

CLASS A

WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING REQUIREMENTS**

OF

WATER MANAGEMENT SERVICES, INC.
DOCKET NO. 110200-WU

VOLUME III

ADDITIONAL ENGINEERING INFORMATION

FOR THE

TEST YEAR ENDED: DECEMBER 31, 2010

COM	_____
APA	_____
ECR	_____
GCL	_____
RAD	_____
SRC	_____
ADM	_____
OPC	_____
CLK	_____

DOCUMENT NUMBER - DATE
08224 NOV-7 =
FPSC-COMMISSION CLERK

WATER MANAGEMENT SERVICES, INC.

DOCKET NO. 110200-WU

ADDITIONAL ENGINEERING INFORMATION

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MAP - Filed under separate cover with Application

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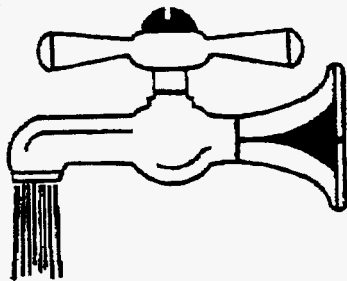
Filed with Application

CHEMICALS USED

WATER MANAGEMENT SERVICES, INC.
CHEMICAL USED IN WATER TREATMENT
2010

	Chlorine Gas	Calcium Hypochlorite	Sodium Hypochlorite
Number of Cylinders	99	1	1
Pounds per Cylinder	250	150	10
Pounds of Chemicals Used	24,750	150	10
Cost of Chemicals	\$12,611.36	\$212.31	\$28.92
(000) Gallons Pumped	172,439	172,439	172,439
(000) Gallons Sold	142,125	142,125	142,125
Average cost per pound	0.5095	1.4154	2.8920
Average cost per (000) gals pumped	0.0731	0.0012	0.0002
Average cost per (000) gals sold	0.0887	0.0015	0.0002
Average Dosage rate, lbs per (000) gals pumped	0.1435	0.0009	0.0001
Average Dosage rate, lbs per (000) gals sold	0.1741	0.0011	0.0001

CHEMICAL ANALYSES



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105
5806 East Hwy. 22 * Panama City, Florida 32404
Phone (850) 871-1900 Fax (850) 871-9303
Trishj-waterspigit@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For: Water Management Service, Inc.
Attention: Brenda Molsbee
Client Address: 139 West Gulf Beach Dr.
St. George Island, FL 32328-

Report Date: 08/15/11
LAB ID: WS11JUL12-041-001

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By: Trishj-waterspigit
Serial #: WS11JUL12-041-001-Original

Date: 8/15/11
Report Type: Original

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – please type or print legibly)

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5806 E. Highway 22, Panama City, FL 32404 Phone #: (850) 871-1900

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/12/2011

PWS ID (From Page 1): 1190789 Sample Number (From Page 1): WS11JUL12-041-001 Lab Assigned Report #: WS11JUL12-041-001

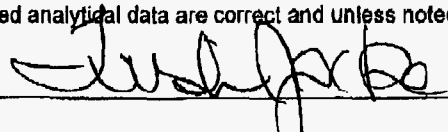
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input checked="" type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

LAB CERTIFICATION

I, Trish Jackson, President, do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 8-15-11

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: WS11JUL12-041-001

Disinfectant Residual (mg/L): 2.0

PWS ID (From Page 1): 1190789

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1.0		EPA 552.2	0.5	2.0	07/22/2011	15:50	E81105
2451	Dichloroacetic Acid	N/A	µg/L	11		EPA 552.2	0.5	1.0	07/22/2011	15:50	E81105
2452	Trichloroacetic Acid	N/A	µg/L	12	V	EPA 552.2	0.5	1.0	07/22/2011	15:50	E81105
2453	Monobromoacetic Acid	N/A	µg/L	0.76		EPA 552.2	0.5	1.0	07/22/2011	15:50	E81105
2454	Dibromoacetic Acid	N/A	µg/L	3.0		EPA 552.2	0.5	1.0	07/22/2011	15:50	E81105
2456	Total Haloacetic Acids (HAA5)	60	µg/L	27.76		EPA 552.2	0.5	—	07/22/2011	15:50	E81105

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	37.9		EPA 502.2	0.5	1.0	07/14/2011	11:08	E81105
2942	Bromoform	N/A	µg/L	0.5	U	EPA 502.2	0.5	1.0	07/14/2011	11:08	E81105
2943	Bromodichloromethane	N/A	µg/L	22.2		EPA 502.2	0.5	1.0	07/14/2011	11:08	E81105
2944	Dibromochloromethane	N/A	µg/L	7.1		EPA 502.2	0.5	1.0	07/14/2011	11:08	E81105
2950	Total Trihalomethanes (TTHM)	80	µg/L	67.2		EPA 502.2	0.5	—	07/14/2011	11:08	E81105

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(32-550.730 Reporting Format Effective 01/1/95, Revised 02/2010)

The Water Spigot, Inc.
5806 East Highway 22
Panama City, FL 32404
E81105

Page 2 of 2

Lab Receipt Date & Time: 09/14/2011 15:20 CDT

Analysis Date & Time: 09/14/2011 15:50 CDT

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice ☒ 8.8 °CDisinfectant Check: ☒ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Report Number: WS11SEP14-045 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: Water Management Service, Inc.

PWS I.D.

1	1	9	0	7	8	9
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PWS Address: 139 West Gulf Beach Dr.

City: St. George Island

PWS or PWS Owner's Phone #: 850-927-2648

Fax #: _____

Collector: Hank Garrett

Collector's Phone #: 850-519-7685

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ 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: 09/13/2011

To be completed by collector on sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Colitag				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ²	Data Qualifier ³	Lab Sample #
5	Water Man Leisure L	15:20EST	D	2.0	7.3		A			WS11SEP14-045-001
6	Water Man 3rd St W	15:25EST	D	2.7	7.2		A			WS11SEP14-045-002
7	Water M Franklin Bd	15:39EST	D	2.8	7.2		A			WS11SEP14-045-003
8	Water Man 9th St E	15:57EST	D	1.9	7.0		A			WS11SEP14-045-004
9	Water Man State Pk	16:07EST	D	1.6	7.0		A			WS11SEP14-045-005

Average of disinfectant residuals for distribution routine & repeat samples.⁴ Free chlorine or Total chlorine (circle one).

2.20

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see Instructions on reverse):

☒ A certified operator (# 7102 _____)☐ Supervised by certified operator (# _____)☐ Employed by a certified lab ☐ Employed by DEP or DOH☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: 09/23/11

Lab Signature: _____

Title: President

Brenda Molsbee
Water Management Service, Inc.
139 West Gulf Beach Dr
St. George, FL 32328

DEP/DOH USE ONLY

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

¹ For Sample Types see instructions item 1.16.² Please circle appropriate selection.³ Defined in Florida Administrative Code Rule 62-160, Table 1.⁴ Composite for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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

The Water Spigot, Inc.
5806 East Highway 22
Panama City, FL 32404
E81105

Page 2 of 2

Lab Receipt Date & Time: 09/14/2011 15:20 CDT

Analysis Date & Time: 09/14/2011 15:50 CDT

Sample Acceptance Criteria:Sample Preservation: ☒ On Ice ☐ Not On Ice ☒ 8.8 °CDisinfectant Check: ☒ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Report Number: WS11SEP14-044 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____Public Water System (PWS) Name: Water Management Service, Inc.

PWS I.D.

1 1 9 0 7 8 9

PWS Address: 139 West Gulf Beach Dr.City: St. George IslandPWS or PWS Owner's Phone #: 850-927-2648

Fax #: _____

Collector: Hank GarrettCollector's Phone #: 850-519-7685**Type of Supply:** (check only one)☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ 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: 09/13/2011

Type completed by collector of sample						Type completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) : Colitag				
						Non- Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ²	Data Qualifier ³	Lab Sample #
1	Water Man Well 1	16:40EST	R		7.0		A			WS11SEP1 4-044-001
2	Water Man Well 2	16:46EST	R		6.9		A			WS11SEP1 4-044-002
3	Water Man Well 3	16:20EST	R		6.9		A			WS11SEP1 4-044-003
4	Water Man Well 4	16:53EST	R		7.0		A			WS11SEP1 4-044-004

Average of disinfectant residuals for distribution routine & repeat samples.⁴ Free chlorine or Total chlorine (circle one).**Disinfectant Residual Analysis Method:**☒ DPD Colorimetric ☐ Other: _____**Person performing disinfectant analysis is (see instructions on reverse):**☒ A certified operator (# 7102)☐ Supervised by certified operator (# _____)☐ Employed by a certified lab ☐ Employed by DEP or DOH☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: 09/23/11Lab Signature: Trish JenkinsTitle: President

Brenda Molsbee
Water Management Service, Inc.
139 West Gulf Beach Dr
St. George, FL 32328

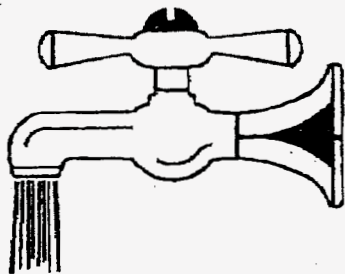
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions, Rev. 11/10.² Please circle appropriate selection.³ Defined in Florida Administrative Code Rule 62-169, Table 1.⁴ Composite for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105
5806 East Hwy. 22 * Panama City, Florida 32404
Phone (850) 871-1900 Fax (850) 871-9303
Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For: Water Management Service, Inc.
Attention: Brenda Molsbee
Client Address: 139 West Gulf Beach Dr.
St. George Island, FL 32328-
Report Date: 07/13/11
LAB ID: WS11MAY18-060-001
Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By: 
Serial #: WS11MAY18-060-001-Original

Date: 7/15/11
Report Type: Original

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly)

System Name: Water Management Service, Inc. PWS I.D. #: 1190789
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 139 West Gulf Beach Dr.
City: St. George Island ZIP Code: 32328-
Phone #: 850-927-2648 Fax #: _____ E-Mail Address: wmshg2000@yahoo.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WS11MAY18-060-001 Sample Date: 05/18/2011 Sample Time: 07:50 AM PM (Circle One)

Sample Location (be specific): Plant Tap Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 7.0

Sample Type (Check Only One)

- ☐ Distribution
☒ Entry Point (to Distribution)
☐ Plant Tap (not for compliance with 62-550)
☐ Raw (at well or intake)
☐ Max Residence Time
☐ Ave Residence Time
☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☒ Routine Compliance with 62-550 ☐ Replacement (of Invalidated Sample)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Clearance (permitting)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

I, Hank Garrett, A certified operator do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

Certified Operator #: 7102 Phone #: 850-370-6289 Sampler's Fax #: _____

Sampler's E-mail: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab -- please type or print legibly)

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5806 E. Highway 22, Panama City, FL 32404 Phone #: (850) 871-1900

Were any analyses subcontracted? ☒ Yes ☐ No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/18/2011

PWS ID (From Page 1): 1190789 Sample Number (From Page 1): WS11MAY18-060-001 Lab Assigned Report #: WS11MAY18-060-001

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics

- ☒ All Except Asbestos
☐ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☒ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☒ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☒ All 14
☐ Partial

LAB CERTIFICATION

I, Trish Jackson, President, do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 7-15/11

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: WS11MAY18-060-001

PWS ID (From Page 1): 1190789

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.1	U	EPA 353.2	0.1	05/18/2011	14:56	E81105
1041	Nitrite (as N)	1	mg/L	0.1	U	EPA 353.2	0.1	05/18/2011	14:56	E81105
1005	Arsenic	0.010	mg/L	0.002	U	EPA 200.9	0.002	06/02/2011	17:00	E81105
1010	Barium	2	mg/L	0.020		EPA 200.7	0.001	05/26/2011	17:00	E81105
1015	Cadmium	0.005	mg/L	0.0001	U	EPA 200.9	0.0001	06/01/2011	12:00	E81105
1020	Chromium	0.1	mg/L	0.0037	I	EPA 200.7	0.002	05/26/2011	17:00	E81105
1024	Cyanide	0.2	mg/L	0.005	U	EPA 335.4	0.005	06/01/2011	14:34	E81105
1025	Fluoride	4.0	mg/L	0.49	I	SM 4500-F C	0.1	06/01/2011	15:30	E81105
1030	Lead	0.015	mg/L	0.001	U	EPA 200.9	0.001	05/31/2011	16:00	E81105
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	06/03/2011	13:00	E81105
1036	Nickel	0.1	mg/L	0.002	U	EPA 200.7	0.002	05/26/2011	17:00	E81105
1045	Selenium	0.05	mg/L	0.003	U	EPA 200.9	0.003	06/07/2011	13:00	E81105
1052	Sodium	160	mg/L	12		SM 3111 B	1.0	05/27/2011	11:00	E81105
1074	Antimony	0.006	mg/L	0.002	U	EPA 200.9	0.002	06/06/2011	15:00	E81105
1075	Beryllium	0.004	mg/L	0.0001	U	EPA 200.9	0.0001	06/08/2011	08:00	E81105
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	06/08/2011	09:00	E81105
1094	Asbestos	7 MFL	MFL							E

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

SECONDARY CONTAMINANTS
62-550 320

Report Number / Job ID: WS11MAY18-060-001

PWS ID (From Page 1): 1190789

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.05	U	EPA 200.7	0.05	05/26/2011	17:00	E81105
1017	Chloride	250	mg/L	34		SM 4500-CL-E (20th)	2.0	05/25/2011	12:18	E81105
1022	Copper	1	mg/L	0.024	I	SM 3111 B	0.01	06/02/2011	09:10	E81105
1025	Fluoride	2.0	mg/L	0.49	I	SM 4500-F C	0.1	06/01/2011	15:30	E81105
1028	Iron	0.3	mg/L	0.051	I	EPA 200.7	0.04	05/26/2011	17:00	E81105
1032	Manganese	0.05	mg/L	0.0012	I	EPA 200.7	0.001	05/26/2011	17:00	E81105
1050	Silver	0.1	mg/L	0.01	U	SM 3111 B	0.01	06/01/2011	16:00	E81105
1055	Sulfate	250	mg/L	11	I	EPA 375.2	5.0	05/27/2011	15:40	E81105
1095	Zinc	5	mg/L	0.0046	I	EPA 200.7	0.004	05/26/2011	17:00	E81105
1905	Color	15	CU	5.0	U	SM 2120 B (20th)	5.0	05/18/2011	14:30	E81105
1920	Odor	3	TON	1.0	U	SM 2150B	1.0	05/24/2011	11:00	E81105
1925	pH (field pH from page 1)	6.5 - 8.5		7.9		SM 4500-H B	0			E81105
1930	Total Dissolved Solids	500	mg/L	332		SM 2540 C (20th)	1	05/20/2011	13:30	E81105
2905	Foaming Agents	0.5	mg/L	0.07	I	SM 5540 C	0.05	05/23/2011	13:30	E81105

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: WS11MAY18-060-001

PWS ID (From Page 1): 1190789

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2380	cis-1,2-Dichloroethylene	70	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2955	Xylenes (total)	10,000	µg/L	0.48	U	EPA 524.2	0.48	0.5	05/27/2011	11:40	E81105
2964	Dichloromethane	5	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2968	o-Dichlorobenzene	600	µg/L	0.46	U	EPA 524.2	0.46	0.5	05/27/2011	11:40	E81105
2969	para-Dichlorobenzene	75	µg/L	0.44	U	EPA 524.2	0.44	0.5	05/27/2011	11:40	E81105
2976	Vinyl Chloride	1	µg/L	0.47	U	EPA 524.2	0.47	0.5	05/27/2011	11:40	E81105
2977	1,1-Dichloroethylene	7	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2979	trans-1,2-Dichloroethylene	100	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2980	1,2-Dichloroethane	3	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2981	1,1,1-Trichloroethane	200	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2982	Carbon tetrachloride	3	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2983	1,2-Dichloropropane	5	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2984	Trichloroethylene	3	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2985	1,1,2-Trichloroethane	5	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2987	Tetrachloroethylene	3	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2989	Monochlorobenzene	100	µg/L	0.43	U	EPA 524.2	0.43	0.5	05/27/2011	11:40	E81105
2990	Benzene	1	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2991	Toluene	1,000	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105
2992	Ethylbenzene	700	µg/L	0.48	U	EPA 524.2	0.48	0.5	05/27/2011	11:40	E81105
2996	Styrene	100	µg/L	0.5	U	EPA 524.2	0.5	0.5	05/27/2011	11:40	E81105

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS

62-550.310(4)(b)

Report Number / Job ID: WS11MAY18-060-001

PWS ID (from Page 1): 1190789

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	µg/L	0.09	U	EPA 525.2	0.09	0.01	05/20/2011	05/21/2011	04:34	E84129
2010	Lindane	0.2	µg/L	0.05	U	EPA 525.2	0.05	0.02	05/20/2011	05/21/2011	04:34	E84129
2015	Methoxychlor	40	µg/L	0.05	U	EPA 525.2	0.05	0.1	05/20/2011	05/21/2011	04:34	E84129
2020	Toxaphene	3	µg/L	0.53	U	EPA 508.1	0.53	1	05/20/2011	05/24/2011	12:51	E84129
2031	Dalapon	200	µg/L	0.52	U	EPA 515.3	0.52	1	05/24/2011	05/25/2011	02:43	E84129
2032	Diquat	20	µg/L	1.3	U	EPA 549.2	1.3	0.4	05/25/2011	05/26/2011	10:37	E84129
2033	Endosulfan	100	µg/L	12	U	EPA 548.1	12	9	05/25/2011	05/28/2011	04:45	E84129
2034	Glyphosate	700	µg/L	6.5	U	EPA 547	6.5	6	05/20/2011	05/20/2011	23:38	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.1	U	EPA 525.2	0.1	0.6	05/20/2011	05/21/2011	04:34	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.44	U	EPA 531.1	0.44	2	05/25/2011	05/25/2011	03:42	E84129
2037	Simazine	4	µg/L	0.09	U	EPA 525.2	0.09	0.07	05/20/2011	05/21/2011	04:34	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	2.0	U	EPA 525.2	2.0	0.6	05/20/2011	05/21/2011	04:34	E84129
2040	Picloram	500	µg/L	0.25	U	EPA 515.3	0.25	0.1	05/24/2011	05/25/2011	02:43	E84129
2041	Diuron	7	µg/L	0.22	U	EPA 515.3	0.22	0.2	05/24/2011	05/25/2011	02:43	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.1	U	EPA 525.2	0.1	0.1	05/20/2011	05/21/2011	04:34	E84129
2046	Carbofuran	40	µg/L	0.98	U	EPA 531.1	0.98	0.9	05/25/2011	05/25/2011	03:42	E84129
2050	Atrazine	3	µg/L	0.05	U	EPA 525.2	0.05	0.1	05/20/2011	05/21/2011	04:34	E84129
2051	Alachlor	2	µg/L	0.03	U	EPA 525.2	0.03	0.2	05/20/2011	05/21/2011	04:34	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L					0/005				E
2065	Heptachlor	0.4	µg/L	0.08	U	EPA 525.2	0.08	0.04	05/20/2011	05/21/2011	04:34	E84129
2067	Heptachlor Epoxide	0.2	µg/L	0.08	U	EPA 525.2	0.08	0.02	05/20/2011	05/21/2011	04:34	E84129
2105	2,4-D	70	µg/L	1.1	U	EPA 515.3	1.1	0.1	05/24/2011	05/25/2011	02:43	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.11	U	EPA 515.3	0.11	0.2	05/24/2011	05/25/2011	02:43	E84129
2274	Hexachlorobenzene	1	µg/L	0.05	U	EPA 525.2	0.05	0.1	05/20/2011	05/21/2011	04:34	E84129
2306	Benzo(a)pyrene	0.2	µg/L	0.06	U	EPA 525.2	0.06	0.02	05/20/2011	05/21/2011	04:34	E84129
2326	Pentachlorophenol	1	µg/L	0.054	U	EPA 515.3	0.054	0.04	05/24/2011	05/25/2011	02:43	E84129
2383	Polychlorinated biphenyls (PCBs)	0.5	µg/L	0.21	U	EPA 508.1	0.21	0.1	05/20/2011	05/24/2011	12:51	E84129
2931	Dibromochloropropane	0.2	µg/L	0.0052	U	EPA 504.1	0.0052	0.02	05/26/2011	05/26/2011	14:00	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0052	U	EPA 504.1	0.0052	0.01	05/26/2011	05/26/2011	14:00	E84129
2959	Chlordane	2	µg/L	0.047	U	EPA 508.1	0.047	0.2	05/20/2011	05/24/2011	12:51	E84129

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

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*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.



Florida Department of Environmental Protection

Northwest District
160 W. Government Street, Suite 308
Pensacola, Florida 32502-5740

Rick Scott
Governor

Leah St. John
Lt. Governor

Heidi T. Myer
Secretary

August 22, 2011

BY ELECTRONIC MAIL

gdb5@comcast.net

Mr. Gene Brown
Water Management Services Inc.
250 John Knox Road, Suite #4
Tallahassee, Florida 32303

Dear Mr. Brown:

We have completed the review of the "Reduced Monitoring Application Questionnaire for Synthetic Organic Contaminants" form submitted at an earlier date for the Water Management Services, Inc. potable water system (PWS ID# 1190789). This request is approved. Additional sampling will not be required until the next scheduled sampling period in the year 2014.

If you have any questions, please contact me at toni.touart-rohlke@dep.state.fl.us or (850) 595-0658.

Sincerely,

Toni Touart
Environmental Specialist

c: DEP - Tallahassee Office
Nita Molsbee (water2nm@yahoo.com)
Ben Lewis, Florida Rural Water Association (Ben.Lewis@frwa.net)
Justin Strickland, Florida Rural Water Association (Justin.Strickland@frwa.net)
Scott Phillips, Florida Rural Water Association (Scott.Phillips@frwa.net)



Florida Department of Environmental Protection

Northwest District
160 W. Government Street, Suite 308
Pensacola, Florida 32502-5740

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

July 21, 2011

BY ELECTRONIC MAIL
gdb5@comcast.net

Mr. Gene Brown
Water Management Services Inc.
250 John Knox Road, Suite #4
Tallahassee, Florida 32303

Dear Mr. Brown:

We have received the "Asbestos-Free Certification" form for the Water Management Services, Inc. potable water system (PWS ID# 1190789). This request is approved. The requirement for asbestos is satisfied and no additional action is required until 2020.

If you have any questions, please contact me at toni.touart-rohlke@dep.state.fl.us or (850) 595-0658.

Sincerely,

A handwritten signature in black ink that reads "Toni Touart".

Toni Touart
Environmental Specialist

c: Nita Molsbee (water2nm@yahoo.com)
DEP - Tallahassee Office

PLANT OPERATING REPORTS

2009 - 2010

UTILITY NAME:

Water Management Services, Inc.

YEAR OF REPORT

December 31, 2009

SYSTEM NAME / COUNTY :

Franklin

PUMPING AND PURCHASED WATER STATISTICS

MONTH (a)	WATER PURCHASED FOR RESALE (Omit 000's) (b)	FINISHED WATER PUMPED FROM WELLS (Omit 000's) (c)	WATER USED FOR LINE FLUSHING, FIGHTING FIRES, ETC. (d)	TOTAL WATER PUMPED AND PURCHASED (Omit 000's) [(b)+(c)-(d)] (e)	WATER SOLD TO CUSTOMERS (Omit 000's) (f)
January	0	13,790,000	3,116,000	10,674,000	8,697,000
February	0	13,013,000	2,178,000	10,835,000	9,063,000
March	0	13,619,000	2,242,000	11,377,000	10,216,000
April	0	14,572,000	1,299,000	13,273,000	12,062,000
May	0	16,875,000	540,000	16,335,000	15,555,000
June	0	21,864,000	4,039,000	17,825,000	16,505,000
July	0	24,812,000	442,000	24,370,000	23,622,000
August	0	19,183,000	3,153,000	16,030,000	14,734,000
September	0	13,889,000	2,506,000	11,383,000	10,178,000
October	0	14,908,000	290,000	14,618,000	13,862,000
November	0	12,811,000	3,219,000	9,592,000	7,681,000
December	0	10,564,000	490,000	10,074,000	8,961,000
Total for Year	0	189,900,000 *	23,514,000	166,386,000	151,136,000

If water is purchased for resale, indicate the following:

Vendor N/A

Point of delivery

If water is sold to other water utilities for redistribution, list names of such utilities below:

N/A

* Water is pumped from four wells. The flow meters on each well were calibrated and it was found that wells 1,3 and 4 were reading 3%, 3% and 4% high, respectively, and well 2 was reading 1% low. The gallons shown in col (c) reflect the adjustment to each daily reading in 2009 for the recalibration. DEP is being notified of these corrections.

List for each source of supply:	24 Hour CAPACITY OF WELL	GALLONS PER DAY FROM SOURCE	TYPE OF SOURCE
Well No. 1 (1975)	360,000 gpd	360,000	Floridan Aquifer
Well No. 2 (1985)	360,000 gpd	360,000	Floridan Aquifer
Well No. 3 (1993)	720,000 gpd	720,000	Floridan Aquifer
Well No. 4 (2000)	720,000 gpd	720,000	Floridan Aquifer
		2,160,000	

W-11

GROUP

SYSTEM



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Brenda M. Molsbee	C	15121
Other Operators:	Earl Coulter		Trainee
	Bobby Garrett		Trainee

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, and the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Brenda M. Molsbee

Printed or Typed Name

15121

License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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					UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at first Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	540,000									2.30		
2	X	24	533,000									2.30		
3	X	24	559,000									0.40		
4	X	24	494,000									0.40		
5	X	24	422,000									0.50		
6	X	24	409,000									0.80		
7	X	24	353,000									0.50		
8	X	24	382,000									0.80		
9	X	24	392,000									0.40		
10	X	24	391,000									0.20		
11	X	24	412,000									0.50		
12	X	24	391,000									0.20		
13	X	24	381,000									0.20		
14	X	24	354,000									1.00		
15	X	24	386,000									1.50		
16	X	24	483,000									1.50		
17	X	24	635,000									0.20		
18	X	24	554,000									0.20		
19	X	24	478,000									3.00		
20	X	24	427,000									3.00		
21	X	24	530,000									2.00		
22	X	24	484,000									3.00		
23	X	24	417,000									1.40		
24	X	24	525,000									2.50		
25	X	24	542,000									3.00		
26	X	24	494,000									2.60		
27	X	24	436,000									2.00		
28	X	24	464,000									1.80		
29	X	24	405,000									1.00		
30	X	24	418,000									1.50		
31	X	24	469,000									0.80		
Total			14,160,000											
Average			456,774											
Maximum			635,000											

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * JANUARY 2009

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Brenda M. Molsbee	C	15121	1 shift per day x 5/1 hr weekend
Other Operators:	Earl Coulter			Trainee
	Bobby Garrett			Trainee

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 _____ Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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 Flowing, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Flowing, 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	X	24	510,000										1.40		
2	X	24	504,000										1.00		
3	X	24	492,000										1.00		
4	X	24	508,000										2.10		
5	X	24	664,000										1.40		
6	X	24	675,000										2.30		
7	X	24	557,000										1.50		
8	X	24	545,000										0.60		
9	X	24	585,000										1.20		
10	X	24	539,000										0.80		
11	X	24	545,000										1.00		
12	X	24	567,000										0.60		
13	X	24	608,000										0.40		
14	X	24	519,000										0.40		
15	X	24	470,000										0.20		
16	X	24	412,000										0.20		
17	X	24	422,000										0.80		
18	X	24	376,000										1.60		
19	X	24	377,000										2.40		
20	X	24	385,000										2.20		
21	X	24	401,000										2.00		
22	X	24	393,000										1.50		
23	X	24	398,000										1.20		
24	X	24	356,000										1.00		
25	X	24	397,000										0.80		
26	X	24	391,000										2.00		
27	X	24	392,000										2.00		
28	X	24	378,000												
29	X														
30	X														
31	X														
Total:			13,366,000												
Average:			477,357												
Maximum:			675,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * FEBRUARY 2009

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

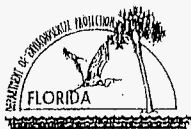
Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensee Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	0015121	1 shift per day x 5/1 hr weekend
Other Operators	Earl Coulter			Trainee
	Bobby Garrett			Trainee

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 for the PWS owner to retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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

☐ Ultraviolet Radiation ☐ Other (Describe): ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

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 of Plant 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	Provided CT 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	X	24	432,000										2.50		
2	X	24	356,000										2.50		
3	X	24	342,000										2.00		
4	X	24	362,000										1.20		
5	X	24	370,000										1.00		
6	X	24	384,000										0.80		
7	X	24	506,000										0.80		
8	X	24	533,000										0.80		
9	X	24	471,000										3.00		
10	X	24	428,000										3.00		
11	X	24	410,000										2.80		
12	X	24	410,000										2.60		
13	X	24	392,000										2.50		
14	X	24	446,000										2.00		
15	X	24	494,000										1.60		
16	X	24	447,000										1.50		
17	X	24	468,000										1.20		
18	X	24	486,000										1.60		
19	X	24	508,000										0.80		
20	X	24	480,000										1.00		
21	X	24	481,000										0.80		
22	X	24	545,000										0.70	Cleaned ground storage tank.	
23	X	24	473,000										2.00		
24	X	24	548,000										1.50		
25	X	24	458,000										1.20		
26	X	24	441,000										1.00		
27	X	24	442,000										0.60		
28	X	24	447,000										1.00		
29	X	24	457,000										2.00		
30	X	24	462,000										1.50		
31	X	24	506,000										1.50		
Total			13,985,000												
Average			451,129												
Maximum			548,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * MARCH 2009

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators:	Name	License Class	License Number
Lead/Chief Operator:	Brenda M. Molsbee	C	0015121
Other Operators:	Earl Coulter		Trainee
	Bobby Garrett		Trainee

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	Brenda M. Molsbee	15121
	Printed or Typed Name	License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	C1 Calculations of 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
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (CT) at C, minutes	Lowest C Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum Operating CT, mg-min/L	Minimum Operating UV Dose, sec/cm	Lowest UV Dose Required, sec/cm	Minimum UV Dose Required, sec/cm		
1	X	24	497,000											2.60	
2	X	24	443,000											2.50	
3	X	24	446,000											2.20	
4	X	24	538,000											2.00	
5	X	24	606,000											2.00	
6	X	24	616,000											2.40	
7	X	24	627,000											2.10	
8	X	24	533,000											2.00	
9	X	24	659,000											1.50	
10	X	24	646,000											1.80	
11	X	24	661,000											0.90	
12	X	24	574,000											1.20	
13	X	24	446,000											1.20	
14	X	24	417,000											1.00	
15	X	24	404,000											0.70	
16	X	24	404,000											1.50	
17	X	24	440,000											2.10	
18	X	24	461,000											2.20	
19	X	24	487,000											1.80	
20	X	24	434,000											2.50	
21	X	24	408,000											1.80	
22	X	24	372,000											2.20	
23	X	24	437,000											1.80	
24	X	24	455,000											2.00	
25	X	24	522,000											1.90	
26	X	24	542,000											2.20	
27	X	24	477,000											2.50	
28	X	24	500,000											2.50	
29	X	24	455,000											2.20	
30	X	24	463,000											1.80	
31	X	24													
TOTAL			14,970,000												
Average			499,000												
Maximum			661,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * APRIL 2009

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Brenda M. Molsbee	C	0015121
Other Operators	Earl Coulter		Trainee
	Bobby Garrett		Trainee

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. I further 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 _____
Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine <input type="checkbox"/> Chloramines															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or Data 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, Repaired 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 Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
	X	24	537,000										2.50		
	X	24	528,000										2.50		
	X	24	580,000										2.50		
	X	24	503,000										0.50		
	X	24	515,000										0.60		
	X	24	539,000										0.50		
	X	24	529,000										0.50		
	X	24	543,000										0.20		
	X	24	551,000										0.40		
	X	24	658,000										0.40		
	X	24	521,000										0.40		
	X	24	583,000										0.40		
	X	24	587,000										0.20		
	X	24	551,000										0.40		
	X	24	585,000										0.40		
	X	24	655,000										0.40		
	X	24	721,000										0.40		
	X	24	566,000										0.60		
	X	24	474,000										0.40		
	X	24	505,000										0.20		
	X	24	530,000										0.60		
	X	24	544,000										0.20		
	X	24	544,000										0.60		
	X	24	670,000										2.10		
	X	24	638,000										1.10		
	X	24	623,000										1.00		
	X	24	480,000										0.60		
	X	24	487,000										0.40		
	X	24	490,000										0.20		
	X	24	538,000										0.40		
	X	24	553,000										0.9		
Total			17,328,000												
Average			558,967												
Maximum			721,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * MAY 2009

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, % [†] =
---------------------	------------------------------------

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
---------------------	---

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
--

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
--

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Brenda M. Molsbee	C	0015121
Other Operators	Earl Coulter		Trainee
	Bobby Garrett		Trainee

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 in a convenient location for at least ten years.

Signature and Date

Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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	Calculation of CT or Description of Other Means of Virus Inactivation, if applicable										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 Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24	614,000										0.90	
2	X	24	634,000										0.50	
3	X	24	646,000										0.40	
4	X	24	538,000										0.20	
5	X	24	588,000										0.20	
6	X	24	603,000										0.40	
7	X	24	674,000										1.20	
8	X	24	651,000										0.40	
9	X	24	659,000										0.20	
10	X	24	704,000										0.40	
11	X	24	691,000										0.20	
12	X	24	776,000										0.20	
13	X	24	920,000										0.30	
14	X	24	904,000										1.80	
15	X	24	669,000										0.20	
16	X	24	762,000										0.20	
17	X	24	795,000										0.40	
18	X	24	767,000										1.80	
19	X	24	826,000										1.90	
20	X	24	852,000										1.60	
21	X	24	811,000										1.50	
22	X	24	817,000										0.40	
23	X	24	839,000										0.40	
24	X	24	816,000										0.40	
25	X	24	816,000										0.20	
26	X	24	815,000										0.20	
27	X	24	860,000										0.20	
28	X	24	851,000										1.80	
29	X	24	789,000										0.20	
30	X	24	784,000										0.20	
31	X													
Total			22,471,000											
Average			749,033											
Maximum			920,000											

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * JUNE 2009

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	0015121	1 shift per day x 5/1 hr weekend
Other Operators	Earl Coulter			Trainee
	Bobby Garrett			Trainee
	Jesse Page			Trainee

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 and the PWS owner can retain them together with copies of this report at a convenient location for at least ten years.

Signature and Date

Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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

☐ Ultraviolet Radiation ☐ Other (Describe): ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Regular Maintenance 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 of 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
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at Q Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
11	X	24	716,000												
12	X	24	779,000										0.20		
13	X	24	886,000										0.20		
14	X	24	986,000										2.30		
15	X	24	1,029,000										0.60		
16	X	24	883,000										1.40		
17	X	24	795,000										0.20		
18	X	24	755,000										0.40		
19	X	24	732,000										0.20		
20	X	24	822,000										0.40		
21	X	24	894,000										0.40		
22	X	24	859,000										0.60		
23	X	24	815,000										0.60		
24	X	24	812,000										0.20		
25	X	24	855,000										0.20		
26	X	24	836,000										0.20		
27	X	24	859,000										0.60		
28	X	24	901,000										0.20		
29	X	24	786,000										0.40		
30	X	24	804,000										3.30		
31	X	24	785,000										2.20		
1	X	24	839,000										0.40		
2	X	24	822,000										0.40		
3	X	24	886,000										0.20		
4	X	24	900,000										0.20		
5	X	24	746,000										0.20		
6	X	24	718,000										0.90		
7	X	24	717,000										0.40		
8	X	24	757,000										0.20		
9	X	24	768,000										0.40		
10	X	24	765,000										0.40		
Total			25,507,000										0.2		
Average			822,806												
Maximum			1,029,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * JULY 2009

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Operator	Brenda M. Molsbee	C	0015121
Operator	Earl Coulter		Trainee
Operator	Bobby Garrett		Trainee
Operator	Jesse Page		Trainee
Operator			
Operator			
Operator			
Operator			

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. I agree to provide these additional operations records to the PWS owner or to the DEP upon request.

Brenda M. Molsbee
Signature and Date

9-10-09

Brenda M. Molsbee
Printed or Typed Name

15121
License Number

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * AUGUST 2009

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789		
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: WATER MANAGEMENT SERVICES, INC.				
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR		
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395		
Contact Person's E-Mail Address: water2nm@yahoo.com				

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	0015121	1 shift per day x 5/1 hr weekend
Other Operators	Earl Coulter			Trainee
	Bobby Garrett			Trainee
	Jesse Page			Trainee

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 to the PWS owner can retain them together with copies of this report at a convenient location for at least ten years.

Signature and Date _____ Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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 for 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
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow, mg/L	Disinfectant Contact Time (D) at C Measurement Point During Peak Flow, minutes	Lowest C Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum Operating UV Dose Required, mW-sec/cm ²	Lowest UV Dose Required, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest UV Dose Required, mW-sec/cm ²		
1	X	24	412,000											2.00	
2	X	24	398,000											2.50	
3	X	24	403,000											0.40	
4	X	24	401,000											0.40	
5	X	24	494,000											0.50	
6	X	24	667,000											1.60	
7	X	24	700,000											1.40	
8	X	24	545,000											0.80	
9	X	24	420,000											1.00	
10	X	24	436,000											1.00	
11	X	24	473,000											0.60	
12	X	24	459,000											1.10	
13	X	24	453,000											1.30	
14	X	24	429,000											1.20	
15	X	24	434,000											1.50	
16	X	24	481,000											1.50	
17	X	24	510,000											0.80	
18	X	24	509,000											0.60	
19	X	24	526,000											0.40	
20	X	24	504,000											1.60	
21	X	24	467,000											1.50	
22	X	24	400,000											1.00	
23	X	24	426,000											0.60	
24	X	24	429,000											0.20	
25	X	24	484,000											0.20	
26	X	24	480,000											0.40	
27	X	24	511,000											0.80	
28	X	24	445,000											0.20	
29	X	24	414,000											0.20	
30	X	24	391,000											1.3	
31	X	24													
Total			14,101,000												
Average			470,033												
Maximum			700,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * SEPTEMBER

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operator	Name	License Class	License Number
Lead/Chief Operator	Brenda M. Molsbee	C	0015121
Other Operators	Earl Coulter		Trainee
	Bobby Garrett		Trainee
			Trainee

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

Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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										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 (D) at Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	380,000										1.60		
2	X	24	427,000										1.60		
3	X	24	441,000										0.70		
4	X	24	470,000										1.40		
5	X	24	492,000										0.40		
6	X	24	459,000										0.20		
7	X	24	436,000										0.20		
8	X	24	475,000										0.40		
9	X	24	491,000										0.80		
10	X	24	629,000										0.70		
11	X	24	581,000										1.10		
12	X	24	531,000										0.20		
13	X	24	457,000										0.20		
14	X	24	474,000										0.40		
15	X	24	474,000										0.20		
16	X	24	514,000										0.60		
17	X	24	555,000										0.20		
18	X	24	564,000										1.60		
19	X	24	557,000										0.40		
20	X	24	512,000										0.40		
21	X	24	491,000										0.20		
22	X	24	461,000										0.40		
23	X	24	624,000										0.40		
24	X	24	523,000										0.70		
25	X	24	517,000										0.30		
26	X	24	517,000										1.00		
27	X	24	488,000										1.50		
28	X	24	478,000										0.40		
29	X	24	429,000										0.40		
30	X	24	381,000										0.40		
31	X	24	432,000										0.60		
10/1	X	24	413,000										0.2		
10/2	X	24	431,000										0.2		
10/3			15,115,000												
10/4			487,580												
10/5			629,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * OCTOBER 2009

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

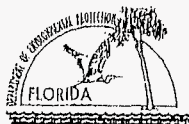
Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	0015121	1 shift per day x 5/1 hr weekend
Other Operators	Earl Coulter			Trainee
	Bobby Garrett			Trainee
	Cary Abbott			Trainee

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 and the PWS owner can retain them together with copies of this report at a convenient location for at least ten years.

Signature and Date
Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

C/T 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	C/T Calculations										
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (D) 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, sec/cm ²	Minimum UV Dose Required, sec/cm ²	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
1	X	24	467,000										0.70	
2	X	24	464,000										0.80	
3	X	24	393,000										0.40	
4	X	24	424,000										0.50	
5	X	24	435,000										0.70	
6	X	24	425,000										0.60	
7	X	24	442,000										1.60	
8	X	24	518,000										1.10	
9	X	24	438,000										1.00	
10	X	24	379,000										0.80	
11	X	24	394,000										0.40	
12	X	24	437,000										0.40	
13	X	24	444,000										0.60	
14	X	24	473,000										0.80	
15	X	24	456,000										1.00	
16	X	24	423,000										0.20	
17	X	24	373,000										2.00	
18	X	24	397,000										1.60	
19	X	24	401,000										1.00	
20	X	24	439,000										0.60	
21	X	24	390,000										0.40	
22	X	24	420,000										0.90	
23	X	24	446,000										1.60	
24	X	24	399,000										0.60	
25	X	24	402,000										0.50	
26	X	24	482,000										0.40	
27	X	24	474,000										0.50	
28	X	24	534,000										0.70	
29	X	24	527,000										1.60	
30	X	24	439,000										1.00	
31	X	24												
Total			13,135,000											
Average			437,833											
Maximum			534,000											

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * NOVEMBER

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead Chief Operator	Brenda M. Molsbee	C	0015121
Other Operators	Earl Coulter		Trainee
	Bobby Garrett		Trainee
	Cary Abbott		Trainee

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

Brenda M. Molsbee

Printed or Typed Name

15121

License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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 Treated Water Produced, gal	Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable										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 Point During Peak Flow, mg/L	Disinfectant Contact Time (D) at C Measurement Point During Peak Flow, minutes	Lowest Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24	394,000										1.10	
2	X	24	455,000										1.00	
3	X	24	298,000										2.00	
4	X	24	329,000										1.00	
5	X	24	373,000										1.30	
6	X	24	323,000										2.20	
7	X	24	319,000										2.40	
8	X	24	380,000										1.80	
9	X	24	361,000										2.00	
10	X	24	327,000										2.80	
11	X	24	299,000										2.20	
12	X	24	322,000										3.50	
13	X	24	335,000										2.90	
14	X	24	318,000										2.60	
15	X	24	342,000										1.80	
16	X	24	296,000										1.60	
17	X	24	307,000										1.20	
18	X	24	343,000										0.80	
19	X	24	284,000										2.20	
20	X	24	384,000										1.90	
21	X	24	316,000										0.40	
22	X	24	325,000										0.20	
23	X	24	309,000										0.80	
24	X	24	342,000										1.00	
25	X	24	334,000										0.80	
26	X	24	357,000										1.00	
27	X	24	358,000										1.90	
28	X	24	389,000										1.20	
29	X	24	406,000										1.00	
30	X	24	399,000										0.80	
31	X	24	425,000										1.90	
			10,749,000											
Average			346,741											
Maximum			455,000											

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * DECEMBER

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

UTILITY NAME:

Water Management Services, Inc.

YEAR OF REPORT

December 31, 2010

SYSTEM NAME / COUNTY :

Franklin

PUMPING AND PURCHASED WATER STATISTICS

MONTH (a)	WATER PURCHASED FOR RESALE (Omit 000's) (b)	FINISHED WATER PUMPED FROM WELLS (Omit 000's) (c)	WATER USED FOR LINE FLUSHING, FIGHTING FIRES, ETC. (d)	TOTAL WATER PUMPED AND PURCHASED (Omit 000's) [(b)+(c)+(d)] (e)	WATER SOLD TO CUSTOMERS (Omit 000's) (f)
January	0	11,227,000	1,940,000	9,287,000	8,344,500
February	0	9,129,000	1,341,000	7,788,000	7,259,500
March	0	11,702,000	2,639,000	9,063,000	7,927,000
April	0	14,669,000	874,000	13,795,000	13,394,300
May	0	15,676,000	2,470,000	13,206,000	10,895,900
June	0	20,347,000	1,895,000	18,452,000	16,613,800
July	0	21,330,000	539,000	20,791,000	22,868,000
August	0	15,563,000	990,000	14,573,000	13,232,600
September	0	14,362,000	1,539,000	12,823,000	11,324,200
October	0	14,687,000	465,000	14,222,000	13,570,200
November	0	11,613,000	2,348,000	9,265,000	8,311,400
December	0	12,134,000	358,000	11,776,000	11,384,000
Total for Year	0	172,439,000	17,398,000	155,041,000	145,125,400

If water is purchased for resale, indicate the following:

Vendor N/A

Point of delivery

If water is sold to other water utilities for redistribution, list names of such utilities below:

N/A

List for each source of supply:	24 Hour CAPACITY OF WELL	GALLONS PER DAY FROM SOURCE	TYPE OF SOURCE
Well No. 1 (1975)	360,000 gpd	360,000	Floridan Aquifer
Well No. 2 (1985)	360,000 gpd	360,000	Floridan Aquifer
Well No. 3 (1993)	720,000 gpd	720,000	Floridan Aquifer
Well No. 4 (2000)	720,000 gpd	720,000	Floridan Aquifer
		2,160,000	

W-II

GROUP

SYSTEM



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	0015121	1 shift per day x 5/1 hr weekend
Other Operators	Bobby Garrett			Trainee
	Cary Abbott			Trainee

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the watertreatment 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	Brenda M. Molsbee	15121
	Printed or Typed Name	License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

Type of Disinfectant Residual Maintained in Distribution System:														
Day of the Month	Days Plant Started 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										
				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	Operating UV Dose, mJ/cm ²	Minimum UV Dose Required, mJ/cm ²	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
1	X	24	452,000										1.10	
2	X	24	454,000										0.20	
3	X	24	433,000										0.90	
4	X	24	406,000										0.40	
5	X	24	378,000										0.20	
6	X	24	433,000										0.40	
7	X	24	368,000										0.80	
8	X	24	400,000										1.00	
9	X	24	446,000										0.50	
10	X	24	489,000										1.30	
11	X	24	597,000										1.00	
12	X	24	507,000										0.80	
13	X	24	355,000										0.20	
14	X	24	370,000										0.40	
15	X	24	299,000										0.80	
16	X	24	320,000										0.30	
17	X	24	343,000										2.50	
18	X	24	334,000										2.20	
19	X	24	311,000										1.50	
20	X	24	327,000										2.20	
21	X	24	303,000										2.80	
22	X	24	268,000										2.20	
23	X	24	296,000										1.60	
24	X	24	280,000										1.40	
25	X	24	272,000										1.60	
26	X	24	262,000										1.00	
27	X	24	284,000										1.20	
28	X	24	278,000										1.00	
29	X	24	272,000										1.20	
30	X	24	312,000										1.00	
31	X	24	378,000										0.9	
Total			11,227,000											
Average			362,161											
Maximum			597,000											

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * JANUARY 2010

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☒ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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 AMENDED

A. Public Water System (PWS) Information

PWS Name: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	0015121	1 shift per day x 5/1 hr weekend
Other Operators	Bobby Garrett			Trainee
	Cary Abbott			Trainee

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

Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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

C.T. Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable															
Day of the Month	Days Plant Staffed or Missed by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	C.T. Calculations											
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (D) 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, L	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	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	
1	X	24	241,000										0.40		
2	X	24	301,000										0.20		
3	X	24	346,000										0.40		
4	X	24	340,000										0.20		
5	X	24	300,000										1.20		
6	X	24	311,000										1.70		
7	X	24	333,000										0.50		
8	X	24	308,000										0.80		
9	X	24	310,000										1.00		
10	X	24	279,000										0.50		
11	X	24	301,000										0.60		
12	X	24	297,000										1.00		
13	X	24	386,000										1.20		
14	X	24	349,000										1.50		
15	X	24	389,000										0.80		
16	X	24	288,000										0.20		
17	X	24	336,000										1.00		
18	X	24	359,000										1.00		
19	X	24	307,000										1.20		
20	X	24	341,000										1.00		
21	X	24	357,000										0.20		
22	X	24	356,000										1.00		
23	X	24	358,000										0.80		
24	X	24	300,000										0.40		
25	X	24	311,000										0.60		
26	X	24	328,000										0.20		
27	X	24	365,000										0.40		
28	X	24	332,000										0.80		
29	X														
30	X														
31	X														
Total			9,129,000												
Average			326,035												
Maximum			389,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * FEBRUARY 2010

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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 AMENDED 2010

A. Public Water System (PWS) Information

PWS Name: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL
Contact Person's Telephone Number: 850-927-2648		Zip Code: 32328	
Contact Person's E-Mail Address: water2nm@yahoo.com		Contact Person's Fax Number: 850-927-3395	

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL
		Zip Code: 32328	
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	0015121	1 shift per day x 5/1 hr weekend
Other Operators	Hank Garrett	B	7102	1 Shift Per Day X 5/1 Hr. Weekend
	Bobby Garrett			Trainee
	Thomas Loxieux, Jr.			Trainee

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	Brenda M. Molsbee	15121
	Printed or Typed Name	License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

III. Daily Data for the Month/Year of: MARCH AMENDED 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 Month	Days Plant Started or Visited by Operator (Place "X")	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal	CPC 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
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (D) at C, minutes	Lowest Ct Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	Temp. of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mJ/cm ²	Minimum UV Dose Required, mJ/cm ²			
1	X	24	307,000										1.00		
2	X	24	307,000										0.40		
3	X	24	282,000										1.20		
4	X	24	304,000										0.80		
5	X	24	332,000										0.60		
6	X	24	453,000										0.50		
7	X	24	544,000										0.30		
8	X	24	408,000										0.30		
9	X	24	375,000										2.00		
10	X	24	343,000										0.50		
11	X	24	334,000										0.60		
12	X	24	310,000										0.80		
13	X	24	350,000										0.40		
14	X	24	393,000										0.50		
15	X	24	369,000										0.20		
16	X	24	450,000										0.20		
17	X	24	408,000										0.40		
18	X	24	410,000										0.20		
19	X	24	442,000										0.60		
20	X	24	460,000										0.50		
21	X	24	445,000										1.00		
22	X	24	342,000										0.50		
23	X	24	339,000										0.80		
24	X	24	313,000										0.60		
25	X	24	327,000										0.80		
26	X	24	353,000										1.30		
27	X	24	220,000										1.80		
28	X	24	555,000										1.00		
29	X	24	362,000										1.50		
30	X	24	419,000										0.40		
31	X	24	446,000										0.80		
Total			11,702,000												
Average			377,483												
Maximum			555,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * MARCH

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	0015121	1 shift per day x 5/1 hr weekend
Other Operators	Hank Garrett	B	7102	1 Shift Per Day X 5/1 Hr. Weekend
	Bobby Garrett			Trainee
	Thomas Lexieux, Jr.			Trainee

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	Brenda M. Molsbee	15121
	Printed or Typed Name	License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

Type of Disinfectant Residual Maintained in Distribution System.														
☒ Free Chlorine ☐ Combined Chlorine														
☐ CT Calculations of UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable														
Day of the Month	Days Plant Started or Visited by Operator (Date)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)		
1	X	24	430,000										0.60	
2	X	24	427,000										0.60	
3	X	24	530,000										0.40	
4	X	24	567,000										0.05	
5	X	24	550,000										0.40	
6	X	24	592,000										0.80	
7	X	24	634,000										0.60	
8	X	24	599,000										0.40	
9	X	24	607,000										0.40	
10	X	24	659,000										0.80	
11	X	24	611,000										0.06	
12	X	24	432,000										0.40	
13	X	24	407,000										0.60	
14	X	24	374,000										0.70	
15	X	24	406,000										0.70	
16	X	24	411,000										0.90	
17	X	24	454,000										1.00	
18	X	24	560,000										0.80	
19	X	24	471,000										0.40	
20	X	24	430,000										0.06	
21	X	24	452,000										0.08	
22	X	24	463,000										0.40	
23	X	24	465,000										0.60	
24	X	24	547,000										1.00	
25	X	24	491,000										0.80	
26	X	24	447,000										0.60	
27	X	24	395,000										0.80	
28	X	24	407,000										0.60	
29	X	24	445,000										0.20	
30	X	24	406,000										0.40	
31														
Total			14,669,000											
Average			488,966											
Maximum			659,000											

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * APRIL 2010

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Brenda M. Molsbee	C	15121
Other Operators	Hank Garrett	B	7102
	Bobby Garrett		
	Thomas Lexieux, Jr.		

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	Brenda M. Molsbee	15121
	Printed or Typed Name	License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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 of Plant Operation	Net Quantity of Finished Water Produced, gal	Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										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 After Customer Point During Peak Flow, mg/l	Disinfectant Contact Time, min	Lowest C _u Provided Before or After Customer Point During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum C _u Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	
1	X	24	447,000										0.50	
2	X	24	430,000										0.50	
3	X	24	395,000										0.60	
4	X	24	400,000										0.05	
5	X	24	398,000										0.50	
6	X	24	386,000										0.40	
7	X	24	407,000										0.50	
8	X	24	498,000										0.40	
9	X	24	448,000										0.60	
10	X	24	437,000										0.60	
11	X	24	518,000										0.20	
12	X	24	490,000										0.40	
13	X	24	554,000										0.40	
14	X	24	480,000										0.40	
15	X	24	591,000										0.20	
16	X	24	648,000										0.40	
17	X	24	528,000										0.40	
18	X	24	465,000										0.20	
19	X	24	536,000										0.40	
20	X	24	459,000										0.20	
21	X	24	481,000										0.20	
22	X	24	543,000										0.50	
23	X	24	574,000										0.50	
24	X	24	525,000										0.50	
25	X	24	484,000										0.40	
26	X	24	526,000										0.02	
27	X	24	476,000										0.40	
28	X	24	492,000										0.90	
29	X	24	585,000										0.50	
30	X	24	748,000										0.50	
31	X	24	727,000										0.50	
Total			15,676,000											
Average			505,677											
Maximum			748,000											

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * MAY 2010

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Brenda M. Molsbee	C	15121	1 shift per day x 5/1 hr weekend
Other Operators:	Hank Garrett	B	7102	1 Shift Per Day X 5/1 Hr. Weekend
	Bobby Garrett			Trainee
	Thomas Lexieux, Jr.			Trainee

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	Brenda M. Molsbee	15121
	Printed or Typed Name	License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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 Started or Visited by Operator (Place "X")	Hours of Plant in Operation	Net Quantity of Treated Water Produced, gal	CT Calculations of 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						4-Log 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, sec/cm	Minimum UV Dose Required, sec/cm			
1	X	24	609,000										0.40		
2	X	24	631,000										0.60		
3	X	24	566,000										0.50		
4	X	24	527,000										0.05		
5	X	24	632,000										0.40		
6	X	24	614,000										0.40		
7	X	24	484,000										0.50		
8	X	24	645,000										0.40		
9	X	24	623,000										0.40		
10	X	24	688,000										0.40		
11	X	24	703,000										1.00		
12	X	24	764,000										0.50		
13	X	24	721,000										1.00		
14	X	24	660,000										0.50		
15	X	24	708,000										0.50		
16	X	24	717,000										0.50		
17	X	24	699,000										0.40		
18	X	24	703,000										0.50		
19	X	24	747,000										0.50		
20	X	24	721,000										0.50		
21	X	24	709,000										0.40		
22	X	24	676,000										0.20		
23	X	24	690,000										0.40		
24	X	24	711,000										0.40		
25	X	24	774,000										0.40		
26	X	24	814,000										0.40		
27	X	24	783,000										0.20		
28	X	24	710,000										0.40		
29	X	24	692,000										0.40		
30	X	24	626,000										0.20		
31	X	24													
Total			20,347,000												
Average			678,233												
Maximum			814,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * JUNE 2010

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Water Management Services, Inc.		PWS Identification Number: 1190789		
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: WATER MANAGEMENT SERVICES, INC.				
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR		
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL	Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395		
Contact Person's E-Mail Address: water2nm@yahoo.com				

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL	Zip Code: 32328
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	15121	1 shift per day x 5/1 hr weekend
Other Operators	Hank Garrett	B	7102	1 Shift Per Day X 5/1 Hr. Weekend
	Bobby Garrett			Trainee
	Thomas Lexieux, Jr.			Trainee

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

Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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

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

Day of the Month	Days Plant Started 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, sec/cm ²	Minimum UV Dose Required, sec/cm ²			
1	X	24	660,000										0.40		
2	X	24	637,000										0.40		
3	X	24	749,000										0.20		
4	X	24	677,000										0.05		
5	X	24	756,000										0.60		
6	X	24	735,000										0.40		
7	X	24	702,000										0.40		
8	X	24	724,000										0.20		
9	X	24	680,000										0.20		
10	X	24	835,000										0.40		
11	X	24	658,000										0.50		
12	X	24	718,000										0.40		
13	X	24	642,000										0.20		
14	X	24	708,000										0.20		
15	X	24	622,000										0.60		
16	X	24	666,000										0.40		
17	X	24	717,000										0.40		
18	X	24	658,000										0.50		
19	X	24	622,000										0.40		
20	X	24	639,000										0.40		
21	X	24	702,000										0.40		
22	X	24	738,000										0.20		
23	X	24	699,000										0.50		
24	X	24	801,000										0.30		
25	X	24	671,000										0.40		
26	X	24	577,000										0.20		
27	X	24	608,000										0.20		
28	X	24	639,000										0.40		
29	X	24	664,000										0.40		
30	X	24	685,000										0.20		
31	X	24	741,000										0.4		
Total			21,330,000												
Average			688,064												
Maximum			835,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * JULY 2010

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	15121	1 shift per day x 5/1 hr weekend
Other Operators	Hank Garrett	B	7102	1 Shift Per Day X 5/1 Hr. Weekend
	Bobby Garrett			Trainee
	Thomas Lexieux, Jr.			Trainee

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

Brenda M. Molsbee

Printed or Typed Name

15121

License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

Calculation System: <input checked="" type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	Net of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm	Minimum UV Dose Required, sec/cm			
1	X	24	765,000										0.20		
2	X	24	472,000										0.20		
3	X	24	519,000										0.20		
4	X	24	606,000										0.40		
5	X	24	565,000										0.20		
6	X	24	513,000										0.20		
7	X	24	643,000										0.50		
8	X	24	599,000										0.50		
9	X	24	536,000										0.40		
10	X	24	541,000										0.40		
11	X	24	534,000										0.20		
12	X	24	493,000										0.40		
13	X	24	521,000										0.50		
14	X	24	568,000										0.50		
15	X	24	518,000										0.50		
16	X	24	415,000										0.20		
17	X	24	472,000										0.40		
18	X	24	451,000										0.50		
19	X	24	452,000										1.00		
20	X	24	474,000										1.00		
21	X	24	626,000										0.60		
22	X	24	374,000										0.40		
23	X	24	403,000										0.40		
24	X	24	400,000										0.40		
25	X	24	372,000										0.20		
26	X	24	352,000										0.20		
27	X	24	427,000										0.50		
28	X	24	510,000										0.30		
29	X	24	535,000										0.20		
30	X	24	469,000										0.20		
31	X	24	438,000										0.40		
Total			15,563,000												
Average			502,032												
Maximum			765,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * AUGUST 2010

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395	
Contact Person's E-Mail Address: water2nm@yahoo.com			

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL Zip Code: 32328	
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	15121	1 shift per day x 5/1 hr weekend
Other Operators:	Hank Garrett	B	7102	1 Shift Per Day X 5/1 Hr. Weekend
	Bobby Garrett			Trainee
	Thomas Lexieux, Jr.			Trainee

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: Brenda M. Molsbee
Printed or Typed Name

15121
License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

Type of Disinfectant Residual Maintained in Distribution System.				CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation (if Applicable)										
Day of the Month	Days Plant Started or Restarted by Operator (Place "X")	Hours of Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations						UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer (mg/l)	Disinfectant Contact Time (T) at C (minutes)	Lowest CT Provided Before or at First Customer (mg-min/l)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/l)	Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)		
1	X	24	485,000										0.20	
2	X	24	444,000										0.20	
3	X	24	493,000										0.20	
4	X	24	563,000										0.40	
5	X	24	697,000										0.40	
6	X	24	718,000										0.50	
7	X	24	613,000										0.40	
8	X	24	468,000										0.60	
9	X	24	425,000										0.50	
10	X	24	283,000										0.40	
11	X	24	426,000										0.20	
12	X	24	481,000										0.40	
13	X	24	384,000										0.20	
14	X	24	429,000										0.40	
15	X	24	519,000										0.50	
16	X	24	520,000										0.80	
17	X	24	476,000										0.60	
18	X	24	468,000										0.50	
19	X	24	614,000										0.50	
20	X	24	412,000										0.40	
21	X	24	436,000										0.50	
22	X	24	495,000										0.40	
23	X	24	488,000										0.40	
24	X	24	520,000										0.50	
25	X	24	508,000										0.50	
26	X	24	493,000										0.60	
27	X	24	353,000										0.50	
28	X	24	367,000										0.40	
29	X	24	398,000										0.50	
30	X	24	386,000										0.40	
31	X	24												
Total			14,362,000											
Average			478,733											
Maximum			718,000											

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * SEPTEMBER

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789		
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: WATER MANAGEMENT SERVICES, INC.				
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR		
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL	Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395		
Contact Person's E-Mail Address: water2nm@yahoo.com				

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL	Zip Code: 32328
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	15121	1 shift per day x 5/1 hr weekend
Other Operators	Hank Garrett	B	7102	1 Shift Per Day X 5/1 Hr. Weekend
	Bobby Garrett			Trainee
	Thomas Lexieux, Jr.			Trainee

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	Brenda M. Molsbee	15121
	Printed or Typed Name	License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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

☐ Ultraviolet Radiation ☐ Other (Describe): ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Chlorine 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	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 Flowing, mg/L	Disinfectant Contact Time (D) at C Measurement Point During Peak Flowing, minutes	Lowest CT Provided Before or at First Customer During Peak Flowing, mg-min/L	Temp. of Water, °C	Temp. of Water, if Applicable, °C	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	491,000										0.50		
2	X	24	533,000										0.50		
3	X	24	495,000										0.40		
4	X	24	469,000										0.50		
5	X	24	436,000										0.40		
6	X	24	497,000										0.50		
7	X	24	516,000										0.40		
8	X	24	487,000										0.50		
9	X	24	554,000										0.50		
10	X	24	560,000										0.50		
11	X	24	550,000										0.40		
12	X	24	454,000										0.60		
13	X	24	468,000										0.60		
14	X	24	408,000										0.50		
15	X	24	429,000										0.40		
16	X	24	518,000										0.40		
17	X	24	530,000										0.40		
18	X	24	441,000										0.50		
19	X	24	407,000										0.40		
20	X	24	428,000										0.40		
21	X	24	460,000										0.50		
22	X	24	454,000										0.50		
23	X	24	574,000										0.40		
24	X	24	557,000										0.40		
25	X	24	467,000										0.80		
26	X	24	381,000										0.80		
27	X	24	513,000										0.60		
28	X	24	423,000										0.60		
29	X	24	379,000										0.60		
30	X	24	391,000										0.50		
31	X	24	417,000										0.60		
Total			14,687,000												
Average			473,774												
Maximum			574,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * OCTOBER 2010

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789	
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: WATER MANAGEMENT SERVICES, INC.			
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR	
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL
Contact Person's Telephone Number: 850-927-2648		Zip Code: 32328	
Contact Person's E-Mail Address: water2nm@yahoo.com		Contact Person's Fax Number: 850-927-3395	

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648	
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL
		Zip Code: 32328	
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: 1,080,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Brenda M. Molsbee	C	15121
Other Operators:	Hank Garrett	B	7102
	Bobby Garrett		Trainee
	Thomas Lexieux, Jr.		Trainee

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	Brenda M. Molsbee	15121
	Printed or Typed Name	License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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

☐ Ultraviolet Radiation ☐ Other (Describe): ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

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 of Plant Operation	Net Quantity of Finished Water Produced, gal	Calculations on 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
				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 C Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	402,000												
2	X	24	381,000										1.00		
3	X	24	399,000										0.80		
4	X	24	374,000										0.40		
5	X	24	371,000										0.40		
6	X	24	476,000										0.20		
7	X	24	491,000										0.40		
8	X	24	357,000										1.20		
9	X	24	382,000										1.00		
10	X	24	360,000										0.80		
11	X	24	347,000										0.60		
12	X	24	378,000										0.40		
13	X	24	399,000										0.20		
14	X	24	384,000										0.50		
15	X	24	347,000										0.50		
16	X	24	308,000										0.50		
17	X	24	307,000										0.50		
18	X	24	308,000										0.50		
19	X	24	318,000										0.40		
20	X	24	363,000										0.50		
21	X	24	369,000										0.40		
22	X	24	339,000										0.50		
23	X	24	425,000										0.60		
24	X	24	407,000										0.40		
25	X	24	474,000										0.50		
26	X	24	478,000										0.50		
27	X	24	471,000										0.40		
28	X	24	470,000										0.50		
29	X	24	366,000										0.80		
30	X	24	362,000										0.60		
31	X	24											0.60		
Total			11,613,000												
Average			387,100												
Maximum			491,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * NOVEMBER

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: Water Management Services, Inc.		PWS Identification Number: 1190789		
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: WATER MANAGEMENT SERVICES, INC.				
Contact Person: Brenda Molsbee		Contact Person's Title: OPERATOR		
Contact Person's Mailing Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL	Zip Code: 32328
Contact Person's Telephone Number: 850-927-2648		Contact Person's Fax Number: 850-927-3395		
Contact Person's E-Mail Address: water2nm@yahoo.com				

B. Water Treatment Plant Information

Plant Name: WATER MANAGEMENT SERVICES, INC.		Plant Telephone Number: 850-927-2648		
Plant Address: 139 W. Gulf Beach Dr.		City: St. George Island	State: FL	Zip Code: 32328
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: 1,080,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Brenda M. Molsbee	C	15121	1 shift per day x 5/1 hr weekend
Other Operators	Hank Garrett	B	7102	1 Shift Per Day X 5/1 Hr. Weekend
	Bobby Garrett			Trainee
	Thomas Lexieux, Jr.			Trainee

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

Brenda M. Molsbee

Printed or Typed Name

15121

License Number

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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

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

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

☐ Ultraviolet Radiation ☐ Other (Describe): ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

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 Started or Visited by Operator (Place "X")	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal	C1 Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable											
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (D) 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, °F	pH of Water, if Applicable	Minimum Required CT, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Maximum UV Dose Required, mW-sec/cm²	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	
1	X	24	380,000												
2	X	24	353,000											0.40	
3	X	24	321,000											0.20	
4	X	24	341,000											0.30	
5	X	24	360,000											0.60	
6	X	24	347,000											0.40	
7	X	24	331,000											0.40	
8	X	24	390,000											0.20	
9	X	24	417,000											0.30	
10	X	24	376,000											0.60	
11	X	24	363,000											0.50	
12	X	24	411,000											0.40	
13	X	24	446,000											0.40	
14	X	24	632,000											0.20	
15	X	24	688,000											0.20	
16	X	24	439,000											0.50	
17	X	24	378,000											0.60	
18	X	24	334,000											0.40	
19	X	24	310,000											0.20	
20	X	24	296,000											0.20	
21	X	24	319,000											0.20	
22	X	24	324,000											0.40	
23	X	24	318,000											0.40	
24	X	24	312,000											0.20	
25	X	24	339,000											0.40	
26	X	24	337,000											0.20	
27	X	24	512,000											0.20	
28	X	24	518,000											0.20	
29	X	24	444,000											0.40	
30	X	24	392,000											0.40	
31	X	24	406,000											0.60	
Total			12,134,000											0.4	
Average			391,419												
Maximum			688,000												

* 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

PWS Identification Number: 1190789

Plant Name: WATER MANAGEMENT SERVICES, INC.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * DECEMBER

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

SANITARY SURVEY



Florida Department of Environmental Protection

Tallahassee Branch Office
630-3 Capital Circle Northeast
Tallahassee, Florida 32301

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

March 15, 2010

Sent via email
(water2nm@yahoo.com)

Ms. Nita Molsbee
250 John Knox Road
Tallahassee, Florida 32303

Dear Ms. Molsbee:

An annual compliance inspection of St. George Island Water System (PWS ID No. 1190789) was completed on March 5, 2010, by Cliff McKeown, Engineering Specialist. Your assistance during the inspection was most helpful.

The purpose of this inspection was to evaluate the capability of the water system to continually produce safe drinking water. Public water systems in this state are regulated by the Department under the Florida Safe Drinking Water Act as promulgated by Florida Administrative Code Chapters 62-550, 555 and 560. The Department determines compliance with these regulations.

No major deficiencies were identified during the inspection. My congratulations to you and your staff on the condition of this system. Please note the section titled Outstanding Permits we would appreciate a written response within 15 days advising us of the status of these permits. Please address the response to me.

If you have any questions regarding the report and/or deficiencies, please contact Cliff McKeown at 850/488-3704 or e-mail (cliff.mckeown@dep.state.fl.us.)

Sincerely,

Marlane Castellanos

Marlane Castellanos
Branch Manager

MC:cm
Enclosures
Compliance Inspection Report

cc: Franklin County Department of Health (jason_flowersi@doh.state.fl.us)
Scott Grubbs, (Scott.Grubbs@dep.state.fl.us)
Angela Chelette, NFWFMD (Angela.Chelette@nfwfmd.state.fl.us)
Cliff McKeown (cliff.mckeown@dep.state.fl.us)

"More Protection, Less Process"
www.dep.state.fl.us

Page 2

COMMENTS

HANK GARRETT WMSHG2000@YAHOO.COM



Compliance Inspection Form

Page 3

DEFICIENCIES

NO MAJOR DEFICIENCIES NOTED

Outstanding Permits

Our records indicate that the enclosed list of permits have not been cleared by this office. Please submit a status report for the permits listed with your response to this report.

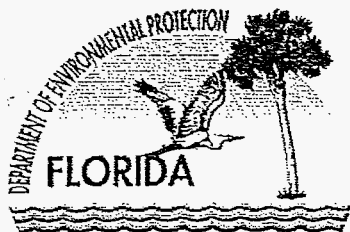
The 'status' would fall into one of the following categories, A, B, C, D, or E:

- A) not started
- B) started, but not completed
- C) completed, but not in use
- D) completed, and in use
- E) project abandoned (will not be built)

PROJECTNAME	PERMITNO	EXPIRES	OWNER NAME	STATUS
Resort Village	0244255-002DSGP/01	04/06/10	Mr. Morris Palmer	
St. George Island State Park	0076016-001-DSGP/01	07/23/11	Mr. Eric Kiefer	

INSPECTOR'S SIGNATURE *Cliff McKeown* TITLE ENGINEER SPECIALIST DATE: March 15, 2010
CLIFF MCKEOWN

REVIEWED BY *Marlane Castellanos* TITLE BRANCH MANAGER DATE: March 15, 2010
MARLANE CASTELLANOS



Florida Department of Environmental Protection

Tallahassee Branch Office
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

August 17, 2011

Sent via email
(water2nm@yahoo.com)

Ms. Nita Molsbee
250 John Knox Road
Tallahassee, Florida 32303

Dear Ms. Molsbee:

An annual compliance inspection of St. George Island Water System (PWS ID No. 1190789) was completed on August 12, 2011, by Cliff McKeown, Engineer Specialist. Your assistance during the inspection was most helpful.

The purpose of this inspection was to evaluate the capability of the water system to continually produce safe drinking water. Public water systems in this state are regulated by the Department under the Florida Safe Drinking Water Act as promulgated by Florida Administrative Code Chapters 62-550, 555 and 560. The Department determines compliance with these regulations.

No major deficiencies were identified during the inspection. My congratulations to you and your staff on the condition of this system.

If you have any questions regarding the report and/or deficiencies, please contact Cliff McKeown at 850/245-2984 or e-mail (cliff.mckeown@dep.state.fl.us).

Sincerely,

Marlane Castellanos

Marlane Castellanos
Branch Manager

MC:cm
Enclosures
Compliance Inspection Report

cc: Franklin County Department of Health (jason_flowersi@doh.state.fl.us)
Scott Grubbs, (Scott.Grubbs@dep.state.fl.us)
Angela Chelette, NWFWMMD (Angela.Chelette@nwfwmd.state.fl.us)
Cliff McKeown (cliff.mckeown@dep.state.fl.us)

www.dep.state.fl.us



Compliance Inspection Form

Page 2

BASIC INSPECTION AND SYSTEM INFO	Water system:	ST. GEORGE ISLAND UTILITIES		System PWS #:	1190789		Date of inspection:	8/12/2011	
	System address:	250 JOHN KNOX ROAD - SUITE #4			City:	TALLAHASSEE		State:	FL Zip 32303
	System phone:	850/668-0440						Cell:	850/697-2836
	Fax number:	850/927-3395						Email:	gdb5@comcast.net
	Owner name:	GENE BROWN						Owner title:	
	Owner address:	250 JOHN KNOX ROAD - SUITE #4			City:	TALLAHASSEE		State:	FL Zip 32303
	Owner phone:	850-668-0440						Cell:	850/519-7685
	Fax number:	850/927-3395						Email:	gdb5@comcast.net
	Operator required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)			Operator name:	NITA MOLSBEER 850/524-1905			
	Operator Email	WATER2NM@YAHOO.COM			Phone	850/927-2648		Fax:	850/927-3395

S=Satisfactory U=Unsatisfactory --=Not Applicable *=See comment below

SOURCE - WELL INFORMATION	Well Number	1	2	3	4		DISTRIBUTION	Water system map compliant?	Yes	
	Well head sealed? (Pad/conduit/openings)	S	S	S	S			Flushing of dead ends compliant?	Yes daily	
	Well casing 12" above grade?	S	S	S	S			Valve maintenance compliant?	Yes	
	Casing vent compliant? (2003)	S	S	S	S			Chlorine residual > 0.2 mg/L	Yes	
	Check valve compliant?	S	S	S	S			Number of high service pumps?	3	
	Tap Compliant? (Smooth/12" high/pre-check)	S	S	S	S			High service pumps functional?	Yes	
	Flow measurable?	S	S	S	S			CCC devices tested annually?	Yes	
	Security measures compliant?	S	S	S	S			Flow meter accuracy checked?	Yes	
	O & M manual compliant?	S	S	S	S			Emergency Preparedness Plan?	Yes	
	CI storage compliant (no organics/acid/sun)	S	S	S	S			In use permits have clearance?	Yes	
TREATMENT	Spare chlorinator compliant?	S	S	S	S		OPERATOR MANAGEMENT	Operator visits compliant?	Yes	
	Loss of chlorine alarm compliant?	S	S	S	S			Plant checked 5 times per week?	Yes	
	Treated sample tap provided?	S	S	S	S			MORs submittal compliant?	Yes	
	Security measures compliant?	S	S	S	S			FOLLOW-UP TO LAST INSPECTION OR SURVEY		
	CI solution NSF approved?	S	S	S	S			Last inspection fully compliant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (see below)		
	Solution vat compliant? (covered/etc)	S	S	S	S			Number of deficiencies last cited?	N/A	
	Safety: (Clones/Accidents/leak/etc)	S	S	S	S			Were any of the deficiencies "repeat"?	N/A	
	CI room compliant? (separate/ventilation)	S	S	S	S			Response from system submitted?	N/A	
	Scales compliant?	S	S	S	S			Have deficiencies been addressed?		
	Auto switchover provided?	S	S	S	S			MONITORING SCHEDULE		
STORAGE	Safety: (SCBA/Gloves/Ammonia/Panic HW)	S	S	S	S		OTHER	CHEMICAL ANALYSIS DATE NEXT DUE		
	Aeration							Nitrate/Nitrite	8-09	2010
	pH adjustment							Inorganics	9-08	2011
	Orthophosphate							Secondaries	9-08	2011
	Other							VOCs	9-08	2011
	Tank Number	1	2					Rads	9-08	see below
	Inspections compliant? (annual/5yr)	S	S					SOCs	9-08/waiver	2011
	Overflow/Vents compliant? (elevated)	S	S					UOCs	7-97	susp
	Pressure relief valve provided? (hydro)							Asbestos	waiver	2011
	Security measures compliant?	S	S					TTHM/HAA5(ann)	3,6,8-10	2011
FIELD SAMPLING RESULTS	Plant Cl (mg/L)	S	S	S	S	Plant=3.5	Distribution Cl (mg/L) / pH		State Park=0.2-0.3 West End=0.7 Lark Laane 1.1	
	Plant pH									

HANK GARRETT WMHSG2000@YAHOO.COM

DEFICIENCIES

NO MAJOR DEFICIENCIES NOTED

Outstanding Permits

N/A

INSPECTOR'S SIGNATURE *Cliff McKeown* TITLE ENGINEER SPECIALIST DATE: August 17, 2011
CLIFF MCKEOWN

REVIEWED BY *Marlane Castellanos* TITLE BRANCH MANAGER DATE: August 17, 2011
MARLANE CASTELLANOS

**OPERATING PERMIT
(NFWWMD)**

June 22, 2011
NorthWest Florida Water Management District
152 Water Management Drive
Havana, Florida 32333-4712

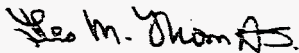
RE: Application for Consumptive Use Permit renewal 2004 0013
St. George Island Water System
Water Management Services, Inc.

Please find enclosed the Application for Consumptive Use Permit #2004 0013 renewal for the St. George Island Water System, owned and operated by Water Management Services, Inc.

We are respectfully requesting a renewal of our permit at our present permit quantities for the next seven years. It is important to note that even though our water consumption is down in recent years (since 2007), our request for new service has consistently increased even during these time. We believe that our consumption could easily double at anytime as the existing residential and commercial facilities are adequate to handle the doubling of the number of occupants without any new construction. With the oil spill fears gone, and if our country bounces back, folks will be ready for a long deserved vacation and the usage will return to the previous levels.

We thank you for your consideration of this renewal application. It is our desire and pledge to operate the well field to best utilize our precious resource such that it is there for all of us for a long, long time.

Sincerely,



Les M. Thomas, PE (FL 24705)
Utility Consulting Engineer
3460 Point View Circle
Gainesville, GA 30506



CONSUMPTIVE USE PERMIT

District Use Only

Application for Public Supply Uses

CUPA #: _____

Color: Blue

Northwest Florida Water Management District
152 Water Management, Havana, FL 32333 (850) 539-5999 (Suncom) 771-2080

SECTION I - INSTRUCTIONS TO THE APPLICANT

1. Type or print in INK.
2. Please submit TWO (2) COPIES of this application and all other submitted materials (letters, etc.).
3. A checklist is provided on page 9.

SECTION II - GENERAL INFORMATION

1. TYPE OF APPLICATION:

☐ New (Proposed) ☐ Unpermitted (Existing) ☐ Modification ☒ Renewal

2. WATER USE PERMIT NUMBER (if application is for renewal or modification): 20040013

3. Department of Environmental Protection Public Water Supply System I.D. Number 1190789

4. APPLICANT (Complete legal name in which permit should be issued)

NAME: Water Management Services, Inc.

ADDRESS: 250 John Knox Road, Suite 4

CITY, STATE, ZIP: Tallahassee, FL 32303

DAY PHONE: 850-668-0440 NIGHT PHONE: 850-524-6200

Applicant is: ☒ Owner ☐ Lessee ☐ Other (explain) _____

5. AGENT OR CONSULTANT Address all correspondence to the person below? ☐ Yes ☐ No

NAME: Les M. Thomas, P.E.

ADDRESS: 3460 Pointview Circle

CITY, STATE, ZIP: Gainesville, GA 30506

DAY PHONE: 678-677-6420 NIGHT PHONE: 678-677-6420

6. OWNER (IF OTHER THAN APPLICANT) N/A

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAY PHONE: _____ NIGHT PHONE: _____

SECTION III - PROPERTY CONTROL

Is the PROPERTY AT THE WITHDRAWAL POINT(S) owned or leased?

☒ Owned ☐ Leased

If leased, specify expiration date and whether it is renewable.

Lease Expiration Date: _____ Renewable? ☐ Yes ☐ No

If requested, a copy of the current lease (signed by the property owner) detailing the lease arrangement and the duration of the lease must be submitted.

SECTION IV - CLASSIFICATION

Check applicable classification:

- ☐ Non-Utility Public Supply (See Tables A and B of Section V)
Chapter 10D-6, F.A.C., may be used to calculate the average daily rate (ADR) and maximum daily rate (MDR) of withdrawals (see page 10).

☒ Utility Public Supply (See Tables B and C of Section V)

SECTION V - CONSUMPTIVE WATER USE INFORMATION

1. TABLE A N.A.

Water Use Public Supply (Non-Utility)

WATER USAGE	PRESENT (GPD)	PROJECTED 5 YEARS (GPD)	PROJECTED 7 YEARS (GPD)	PROJECTED 10 YEARS (GPD)
AVERAGE DAILY RATE (ADR)				
MAXIMUM DAILY RATE (MDR)				
MAXIMUM MONTHLY RATE (MMR)				

2. TABLE B

Population Data (Utility and Non-Utility)

POPULATION	PRESENT	PROJECTED 5 YEARS	PROJECTED 7 YEARS	PROJECTED 10 YEARS
AVERAGE POPULATION	3520	4475	5550	6570
PEAK POPULATION 175%	6160	7831	9712	11,497

3. TABLE C

Annual Water Use Public Supply (Utility)

USE TYPE (PROVIDE IF AVAILABLE)	PRESENT (GPD) 2010	PROJECTED 5 YEARS (GPD)	PROJECTED 7 YEARS (GPD)	PROJECTED 10 YEARS (GPD)
A. RESIDENTIAL SINGLE-FAMILY	352,000	447,500	555,000	657,000
B. RESIDENTIAL MULTI-FAMILY	17,000	27,500	32,000	37,000
C. COMMERCIAL/INDUSTRIAL	42,000	53,000	65,000	75,000
D. RECREATION IRRIGATION	0	0	0	0
E. FIRE FIGHTING/TESTING	0	0	0	0
F. TREATMENT LOSSES	0	0	0	0
G. OTHER METERED USES	18,000	18,000	18,000	18,000
H. OTHER (SPECIFY ALL OTHER UNACCOUNTED FOR WATER USES) FLUSHING	44,000	44,000	44,000	44,000
TOTAL AVERAGE DAILY WATER USE (GPD)	472,000	590,000	714,000	814,000
TOTAL MAXIMUM DAILY WATER USE (GPD) 175%	835,000	1,032,000	1,240,000	1,424,000
TOTAL MAXIMUM MONTHLY WATER USE (GAL) 150%	20,640,000	26,550	32,700,000	36,600,000

SECTION VI - SERVICE AREA

1. SERVICE AREA

- A. Average historic per capita use: 100 GPCD (Normally 100 GPCD or less)
- B. Maximum historic per capita use: 125 GPCD (Normally less than 150 GPCD)
- C. Projected AVERAGE per capita use: 100 GPCD for calendar year ALL
- D. Projected MAXIMUM per capita use: 125 GPCD for calendar year ALL
- E. Explain the method of projecting population and estimating per capita usage. Include the calculations used in determining the historic and projected per capita use amounts:

The population projection is based on the historic growth rate of 56 customers per year with 3.5 persons per customer.

SECTION VII - REQUESTED WITHDRAWAL AMOUNTS

1. APPLYING FOR GROUND WATER? ☒ Yes ☐ No

A. Total GROUND WATER amount requested (APPLY FOR TOTAL SYSTEM USAGE):

- (1) Average Daily Rate of Withdrawal (ADR) 714,000 Gallons Per Day*
- (2) Maximum Daily Rate of Withdrawal (MDR) 1,240,000 Gallons Per Day**
- (3) Maximum Monthly Rate of Withdrawal (MMR) 32,700,000 Gallons Per Month
- (4) Number of Consecutive Days MDR is to be pumped. 3 Days (Typically 3 days)

* Total yearly water use divided by 365 days.

** Maximum amount of water requested per 24 hours - cannot exceed system pump capacity.

B. WITHDRAWAL FACILITY

TOTAL NUMBER OF WELLS	IN USE	NOT IN USE	PROPOSED
	<u>4</u>	<u>0</u>	<u>1</u>

2. APPLYING FOR SURFACE WATER? ☐ Yes ☒ No

A. Total SURFACE WATER amount requested (APPLY FOR TOTAL SYSTEM USAGE):

- (1) Average Daily Rate of Withdrawal (ADR) _____ Gallons Per Day*
- (2) Maximum Daily Rate of Withdrawal (MDR) _____ Gallons Per Day**
- (3) Maximum Monthly Rate of Withdrawal (MMR) _____ Gallons Per Month
- (4) Number of Consecutive Days MDR is to be pumped. _____ Days (Typically 3 days)

* Total yearly water use divided by 365 days.

** Maximum amount of water requested per 24 hours - cannot exceed system pump capacity.

B. WITHDRAWAL FACILITY

Name of Creek, Stream, River, Lake, or Impoundment _____

TOTAL NUMBER OF WELLS	IN USE	NOT IN USE	PROPOSED

3. Provide calculations that support the requested average daily rate (ADR), maximum daily rate (MDR), and maximum monthly rate (MMR) of withdrawals (site references, metered reports). An example for calculating water use amounts is provided on page 10.

(ADR): Population x 100 gpcd

(MDR): 175% of annual average day

(MMR): 150% of AADF

SECTION IX - REUSE OF RECLAIMED WATER

1. Does the Applicant operate a domestic wastewater treatment plant? ☐ Yes ☒ No
If yes, complete Items 2 - 4 below and provide a map showing the location of the plant(s) and major effluent and reclaimed water transmission lines.

2. Wastewater Treatment Plant Capacity and Flows

WASTEWATER TREATMENT PLANTS

WASTEWATER AVAILABILITY	PLANT NAME: 1.		PLANT NAME: 2.		PLANT NAME: 3.	
	CAPACITY (MGD)	FLOW (MGD)	CAPACITY (MGD)	FLOW (MGD)	CAPACITY (MGD)	FLOW (MGD)
PRESENT AVERAGE						
5YEAR AVERAGE						
7YEAR AVERAGE						
10YEAR AVERAGE						
LEVEL OF TREATMENT						

3. Reclaimed Water Availability

WASTEWATER TREATMENT PLANTS

RECLAIMED WATER AVAILABILITY	PLANT NAME: 1.		PLANT NAME: 2.		PLANT NAME: 3.	
	REUSE CAPACITY (MGD)	REUSE FLOW (MGD)	REUSE CAPACITY (MGD)	REUSE FLOW (MGD)	REUSE CAPACITY (MGD)	REUSE FLOW (MGD)
PRESENT AVERAGE						
5YEAR AVERAGE						
7YEAR AVERAGE						
10YEAR AVERAGE						

4. Reuse customers and volumes of reclaimed water provided (attach additional sheets if necessary).

REUSE CUSTOMERS

VOLUME OF RECLAIMED WATER PROVIDED (MGD)	CUSTOMER NAME: 1.		CUSTOMER NAME: 2.		CUSTOMER NAME: 3.	
PRESENT AVERAGE						
5YEAR AVERAGE						
7YEAR AVERAGE						
10YEAR AVERAGE						

SECTION X - FIRE FLOW AND WELLFIELD CHARACTERISTICS

1. FIRE FLOW - Describe fire flow and standby capacity. THE SYSTEM CAN DELIVER A MINIMUM OF 500 GPM ANYWHERE IN THE SYSTEM. ALL PUMPING UNITS AND ALL WELLS ARE ON AUTOMATIC STANDBY (EMERGENCY) GENERATORS. A 290,000 GALLON GROUND STORAGE AND A 150,000 GALLON ELEVATED STORAGE TANK ARE ALSO AVAILABLE.
2. WELLFIELD OPERATION SCHEDULE - Describe the typical wellfield operation schedule. Include in the description those wells that are primary, secondary (peaking), stand-by, and the well rotation schedule - if any. Identify well numbers with those referenced in the ground water withdrawal table.
WE OPERATE A "LEAD" - "LAG" AUTOMATIC CYCLE. WELL #4 IS ALWAYS "LEAD" AND #1, #2, AND #3 ROTATE AS "LAG" PUMPS.
3. WELLFIELD PROTECTION ORDINANCE? (Check applicable): ☒ Yes ☐ No ☐ Pending ☐ N/A
If "yes," provide a copy of the ordinance and discuss whether the proposed water use will affect existing land uses as a consequence of the ordinance.

SECTION XI - SITE WITHDRAWAL INFORMATION

1. Describe the facility(ies) to which water is supplied. ALL RESIDENTS, BUSINESSES AND THE STATE PARK ON ST. GEORGE ISLAND
2. COUNTY: FRANKLIN
3. Submit a United States Geological Survey 7 - 1/2 minute topographic quad map (or copy) that delineates the following items:
 - A. Name of the quad map (Example: Quincy Quad).
 - B. Property AND service boundaries.
 - C. Approximate location of all existing AND proposed wells and/or surface water withdrawal pumps - with identification numbers (e.g. Well #1, Well #2, etc.).
 - D. Potential impacts to wetlands MAY require the submittal of a recent aerial map having a minimum scale of 1" = 2,000 feet.

SECTION XII - MODIFICATION AND PERMIT COMPLIANCE

If this application is for a modification, please describe the modification requested and the reason the modification is necessary. For modification and renewal requests, describe the applicant's compliance with EACH of the conditions of the existing permit:

MODIFICATION DESCRIPTION: N/A

SECTION XII - MODIFICATION AND PERMIT COMPLIANCE (CONTINUED)PERMIT CONDITION COMPLIANCE: _____

_____**SECTION XIII - IMPACTS**

Please attach a detailed description of the anticipated impacts on the resource and on existing legal users which could be impacted by the proposed use. The District shall require any other necessary information in accordance with the provisions of Section 40A-2.101(3), Florida Administrative Code and Chapter 373.223, Florida Statutes.

See attached statement

SECTION XIV - CONSERVATION

Provide a description of any water conservation measures currently implemented and those measures to be implemented in the future. If applicant is a utility, please provide a copy of the present and any proposed potable water rate structures.

CURRENT: THE UTILITY MAINTAINS AN ONGOING LEAK DETECTION PROGRAM. THE UTILITY ALSO ENCOURAGES THE USE OF XERISCAPE.

FUTURE: CONTINUE PRESENT PROGRAMS INCLUDING MAILOUT PROGRAM TO CUSTOMERS STRESSING IMPORTANCE OF CONSERVING WATER.

SECTION XV - INTERCONNECTIONS

1. Explain in detail any interconnection(s) with other suppliers. Indicate the average day and maximum day amounts of water that can be supplied via the interconnection(s). NONE

Name of Utility	Diameter of Interconnected Pipelines	Average Daily Supply (GPD)	Maximum Daily Supply (GPD)	Maximum Monthly Supply (GAL)

2. Would the applicant consider becoming a part of a regional public water supply system that would ensure additional water supplies?

☒ Yes

☐ No

☐ Pending

☐ Unsure

If "yes," when? NOV

SECTION XVI - DESALINATION AQUIFER STORAGE OR RECOVERY

1. If your system includes desalination, provide the following information: ☒ N/A

- A. Withdrawal capacity _____ GPD
- B. Potable water supply capacity _____ GPD
- C. Reject water discharge capacity _____ GPD
- D. Treatment efficiency ratio (treated water to reject) _____
- E. Amount of raw water that can be blended with the R. O. permeate _____ GPD
- F. Highest level of dissolved solids (TDS) or chlorides that can be efficiently and economically treated using the installed membranes _____ MG/L
- G. Chloride ion concentration in rejected water _____ MG/L
and receiving water body _____ MG/L
- H. Location of effluent discharge on a U. S. G. S. 7 - 1/2 minute topographic map

SECTION XVII - APPLICANT CERTIFICATION

I hereby certify that the information contained herein is true and accurate and that I have legal authority to undertake the activities described herein and execute this application.

Further, I authorize Les M. Thomas, P.E. to act as my agent for permit application coordination.

[Signature]
APPLICANT SIGNATURE

6-27-11
DATE

I hereby certify that I am the authorized agent of the applicant.

[Signature]
AGENT SIGNATURE

6/22/2011
DATE

I hereby certify that the applicant has sufficient legal control of the property described in this application.

[Signature]
PROPERTY OWNER SIGNATURE

6-27-11
DATE

APPLICANT CHECKLIST

1. Appropriate permit processing fee (check only) ☒ Attached*
2. Complete legal name was provided in Section II ☒ Provided
3. Copy of legal description (deed, lease) ☐ Attached ☒ N/A
4. U. S. G. S. 7 - 1/2 minute topographic map ☒ Attached
5. Description of Anticipated Impact(s) ☒ Attached
6. FDEP pumpage reports for past 24 months ☒ Attached
7. Utilities submit a copy of:
 - map of wastewater treatment plant and reuse water transmission lines ☐ Attached ☒ N/A
 - the Wellfield Protection Ordinance ☒ Attached ☐ Pending ☐ N/A
 - rate structure ☒ Attached ☐ N/A
8. Two (2) copies of all materials ☒ Attached

* All permit processing fees are non-refundable and are based upon the average daily withdrawal rate (ADR). To determine one's permit processing fee - compare the requested ADR amount(s) of Section VII to the matrix below:

AVERAGE DAILY WITHDRAWAL RATES (ADR) GALLONS	PROCESSING FEE
Less than 25,000 gallons per day, average	\$ 100.00
25,000 to 99,999 gallons per day, average	\$ 250.00
100,000 to 499,999 gallons per day, average	\$ 500.00
500,000 to 999,999 gallons per day, average	\$ 1,000.00 <input checked="" type="checkbox"/>
1,000,000 to 1,999,999 gallons per day, average	\$ 2,000.00
2,000,000 gallons or more per day, average	\$ 3,000.00
Permit Transfer	\$ 50.00
Temporary Permit (in addition to the fees identified above)	\$ 50.00

Please address all correspondence to the following address:

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
 ATTN: Consumptive Use - Division of Resource Regulation
 152 Water Management Drive
 Havana, Florida 32333

Telephone: (850) 539-5999
 Suncom: (850) 771-2080

PUBLIC SUPPLY NON-UTILITY HELP SHEET

NON-UTILITY PUBLIC SUPPLY (ONLY)

TYPE OF ESTABLISHMENT	DESCRIPTION	GPD	PRESENT MAXIMUM GPD (MDR)
Airports	Per passenger Add per employee	5 20	
Barber/Beauty Shops	Per chair	100	
Bowling Alleys	Toilet wastes/lane	100	
Church	Per seat	3	
Country Club	Per resident member Per guest/employee	100 25	
Dental Office	Per wet chair Per non-wet chair	200 50	
Doctor Office	Per doctor	250	
Factories	Per person (no showers) Per person (showers)	20 35	
Food Services	Ordinary restaurant (per seat) 24 hour restaurant (per seat) Single service articles (per seat) Bar & lounge (per seat) Drive-in restaurant (per seat) Carry-out (per 100 sq. ft. floor space) Carry-out (add per employee)	50 75 25 30 50 50 20	
Hospital	Per bed	200	
Hotels and Motels	Regular (per room) Resort hotels, cottages (per person) Add for laundry (per machine)	100 75 400	
Nursing/Rest Homes	Per person	100	
Office Building	Per worker	20	
Parks	With toilets only (per person) With bath, showers, toilets (per person)	5 10	
Public Institutions (other than Schools & Hospitals)	Per person	5	
Residential	Apartment (per bedroom) Mobile home/lot in park (per bedroom) Other (per occupant) Single family (per bedroom)	150 150 75 150	
Schools	Day-type (per student) Add for showers (per student) Add for cafeteria (per student) Add for school workers (per worker) Boarding-type (per student) Work camps (per worker)	15 5 5 15 75 50	
Service Station	Per bay	500	
Shopping Centers	Without food or laundry Per square foot of floor space	0.1	
Stadiums, Race Tracks	Per seat	5	
Stores (w/o food service)	Private toilets (per employee) Public Toilets (per sq. ft. of floor space)	20 0.1	
Swimming & Bathing Facility	Per person - public	10	
Theatres	Indoor auditoriums (per seat) Outdoor drive-ins (per space)	5 10	
Trailer/Mobile Home Park	Per trailer space	200	
Travel Trailer/RV Park	Overnight trailer w/o water & sewer Add for water & sewer (per space)	50 100	

Source: Chapter 10D-6, F.A.C.

TOTAL

GPD (MDR)

TOTAL PRESENT AVERAGE DAY (ADR) WATER USE (ADR = MDR divided by 1.5) ADR = _____ GPD*

TOTAL PRESENT MAXIMUM DAY (MDR) WATER USE (Obtain from matrix above) MDR = _____ GPD*

TOTAL PROJECTED AVERAGE DAY (ADR) WATER USE (Use Table A of Section V) ADR = _____ GPD*

TOTAL PROJECTED MAXIMUM DAY (MDR) WATER USE (Use Table A of Section V) MDR = _____ GPD*

* Enter the above ADR and MDR amounts in Table A of Section V.

The following is presented in response to Section XIII - Impacts

"The existing well field consisting of Wells 1,2,3 and 4 appears to have had no effect on the existing ground water table nor on other water users in the area. Our ground water monitoring wells show that the ground water table has not varied from its normal seasonal fluctuation. There has been no apparent degradation of the water table level, nor its quality as evidenced by testing to date."

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
INDIVIDUAL WATER USE PERMIT**

(NWFWM Form No. A2-E)

Permit granted to:

Permit No.: 20040013 Renewal/Modification

Water Management Services, Inc.

Date Permit Granted: June 22, 2006

3200 Commonwealth Blvd.

Permit Expires On: July 1, 2011

Tallahassee, Florida 32303

Source Classification: Floridan Aquifer

(Legal Name and Address)

Use Classification: Public Supply

County: Franklin Area: B

Location: Section 30, 31 1/4 Section

Application No.: I06687

Township 8 South Range 6 West

Terms and standard conditions of this Permit are as follows:

1. That all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth herein will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the conditions set forth herein, then this Permit shall be revoked as provided by Chapter 373.243, Florida Statutes.
2. This Permit is predicated upon the assertion by the Permittee that the use of water applied for and granted is and continues to be a reasonable and beneficial use as defined in Section 373.019(4), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. This Permit is conditioned on the Permittee having obtained or obtaining all other necessary permit(s) to construct, operate and certify withdrawal facilities and the operation of water system.
4. This Permit is issued to the Permittee contingent upon continued ownership, lease or other present control of property rights in underlying, overlying, or adjacent lands. This Permit may be assigned to a subsequent owner as provided by Chapter 40A-2.351, Florida Administrative Code, and the acceptance by the transferee of all terms and conditions of the Permit.

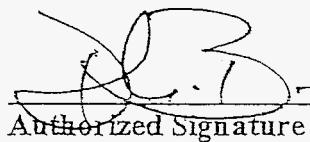
5. This Permit authorizes the Permittee to make a combined average annual withdrawal of 714,000 gallons of water per day, a maximum combined withdrawal of 1,240,000 gallons during a single day, and a combined monthly withdrawal of 32,700,000 gallons. Withdrawals for the individual facilities are authorized as shown in the table below in paragraph six. However, the total combined amount of water withdrawn by all facilities listed in paragraph six shall not exceed the amounts identified above.

6. Individual Withdrawal Facility Authorization

WITHDRAWAL POINT ID NO.	LOCATION SEC,TWN,RNG	GALLONS/DAY AVERAGE	GALLONS/DAY MAXIMUM
WMS #1/AAA5300	Sec. 31, T8S, R6W		360,000
WMS #2/AAA5299	Sec. 31, T8S, R6W		360,000
WMS #3/AAA5297	Sec. 31, T8S, R6W		720,000
WMS #4/AAD9754	Sec. 30, T8S, R6W		720,000
WMS-MO #1/AAB0501	Sec. 31, T8S, R6W		-0-
WMS-MO #2/To Be Assigned	Sec. 30, T8S, R6W		-0-

7. The use of the permitted water withdrawal is restricted to the use classification set forth by the Permit. Any change in the use of said water shall require a modification of this Permit.
8. The District's staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this Permit.
9. The District's staff, upon providing prior notice and proper identification, may request permission to collect water samples for analysis, measure static and/or pumping water levels and collect any other information deemed necessary to protect the water resources of the area.
10. The District reserves the right, at a future date, to require the Permittee to submit pumpage records for any or all withdrawal points(s) covered by this Permit.
11. Permittee shall mitigate any significant adverse impact caused by withdrawals permitted herein on the resource and legal water withdrawals and uses, and on adjacent land use, which existed at the time of permit application. The District reserves the right to curtail permitted withdrawal rates if the withdrawal causes significant adverse impact on the resource and legal uses of water, or adjacent land use, which existed at the time of permit application.
12. Permittee shall not cause significant saline water intrusion or increased chloride levels. The District reserves the right to curtail permitted withdrawal rates if withdrawals cause significant saline water intrusion or increased chloride levels.

13. The District, pursuant to Section 373.042, Florida Statutes, at a future date, may establish minimum and/or management water levels in the aquifer, aquifers, or surface water hydrologically associated with the permitted withdrawals; these water levels may require the Permittee to limit withdrawal from these water sources at times when water levels are below established levels.
14. Nothing in this Permit should be construed to limit the authority of the Northwest Florida Water Management District to declare water shortages and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate and implement a plan during periods of water shortage pursuant to Section 373.246, Florida Statutes, or to declare Water Resource Caution Areas pursuant to Chapters 40A-2.801, and 62-40.41, Florida Administrative Code
 - (a) In the event of a declared water shortage, water withdrawal reductions shall be made as ordered by the District.
 - (b) In the event of a declared water shortage or an area as a Water Resource Caution Area, the District may alter, modify or inactivate all or parts of this permit.
15. The Permittee shall properly plug and abandon any well determined unsuitable for its intended use, not properly operated and maintained, or removed from service. The well(s) shall be plugged and abandoned to District Standards in accordance with Section 40A-3.531, Florida Administrative Code.
16. Any Specific Permit Condition(s) enumerated in Attachment A are herein made a part of this Permit.



Authorized Signature

Northwest Florida Water Management District

ATTACHMENT A
Water Management Services, Inc.

Individual Water Use Permit No. 20040013
Individual Water Use Application No. I06318

1. The Permittee shall reference the utility's production and monitoring wells by their Florida Unique Well Identification Number (FLUWID AAA####) when corresponding with the District. All water quality and water level data submitted shall clearly identify, by FLUWID #, the well associated with the data.
2. The Permittee shall maintain, in working order, in-line totaling flow meters on all production wells.
3. The Permittee shall limit the combined withdrawal amounts from wells WMS #1 (AAA5300), WMS #2 (AAA5299), and WMS #3 (AAA5297) to no more than 50 percent of its total annual withdrawal. The Permittee shall not withdraw at a rate of more than 250 gpm from either well WMS #1 (AAA5300) or WMS #2 (AAA5299), nor withdraw at a rate of more than 500 gpm from either well WMS #3 (AAA5297) or WMS #4 (AAD9754). The Permittee, by January 31 of each year, shall submit certification and documentation to the District that the utility has complied with this condition.
4. The Permittee, by January 31, April 30, July 31, and October 31 of each year, shall report the following information.
 - a. The data required on Water Use Summary Reporting Form NFWFMD A2-I for each production well for the preceding three months even if no water is used.
 - b. Static water level data for all all production and monitor wells during the first two weeks of each month. The Permittee shall use a District-approved method and shall not withdraw water from the wells for as long as possible (preferably 24 hours but at least four hours) prior to measuring the water level. All measurements shall be taken from the same measuring point. If the measuring point elevation is different from land surface, the Permittee shall provide the difference between these two elevations. All measurements shall reflect the depth to water from land surface elevation.

The Permittee, if preferred, may submit the report electronically by e-mailing it to compliance@nwfwmd.state.fl.us.

5. The Permittee, during the first two weeks of January, April, July and October, shall conduct water quality sampling from all production and monitor wells. The water-quality analyses shall test for the following parameters: chloride, sodium and total-dissolved solids. Prior to sampling, the Permittee shall purge a minimum of three to five well volumes from the wells, and shall report with each set of test results, the duration of

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The Permittee, if preferred, may submit the report electronically by e-mailing it to compliance@nfwfwm.d.state.fl.us.

5. The Permittee, during the first two weeks of January, April, July and October, shall conduct water quality sampling from all production and monitor wells. The water-quality analyses shall test for the following parameters: chloride, sodium and total-dissolved solids. Prior to sampling, the Permittee shall purge a minimum of three to five well volumes from the wells, and shall report with each set of test results, the duration of

purging, purge volume, and purge rates used. The Permittee shall submit the results by the last day of the following month (e.g., data for samples collected in January are due by February 28). The Permittee, if preferred, may submit the report electronically by e-mailing it to compliance@nwfwmd.state.fl.us.

6. The Permittee, by July 31 of each year, shall report on the progress of implementation of the following water conservation/efficiency measures. The Permittee shall:
 - a. Provide an account of the amount of water withdrawn, the actual amount of water accounted for through the billing system, and an estimate of unaccounted for water by suspected cause (e.g., leaks, line breaks, inaccurate meters, unmetered users, line flushing, etc.). The Permittee shall also submit a progress report, including documentation, to the District of the unaccounted for totals and the actions taken to account for and reduce system water losses to less than ten percent of the water withdrawn during the previous year (amount withdrawn verses amount delivered).
 - b. Submit a copy of the present rate structure and tap fees.
 - c. Consider revising existing membership and/or tap fees (non-rate) fees to promote the installation of minimally sized connections/meters to meet non-discretionary water demand and discourage wasteful, discretionary use (e.g., irrigation, aesthetic use). The Permittee shall report to the District any recommended revisions and any actions undertaken as part of the required evaluation.
 - d. Provide documentation to the District that WMS have formally requested that Franklin County adopt a Florida Friendly Landscape Ordinance that, at a minimum, meets the provisions of Chapter 373.185, Florida Statutes, and an Irrigation Efficiency Ordinance that provides for year-round enhanced irrigation efficiency hours of before 10 a.m. and after 4 p.m. and irrigation for a maximum number of days each week (e.g. two days).
 - e. Provide updated status of its plumbing fixtures retrofit program designed to enhance water use efficiency. The Permittee, at a minimum, shall promote and make available to its customer's toilet tank displacement and faucet and showerhead aerators/flow-restrictors. The customers' kits shall provide sufficient units to retrofit all faucets and showerheads within a household or business establishment. The Permittee shall provide special assistance to hotels, motels and condominiums.
 - f. Provide updated status of a comprehensive public education and information campaign to promote water conservation and efficiency. The campaign shall consist of newspaper notices and articles, periodic radio and television announcements, periodic mail-outs to customers and the posting of signs and informational brochures in the rooms of hotels, motels and rental property. The campaign shall be oriented to emphasize the program being implemented and water conservation in general. The campaign shall be designed to regularly reach permanent and part-time residents and tourists.

7. The Permittee, by April 30 of each year, shall submit the following information for the previous year:
 - a. The total amount of water being billed to each type of customer (e.g., residential, commercial) within its service area and each total divided by the number of meters of each customer type. This analysis will be used to identify trends in total water use and water conservation/efficiency within the service area. The Permittee may submit additional analytical information in support of its water conservation and efficiency initiatives.
 - b. A summary of per-capita demands within its service area for each year and how the demands were calculated. The method utilized to estimate per capita demands shall be sufficiently documented that the calculated demands can be used to measure water efficiency/conservation progress within the WMS service area. The method of estimating the population served shall also be provided.
 - c. The number of active service connections.
8. The Permittee shall mitigate any adverse impact caused by withdrawals permitted herein on the water resources of the area or on domestic or other legal water withdrawals and uses. The Permittee shall report the occurrence of any such impacts to the District and shall identify the mitigation action undertaken to address the impacts or provide for the user to be connected to a water-supply system.

**NOTICES OF VIOLATION, CONSENT ORDERS,
LETTERS OF NOTICE, WARNING NOTICES**

NONE

FIELD EMPLOYEES

FIELD EMPLOYEES

CERTIFIED OPERATOR AND MANAGER

Brenda M. (Nita) Molsbee

Class C Drinking Water License No. 15121

FULL TIME MANAGEMENT OF OFFICE INCLUDING: Meet with customers in the office and in the field, answer phones (cell and office).

BILLING CLERK: Enter and process all meter readings; process bills; process payments daily; make bank deposits daily; enter customer account data.

PLANT MANAGER AND LICENSED OPERATOR: Inspect wells, aerators and plant daily; issue work orders; supervise and coordinate work for field technicians daily; order parts and supplies; schedule plant and well maintenance; supervise cross connection control program; responsible for valve program; responsible for emergency response program; responsible for dead-end flushing program; responsible for annual consumer confidence report; supervise, inspect and audit service locations; record daily pumping logs and report to state agencies; chlorine, bacteriological and other sampling daily, monthly and quarterly as required by DEP; attend state and county meetings relating to utility company issues.

CERTIFIED OPERATOR AND ASSISTANT MANAGER

Marvin H. (Hank) Garrett

Class B Drinking Water License No. 0007102

Class C Wastewater License No. 0007469

ASSISTANT PLANT OPERATOR AND ASSISTANT MANAGER: Assist certified operator and manager with emphasis in the field specifically supervision of field technicians; order parts and supplies; meet with customers; read meters; locate water lines for cable and electric companies; maintain wells and plant; inspect and audit service locations; measure wells; purge wells; flush system; hydrant maintenance; operate backhoe; maintain and repair electronic controls; install water lines; install new services; repair leaks.

FIELD TECHNICIANS

Bobby Garrett

T. J. Lemieux

FIELD TECHNICIAN DUTIES

DAILY

- INSPECT EACH OF FOUR WELLS
- READ AND RECORD IN LOG METERS AT FOUR WELLS
- READ PLANT METERS
- FLUSH LINES AT EACH END OF ST. GEO. ISL.
- CHECK CHLORINE RESIDUALS IN LOCATIONS THROUGHOUT ST. GEO. ISL.

WEEKLY

- REPLACE CHLORINE CYLINDERS 2-3 TIMES PER WEEK
- READ GENERATOR
- GREASE BACKHOE

MONTHLY

- READ EVERY CUSTOMER METER FOR BILLING

ROUTINE DUTIES

DAILY-WEEKLY-MONTHLY

- EXERCISE, LUBRICATE AND MAINTAIN HYDRANTS
- LOCATE AND MAINTAIN VALVES
- REPLACE AND REPAIR METER RISERS AND CUSTOMER METERS
- BUILD METER RISERS
- REPAIR LEAKS
- CLEAN WELL HOUSES, CLEAN AND MAINTAIN PROPERTY AT FOUR WELLS, PLANT AND ELEVATED TANK
- INSTALL NEW HYDRANTS
- INSTALL NEW METERS
- RELOCATING METERS
- RESPOND TO CUSTOMER CALLS
- MAINTENANCE OF CONTROL/MODEMS
- RESPOND TO SYSTEM ALARMS
- CLEAN AERATORS
- LOCATE AND MARK WATER LINES IN RESPONSE TO REQUESTS BY SUNSHINE ONE CALL
- GENERAL MAINTENANCE OF PLANT, WELLS AND EQUIPMENT
- TEST METERS
- INSPECTION OF ANY AND ALL SERVICE LOCATIONS FOR PURPOSES OF AUDIT, CROSS CONNECTION CONTROL PROGRAM, SHALLOW WELLS AND CHANGES IN CUSTOMER USE, i.e., CONVERSION TO COMMERCIAL, CONDOS, APARTMENTS, ETC.

EMERGENCIES 24/7 AS NEEDED

100% of WMSI employees carry a cell phone and beeper and are available to respond to emergencies 24/7.

VEHICLES

WATER MANAGEMENT SERVICES, INC.

VEHICLE LISTING

Description	VIN No.	Original Cost	Annual Lease Expense	Assigned to	Utility Allocation	Allocation Method
2008 GMC Truck	1GDHK29K68E145924	\$30,312	N/A	Field Technicians	100%	Use
2010 Toyota Truck	5TFUW5F18AX119260	Leased	\$7,940.64	Assistant Operator	100%	Use
2009 Chevrolet Truck	1GCED19049Z260948	Leased	\$8,863.80	Operator	100%	Use

CUSTOMER COMPLAINTS - 2010

NONE