	90,100												
28		24	90,100												
29	*	24	90,300										0.70		
30		24	82,800												
31	*	24	82,800										0.70		
Total			2,919,500												
Average			94,177												
Maximum			114,200												

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



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

See page 4 for instructions.

## I. General Information for the Month/Year of: APRIL 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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
Lead/Chief Operator:	Kelvin E Edun Sr.	C	7459
Other Operators:			

## II. Certification by Lead/Chief Operator

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

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Type of Disinfectant Residual Maintained in Distribution System															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	77,100												
2	*	24	77,200										0.60		
3		24	73,900												
4		24	73,900												
5	*	24	74,100										0.60		
6		24	76,200												
7	*	24	76,200										0.60		
8		24	0												FLOW METER NOT IS WORKING
9	*	24	0										0.50		
10		24	0												
11		24	0												
12	*	24	0										0.40		
13		24	0												
14	*	24	0										0.40		
15		24	0												
16	*	24	0										0.40		
17		24	0												
18		24	0												
19	*	24	0							7.30			0.50		
20		24	0												
21	*	24	0										0.30		
22		24	0												
23	*	24	0										0.60		
24		24	0												
25	*	24	0										0.60		
26		24	0												
27		24	0												
28	*	24	0										0.50		
29		24	0												
30	*	24	0										0.60		
31		24	0												
Total			528,600												
Average			17,051												
Maximum			77,200												

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





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

See page 4 for instructions.

## I. General Information for the Month/Year of: MAY 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

*Kelvin E Edun Sr.*  
6/4/2009

Kelvin E Edun Sr.  
Printed or Typed Name

C-7459  
License Number

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations							UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²				
1		24	0												FLOW METER IS NOT WORKING	
2		24	0													
3	*	24	0										0.60			
4		24	0													
5	*	24	0											0.60		
6		24	8,700													
7	*	24	8,700											0.50		
8		24	8,500													
9		24	8,500													
10	*	24	85,200											0.60		
11		24	84,900													
12	*	24	85,000											0.50		
13		24	84,800													
14	*	24	84,800											0.40		
15		24	75,700													
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													
23		24	49,000													
24	*	24	49,200											0.30		
25		24	44,200													
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													
Average			38,516													
Maximum			85,200													

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



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

See page 4 for instructions.

## I. General Information for the Month/Year of: JUNE 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

Kelvin E Edun Sr.  
Printed or Typed Name

C-7459  
License Number



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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	0												FLOW METER IS NOT WORKING
2	*	24	0										0.50		
3		24	0												
4	*	24	0										0.50		
5		24	0												
6		24	0												
7	*	24	0										0.50		
8		24	0												
9	*	24	0										0.40		
10		24	0												
11	*	24	0										0.40		
12		24	0												
13		24	0												
14	*	24	0										0.40		
15		24	0												
16	*	24	0										0.40		
17		24	0												
18	*	24	0										0.40		
19		24	0												
20		24	0												
21	*	24	0							7.30			0.40		
22		24	0												
23	*	24	0										0.90		
24		24	0												
25	*	24	0										0.30		
26		24	0												
27		24	0												
28	*	24	0										0.50		
29		24	0												
30	*	24	0										0.40		FLOW METER IS NOT WORKING
31		24													
Total			0												
Average			0												
Maximum			0												

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



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

See page 4 for instructions.

## I. General Information for the Month/Year of: JULY 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459
Other Operators:			

## II. Certification by Lead/Chief Operator

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

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	0												FLOW METER IS NOT WORKING
2	*	24	0										0.60		
3		24	0												
4		24	0												
5	*	24	0										0.60		
6		24	0												
7	*	24	0										0.60		
8		24	0												
9	*	24	0										0.50		
10		24	0												
11		24	0												
12	*	24	0						7.40				0.50		
13		24	0												
14	*	24	0										0.50		
15		24	0												
16	*	24	0										0.50		
17		24	0												
18		24	0												
19	*	24	0										0.40		
20		24	0												
21	*	24	0										0.40		
22		24	0												
23	*	24	0										0.30		
24		24	0												
25		24	0												
26	*	24	0										0.50		
27		24	0												
28	*	24	0										0.40		
29		24	0												
30	*	24	0										0.60		FLOW METER IS NOT WORKING
31		24													
Total			0												
Average			0												
Maximum			0												

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





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

See page 4 for instructions.

## I. General Information for the Month/Year of: August 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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
Lead/Chief Operator:	Kelvin E Edun Sr.	C	7459
Other Operators:			

## II. Certification by Lead/Chief Operator

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

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	0											FLOW METER IS NOT WORKING	
2	*	24	0										0.50		
3		24	0												
4	*	24	0										0.50		
5		24	0												
6	*	24	0										0.50		
7		24	0												
8	*	24	0										0.40		
9		24	0												
10		24	0												
11	*	24	0										0.40		
12		24	0												
13	*	24	0										0.60		
14		24	0												
15		24	0												
16	*	24	0										0.50		
17		24	0												
18	*	24	0										0.50		
19		24	0												
20	*	24	0										0.50		
21		24	0												
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												
30	*	24	0										0.60	FLOW METER IS NOT WORKING	
31		24													
Total			0												
Average			0												
Maximum			0												

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



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

See page 4 for instructions.

## I. General Information for the Month/Year of: September 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date: Kelvin E Edun Sr.  
Printed or Typed Name

C-7459  
License Number



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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	*	24	0										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											
13	*	24	88,000										0.50	
14		24	76,000											
15	*	24	76,000										0.40	
16		24	70,000											
17	*	24	70,000										0.60	
18		24	73,000											
19		24	73,000											
20	*	24	75,000						7.40				0.50	
21		24	70,000											
22	*	24	70,000										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		24												
Total			2,233,000											
Average			74,433											
Maximum			100,000											

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



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

See page 4 for instructions.

## I. General Information for the Month/Year of: October 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	*	24	69,000										0.40		
2		24	91,000												
3		24	91,000												
4	*	24	91,000										0.40		
5		24	77,000												
6	*	24	77,000										0.70		
7		24	78,000												
8	*	24	79,000										0.70		
9		24	76,000												
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												
17		24	81,000												
18	*	24	83,000						7.50				0.50		
19		24	70,000												
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												
27	*	24	71,000										0.40		
28		24	68,000												
29	*	24	69,000										0.40		
30		24	72,000												
31		24	72,000												
Total			2,358,000												
Average			76,064												
Maximum			91,000												

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





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

See page 4 for instructions.

**I. General Information for the Month/Year of:** November 2009

**A. Public Water System (PWS) Information**

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	*	24	73,000										0.30	
2		24	86,000											
3	*	24	87,000										0.90	
4		24	110,000											
5	*	24	111,000										0.90	
6		24	108,000											
7		24	108,000											
8	*	24	109,000										0.80	
9		24	81,000											
10	*	24	81,000										0.80	
11		24	72,000											
12	*	24	72,000										0.60	
13		24	78,000											
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											
21		24	69,000											
22	*	24	70,000										0.40	
23		24	77,000											
24	*	24	78,000										0.70	
25		24	83,000											
26	*	24	84,000										0.70	
27		24	80,000											
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.



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

See page 4 for instructions.

## I. General Information for the Month/Year of: December 2009

### A. Public Water System (PWS) Information

PWS Name: SANDY ACRES		PWS Identification Number: 3421118	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

### B. Water Treatment Plant Information

Plant Name: 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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.	C	7459	
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

Kelvin E Edun Sr.  
Printed or Typed Name

C-7459  
License Number



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

PWS Identification Number: 3421118

Plant Name: SANDY ACRES

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	85,000										0.60		
2		24	65,000												
3	*	24	65,000										0.60		
4		24	67,000												
5		24	67,000												
6	*	24	68,000										0.60		
7		24	64,000												
8	*	24	64,000										0.50		
9		24	67,000												
10	*	24	68,000										0.50		
11		24	68,000												
12		24	68,000												
13	*	24	69,000						7.50				0.50		
14		24	64,000												
15	*	24	64,000										1.00		
16		24	68,000												
17	*	24	69,000										1.00		
18		24	72,000												
19		24	72,000												
20	*	24	74,000										0.90		
21		24	70,000												
22	*	24	70,000										0.90		
23		24	75,000												
24	*	24	76,000										0.90		
25		24	73,000												
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												
Average			69,838												
Maximum			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

Test Year Ended December 31, 2010

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

Plant Name SANDY ACRES County Marion PWS ID # 3421118  
Plant Location: 24901 SE Highway 42, Umatilla, FL 32784 Phone 352-347-8228  
Owner Name: Sunshine Utilities of Central Florida, Inc. Phone 352-347-8228  
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531  
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228  
This Survey Date 04/08/10 Last Survey Date 04/26/07 Last Compliance Inspection Date 08/08/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 230,000 gpd

PWS STATUS: Approved

**TREATMENT PROCESSES IN USE**

Hypochlorination

**SERVICE AREA CHARACTERISTICS**

Mobile Home Park

Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connection 228

Population Served 570 Basis Owner

**OPERATION & MAINTENANCE LOG: Yes**

Location Plant

Comments \_\_\_\_\_

**CERTIFIED OPERATOR: Yes**

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

Hrs/day: Required \_\_\_\_\_ Visit \_\_\_\_\_ Actual \_\_\_\_\_ Visit \_\_\_\_\_

Days/wk: Required \_\_\_\_\_ 3 \_\_\_\_\_ Actual \_\_\_\_\_ 3 \_\_\_\_\_

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

Comments Visits must be on non consecutive days and  
total at least 0.3 hours per week.

**MONTHLY OPERATION REPORTS (MORs)**

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

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

Average Day (from MORs) 49,832 gpd

Maximum Day (from MORs) 114,200 gpd 03/09

Comments \_\_\_\_\_

Flow Measuring Device Flow Meter

Meter Size & Type 4" Sensus

Date Last Calibrated Unknown

**RAW WATER SOURCE**

☒ GROUND, Number of Wells 2

☐ PURCHASED from PWS ID # \_\_\_\_\_

☐ Emergency Water Source \_\_\_\_\_

Emergency Water Capacity \_\_\_\_\_

**STANDBY POWER SOURCE: Yes**

Source Propane generator

Capacity of Standby (kW) 12

Switchover: ☒ Automatic ☐ Manual

Hrs Operated Under Load Unknown

What equipment does it operate?

☒ Well Pumps 2

☐ High Service Pumps \_\_\_\_\_

☒ Treatment Equipment \_\_\_\_\_

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

Audio-visual alarm? ☐ Yes ☒ No

Comments There is no audio-visual alarm at the  
water treatment plant.

**PLANS AND MAPS**

Coliform Sampling Plan ☒ Yes ☐ No ☐ N/A

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

Lead and Copper Plan ☒ Yes ☐ No ☐ N/A

Distribution System Map ☒ Yes ☐ No ☐ N/A

Emergency Response Plan ☒ Yes ☐ No ☐ N/A

Comments \_\_\_\_\_

**PREVENTIVE MAINTENANCE/O&M**

Operation & Maintenance Manual ☒ Yes ☐ No

Preventive Maintenance Program ☒ Yes ☐ No

Flushing Program ☒ Yes ☐ No ☐ N/A

Records ☒ Yes ☐ No ☐ N/A

Isolation Valve Exercise ☒ Yes ☐ No ☐ N/A

Records ☒ Yes ☐ No ☐ N/A

Comments \_\_\_\_\_

**CROSS CONNECTION CONTROL**

# BFPAs None observed # Tested Unknown

WWTP RPZ N/A Date Tested Unknown

Written Plan Inadequate Date N/A

Comments \_\_\_\_\_



PWS ID # 3421118  
 Date 04/08/10

**GROUND WATER SOURCE**

Well Number (Florida Unique Well ID #)		1(AAG9607)	2		
Year Drilled		1981	1981		
Depth Drilled		180'	179'		
Drilling Method		Cable tool	Cable tool		
Type of Grout		Neat Cement	Neat Cement		
Static Water Level		60'	60'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		108'	110'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	230	89		
	Motor Horsepower	15	5		
Well casing 12" above grade?		*No*	Yes		
Well Casing Sanitary Seal		Yes	Yes		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
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.

PWS ID # 3421118  
Date 04/08/10

#### CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo  
Make Chem-Tech Capacity 15 gpd  
Chlorine Feed Rate 100% of stroke  
Avg. Amount of Cl<sub>2</sub> gas used N/A  
Chlorine Residuals: Plant 1.4 Remote 0.4  
Remote tap location 16725 SE 252<sup>nd</sup> Avenue  
DPD Test Kit: ☐ On-site ☒ With operator  
☐ None ☐ Not Used Daily  
Injection Points Prior to the hydropneumatic tank.  
Booster Pump Info \_\_\_\_\_  
Comments \_\_\_\_\_

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

#### AERATION (Gases, Fe, & Mn Removal)

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

#### STORAGE FACILITIES

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

Tank Type/Number	H1		
Capacity (gal)	2,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	No		
PRV/ARV	ARV		
Pressure Gauge	Yes		
On/Off Pressure	30/50		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	Effluent pipe		
Date of Inspection	06/2008		
Date of Cleaning	06/2008		

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### HIGH SERVICE PUMPS

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

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **DEFICIENCIES:**

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

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

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

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



**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, 2010, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2010.
- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at <http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm>.

Inspector  Title Env. Specialist II Date 04/21/10

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

**RESPONSE**

Please provide any changes to the following:

PWS ID Number: 3421118 Business Name: \_\_\_\_\_  
 PWS Name: Sandy Acres \_\_\_\_\_  
 \_\_\_\_\_ Owner(s) Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
 Date: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

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

Attention: Daniel Shideler, Environmental Specialist

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

Deficiency Item No.	Corrective Action Done	Date Done
1	Manny Cardona has approved our cross connection plan on March 9, 2010. It will now be implemented.	4/27/10
2	We are under contract with on-site power to have alarms installed	6 months ago
3	Log book was onsite inside of the generator transfer switch	5/10/10

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: 

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

Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (9)  
VEHICLES

Test Year Ended December 31, 2010

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## 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

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

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

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

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

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

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

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