CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

120209-WS

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Utilities, Inc. of Florida
Exact Legal Name of Utility
Docket No.: 120209-WS

VOLUME III (d) (Seminole County)

FOR THE

Test Year Ended: December 31, 2011

DOCUMENT NUMBER-DAT
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**Seminole County – Volumes III (d) & (e)

DETAILED MAP

Utilities, Inc. of Florida

Docket No.: 120209-WS

Seminole County

25-30.440 (1)
DETAILED MAP

Test Year Ended December 31, 2011

CHEMICALS USED

Utilities, Inc. of Florida

Docket No.: 120209-WS

Seminole County

25-30.440 (2)
CHEMICALS USED

Test Year Ended December 31, 2011

Utilities, Inc. of Florida
Docket No. 120209-WS
Schedule of Chemicals-Seminole County
Test Year Ended December 31, 2011

Date of Invoice	Location	UN1791, Hyprochlorite Solutions, 8, PG III Sodium Hypochlorite 12.5% -BULK GL DOT SP-12412 Gal	Price	AS4000 Ammonium Sulfate 40% BULK GL Gallons	Price	Aquadene SK7641 Liqui Drums	Price	TOTAL AMOUNT
1/4/2011	Oakland Shores	175	1.35					236.25
1/4/2011	Little Wekiva	23	1.35					31.05
1/4/2011	Bear Lake	150	1.35					202.50
1/5/2011	Park Ridge	61	1.35					82.35
1/5/2011	Phillips	73	1.35					98.55
1/5/2011	Crystal Lake	53	1.35					71.55
1/5/2011	Ravenna Park	245	1.35					330.75
1/4/2011	Weathersfield	300	1.35					405.00
1/4/2011	Jansen	244	1.35					329.40
1/18/2011	Weathersfield	275	1.30					357.50
1/18/2011	Oakland Shores	165	1.30					214.50
1/27/2011	Weathersfield	-				6	45.00	270.00
1/27/2011	Weathersfield	-				4	45.00	180.00
2/1/2011	Bear Lake	140	1.30					182.00
2/1/2011	Little Wekiva	20	1.30					26.00
2/1/2011	Jansen	178	1.30					231.40
2/1/2011	Oakland Shores	140	1.30					182.00
2/1/2011	Weathersfield	290	1.30					377.00
1/4/2011	Ravenna Park	190	1.30					247.00
2/4/2011	Park Ridge	60	1.30					78.00
2/15/2011	Weathersfield	220	1.30					286.00
3/1/2011	Bear Lake	140	1.30					182.00
3/2/2011	Park Ridge	65	1.30					84.50
3/2/2011	Phillips	45	1.30					58.50
3/2/2011	Crystal Lake	45	1.30					58.50
3/2/2011	Ravenna Park	178	1.30					231.40
3/1/2011	Oakland Shores	250	1.30					325.00
3/1/2011	Jansen	200	1.30					260.00
3/4/2011	Little Wekiva	20	1.30					26.00
3/15/2011	Oakland Shores	190	1.30					247.00
3/15/2011	Jansen	105	1.30					136.50
3/28/2011	Oakland Shores	225	1.30					292.50
3/29/2011	Little Wekiva	20	1.30					26.00
3/29/2011	Jansen	110	1.30					143.00
3/30/2011	Ravenna Park	125	1.30					162.50
3/30/2011	Park Ridge	70	1.30					91.00
3/30/2011	Crystal Lake	60	1.30					78.00
4/5/2011	Weathersfield	465	1.30					604.50
4/12/2011	Oakland Shores	180	1.30					234.00
4/12/2011	Weathersfield	200	1.30					260.00
4/26/2011	Bear Lake	40	1.30					52.00
4/26/2011	Little Wekiva	25	1.30					32.50
4/26/2011	Jansen	280	1.30					364.00
4/26/2011	Oakland Shores	250	1.30					325.00
4/26/2011	Weathersfield	375	1.30					487.50
4/27/2011	Ravenna Park	195	1.30					253.50
4/27/2011	Park Ridge	65	1.30					84.50
4/27/2011	Crystal Lake	55	1.30					71.50
4/27/2011	Phillips	55	1.30					71.50
5/10/2011	Weathersfield	390	1.30					507.00
5/10/2011	Oakland Shores	300	1.30					390.00
5/10/2011	Jansen	140	1.30					182.00
5/25/2011	Phillips	65	1.30					84.50
5/25/2011	Crystal Lake	85	1.30					110.50
5/25/2011	Park Ridge	80	1.30					104.00
5/24/2011	Little Wekiva	25	1.30					32.50
5/25/2011	Ravenna Park	240	1.30					312.00
5/24/2011	Oakland Shores	300	1.30					390.00
5/24/2011	Weathersfield	400	1.30					520.00
6/7/2011	Jansen	170	1.30					221.00
6/9/2011	Weathersfield	375	1.30					487.50
6/7/2011	Oakland Shores	110	1.30					143.00
6/9/2011	Jansen	100	1.30					130.00
6/22/2011	Park Ridge	45	1.30					58.50
6/22/2011	Phillips	40	1.30					52.00
6/22/2011	Ravenna Park	160	1.30					208.00
6/22/2011	Crystal Lake	70	1.30					91.00
6/21/2011	Oakland Shores	175	1.30					227.50
6/21/2011	Jansen	110	1.30					143.00
6/21/2011	Little Wekiva	25	1.30					32.50
6/21/2011	Weathersfield	325	1.30					422.50
7/5/2011	Jansen	80	1.30					104.00
7/5/2011	Oakland Shores	180	1.30					234.00
7/5/2011	Weathersfield	300	1.30					390.00
7/15/2011	Park Ridge	85	1.30					110.50
7/19/2011	Jansen	80	1.30					104.00
7/19/2011	Little Wekiva	25	1.30					32.50
7/19/2011	Oakland Shores	130	1.30					169.00
7/20/2011	Phillips	30	1.30					39.00

Exhibit_____

Test Year Ended December 31, 2011

Date of Invoice	Location	UN1791, Hyprochlorite Solutions, 8, PG III Sodium Hypochlorite 12.5% -BULK GL DOT SP-12412 Gal	Price	AS4000 Ammonium Sulfate 40% BULK GL Gallons	Price	Aquadene SK7641 Liqui Drums	Price	TOTAL AMOUNT
7/20/2011	Park Ridge	30	1.30					39.00
7/20/2011	Crystal Lake	55	1.30					71.50
7/20/2011	Ravenna Park	180	1.30					234.00
7/19/2011	Weathersfield	300	1.30					390.00
7/11/2011	Weathersfield	-				4	45.00	180.00
7/11/2011	Weathersfield	-				6	45.00	270.00
8/2/2011	Weathersfield	300	1.30					390.00
8/2/2011	Oakland Shores	225	1.30					292.50
8/2/2011	Jansen	100	1.30					130.00
8/19/2011	Little Wekiva	25	1.30					32.50
8/16/2011	Jansen	150	1.30					195.00
8/17/2011	Ravenna Park	210	1.30					273.00
8/16/2011	Weathersfield	300	1.30					390.00
8/16/2011	Oakland Shores	200	1.30					260.00
8/17/2011	Phillips	30	1.30					39.00
8/17/2011	Crystal Lake	60	1.30					78.00
8/17/2011	Park Ridge	75	1.30					97.50
8/30/2011	Oakland Shores	150	1.30					195.00
8/30/2011	Weathersfield	300	1.30					507.00
9/8/2011	Park Ridge	95	1.30					123.50
9/13/2011	Weathersfield	300	1.30					390.00
9/13/2011	Jansen	275	1.30					357.50
9/14/2011	Ravenna Park	260	1.30					338.00
9/13/2011	Oakland Shores	160	1.30					208.00
9/13/2011	Little Wekiva	25	1.30					32.50
9/14/2011	Phillips	35	1.30					45.50
9/14/2011	Crystal Lake	65	1.30					84.50
9/14/2011	Park Ridge	25	1.30					32.50
9/16/2011	Bear Lake	300	1.30					390.00
9/22/2011	Park Ridge	-		55	1.95			107.25
9/27/2011	Oakland Shores	125	1.30					162.50
9/27/2011	Bear Lake	50	1.30					65.00
9/27/2011	Jansen	100	1.30					130.00
9/27/2011	Weathersfield	325	1.30					422.50
10/12/2011	Ravenna Park	210	1.30					273.00
10/11/2011	Weathersfield	300	1.30					390.00
10/12/2011	Phillips	40	1.30					52.00
10/11/2011	Little Wekiva	20	1.30					26.00
10/11/2011	Jansen	100	1.30					130.00
10/11/2011	Bear Lake	75	1.30					97.50
10/11/2011	Oakland Shores	75	1.30					97.50
10/12/2011	Crystal Lake	55	1.30					71.50
10/12/2011	Park Ridge	75	1.30					97.50
10/25/2011	Weathersfield	300	1.30					390.00
10/25/2011	Oakland Shores	300	1.30					390.00
10/25/2011	Jansen	110	1.30					143.00
10/25/2011	Bear Lake	100	1.30					130.00
11/8/2011	Bear Lake	110	1.30					143.00
11/8/2011	Jansen	115	1.30					149.50
11/8/2011	Little Wekiva	24	1.30					31.20
11/8/2011	Oakland Shores	170	1.30					221.00
11/8/2011	Weathersfield	300	1.30					390.00
11/9/2011	Crystal Lake	55	1.30					71.50
11/9/2011	Park Ridge	50	1.30					65.00
11/9/2011	Phillips	15	1.30					19.50
11/9/2011	Ravenna Park	200	1.30					260.00
11/22/2011	Oakland Shores	150	1.30					195.00
11/22/2011	Weathersfield	300	1.30					390.00
12/6/2011	Bear Lake	170	1.30					221.00
12/6/2011	Little Wekiva	20	1.30					26.00
12/6/2011	Oakland Shores	175	1.30					227.50
12/7/2011	Ravenna Park	150	1.30					195.00
12/8/2011	Phillips	30	1.30					39.00
12/8/2011	Crystal Lake	60	1.30					78.00
12/8/2011	Park Ridge	95	1.30					123.50
12/6/2011	Weathersfield	300	1.30					390.00
12/6/2011	Jansen	200	1.30					260.00
12/20/2011	Weathersfield	325	1.30					422.50
12/20/2011	Oakland Shores	150	1.30					195.00
12/20/2011	Jansen	60	1.30					78.00
12/20/2011	Bear Lake	100	1.30					130.00
		21,589		55		20		29,256.15
Quantity Purchased		21,589		55		20		
Unit of Measure		Gallons						
Average Cost/ Unit			1.30		1.95		45.00	
Where Used (Water/ Sewer)		Water		Water		Water		
Specify Dosage Rate		Disinfecting agent		Disinfecting agent		Sequestrant		

Exhibit_____

Test Year Ended December 31, 2011

Date of Invoice	Location	UN1791, Hyprochlorite Solutions, 8, PG III Sodium Hypochlorite 12.5% -BULK GL DOT SP-12412 Gal	Price	AS4000 Ammonium Sulfate 40% BULK GL Gallons	Price	Aquadene SK7641 Liqui Drums	Price	TOTAL AMOUNT
Water, total item used, gallons		21,589		55		20		
Water, chemical feed rate, ppm		13.77		1.21		N/A		
Volume treated, million gal.		188.129		6.549				

***Additional Charges include freight, sales tax, and misc charges incurred as shown on chemical invoices.**

Exhibit_____

Test Year Ended December 31, 2011

Date of Invoice	Location	UNITED: Hyprochlorite Solutions, 8, PG III Sodium Hypochlorite 12.5% -BULK GL DOT SP-12412 Gal	Price	AS4000 Ammonium Sulfate 40% BULK GL Gallons	Price	Aquadene SK7641 Liqui Drums	Price	TOTAL AMOUNT
RECONCILIATION TO MFRs:								
TOTAL WATER EXPENSE		28,248.90		107.25		900.00	——	29,256.15
TOTAL WASTEWATER EXPENSE								-
TOTAL CHEMICAL EXPENSE PER SCHEDULE								29,256.15
AMOUNTS PER G/Ls								
OBJECT 5480 - CHLORINE - AA G/L								28,697.40
OBJECT 5480 - CHLORINE - UA G/L								2,734.53
OBJECT 5490 - OTHER CHEMICALS AA G/L								1,007.25
								32,439.18
ADJUSTMENTS:								
TO RECLASS INVOICE 377615 TO PASCO COUNTY								(58.50)
REMOVAL OF CHEMICAL ALLOCATIONS - SEE ALLOCATION ADJUSTMENTS								(2,734.53)
To remove cost of Dumont Invoice, Doc # 422204 incorrectly to chemicals. S/B charged to W&WW landscape maintenance expense.								(390.00)
ADJUSTED CHEMICAL EXPENSE								29,256.15

CHEMICAL
ANALYSIS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Seminole County

25-30.440 (3)
CHEMICAL ANALYSIS

Test Year Ended December 31, 2011

WEATHERSFIELD – ANNUAL

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 182984DW1
Disinfectant Residual (mg/L): 1.2
PWS ID (From Page 1): 3591451

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	3.76		EPA552.2	2.00	2.0	08/22/12		E83018
2451	Dichloroacetic Acid	N/A	ug/L	23.2		EPA552.2	1.00	1.0	08/22/12		E83018
2452	Trichloroacetic Acid	N/A	ug/L	9.31		EPA552.2	0.500	1.0	08/22/12		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	08/22/12		E83018
2454	Dibromoacetic Acid	N/A	ug/L	10.7		EPA552.2	0.500	1.0	08/22/12		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	47.0		EPA552.2	0.500	---	08/22/12		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	46.3		EPA502.2	0.500	1.0	08/20/12		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	1.0	08/20/12		E83018
2943	Bromodichloromethane	N/A	ug/L	22.6		EPA502.2	0.500	1.0	08/20/12		E83018
2944	Dibromochloromethane	N/A	ug/L	8.39		EPA502.2	0.500	1.0	08/20/12		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	77.3		EPA502.2	0.500	---	08/20/12		E83018

** 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

WEATHERSFIELD – INORGANIC

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 150033DW1
PWS ID (From Page 1): 3591451

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	05/16/11	01:30 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	05/16/11	01:30 PM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	05/17/11		E83018
1010	Barium	2	mg/L	0.00791		EPA200.8	0.00200	05/17/11		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/17/11		E83018
1020	Chromium	0.1	mg/L	0.00643		EPA200.8	0.00100	05/17/11		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	05/19/11		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/16/11		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	05/17/11		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	05/18/11		E83018
1036	Nickel	0.1	mg/L	0.00225		EPA200.8	0.00100	05/17/11		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	05/17/11		E83018
1052	Sodium	160	mg/L	18.0		EPA200.7	0.500	05/16/11		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	05/17/11		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	05/17/11		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	05/17/11		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 150033DW1
PWS ID (From Page 1): 3591451

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	05/17/11		E83018
1017	Chloride	250	mg/L	23.2		EPA300.0	0.400	05/16/11		E83018
1022	Copper	1	mg/L	0.00308		EPA200.8	0.00100	05/17/11		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/16/11		E83018
1028	Iron	0.3	mg/L	0.0598		EPA200.7	0.0100	05/16/11		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	05/16/11		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	05/17/11		E83018
1055	Sulfate	250	mg/L	6.89		EPA300.0	1.00	05/16/11		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	05/17/11		E83018
1905	Color	15	CU	5.00	U	SM2120 B	5.00	05/18/11	07:00 AM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	05/17/11	08:00 AM	E83018
1925	pH	6.5 -8.5	pH	7.92		SM4500-H B	0.0100	05/16/11	12:00 PM	E83018
1930	Total Dissolved Solids	500	mg/L	218		SM2540 C	2.50	05/18/11		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	05/18/11	07:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 150033DW1
PWS ID (From Page 1): 3591451

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	05/17/11		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/17/11		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 150033DW1
PWS ID (From Page 1): 3591451

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	05/23/11	05/25/11		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/23/11	05/25/11		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	05/23/11	05/25/11		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	05/23/11	05/25/11		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	05/20/11	05/25/11		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	05/22/11	05/26/11		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	05/23/11	05/31/11		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		05/17/11		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	05/24/11	05/31/11		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		05/24/11		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	05/17/11	05/23/11		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	05/24/11	05/31/11		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	05/20/11	05/25/11		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	05/20/11	05/25/11		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	05/23/11	05/25/11		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		05/24/11		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	05/17/11	05/23/11		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	05/17/11	05/23/11		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	05/23/11	05/25/11		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/23/11	05/25/11		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	05/20/11	05/25/11		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	05/20/11	05/25/11		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	05/23/11	05/25/11		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	05/24/11	05/31/11		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	05/20/11	05/25/11		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	05/23/11	05/25/11		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	05/23/11	05/25/11		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	05/23/11	05/25/11		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	05/23/11	05/25/11		E83018

CRYSTAL LAKE - ANNUAL

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 182316DW1
Disinfectant Residual (mg/L): 1.4
PWS ID (From Page 1): 3590258

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.96		EPA552.2	2.00	2.0	08/16/12		E83018
2451	Dichloroacetic Acid	N/A	ug/L	19.4		EPA552.2	1.00	1.0	08/16/12		E83018
2452	Trichloroacetic Acid	N/A	ug/L	6.10		EPA552.2	0.500	1.0	08/16/12		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	08/16/12		E83018
2454	Dibromoacetic Acid	N/A	ug/L	9.58		EPA552.2	0.500	1.0	08/16/12		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	38.0		EPA552.2	0.500	---	08/16/12		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	24.9		EPA502.2	0.500	1.0	08/10/12		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	1.0	08/10/12		E83018
2943	Bromodichloromethane	N/A	ug/L	6.77		EPA502.2	0.500	1.0	08/10/12		E83018
2944	Dibromochloromethane	N/A	ug/L	2.31		EPA502.2	0.500	1.0	08/10/12		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	34.0		EPA502.2	0.500	---	08/10/12		E83018

** 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

CRYSTAL LAKE - INORGANIC

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 176334DW1
PWS ID (From Page 1): 3590258

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	05/18/12	11:00 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	05/18/12	11:00 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1010	Barium	2	mg/L	0.0175		EPA200.8	0.00200	05/21/12		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1020	Chromium	0.1	mg/L	0.00724		EPA200.8	0.00100	05/21/12		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	05/29/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/18/12		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1035	Mercury	0.002	mg/L	0.0000254		EPA245.1	0.0000200	05/23/12		E83018
1036	Nickel	0.1	mg/L	0.00350		EPA200.8	0.00100	05/21/12		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	05/21/12		E83018
1052	Sodium	160	mg/L	12.9		EPA200.7	0.500	05/22/12		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	05/21/12		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 176334DW1
PWS ID (From Page 1): 3590258

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	05/21/12		E83018
1017	Chloride	250	mg/L	26.4		EPA300.0	2.00	05/22/12		E83018
1022	Copper	1	mg/L	0.00872		EPA200.8	0.00100	05/21/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/18/12		E83018
1028	Iron	0.3	mg/L	0.428		EPA200.7	0.0100	05/22/12		E83018
1032	Manganese	0.05	mg/L	0.0209		EPA200.7	0.0100	05/22/12		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	05/21/12		E83018
1055	Sulfate	250	mg/L	6.07		EPA300.0	1.00	05/18/12		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	05/21/12		E83018
1905	Color	15	CU	15.0		SM2120 B	5.00	05/18/12	12:15 PM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	05/18/12	11:20 AM	E83018
1925	pH	6.5 -8.5	pH	7.72		SM4500-H B	0.0100	05/18/12	11:34 PM	E83018
1930	Total Dissolved Solids	500	mg/L	258		SM2540 C	2.50	05/23/12		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	05/18/12	03:00 PM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 176334DW1
PWS ID (From Page 1): 3590258

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	05/21/12		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 176334DW1
PWS ID (From Page 1): 3590258

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	05/24/12	05/24/12		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	05/24/12	05/24/12		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	05/24/12	05/24/12		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	05/23/12	05/21/12		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	05/24/12	05/29/12		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	05/23/12	05/25/12		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		05/23/12		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		05/21/12		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	05/24/12	06/04/12		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		05/21/12		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	05/24/12	06/04/12		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	05/24/12	06/04/12		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	05/24/12	05/24/12		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	05/21/12	05/31/12		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	05/23/12	05/21/12		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	05/24/12	05/24/12		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	05/24/12	05/24/12		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	05/24/12	05/24/12		E83018

LITTLE WEKIVA - ANNUAL

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: A1205920001

Disinfectant Residual (mg/L)_____

PWS ID (From Page 1): _____

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	ug/L	0.20	U	EPA 552.2	0.20	2	08/02/2012	08:41	E84589
2451	Dichloroacetic Acid	N/A	ug/L	5.31		EPA 552.2	0.81	1	08/02/2012	08:41	E84589
2452	Trichloroacetic Acid	N/A	ug/L	4.45		EPA 552.2	0.91	1	08/02/2012	08:41	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	08/02/2012	08:41	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	08/02/2012	08:41	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	9.76		EPA 552.2	0.20	—	08/02/2012	08:41	E84589

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	ug/L	28.28		EPA 524.2	0.21	1	07/27/2012	01:36	E82535
2942	Bromoform	N/A	ug/L	0.22	U	EPA 524.2	0.22	1	07/27/2012	01:36	E82535
2943	Bromodichloromethane	N/A	ug/L	11.69		EPA 524.2	0.29	1	07/27/2012	01:36	E82535
2944	Dibromochloromethane	N/A	ug/L	3.27		EPA 524.2	0.39	1	07/27/2012	01:36	E82535
2950	Total Trihalomethanes	80	ug/L	43.24		EPA 524.2	0.21	—	07/27/2012	01:36	E82535

** 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.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*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.

LITTLE WEKIVA - INORGANIC

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 176481DW1
PWS ID (From Page 1): 3590762

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.887		EPA300.0	0.0500	05/22/12	12:30 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	05/22/12	12:30 PM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1010	Barium	2	mg/L	0.00499		EPA200.8	0.00200	05/23/12		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1020	Chromium	0.1	mg/L	0.00294		EPA200.8	0.00100	05/23/12		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	05/29/12		E83018
1025	Fluoride	4.0	mg/L	0.257		EPA300.0	0.200	05/22/12		E83018
1030	Lead	0.015	mg/L	0.00144		EPA200.8	0.00100	05/23/12		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	05/30/12		E83018
1036	Nickel	0.1	mg/L	0.00339		EPA200.8	0.00100	05/23/12		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	05/23/12		E83018
1052	Sodium	160	mg/L	12.1		EPA200.7	0.500	05/22/12		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	05/23/12		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 176481DW1
PWS ID (From Page 1): 3590762

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	05/23/12		E83018
1017	Chloride	250	mg/L	19.9		EPA300.0	0.400	05/22/12		E83018
1022	Copper	1	mg/L	0.0337		EPA200.8	0.00100	05/23/12		E83018
1025	Fluoride	4.0	mg/L	0.257		EPA300.0	0.200	05/22/12		E83018
1028	Iron	0.3	mg/L	0.0470		EPA200.7	0.0100	05/22/12		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	05/22/12		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	05/23/12		E83018
1055	Sulfate	250	mg/L	6.88		EPA300.0	1.00	05/22/12		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	05/23/12		E83018
1905	Color	15	CU	15.0		SM2120 B	5.00	05/22/12	04:20 PM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	05/22/12	01:40 PM	E83018
1925	pH	6.5 -8.5	pH	7.94		SM4500-H B	0.0100	05/22/12	01:57 PM	E83018
1930	Total Dissolved Solids	500	mg/L	172		SM2540 C	2.50	05/24/12		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	05/23/12	03:00 PM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 176481DW1
PWS ID (From Page 1): 3590762

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	05/25/12		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 176481DW1
PWS ID (From Page 1): 3590762

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	05/24/12	05/24/12		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	05/24/12	05/24/12		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	05/24/12	05/24/12		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	05/23/12	05/21/12		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	05/24/12	05/29/12		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	05/23/12	05/25/12		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		05/23/12		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		06/05/12		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	05/24/12	06/04/12		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		06/05/12		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	05/24/12	06/04/12		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	05/24/12	06/04/12		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	05/24/12	05/24/12		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	05/21/12	05/31/12		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	05/23/12	05/21/12		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	05/24/12	05/24/12		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	05/24/12	05/24/12		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	05/24/12	05/24/12		E83018

BEAR LAKE - ANNUAL

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 182983DW1
Disinfectant Residual (mg/L): 1.4
PWS ID (From Page 1): 3590069

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	2.0	08/22/12		E83018
2451	Dichloroacetic Acid	N/A	ug/L	21.7		EPA552.2	1.00	1.0	08/22/12		E83018
2452	Trichloroacetic Acid	N/A	ug/L	10.4		EPA552.2	0.500	1.0	08/22/12		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	08/22/12		E83018
2454	Dibromoacetic Acid	N/A	ug/L	18.0		EPA552.2	0.500	1.0	08/22/12		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	50.1		EPA552.2	0.500	—	08/22/12		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	30.7		EPA502.2	0.500	1.0	08/20/12		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	1.0	08/20/12		E83018
2943	Bromodichloromethane	N/A	ug/L	13.9		EPA502.2	0.500	1.0	08/20/12		E83018
2944	Dibromochloromethane	N/A	ug/L	4.79		EPA502.2	0.500	1.0	08/20/12		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	49.4		EPA502.2	0.500	—	08/20/12		E83018

** 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 1766010W1
PWS ID (From Page 1): 3590069

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	05/23/12	10:45 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	05/23/12	10:45 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1010	Barium	2	mg/L	0.00642		EPA200.8	0.00200	05/23/12		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1020	Chromium	0.1	mg/L	0.00402		EPA200.8	0.00100	05/23/12		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	05/29/12		E83018
1025	Fluoride	4.0	mg/L	0.213		EPA300.0	0.200	05/23/12		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	05/30/12		E83018
1036	Nickel	0.1	mg/L	0.00219		EPA200.8	0.00100	05/23/12		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	05/23/12		E83018
1052	Sodium	160	mg/L	17.1		EPA200.7	0.500	05/24/12		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	05/23/12		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 176601DW1
PWS ID (From Page 1): 3590069

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	05/23/12		E83018
1017	Chloride	250	mg/L	33.6		EPA300.0	2.00	05/23/12		E83018
1022	Copper	1	mg/L	0.00274		EPA200.8	0.00100	05/23/12		E83018
1025	Fluoride	4.0	mg/L	0.213		EPA300.0	0.200	05/23/12		E83018
1028	Iron	0.3	mg/L	0.0482		EPA200.7	0.0100	05/24/12		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	05/24/12		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	05/23/12		E83018
1055	Sulfate	250	mg/L	6.77		EPA300.0	1.00	05/23/12		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	05/23/12		E83018
1905	Color	15	CU	15.0		SM2120 B	5.00	05/23/12	12:30 PM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	05/23/12	01:15 PM	E83018
1925	pH	6.5 -8.5	pH	8.14		SM4500-H B	0.0100	05/23/12	10:44 PM	E83018
1930	Total Dissolved Solids	500	mg/L	226		SM2540 C	2.50	05/25/12		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	05/23/12	03:00 PM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 176601DW1
PWS ID (From Page 1): 3590069

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	05/25/12		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 176601DW1
PWS ID (From Page 1): 3590069

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	05/30/12	05/31/12		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/30/12	05/31/12		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	05/30/12	05/31/12		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	05/30/12	05/31/12		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	05/31/12	06/04/12		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	05/24/12	05/29/12		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	05/23/12	05/25/12		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		05/23/12		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	06/01/12	06/06/12		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		06/05/12		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	05/24/12	06/04/12		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	06/01/12	06/06/12		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	05/31/12	06/04/12		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	05/31/12	06/04/12		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	05/30/12	05/31/12		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		06/05/12		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	05/24/12	06/04/12		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	05/24/12	06/04/12		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	05/30/12	05/31/12		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/30/12	05/31/12		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	05/31/12	06/04/12		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	05/31/12	06/04/12		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	05/30/12	05/31/12		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	06/01/12	06/06/12		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	05/31/12	06/04/12		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	05/30/12	05/31/12		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	05/30/12	05/31/04		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	05/30/12	05/31/04		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	05/30/12	05/31/12		E83018

JANSEN - ANNUAL

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: A1205795001

Disinfectant Residual (mg/L)_____

PWS ID (From Page 1): _____

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	ug/L	0.20	U	EPA 552.2	0.20	2	07/26/2012	09:58	E84589
2451	Dichloroacetic Acid	N/A	ug/L	11.32		EPA 552.2	0.81	1	07/26/2012	09:58	E84589
2452	Trichloroacetic Acid	N/A	ug/L	16.24		EPA 552.2	0.91	1	07/26/2012	09:58	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	07/26/2012	09:58	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	07/26/2012	09:58	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	27.55		EPA 552.2	0.20	---	07/26/2012	09:58	E84589

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	ug/L	48.93		EPA 524.2	0.21	1	07/19/2012	19:07	E82535
2942	Bromoform	N/A	ug/L	0.57		EPA 524.2	0.22	1	07/19/2012	19:07	E82535
2943	Bromodichloromethane	N/A	ug/L	14.30		EPA 524.2	0.29	1	07/19/2012	19:07	E82535
2944	Dibromochloromethane	N/A	ug/L	2.68		EPA 524.2	0.39	1	07/19/2012	19:07	E82535
2950	Total Trihalomethanes	80	ug/L	68.48		EPA 524.2	0.21	---	07/19/2012	19:07	E82535

** 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.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*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.

JANSEN - INORGANICS

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 176480DW1
PWS ID (From Page 1): 3590615

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	05/22/12	12:30 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	05/22/12	12:30 PM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1010	Barium	2	mg/L	0.00463		EPA200.8	0.00200	05/23/12		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1020	Chromium	0.1	mg/L	0.00403		EPA200.8	0.00100	05/23/12		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	05/29/12		E83018
1025	Fluoride	4.0	mg/L	0.272		EPA300.0	0.200	05/22/12		E83018
1030	Lead	0.015	mg/L	0.00617		EPA200.8	0.00100	05/23/12		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	05/30/12		E83018
1036	Nickel	0.1	mg/L	0.00243		EPA200.8	0.00100	05/23/12		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	05/23/12		E83018
1052	Sodium	160	mg/L	15.0		EPA200.7	0.500	05/22/12		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	05/23/12		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	05/23/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 176480DW1
PWS ID (From Page 1): 3590615

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	05/23/12		E83018
1017	Chloride	250	mg/L	26.3		EPA300.0	2.00	05/22/12		E83018
1022	Copper	1	mg/L	0.00417		EPA200.8	0.00100	05/23/12		E83018
1025	Fluoride	4.0	mg/L	0.272		EPA300.0	0.200	05/22/12		E83018
1028	Iron	0.3	mg/L	0.0362		EPA200.7	0.0100	05/22/12		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	05/22/12		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	05/23/12		E83018
1055	Sulfate	250	mg/L	4.99		EPA300.0	1.00	05/22/12		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	05/23/12		E83018
1905	Color	15	CU	20.0		SM2120 B	5.00	05/22/12	04:20 PM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	05/22/12	01:40 PM	E83018
1925	pH	6.5 -8.5	pH	8.00		SM4500-H B	0.0100	05/22/12	01:57 PM	E83018
1930	Total Dissolved Solids	500	mg/L	210		SM2540 C	2.50	05/24/12		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	05/23/12	03:00 PM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 176480DW1
PWS ID (From Page 1): 3590615

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	05/25/12		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/25/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 176480DW1
PWS ID (From Page 1): 3590615

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	05/24/12	05/24/12		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	05/24/12	05/24/12		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	05/24/12	05/24/12		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	05/23/12	05/21/12		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	05/24/12	05/29/12		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	05/23/12	05/25/12		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		05/23/12		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		06/05/12		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	05/24/12	06/04/12		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		06/05/12		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	05/24/12	06/04/12		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	05/24/12	06/04/12		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	05/24/12	05/24/12		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	05/21/12	05/31/12		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	05/23/12	05/21/12		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	05/24/12	05/24/12		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	05/24/12	05/24/12		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	05/24/12	05/24/12		E83018

OAKLAND SHORES - ANNUAL

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 182985DW1
Disinfectant Residual (mg/L): 1.2
PWS ID (From Page 1): 3590912

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	5.35		EPA552.2	2.00	2.0	08/22/12		E83018
2451	Dichloroacetic Acid	N/A	ug/L	20.8		EPA552.2	1.00	1.0	08/22/12		E83018
2452	Trichloroacetic Acid	N/A	ug/L	8.35		EPA552.2	0.500	1.0	08/22/12		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	08/22/12		E83018
2454	Dibromoacetic Acid	N/A	ug/L	3.80		EPA552.2	0.500	1.0	08/22/12		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	38.3		EPA552.2	0.500	—	08/22/12		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	30.3		EPA502.2	0.500	1.0	08/20/12		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	1.0	08/20/12		E83018
2943	Bromodichloromethane	N/A	ug/L	20.4		EPA502.2	0.500	1.0	08/20/12		E83018
2944	Dibromochloromethane	N/A	ug/L	11.3		EPA502.2	0.500	1.0	08/20/12		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	61.9		EPA502.2	0.500	—	08/20/12		E83018

** 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

OAKLAND SHORES - INORGANICS

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 175816DW1
PWS ID (From Page 1): 3590912

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	05/11/12	01:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	05/11/12	01:00 PM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	05/14/12		E83018
1010	Barium	2	mg/L	0.00458		EPA200.8	0.00200	05/14/12		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/14/12		E83018
1020	Chromium	0.1	mg/L	0.00858		EPA200.8	0.00100	05/14/12		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	05/21/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/11/12		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	05/14/12		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	05/16/12		E83018
1036	Nickel	0.1	mg/L	0.00261		EPA200.8	0.00100	05/14/12		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	05/14/12		E83018
1052	Sodium	160	mg/L	35.1		EPA200.7	0.500	05/15/12		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	05/14/12		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	05/14/12		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	05/14/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 175816DW1
PWS ID (From Page 1): 3590912

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	05/14/12		E83018
1017	Chloride	250	mg/L	67.4		EPA300.0	4.00	05/11/12		E83018
1022	Copper	1	mg/L	0.00386		EPA200.8	0.00100	05/14/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/11/12		E83018
1028	Iron	0.3	mg/L	0.0323		EPA200.7	0.0100	05/15/12		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	05/15/12		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	05/14/12		E83018
1055	Sulfate	250	mg/L	10.7		EPA300.0	1.00	05/11/12		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	05/14/12		E83018
1905	Color	15	CU	20.0		SM2120 B	5.00	05/11/12	11:00 AM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	05/11/12	10:55 AM	E83018
1925	pH	6.5 -8.5	pH	7.91		SM4500-H B	0.0100	05/11/12	09:13 PM	E83018
1930	Total Dissolved Solids	500	mg/L	228		SM2540 C	2.50	05/17/12		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	05/11/12	09:30 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

Report Number / Job ID: 175816DW1
PWS ID (From Page 1): 3590912

VOLATILE ORGANICS
62-550.310(2)(b)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	05/21/12		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 175816DW1
PWS ID (From Page 1): 3590912

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	05/16/12	05/16/12		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/16/12	05/16/12		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	05/16/12	05/16/12		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	05/16/12	05/16/12		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	05/23/12	05/21/12		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	05/15/12	05/21/12		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	05/15/12	05/23/12		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		05/23/12		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	05/14/12	05/22/12		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		05/16/12		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	05/15/12	05/29/12		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	05/14/12	05/22/12		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	05/16/12	05/16/12		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		05/16/12		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	05/15/12	05/29/12		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	05/15/12	05/29/12		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	05/16/12	05/16/12		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/16/12	05/16/12		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	05/16/12	05/16/12		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	05/14/12	05/22/12		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	05/23/12	05/21/12		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	05/16/12	05/16/12		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	05/16/12	05/16/12		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	05/16/12	05/16/12		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	05/16/12	05/16/12		E83018

PARK RIDGE - ANNUAL

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: A1205973001

Disinfectant Residual (mg/L)_____

PWS ID (From Page 1): _____

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	ug/L	0.20	U	EPA 552.2	0.20	2	07/31/2012	00:23	E84589
2451	Dichloroacetic Acid	N/A	ug/L	2.62		EPA 552.2	0.81	1	07/31/2012	00:23	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	07/31/2012	00:23	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	07/31/2012	00:23	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	07/31/2012	00:23	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	2.62		EPA 552.2	0.20	—	07/31/2012	00:23	E84589

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	ug/L	3.05		EPA 524.2	0.21	1	07/26/2012	23:38	E82535
2942	Bromoform	N/A	ug/L	0.22	U	EPA 524.2	0.22	1	07/26/2012	23:38	E82535
2943	Bromodichloromethane	N/A	ug/L	0.29	U	EPA 524.2	0.29	1	07/26/2012	23:38	E82535
2944	Dibromochloromethane	N/A	ug/L	0.39	U	EPA 524.2	0.39	1	07/26/2012	23:38	E82535
2950	Total Trihalomethanes	80	ug/L	3.05		EPA 524.2	0.21	—	07/26/2012	23:38	E82535

** 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.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*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.

PARK RIDGE - INORGANICS

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 176332DW1
Disinfectant Residual (mg/L): 1.6
PWS ID (From Page 1): 3590993

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	2.0	05/24/12		E83018
2451	Dichloroacetic Acid	N/A	ug/L	2.14		EPA552.2	1.00	1.0	05/24/12		E83018
2452	Trichloroacetic Acid	N/A	ug/L	1.84		EPA552.2	0.500	1.0	05/24/12		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	05/24/12		E83018
2454	Dibromoacetic Acid	N/A	ug/L	0.801		EPA552.2	0.500	1.0	05/24/12		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	4.78		EPA552.2	0.500	---	05/24/12		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	3.16		EPA502.2	0.500	1.0	05/21/12		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	1.0	05/21/12		E83018
2943	Bromodichloromethane	N/A	ug/L	1.13		EPA502.2	0.500	1.0	05/21/12		E83018
2944	Dibromochloromethane	N/A	ug/L	0.997		EPA502.2	0.500	1.0	05/21/12		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	5.29		EPA502.2	0.500	---	05/21/12		E83018

** 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

PHILLIPS - ANNUAL

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: A1205972001

Disinfectant Residual (mg/L)_____

PWS ID (From Page 1): _____

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	ug/L	0.20	U	EPA 552.2	0.20	2	08/02/2012	13:29	E84589
2451	Dichloroacetic Acid	N/A	ug/L	3.56		EPA 552.2	0.81	1	08/02/2012	13:29	E84589
2452	Trichloroacetic Acid	N/A	ug/L	1.85		EPA 552.2	0.91	1	08/02/2012	13:29	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	08/02/2012	13:29	E84589
2454	Dibromoacetic Acid	N/A	ug/L	1.62		EPA 552.2	0.54	1	08/02/2012	13:29	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	7.03		EPA 552.2	0.20	—	08/02/2012	13:29	E84589

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	ug/L	12.36		EPA 524.2	0.21	1	07/27/2012	20:18	E82535
2942	Bromoform	N/A	ug/L	0.22	U	EPA 524.2	0.22	1	07/27/2012	20:18	E82535
2943	Bromodichloromethane	N/A	ug/L	20.72		EPA 524.2	0.29	1	07/27/2012	20:18	E82535
2944	Dibromochloromethane	N/A	ug/L	31.93		EPA 524.2	0.39	1	07/27/2012	20:18	E82535
2950	Total Trihalomethanes	80	ug/L	65.01		EPA 524.2	0.21	—	07/27/2012	20:18	E82535

** 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.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*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

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 176333DW1
PWS ID (From Page 1): 3591008

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.289		EPA300.0	0.0500	05/18/12	11:00 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	05/18/12	11:00 AM	E83018
1005	Arsenic	0.010	mg/L	0.00112		EPA200.8	0.00100	05/21/12		E83018
1010	Barium	2	mg/L	0.0211		EPA200.8	0.00200	05/21/12		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1020	Chromium	0.1	mg/L	0.00542		EPA200.8	0.00100	05/21/12		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	05/29/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/18/12		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1035	Mercury	0.002	mg/L	0.0000279		EPA245.1	0.0000200	05/23/12		E83018
1036	Nickel	0.1	mg/L	0.00332		EPA200.8	0.00100	05/21/12		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	05/21/12		E83018
1052	Sodium	160	mg/L	18.0		EPA200.7	0.500	05/22/12		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	05/21/12		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 176333DW1
PWS ID (From Page 1): 3591008

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	05/21/12		E83018
1017	Chloride	250	mg/L	39.0		EPA300.0	2.00	05/22/12		E83018
1022	Copper	1	mg/L	0.00252		EPA200.8	0.00100	05/21/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/18/12		E83018
1028	Iron	0.3	mg/L	0.769		EPA200.7	0.0100	05/22/12		E83018
1032	Manganese	0.05	mg/L	0.0143		EPA200.7	0.0100	05/22/12		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	05/21/12		E83018
1055	Sulfate	250	mg/L	30.5		EPA300.0	1.00	05/18/12		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	05/21/12		E83018
1905	Color	15	CU	20.0		SM2120 B	5.00	05/18/12	12:15 PM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	05/18/12	11:20 AM	E83018
1925	pH	6.5 -8.5	pH	7.77		SM4500-H B	0.0100	05/18/12	11:34 PM	E83018
1930	Total Dissolved Solids	500	mg/L	256		SM2540 C	2.50	05/23/12		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	05/18/12	03:00 PM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 176333DW1
PWS ID (From Page 1): 3591008

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	05/21/12		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 1763330W1
PWS ID (From Page 1): 3591008

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	05/24/12	05/24/12		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	05/24/12	05/24/12		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	05/24/12	05/24/12		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	05/23/12	05/21/12		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	05/24/12	05/29/12		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	05/23/12	05/25/12		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		05/23/12		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		05/21/12		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	05/24/12	06/04/12		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		05/21/12		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	05/24/12	06/04/12		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	05/24/12	06/04/12		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	05/24/12	05/24/12		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	05/21/12	05/31/12		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	05/23/12	05/21/12		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	05/24/12	05/24/12		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	05/24/12	05/24/12		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	05/24/12	05/24/12		E83018

RAVENNA PARK - ANNUAL

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 183132DW1
Disinfectant Residual (mg/L): 2.4
PWS ID (From Page 1): 3591061

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	4.77		EPA552.2	2.00	2.0	08/22/12		E83018
2451	Dichloroacetic Acid	N/A	ug/L	19.5		EPA552.2	1.00	1.0	08/22/12		E83018
2452	Trichloroacetic Acid	N/A	ug/L	7.87		EPA552.2	0.500	1.0	08/22/12		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	08/22/12		E83018
2454	Dibromoacetic Acid	N/A	ug/L	15.0		EPA552.2	0.500	1.0	08/22/12		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	47.1		EPA552.2	0.500	---	08/22/12		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	40.9		EPA502.2	0.500	1.0	08/20/12		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	1.0	08/20/12		E83018
2943	Bromodichloromethane	N/A	ug/L	25.5		EPA502.2	0.500	1.0	08/20/12		E83018
2944	Dibromochloromethane	N/A	ug/L	12.5		EPA502.2	0.500	1.0	08/20/12		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	78.8		EPA502.2	0.500	---	08/20/12		E83018

** 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

RAVENNA PARK - INORGANICS

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 176335DW1
PWS ID (From Page 1): 3591061

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	05/18/12	11:00 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	05/18/12	11:00 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1010	Barium	2	mg/L	0.00931		EPA200.8	0.00200	05/21/12		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1020	Chromium	0.1	mg/L	0.00499		EPA200.8	0.00100	05/21/12		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	05/29/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/18/12		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1035	Mercury	0.002	mg/L	0.0000312		EPA245.1	0.0000200	05/23/12		E83018
1036	Nickel	0.1	mg/L	0.00254		EPA200.8	0.00100	05/21/12		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	05/21/12		E83018
1052	Sodium	160	mg/L	17.2		EPA200.7	0.500	05/22/12		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	05/21/12		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	05/21/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 176335DW1
PWS ID (From Page 1): 3591061

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	05/21/12		E83018
1017	Chloride	250	mg/L	33.4		EPA300.0	2.00	05/22/12		E83018
1022	Copper	1	mg/L	0.00491		EPA200.8	0.00100	05/21/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	05/18/12		E83018
1028	Iron	0.3	mg/L	0.0382		EPA200.7	0.0100	05/22/12		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	05/22/12		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	05/21/12		E83018
1055	Sulfate	250	mg/L	7.55		EPA300.0	1.00	05/18/12		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	05/21/12		E83018
1905	Color	15	CU	10.0		SM2120 B	5.00	05/18/12	12:15 PM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	05/18/12	11:20 AM	E83018
1925	pH -	6.5 -8.5	pH	8.10		SM4500-H B	0.0100	05/18/12	11:34 PM	E83018
1930	Total Dissolved Solids	500	mg/L	234		SM2540 C	2.50	05/24/12		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	05/18/12	03:00 PM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 176335DW1
PWS ID (From Page 1): 3591061

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	05/21/12		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	05/21/12		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 176335DW1
PWS ID (From Page 1): 3591061

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	05/24/12	05/24/12		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	05/24/12	05/24/12		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	05/24/12	05/24/12		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	05/23/12	05/21/12		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	05/24/12	05/29/12		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	05/23/12	05/25/12		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		05/23/12		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		05/21/12		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	05/24/12	06/04/12		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	05/21/12	05/31/12		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		05/21/12		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	05/24/12	06/04/12		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	05/24/12	06/04/12		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	05/24/12	05/24/12		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	05/24/12	05/24/12		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	05/23/12	05/21/12		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	05/23/12	05/21/12		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	05/21/12	05/31/12		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	05/23/12	05/21/12		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	05/24/12	05/24/12		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	05/24/12	05/24/12		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	05/24/12	05/24/12		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	05/24/12	05/24/12		E83018

OPERATIONS
REPORTS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Seminole County

25-30.440 (4)
OPERATIONS REPORTS

Test Year Ended December 31, 2011

2010

MORs

BEAR LAKE

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	B	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Allan Finch	C	7806	Mon. - Fri. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Allan Finch 2-4-10
Signature and Date

Alan Finch
Printed or Typed Name

FILE COPY

C-7806
License Number

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

PWS Identification Number: 3590069 | Plant Name: Bear Lake

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	37,000	400	2.10	3.35	7.03	20.80	8.20	2.80			1.20	
2	24	48,000										1.20	
3	24	50,500											
4	24	50,500	400	1.80	3.35	6.03	21.80	8.20	2.60			1.00	Raised stenner feed
5	24	48,000	400	1.80	3.35	6.03	19.90	8.10	3.00			1.00	
6	24	45,000	400	1.70	3.35	5.70	18.60	8.10	3.20			0.90	
7	24	50,000	400	2.10	3.35	7.03	19.30	8.20	3.20			1.10	Collected Bac - T samples
8	24	37,000	400	2.20	3.35	7.37	20.20	8.20	3.00			1.20	
9	24	40,000										1.10	
10	24	72,000											
11	24	72,000	400	1.70	3.35	5.70	20.00	8.20	3.00			0.90	Raised stenner feed
12	24	44,000	400	2.00	3.35	6.70	20.20	8.20	3.00			0.90	
13	24	50,000	400	2.10	3.35	7.03	20.60	8.10	2.80			1.00	
14	24	54,000	400	2.00	3.35	6.70	22.10	8.10	2.60			1.00	Cleaned GST wall
15	24	42,000	400	2.50	3.35	8.38	22.60	8.20	2.40			1.30	Replaced stenner tubing
16	24	37,000										1.30	
17	24	62,000											
18	24	62,000	400	2.50	3.35	8.38	22.10	8.20	2.60			1.50	Lowered stenner feed
19	24	53,000	400	2.50	3.35	8.38	22.60	8.10	2.40			1.40	Bleach delivery
20	24	52,000	400	3.00	3.35	10.05	22.40	8.30	2.60			1.80	Calibrated pH meter. Lowered stenner feed
21	24	51,000	400	2.80	3.35	9.38	23.30	8.20	2.40			1.70	
22	24	37,000	400	2.60	3.35	8.71	23.60	8.20	2.20			1.60	
23	24	47,000										1.40	
24	24	46,000											
25	24	46,000	400	2.60	3.35	8.71	23.30	8.20	2.40			1.40	
26	24	44,000	400	2.50	3.35	8.38	23.10	8.20	2.40			1.40	
27	24	44,000	400	2.50	3.35	8.38	23.40	8.30	2.40			1.30	
28	24	40,000	400	2.40	3.35	8.04	23.20	8.20	2.40			1.30	
29	24	35,000	400	2.40	3.35	8.04	23.40	8.30	2.40			1.40	
30	24	48,000										1.20	
31	24	48,000											
Total		1,492,000											
Average		48,129											
Maximum		72,000											

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

REVISED

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake			Plant Telephone Number: 407-869-1919
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 3-8-2010	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	49,000	400	2.40	3.35	8.04	23.30	8.20	2.40			1.20	
2	24	36,000	400	2.30	3.35	7.71	23.00	8.20	2.40			1.30	Collected Bac-t samples
3	24	47,000	400	2.40	3.35	8.04	23.20	8.30	2.40			1.30	
4	24	43,000	400	2.30	3.35	7.71	23.30	8.20	2.40			1.20	
5	24	42,000	400	2.30	3.35	7.71	23.60	8.10	2.20			1.30	
6	24	47,000										1.20	
7	24	48,000											
8	24	48,000	400	2.30	3.35	7.71	23.50	8.30	2.20			1.20	
9	24	40,000	400	2.30	3.35	7.71	23.00	8.20	2.40			1.30	Collected HAA5, THM4, Info Samples
10	24	42,000	400	2.30	3.35	7.71	23.00	8.20	2.40			1.20	
11	24	40,000	400	2.40	3.35	8.04	23.00	8.30	2.40			1.20	
12	24	28,000	400	2.10	3.35	7.04	22.70	8.30	2.40			1.30	
13	24	39,000										1.20	
14	24	48,000											
15	24	48,000	400	2.40	3.35	8.04	21.20	8.30	2.80			1.20	
16	24	36,000	400	2.50	3.35	8.38	20.80	8.30	2.80			1.30	
17	24	46,000	400	3.00	3.35	10.05	19.20	8.40	3.00			1.80	
18	24	44,000	400	3.20	3.35	10.72	21.10	8.10	2.80			2.00	
19	24	29,000	400	2.60	3.35	8.71	22.10	8.20	2.60			1.20	
20	24	46,000										1.30	
21	24	57,000											
22	24	56,000	400	3.00	3.35	10.05	22.90	8.00	2.40			2.00	
23	24	36,000	400	2.80	3.35	9.38	22.60	8.00	2.60			1.00	
24	24	52,000	400	2.80	3.35	9.38	20.70	8.00	2.80			0.50	
25	24	52,000	400	3.30	3.35	11.05	19.50	8.10	3.00			3.00	
26	24	40,000	400	2.80	3.35	9.38	17.30	8.20	3.60			1.80	
27	24	36,000										1.80	
28	24	50,000											
29	24												
30	24												
31	24												
Total		1,225,000											
Average		43,750											
Maximum		57,000											

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

REVISED 3/1/10

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake			Plant Telephone Number: 407-869-1919
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 4-5-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month Year of: March 2010

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	50,000	400	2.70	3.35	9.04	20.60	8.20	2.80			2.70	
2	24	32,000	400	3.00	3.35	10.05	22.60	8.30	2.40			1.70	
3	24	55,000	400	2.80	3.35	9.38	19.20	8.00	3.20			2.50	Collected Bact's samples
4	24	55,000	400	2.80	3.35	9.38	19.30	8.10	3.20			2.20	
5	24	33,000	400	2.40	3.35	8.04	20.10	8.20	3.00			1.70	
6	24	57,000										1.70	
7	24	55,000											
8	24	55,000	400	2.40	3.35	8.04	20.60	8.00	2.80			2.00	
9	24	46,000	400	2.40	3.35	8.04	22.30	8.10	2.60			2.10	
10	24	37,000	400	2.40	3.35	8.04	21.20	8.10	2.80			2.00	
11	24	49,000	400	2.60	3.35	8.71	22.80	8.20	2.40			2.00	
12	24	28,000	400	2.30	3.35	7.71	20.20	8.20	2.60			1.70	
13	24	39,000										1.50	
14	24	49,000											
15	24	48,000	400	2.30	3.35	7.71	21.30	8.20	2.80			1.80	
16	24	44,000	400	2.60	3.35	8.71	19.50	8.10	3.00			1.90	
17	24	37,000	400	2.50	3.35	8.38	19.70	8.10	3.00			2.00	
18	24	54,000	400	2.50	3.35	8.38	20.90	8.10	2.80			1.80	
19	24	29,000	400	2.30	3.35	7.71	20.60	8.20	2.80			1.60	
20	24	46,000										1.40	
21	24	47,000											
22	24	46,000	400	2.50	3.35	8.38	20.20	8.00	3.00			2.00	
23	24	47,000	400	2.60	3.35	8.71	22.30	8.10	3.00			2.00	
24	24	38,000	400	2.50	3.35	8.38	20.10	8.00	3.00			2.20	
25	24	49,000	400	2.30	3.35	7.71	23.10	8.10	2.40			2.00	
26	24	33,000	400	2.20	3.35	7.37	22.60	8.10	2.40			1.70	
27	24	37,000										1.50	
28	24	53,000											
29	24	52,000	400	2.20	3.35	7.37	22.30	8.00	2.60			1.80	
30	24	44,000	400	2.30	3.35	7.71	22.10	7.50	2.60			1.70	
31	24	40,000	400	2.50	3.35	8.38	20.80	7.90	2.80			2.00	
Total		1,384,000											
Average		44,645											
Maximum		57,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake			Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cr.	City: Apopka		State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 5-6-10

Signature and Date

Pedro Figueroa

Printed or Typed Name

FILE COPY

C-17160

License Number

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

PWS Identification Number: 3590069 | Plant Name: Bear Lake

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	42000	400	2.60	3.35	8.71	20.90	8.00	2.80			2.20	
2	24	51,000	400	2.70	3.35	9.05	22.10	8.30	2.60			2.40	
3	24	60,000										1.80	
4	24	51,000											
5	24	50,000	400	2.50	3.35	8.38	22.80	8.40	2.40			2.30	Collected Bact's samples
6	24	53,000	400	2.60	3.35	8.71	23.60	8.30	2.20			2.10	
7	24	55,000	400	2.50	3.35	8.38	23.40	8.30	2.40			1.40	
8	24	41,000	400	2.40	3.35	8.04	21.70	8.20	2.60			1.50	
9	24	54000	400	2.10	3.35	7.04	22.60	7.90	2.40			1.70	
10	24	49,000										1.60	
11	24	54,000											
12	24	54,000	400	2.10	3.35	7.04	22.70	8.30	2.40			1.90	
13	24	49,000	400	1.90	3.35	6.37	22.10	8.30	2.60			1.70	
14	24	42,000	400	2.50	3.35	8.38	20.50	8.20	2.80			1.80	
15	24	71,000	400	3.50	3.35	11.73	24.30	8.30	2.20			3.00	
16	24	52,000	400	3.50	3.35	11.73	22.80	8.30	2.40			2.80	
17	24	41,000										2.10	
18	24	63,000											
19	24	62,000	400	3.00	3.35	10.05	23.60	8.30	2.20			2.50	
20	24	44,000	400	2.80	3.35	9.38	22.90	8.30	2.40			2.20	
21	24	46,000	400	3.00	3.35	10.05	22.00	8.30	2.60			2.50	
22	24	36,000	400	3.20	3.35	10.72	22.10	8.30	2.60			2.70	
23	24	55,000	400	2.60	3.35	8.71	24.80	8.30	2.00			2.20	
24	24	35,000										2.10	
25	24	62,000											
26	24	62,000	400	2.20	3.35	7.37	23.40	8.30	2.40			1.40	
27	24	46,000	400	2.20	3.35	7.37	23.30	8.30	2.40			1.40	
28	24	31,000	400	2.70	3.35	9.05	22.60	8.20	2.40			1.80	
29	24	54,000	400	2.70	3.35	9.05	21.10	8.20	2.80			1.90	
30	24	38,000	400	2.50	3.35	8.38	22.40	8.10	2.60			1.70	
31	24												
Total		1,503,000											
Average		50,100											
Maximum		71,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 6-8-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
			CT Calculations							UV Dose				
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	53,000										1.60	
2	24	63,000											
3	24	63,000	400	2.80	3.35	9.38	23.90	8.50	2.20			2.00	
4	24	44,000	400	2.50	3.35	8.38	24.50	8.20	2.00			1.60	
5	24	68,000	400	2.80	3.35	9.38	25.20	8.30	2.00			2.00	Collected Bact's Samples
6	24	43,000	400	2.40	3.35	8.04	25.90	8.10	2.00			1.80	
7	24	27,000	400	2.50	3.35	8.38	25.30	8.20	2.00			1.60	
8	24	29,000										1.50	
9	24	63,000											
10	24	63,000	400	1.80	3.35	6.03	24.50	8.30	2.00			1.30	
11	24	50,000	400	1.80	3.35	6.03	24.30	8.20	2.20			1.40	
12	24	47,000	400	2.60	3.35	8.71	23.90	8.30	2.20			1.80	
13	24	60,000	400	2.50	3.35	8.38	25.00	8.30	2.20			2.00	
14	24	62,000	400	2.30	3.35	7.71	25.10	8.30	2.20			1.80	
15	24	42,000										1.60	
16	24	65,000											
17	24	64,000	400	2.50	3.35	8.38	24.60	8.20	2.00			1.90	
18	24	48,000	400	2.40	3.35	8.04	24.80	8.20	2.00			1.80	
19	24	47,000	400	2.20	3.35	7.37	24.70	8.30	2.00			1.10	
20	24	41,000	400	2.20	3.35	7.37	24.50	8.30	2.00			1.20	
21	24	44,000	400	2.00	3.35	6.70	24.30	8.20	2.20			1.30	
22	24	53,000										1.40	
23	24	65,000											
24	24	64,000	400	2.00	3.35	6.70	24.30	8.40	2.20			1.20	
25	24	55,000	400	1.80	3.35	6.03	24.80	8.20	2.00			1.20	
26	24	55,000	400	2.60	3.35	8.71	24.40	8.30	2.20			1.80	
27	24	47,000	400	2.70	3.35	9.04	24.30	8.30	2.20			1.80	
28	24	44,000	400	2.50	3.35	8.38	24.70	8.20	2.00			1.40	
29	24	50,000										1.60	
30	24	47,000											
31	24	47,000	400	1.90	3.35	6.37	24.90	8.20	2.00			1.20	
Total		1,613,000											
Average		52,032											
Maximum		68,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: June 2010

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake			Plant Telephone Number: 407-869-1919
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 7-6-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*											
			CT Calculations							UV Dose				
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	74,000	400	2.00	3.35	6.70	25.50	8.20	2.00			1.70	
2	24	46,000	400	2.20	3.35	7.37	24.80	8.30	2.00			1.70	Collected Bact's samples
3	24	41,000	400	2.10	3.35	7.04	24.70	8.30	2.00			1.50	
4	24	49,000	400	1.90	3.35	6.37	24.50	8.30	2.00			1.40	
5	24	31,000										1.60	
6	24	49,000											
7	24	48,000	400	1.00	3.35	3.35	25.00	8.30	2.00			0.40	
8	24	33,000	400	1.80	3.35	6.03	24.60	8.20	2.00			1.30	
9	24	75,000	400	3.00	3.35	10.05	24.80	8.30	2.00			1.40	
10	24	50,000	400	2.10	3.35	7.04	25.20	8.40	2.00			1.50	
11	24	52,000	400	2.00	3.35	6.70	24.40	8.40	2.20			1.40	
12	24	46,000										1.50	
13	24	68,000											
14	24	68,000	400	1.90	3.35	6.37	25.10	8.30	2.00			1.00	
15	24	47,000	400	1.90	3.35	6.37	25.30	8.30	2.00			1.10	
16	24	54,000	400	1.80	3.35	6.03	25.10	8.20	2.00			1.30	
17	24	57,000	400	2.00	3.35	6.70	25.40	8.30	2.00			1.40	
18	24	46,000	400	1.90	3.35	6.37	25.30	8.30	2.00			1.20	
19	24	52,000										1.30	
20	24	54,000											
21	24	54,000	400	1.30	3.35	4.36	24.60	8.30	2.00			1.00	
22	24	62,000	400	1.20	3.35	4.02	25.20	8.40	2.00			1.00	
23	24	52,000	400	2.40	3.35	8.04	24.80	8.40	2.00			1.40	
24	24	67,000	400	1.30	3.35	4.36	25.10	8.30	2.00			1.00	
25	24	57,000	400	1.00	3.35	3.35	24.70	8.30	2.00			0.40	
26	24	75,000										1.10	
27	24	69,000											
28	24	68,000	400	1.60	3.35	5.36	25.40	8.30	2.00			1.00	
29	24	68,000	400	1.40	3.35	4.69	24.90	8.30	2.00			1.00	
30	24	55,000	400	1.20	3.35	4.02	24.80	8.30	2.00			0.40	
31	24												
Total		1,667,000											
Average		55,566											
Maximum		75,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: July 2010

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
8-4-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	67,000	400	1.20	3.35	4.02	25.10	8.30	2.00			0.50	
2	24	33,000	400	2.60	3.35	8.71	25.30	8.30	2.00			1.60	
3	24	56,000										1.50	
4	24	47,500											
5	24	47,500	400	2.80	3.35	9.38	25.00	8.30	2.00			1.70	
6	24	53,000	400	2.50	3.35	8.38	25.20	8.30	2.00			1.50	Collected Bact's Samples
7	24	49,000	400	2.80	3.35	9.38	25.10	8.30	2.00			1.90	
8	24	76,000	400	2.70	3.35	9.05	24.80	8.30	2.00			1.80	
9	24	53,000	400	2.50	3.35	8.38	25.30	8.30	2.00			1.70	
10	24	60,000										1.40	
11	24	65,000											
12	24	64,000	400	2.40	3.35	8.04	24.80	8.40	2.00			1.60	
13	24	47,000	400	2.20	3.35	7.37	25.00	8.30	2.00			1.40	
14	24	75,000	400	2.10	3.35	7.04	24.80	8.20	2.00			1.50	
15	24	60,000	400	2.00	3.35	6.70	24.90	8.40	2.00			1.40	
16	24	44,000	400	2.10	3.35	7.04	24.90	8.30	2.00			1.30	
17	24	42,000										1.30	
18	24	60,000											
19	24	60,000	400	2.00	3.35	6.70	25.10	8.20	2.00			1.20	
20	24	55,000	400	1.90	3.35	6.37	25.20	8.30	2.00			1.10	
21	24	75,000	400	2.20	3.35	7.37	25.20	8.20	2.00			1.20	
22	24	59,000	400	2.10	3.35	7.04	25.30	8.20	2.00			1.30	
23	24	67,000	400	2.30	3.35	7.71	25.20	8.30	2.00			1.40	
24	24	63,000										1.40	
25	24	62,500											
26	24	62,500	400	2.20	3.35	7.37	25.60	8.30	2.00			1.30	
27	24	59,000	400	2.00	3.35	6.70	25.60	8.30	2.00			1.30	
28	24	70,000	400	2.10	3.35	7.04	25.70	8.20	2.00			1.20	
29	24	73,000	400	2.20	3.35	7.37	25.60	8.30	2.00			1.10	
30	24	57,000	400	2.10	3.35	7.04	25.70	8.20	2.00			1.00	
31	24	60,000										1.00	
Total		1,822,000											
Average		58,774											
Maximum		76,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
9/6/10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069 | Plant Name: Bear Lake

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	77,000											
2	24	76,000	400	1.50	3.35	5.03	24.40	8.10	2.10			1.00	
3	24	60,000	400	1.40	3.35	4.69	24.60	8.30	2.00			1.00	
4	24	81,000	400	2.60	3.35	8.71	25.80	8.10	2.00			1.60	
5	24	61,000	400	1.60	3.35	5.36	25.60	8.10	2.00			1.20	
6	24	50,000	400	1.80	3.35	6.03	25.20	8.30	2.00			1.30	
7	24	46,000										1.30	
8	24	61,000											
9	24	61,000	400	2.10	3.35	7.04	24.80	8.20	2.00			1.40	Collected Bact's Samples
10	24	38,000	400	2.00	3.35	6.70	25.20	8.20	2.00			1.20	
11	24	53,000	400	2.00	3.35	6.70	25.30	8.20	2.00			1.30	
12	24	52,000	400	1.90	3.35	6.37	25.20	8.20	2.00			1.30	
13	24	48,000	400	1.90	3.35	6.37	25.30	8.10	2.00			1.20	
14	24	53,000										1.20	
15	24	58,000											
16	24	58,000	400	1.80	3.35	6.03	25.50	8.30	2.00			1.40	
17	24	40,000	400	1.80	3.35	6.03	25.10	8.30	2.00			1.30	
18	24	67,000	400	2.50	3.35	8.38	25.00	8.30	2.00			1.30	
19	24	63,000	400	2.00	3.35	6.70	25.50	8.20	2.00			1.20	
20	24	56,000	400	1.70	3.35	5.70	24.90	8.20	2.00			1.10	Lead and Copper Sampling
21	24	47,000										1.30	
22	24	71,000											
23	24	71,000	400	1.80	3.35	6.03	25.30	8.30	2.00			1.10	
24	24	54,000	400	1.60	3.35	5.36	24.50	8.30	2.00			1.10	
25	24	62,000	400	1.50	3.35	5.03	24.50	8.20	2.00			0.80	
26	24	41,000	400	1.50	3.35	5.03	23.90	8.00	2.20			0.60	
27	24	60,000	400	1.40	3.35	4.69	25.40	8.30	2.00			0.50	
28	24	40,000										0.90	
29	24	52,000											
30	24	52,000	400	1.30	3.35	4.36	25.40	8.30	2.00			1.00	
31	24	44,000	400	1.20	3.35	4.02	25.00	8.30	2.00			0.90	
Total		1,753,000											
Average		56,548											
Maximum		81,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 10.5.10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	46,000	400	1.80	3.35	6.03	24.60	8.30	2.00			1.40	Collected Bacts,TTHM and THAA Samples
2	24	51,000	400	1.80	3.35	6.03	24.30	8.20	2.20			1.30	
3	24	51,000	400	1.80	3.35	6.03	24.10	8.20	2.20			1.20	
4	24	54,000										1.40	
5	24	55,000											
6	24	55,000	400	1.90	3.35	6.37	24.90	8.20	2.00			1.30	
7	24	57,000	400	2.10	3.35	7.04	24.60	8.30	2.00			1.20	
8	24	49,000	400	2.10	3.35	7.04	24.90	8.20	2.00			1.10	
9	24	43,000	400	2.00	3.35	6.70	24.80	8.20	2.00			1.10	
10	24	48,000	400	2.20	3.35	7.37	24.80	8.30	2.00			1.20	
11	24	54,000										1.20	
12	24	58,000											
13	24	58,000	400	1.30	3.35	4.36	24.20	8.30	2.20			0.70	
14	24	49,000	400	1.50	3.35	5.03	24.80	8.30	2.00			0.70	
15	24	55,000	400	1.40	3.35	4.69	23.80	7.90	2.20			0.60	
16	24	49,000	400	1.40	3.35	4.69	24.60	8.00	2.00			0.50	
17	24	55,000	400	1.80	3.35	6.03	24.20	8.10	2.20			1.20	
18	24	52,000										1.00	
19	24	68,000											
20	24	68,000	400	1.80	3.35	6.03	24.00	8.20	2.20			1.10	
21	24	58,000	400	1.80	3.35	6.03	24.70	8.30	2.00			1.20	
22	24	51,000	400	1.50	3.35	5.03	23.50	8.30	2.20			1.00	
23	24	70,000	400	1.60	3.35	5.36	24.20	8.30	2.20			1.00	
24	24	55,000	400	1.50	3.35	5.03	24.40	8.30	2.20			1.10	
25	24	36,000										1.10	
26	24	58,000											
27	24	58,000	400	1.60	3.35	5.36	24.80	8.30	2.00			0.80	
28	24	41,000	400	1.60	3.35	5.36	24.20	8.30	2.20			1.50	
29	24	47,000	400	3.00	3.35	10.05	23.10	8.30	2.40			2.30	
30	24	52,000	400	2.50	3.35	8.38	24.50	8.30	2.00			1.50	
31	24												
Total		1,601,000											
Average		53,366											
Maximum		70,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake			Plant Telephone Number: 407-869-1919
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
11-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

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

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	58,000	400	2.40	3.35	8.04	25.50	8.30	2.00			1.50	
2	24	35,000										1.60	
3	24	60,000											
4	24	59,000	400	2.00	3.35	6.70	21.00	8.20	2.80			1.40	
5	24	61,000	400	2.10	3.35	7.04	24.70	8.30	2.00			1.30	
6	24	57,000	400	2.00	3.35	6.70	25.00	8.30	2.00			1.30	
7	24	44,000	400	2.10	3.35	7.04	23.00	8.30	2.40			1.40	Collected Hact's Samples
8	24	41,000	400	1.80	3.35	6.03	21.60	8.30	2.60			1.20	
9	24	54,000										1.30	
10	24	50,000											
11	24	49,000	400	1.80	3.35	6.03	23.10	8.30	2.40			1.30	
12	24	50,000	400	2.10	3.35	7.04	23.30	8.30	2.40			1.20	
13	24	56,000	400	2.00	3.35	6.70	23.40	8.20	2.40			1.30	
14	24	61,000	400	1.90	3.35	6.37	22.70	8.30	2.40			1.20	
15	24	66,000	400	2.20	3.35	7.37	24.50	8.30	2.00			1.30	
16	24	47,000										1.30	
17	24	64,500											
18	24	64,500	400	2.40	3.35	8.04	24.00	8.20	2.20			1.30	
19	24	53,000	400	2.50	3.35	8.36	24.20	8.30	2.20			1.30	
20	24	42,000	400	2.00	3.35	6.70	24.50	8.20	2.00			1.10	
21	24	72,000	400	2.30	3.35	7.71	24.30	8.30	2.20			1.20	
22	24	46,000	400	2.30	3.35	7.71	24.10	8.30	2.20			1.10	
23	24	41,000										1.00	
24	24	58,500											
25	24	58,500	400	1.80	3.35	6.03	24.70	8.30	2.00			1.30	
26	24	68,000	400	1.70	3.35	5.70	26.00	8.30	2.00			1.30	
27	24	69,000	400	2.80	3.35	9.38	26.10	8.30	2.00			2.40	
28	24	44,000	400	2.70	3.35	9.05	24.30	8.30	2.20			2.00	
29	24	67,000	400	2.70	3.35	9.05	24.70	8.30	2.00			1.70	
30	24	57,000										1.40	
31	24	61,000											
Total		1,714,000											
Average		55,290											
Maximum		72,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake			Plant Telephone Number: 407-869-1919
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
12-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069 | Plant Name: Bear Lake

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	60,000	400	2.50	3.35	8.38	23.20	8.30	2.20			1.70	
2	24	51,000	400	2.00	3.35	6.70	23.40	7.90	2.20			1.50	Collected Bact's Samples
3	24	54,000	400	2.40	3.35	8.04	24.10	7.90	2.60			1.60	
4	24	41,000	400	2.10	3.35	7.04	23.50	8.10	2.60			1.60	
5	24	48,000	400	1.80	3.35	6.03	21.40	8.10	2.80			1.30	
6	24	29,000										1.40	
7	24	57,000											
8	24	56,000	400	1.50	3.35	5.03	22.40	8.10	2.60			1.10	
9	24	46,000	400	1.60	3.35	5.36	23.30	8.10	2.40			1.20	
10	24	54,000	400	1.40	3.35	4.69	23.50	8.10	2.20			1.00	
11	24	38,000	400	1.40	3.35	4.69	21.60	8.00	2.60			0.90	
12	24	49,000	400	1.60	3.35	5.36	21.00	8.00	2.80			1.20	
13	24	50,000										1.20	
14	24	54,000											
15	24	53,000	400	1.50	3.35	5.03	20.20	8.00	3.00			1.20	
16	24	45,000	400	1.60	3.35	5.36	23.60	8.00	2.20			1.10	
17	24	51,000	400	1.50	3.35	5.03	23.00	8.00	2.40			1.20	
18	24	57,000	400	1.50	3.35	5.03	23.10	8.00	2.40			1.20	
19	24	38,000	400	1.30	3.35	4.36	21.00	8.00	2.80			1.10	
20	24	43,000										1.40	
21	24	60,000											
22	24	60,000	400	2.00	3.35	6.70	24.30	8.10	2.20			1.50	
23	24	58,000	400	2.50	3.35	8.38	23.70	8.10	2.20			1.60	
24	24	32,000	400	2.50	3.35	8.38	24.00	8.00	2.20			1.30	
25	24	53,000	400	2.10	3.35	7.04	24.20	8.10	2.20			1.40	
26	24	55,000	400	2.10	3.35	7.04	24.40	8.00	2.20			1.20	
27	24	43,000										1.20	
28	24	53,000											
29	24	52,000	400	2.20	3.35	7.37	23.00	8.00	2.40			1.50	
30	24	40,000	400	2.00	3.35	6.70	25.00	8.00	2.00			1.30	
31	24												
Total		1,480,000											
Average		49,333											
Maximum		60,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cr.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
1/5/2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month Year of: December 2010

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Hourly Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C in Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	41,000	400	2.10	3.35	7.04	21.20	8.00	2.80			1.40	
2	24	46,000	400	1.80	3.35	6.03	18.80	8.10	3.20			1.20	
3	24	41,000	400	1.60	3.35	5.36	18.60	8.10	3.20			1.00	
4	24	37,000										1.20	
5	24	58,000											
6	24	58,000	400	2.00	3.35	6.70	18.70	8.20	3.20			1.50	
7	24	37,000	400	2.00	3.35	6.70	16.20	8.10	3.80			1.30	Collected Bact's Samples
8	24	56,000	400	1.80	3.35	6.03	19.50	8.10	3.00			1.10	Collected TTHM And THAA Samples
9	24	46,000	400	1.80	3.35	6.03	19.70	8.10	3.00			1.20	
10	24	45,000	400	1.80	3.35	6.03	20.00	8.10	3.00			1.30	
11	24	36,000										1.20	
12	24	57,000											
13	24	57,000	400	1.80	3.35	6.03	16.20	8.10	3.80			1.20	
14	24	55,000	400	1.80	3.35	6.03	17.20	8.10	3.60			1.30	
15	24	40,000	400	1.70	3.35	5.70	20.00	8.10	3.00			1.40	
16	24	58,000	400	1.60	3.35	5.36	16.60	8.10	3.60			1.20	
17	24	58,000	400	2.00	3.35	6.70	22.20	8.10	2.60			1.40	
18	24	41,000										1.30	
19	24	49,000											
20	24	49,000	400	2.00	3.35	6.70	20.70	8.10	2.80			1.40	
21	24	64,000	400	1.60	3.35	5.36	21.50	8.10	2.80			1.20	
22	24	38,000	400	1.90	3.35	6.37	17.70	8.10	3.40			1.30	
23	24	51,000	400	2.00	3.35	6.70	19.80	8.10	3.00			1.40	
24	24	39,000	400	2.20	3.35	7.37	20.70	8.10	2.80			1.30	
25	24	49,000										1.20	
26	24	51,000											
27	24	51,000	400	1.70	3.35	5.70	20.00	8.10	3.00			1.20	
28	24	69,000	400	1.60	3.35	5.36	18.00	8.10	3.40			1.20	
29	24	58,000	400	1.60	3.35	5.36	22.00	8.00	2.60			1.30	
30	24	54,000	400	1.60	3.35	5.36	22.00	8.10	2.60			1.20	
31	24	43,000	400	1.50	3.35	5.03	22.20	8.10	2.60			1.20	
Total		1,532,000											
Average		49,419											
Maximum		69,000											

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

2010

MORs

CRYSTAL LAKE

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	B	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Allan Finch	C	7806	Mon. - Fri. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Alan Finch 2-4-10
Signature and Date

Alan Finch
Printed or Typed Name

C-7806
License Number

DEP Form 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3590258	Plant Name: Crystal lake

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	28,600										1.20	Meter Read estimate (+10%). Meter Change in Progress
2	24	33,000										1.30	Meter Read estimate
3	24	28,600											
4	24	28,600										1.10	Meter Read estimate
5	24	30,000										1.10	Collected Bac-T samples, EPA's UCMR2
6	24	44,000										1.00	Meter Read estimate. Bleach delivery
7	24	49,500										1.00	Leak - Lake Blvd - 19,200gals. Pine St - 150,000 gals
8	24	33,000										1.20	Flushed BO's at Homewood and lake Blvd - 2,200gals
9	24	33,000										1.00	Flushed 155 Fairway 2" BO - 3,000 gals
10	24	48,950											
11	24	48,950										1.10	
12	24	47,300										1.10	
13	24	45,100										1.20	
14	24	40,700										1.20	
15	24	37,400										1.20	Serviced Air Compressor. Greased Well
16	24	28,600										1.40	
17	24	40,150											
18	24	40,150										1.20	
19	24	30,800										1.20	
20	24	33,000										1.10	Refilled Polyphosphate Drum.Meter Read estimate
21	24	34,100										1.10	Meter Read estimate
22	24	24,200										1.10	Meter Replaced
23	24	16,400										1.20	
24	24	39,800											
25	24	39,800										2.60	
26	24	26,000										1.40	
27	24	21,000										1.40	
28	24	43,000										1.20	
29	24	22,000										1.20	
30	24	19,000										1.30	
31	24	34,000											
Total		1,068,700											
Average		34,474											
Maximum		49,500											

** 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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 3-8-2010
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number

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

PWS Identification Number: 3590258	Plant Name: Crystal lake

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

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	35,000										1.30	
2	24	22,000										1.20	
3	24	22,000										1.20	Collected Bac-T samples
4	24	33,000										1.60	
5	24	32,000										1.30	
6	24	16,000										1.40	
7	24	37,000											
8	24	36,000										1.40	
9	24	25,000										1.30	THAA, THMM's HAA5 ISDE Program
10	24	17,000										1.20	
11	24	34,000										1.30	
12	24	27,000										0.40	
13	24	14,000										1.10	
14	24	29,000											
15	24	28,000										1.30	
16	24	37,000										1.30	
17	24	20,000										1.40	
18	24	38,000										1.50	
19	24	17,000										2.50	
20	24	32,000										1.40	
21	24	39,000											
22	24	38,000										1.20	
23	24	24,000										1.40	
24	24	30,000										2.00	
25	24	32,000										2.30	
26	24	33,000										2.00	
27	24	16,000										1.60	
28	24	32,000											
29	24												
30	24												
31	24												
Total		795,000											
Average		28,392											
Maximum		39,000											

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

REVISED 3/15/10

DEP Form 62-555.900(3)
Effective August 28, 2003

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake			Plant Telephone Number: 407-869-1919
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 4-5-10
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number

FILE COPY

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	26,000										1.50	
2	24	15,000										1.40	
3	24	34,000										1.00	
4	24	33,000										1.50	
5	24	17,000										1.70	
6	24	25,000										1.90	
7	24	37,000											
8	24	37,000										1.80	Collected BacTs Samples
9	24	51,000										1.70	
10	24	32,000										1.80	
11	24	32,000										2.00	
12	24	19,000										1.80	
13	24	25,000										1.90	
14	24	37,000											
15	24	36,000										1.80	
16	24	26,000										1.50	
17	24	32,000										1.70	
18	24	23,000										1.80	
19	24	37,000										1.80	
20	24	14,000										1.60	
21	24	39,000											
22	24	38,000										1.80	
23	24	21,000										1.60	
24	24	35,000										1.50	
25	24	30,000										1.90	
26	24	32,000										1.80	
27	24	23,000										1.70	
28	24	40,000											
29	24	39,000										1.80	
30	24	17,000										1.80	
31	24	29,000										2.00	
Total		931,000											
Average		30,032											
Maximum		51,000											

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

REVISED 4/22/10

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake			Plant Telephone Number: 407-869-1919
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 5-6-10
Signature and Date

Pedro Figueroa
Printed or Typed Name

FILE COPY

C-17160
License Number

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
			CT Calculations							UV Dose				
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	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	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	24	44,000										2.00	
2	24	37,000										2.10	
3	24	18,000										1.80	
4	24	49,000											
5	24	48,000										1.80	
6	24	27,000										2.00	Collected Bac-T samples
7	24	53,000										1.90	
8	24	51,000										2.00	
9	24	45,000										1.80	
10	24	33,000										1.90	
11	24	56,000											
12	24	56,000										1.50	
13	24	23,000										1.80	
14	24	37,000										2.20	
15	24	40,000										2.00	
16	24	60,000										2.10	
17	24	32,000										1.70	
18	24	42,000											
19	24	42,000										1.80	
20	24	28,000										1.80	
21	24	36,000										1.60	
22	24	26,000										1.80	
23	24	32,000										1.70	
24	24	35,000										1.50	
25	24	45,000											
26	24	44,000										1.40	
27	24	16,000										1.50	
28	24	44,000										1.50	
29	24	31,000										1.80	
30	24	36,000										1.80	
31	24												
Total		1,166,000											
Average		38,866											
Maximum		60,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake			Plant Telephone Number: 407-869-1919
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 6.8.10	Pedro Figueroa	C-17160

DEP Form 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3590258 | Plant Name: Crystal Lake

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	32,000										1.80	
2	24	53,000											
3	24	53,000										2.30	
4	24	27,000										0.40	
5	24	45,000										1.70	
6	24	24,000										1.80	
7	24	37,000										1.60	
8	24	35,000										1.40	
9	24	46,000											
10	24	46,000										1.70	Collected Bact's Samples
11	24	36,000										1.80	
12	24	71,000										0.40	
13	24	43,000										1.70	
14	24	40,000										1.70	
15	24	43,000										1.80	
16	24	47,000											
17	24	46,000										1.80	
18	24	26,000										1.70	
19	24	37,000										1.60	
20	24	38,000										1.80	
21	24	30,000										1.50	
22	24	38,000										1.70	
23	24	57,000											
24	24	56,000										1.60	
25	24	27,000										1.60	
26	24	37,000										1.40	
27	24	44,000										1.80	
28	24	42,000										1.80	
29	24	38,000										1.60	
30	24	37,000											
31	24	37,000										1.80	
Total		1,268,000											
Average		40,903											
Maximum		71,000											

** 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: 3590258 | Plant Name: Crystal Lake

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	34,000										1.80	
2	24	40,000										1.70	
3	24	50,000										1.50	
4	24	35,000										1.50	
5	24	25,000										1.20	
6	24	44,000											
7	24	44,000										1.20	
8	24	17,000										1.30	Collected BacT's Samples
9	24	45,000										1.50	
10	24	26,000										1.80	
11	24	45,000										1.30	
12	24	34,000										1.30	
13	24	54,000											
14	24	54,000										1.30	
15	24	35,000										1.20	
16	24	43,000										1.00	
17	24	37,000										1.20	
18	24	48,000										1.20	
19	24	32,000										1.30	
20	24	41,000											
21	24	41,000										1.10	
22	24	16,000										1.20	
23	24	43,000										0.90	
24	24	31,000										1.20	
25	24	48,000										1.40	
26	24	30,000										1.00	
27	24	48,000											
28	24	48,000										1.20	
29	24	32,000										1.30	
30	24	70,000										1.20	
31	24												
Total		1,190,000											
Average		39,666											
Maximum		70,000											

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

DEP Form 62-555 900(3)
Effective August 28, 2003

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 7-6-10

Signature and Date

Pedro Figueroa

Printed or Typed Name

C-17160

License Number

FILE COPY

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 8-4-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	37,000										1.30	
2	24	35,000										1.10	
3	24	29,000										1.20	
4	24	28,000											
5	24	28,000										1.00	
6	24	40,000										1.00	
7	24	28,000										1.30	Collected Bact"s Samples
8	24	32,000										1.20	
9	24	51,000										1.10	
10	24	21,000										1.20	
11	24	49,000											
12	24	48,000										1.50	
13	24	20,000										1.20	
14	24	51,000										1.40	
15	24	33,000										1.20	
16	24	26,000										1.10	
17	24	28,000										1.20	
18	24	51,000											
19	24	51,000										0.90	
20	24	19,000										0.70	
21	24	45,000										1.40	
22	24	36,000										1.00	
23	24	41,000										1.20	
24	24	39,000										1.30	
25	24	52,500											
26	24	52,500										1.20	
27	24	24,000										1.30	
28	24	51,000										1.30	
29	24	48,000										1.30	
30	24	39,000										1.40	
31	24	31,000										1.30	
Total		1,164,000											
Average		37,548											
Maximum		52,500											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake			Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford		State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
9/6/10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	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	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	24	56,000											
2	24	56,000										1.00	
3	24	36,000										1.10	
4	24	43,000										1.10	Collected Bact's Samples
5	24	58,000										1.20	
6	24	30,000										1.50	
7	24	27,000										1.40	
8	24	39,000											
9	24	38,000										1.50	
10	24	18,000										1.40	
11	24	41,000										1.50	
12	24	29,000										1.00	
13	24	38,000										1.40	
14	24	28,000										1.40	
15	24	43,000											
16	24	42,000										1.50	
17	24	36,000										1.60	
18	24	31,000										1.30	
19	24	39,000										1.60	
20	24	42,000										1.70	
21	24	26,000										1.40	
22	24	36,000											
23	24	35,000										1.20	
24	24	17,000										1.30	
25	24	31,000										1.40	
26	24	41,000										1.30	
27	24	29,000										1.10	
28	24	29,000										1.20	
29	24	37,000											
30	24	37,000										1.00	
31	24	28,000										1.10	
Total		1,116,000											
Average		36,000											
Maximum		58,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
10.5.10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258 | Plant Name: Crystal Lake

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	43,000										1.50	
2	24	51,000										1.50	
3	24	38,000										1.40	
4	24	40,000										1.50	
5	24	36,000											
6	24	36,000										1.20	
7	24	31,000										1.20	
8	24	36,000										1.10	
9	24	31,000										1.20	
10	24	30,000										1.10	
11	24	24,000										1.10	
12	24	37,000											
13	24	37,000										1.20	
14	24	18,000										1.20	
15	24	44,000										1.10	
16	24	30,000										1.30	
17	24	44,000										1.30	
18	24	26,000										1.10	
19	24	45,000											
20	24	44,000										1.30	
21	24	24,000										1.30	
22	24	49,000										1.20	
23	24	37,000										1.20	
24	24	32,000										1.20	
25	24	20,000										1.30	
26	24	39,000											
27	24	38,000										1.20	
28	24	19,000										1.10	
29	24	35,000										1.10	
30	24	19,000										1.30	
31	24												
Total		1,033,000											
Average		34,433											
Maximum		51,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
11-2-10	Pedro Figueroa	C-17160

DEP Form 62-555 900(3)
Effective August 28, 2003

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

FWS Identification Number: 3590258	Plant Name: Crystal Lake

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	29,000										1.10	
2	24	27,000										1.20	
3	24	45,000											
4	24	45,000										1.20	
5	24	33,000										1.10	
6	24	30,000										1.00	Collected Bact's Samples
7	24	56,000										1.20	
8	24	44,000										1.20	
9	24	27,000										1.10	
10	24	56,000											
11	24	55,000										1.10	
12	24	29,000										1.20	
13	24	33,000										1.10	
14	24	43,000										1.20	
15	24	29,000										1.20	
16	24	38,000										1.10	
17	24	62,000											
18	24	61,000										1.10	
19	24	26,000										1.00	
20	24	41,000											
21	24	41,000										1.00	
22	24	43,000										1.20	
23	24	34,000										1.40	
24	24	43,000											
25	24	43,000										1.00	
26	24	22,000										1.10	
27	24	47,000										1.30	
28	24	56,000										1.20	
29	24	27,000										1.00	
30	24	40,000										1.40	
31	24	50,000											
Total		1,255,000											
Average		40,483											
Maximum		62,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 12-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	50,000										1.30	
2	24	30,000										1.10	
3	24	30,000											
4	24	29,000										1.00	
5	24	17,000										1.00	
6	24	28,000										1.30	
7	24	32,000											
8	24	32,000										1.20	Collected Bact's Samples
9	24	35,000										1.30	
10	24	27,000										1.30	
11	24	37,000										1.50	
12	24	32,000										1.40	
13	24	26,000										1.50	
14	24	48,000											
15	24	47,000										1.30	
16	24	21,000										1.30	
17	24	36,000										1.20	
18	24	24,000										1.20	
19	24	34,000										1.20	
20	24	30,000										1.30	
21	24	45,000											
22	24	45,000										1.20	
23	24	29,000										1.20	
24	24	35,000										1.40	
25	24	26,000										1.20	
26	24	39,000										1.40	
27	24	37,000										1.60	
28	24	31,000											
29	24	31,000										1.40	
30	24	19,000										1.30	
31	24												
Total		982,000											
Average		32,733											
Maximum		50,000											

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

DEP Form 62-555.900(3)
Effective August 26, 2003

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 1/3/2011
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number

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

PWS Identification Number: 3590258 | Plant Name: Crystal Lake

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C, Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	34,000										1.30	
2	24	27,000										1.30	
3	24	29,000										1.40	
4	24	25,000										1.30	
5	24	37,000											
6	24	37,000										1.40	Collected Bact's Samples
7	24	35,000										1.40	
8	24	24,000										1.50	
9	24	31,000										1.70	
10	24	33,000										1.40	
11	24	38,000										1.50	
12	24	33,000											
13	24	32,000										1.10	
14	24	26,000										1.40	
15	24	27,000										1.50	
16	24	45,000										1.30	
17	24	31,000										1.20	
18	24	26,000										1.40	
19	24	33,000											
20	24	33,000										1.50	
21	24	19,000										1.30	
22	24	45,000										1.40	
23	24	35,000										1.30	
24	24	21,000										1.40	
25	24	37,000										1.40	
26	24	29,000											
27	24	29,000										1.30	
28	24	24,000										1.10	
29	24	27,000										1.20	
30	24	35,000										1.40	
31	24	48,000										1.30	
Total		985,000											
Average		31,774											
Maximum		48,000											

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

DEP Form 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: December 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): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.50
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.*

2010

MORs

JANSEN

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: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	B	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri & Sat. Days
	Allan Finch	C	7806	Mon - Fri Days

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	Printed or Typed Name	License Number
Allan Finch 2-4-10	Alan Finch	C-7806

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

PWS Identification Number: 3590615	Plant Name: Jansen

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	44,000										1.50	
2	X	24	57,000										1.30	
3	X	24	62,500											
4	X	24	62,500										1.30	
5	X	24	53,000										1.30	Exercised standby Gen. underload. Bleach
6	X	24	54,000										1.40	Collected Bac - T samples
7	X	24	51,000										1.30	
8	X	24	52,000										1.30	
9	X	24	50,000										1.40	
10	X	24	87,000											
11	X	24	87,000										1.40	
12	X	24	56,000										1.40	Exercised standby Gen. underload.
13	X	24	56,000										1.40	
14	X	24	56,000										1.40	
15	X	24	45,000										1.30	Replaced stenner tubings.
16	X	24	48,000										1.40	
17	X	24	67,500											
18	X	24	67,500										1.40	
19	X	24	58,000										1.40	Exercised standby Gen. underload. Bleach
20	X	24	63,000										1.50	
21	X	24	55,000										1.50	
22	X	24	36,000										1.40	
23	X	24	67,000										1.40	
24	X	24	55,000											
25	X	24	55,000										1.50	
26	X	24	59,000										1.40	
27	X	24	52,000										1.40	
28	X	24	46,000										1.30	
29	X	24	53,000										1.40	
30	X	24	52,000										1.30	
31	X	24	55,000											
Total			1,762,000											
Average			56,838											
Maximum			87,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedrofigueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-8-2010	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	55,000										1.30	
2	X	24	47,000										1.40	
3	X	24	55,000										1.30	
4	X	24	47,000										1.40	
5	X	24	43,000										1.20	
6	X	24	54,000										1.20	
7	X	24	57,000											
8	X	24	57,000										1.30	Collected Bac - T samples
9	X	24	57,000										1.30	Collected HMM, HAA5 ISDE Samples
10	X	24	47,000										1.20	
11	X	24	44,000										1.30	
12	X	24	41,000										1.20	
13	X	24	49,000										1.40	
14	X	24	54,000											
15	X	24	54,000										1.20	
16	X	24	57,000										1.30	
17	X	24	45,000										2.50	
18	X	24	50,000										3.00	
19	X	24	49,000										1.30	
20	X	24	55,000										1.30	
21	X	24	65,000											
22	X	24	65,000										1.80	
23	X	24	47,000										2.20	
24	X	24	72,000										2.50	
25	X	24	71,000										2.60	
26	X	24	42,000										2.20	
27	X	24	60,000										2.10	
28	X	24	64,000											
29	X	24	0											
30	X	24	0											
31	X	24	0											
Total			1,503,000											
Average			53,679											
Maximum			72,000											

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

REVISED

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedrofigueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 4-5-10	Pedro Figueroa	C-17160

FILE COPY

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

PWS Identification Number: 3590615 | Plant Name: Jansen

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable *									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Hour Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	64,000										2.40	
2	X	24	57,000										3.00	
3	X	24	49,000										3.00	Collected BacTs samples
4	X	24	61,000										2.80	
5	X	24	33,000										2.40	
6	X	24	63,000										1.80	
7	X	24	64,000											
8	X	24	64,000										2.40	
9	X	24	57,000										2.40	
10	X	24	56,000										2.20	
11	X	24	52,000										2.40	
12	X	24	39,000										1.80	
13	X	24	54,000										2.80	
14	X	24	61,000											
15	X	24	59,000										2.30	
16	X	24	58,000										2.50	
17	X	24	46,000										2.60	
18	X	24	63,000										2.30	
19	X	24	39,000										2.00	
20	X	24	58,000										1.80	
21	X	24	60,000											
22	X	24	59,000										1.80	
23	X	24	59,000										2.40	
24	X	24	44,000										2.80	
25	X	24	60,000										2.00	
26	X	24	51,000										2.40	
27	X	24	47,000										2.00	
28	X	24	62,000											
29	X	24	61,000										2.20	
30	X	24	56,000										2.00	
31	X	24	49,000										2.10	
Total			1,705,000											
Average			54,964											
Maximum			64,000											

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

REVISED 12/2/10

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: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedrofigueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat. Days

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.

Pedro Figueroa 5-6-10
Signature and Date

Pedro Figueroa
Printed or Typed Name

FILE COPY

C-17160
License Number

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

PWS Identification Number: 3590615	Plant Name: Jansen

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	55,000										2.60	
2	X	24	52,000										2.50	
3	X	24	70,000										2.00	
4	X	24	59,000											
5	X	24	58,000										2.20	
6	X	24	71,000										2.40	
7	X	24	57,000										2.00	Collected Bact's samples
8	X	24	50,000										1.80	
9	X	24	65,000										2.60	
10	X	24	71,000										2.30	
11	X	24	80,000											
12	X	24	79,000										2.00	
13	X	24	71,000										2.20	
14	X	24	64,000										2.90	
15	X	24	68,000										2.40	
16	X	24	58,000										2.50	
17	X	24	61,000										2.00	
18	X	24	77,000											
19	X	24	76,000										2.40	
20	X	24	51,000										2.60	
21	X	24	47,000										2.50	
22	X	24	59,000										2.50	
23	X	24	68,000										2.30	
24	X	24	50,000										2.50	
25	X	24	107,000											
26	X	24	107,000										2.00	
27	X	24	54,000										2.10	
28	X	24	61,000										2.80	
29	X	24	65,000										2.30	
30	X	24	47,000										1.90	
31	X	24												
Total			1,958,000											
Average			65,266											
Maximum			107,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat Days

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	Printed or Typed Name	License Number
Pedro Figueroa 6-8-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month Year of: May 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	T Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	69,000										2.00	
2	X	24	88,000											
3	X	24	86,000										2.10	
4	X	24	80,000										2.00	
5	X	24	72,000										2.10	Collected Bact's Samples
6	X	24	65,000										2.00	
7	X	24	56,000										2.00	
8	X	24	60,000										1.80	
9	X	24	80,000											
10	X	24	80,000										2.40	
11	X	24	63,000										2.10	
12	X	24	65,000										1.70	
13	X	24	87,000										2.00	
14	X	24	79,000										2.10	
15	X	24	66,000										2.20	
16	X	24	96,000											
17	X	24	94,000										1.40	
18	X	24	60,000										1.60	
19	X	24	80,000										1.90	
20	X	24	58,000										1.90	
21	X	24	100,000										1.80	
22	X	24	67,000										1.60	
23	X	24	98,000											
24	X	24	98,000										1.10	
25	X	24	76,000										1.40	
26	X	24	91,000										2.50	
27	X	24	83,000										2.20	
28	X	24	76,000										1.80	
29	X	24	65,000										1.60	
30	X	24	56,500											
31	X	24	56,500										1.50	
Total			2,351,000											
Average			75,838											
Maximum			100,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedrofigueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 7-6-10	Pedro Figueroa	C-17160

FILE COPY

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

PWS Identification Number: 3590615 | Plant Name: Jansen

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	85,000										2.30	
2	X	24	70,000										2.00	
3	X	24	46,000										1.50	Collected Bac Ts samples
4	X	24	56,000										1.60	
5	X	24	53,000										1.60	
6	X	24	65,000											
7	X	24	65,000										1.40	
8	X	24	60,000										1.50	
9	X	24	69,000										2.10	
10	X	24	76,000										2.00	
11	X	24	63,000										1.80	
12	X	24	82,000										1.60	
13	X	24	87,500											
14	X	24	87,500										1.80	
15	X	24	77,000										1.60	
16	X	24	72,000										1.70	
17	X	24	53,000										1.60	
18	X	24	34,000										1.70	
19	X	24	63,000										1.60	
20	X	24	63,000											
21	X	24	62,000										1.30	
22	X	24	68,000										1.10	
23	X	24	57,000										1.50	
24	X	24	83,000										0.90	
25	X	24	54,000										1.40	
26	X	24	76,000										1.10	
27	X	24	74,000											
28	X	24	72,000										1.20	
29	X	24	65,000										1.40	
30	X	24	72,000										1.50	
31	X	24												
Total			2,010,000											
Average			67,000											
Maximum			87,500											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedrofigueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat Days

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	Printed or Typed Name	License Number
8.4.10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month Year of: July 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	62,000										1.20	
2	X	24	50,000										1.30	
3	X	24	62,000										1.20	
4	X	24	54,000											
5	X	24	54,000										0.70	
6	X	24	79,000										1.20	Collected Hact's Samples
7	X	24	52,000										1.50	
8	X	24	91,000										1.60	
9	X	24	48,000										1.50	
10	X	24	71,000										1.40	
11	X	24	60,000											
12	X	24	59,000										1.40	
13	X	24	67,000										1.50	
14	X	24	67,000										1.70	
15	X	24	55,000										1.50	
16	X	24	49,000										1.40	
17	X	24	67,000										1.20	
18	X	24	73,500											
19	X	24	73,500										1.30	
20	X	24	76,000										1.30	
21	X	24	82,000										1.20	
22	X	24	74,000										1.20	
23	X	24	65,000										1.30	
24	X	24	78,000										1.10	
25	X	24	75,000											
26	X	24	75,000										1.20	
27	X	24	75,000										0.70	
28	X	24	93,000										1.10	
29	X	24	73,000										0.80	
30	X	24	76,000										1.10	
31	X	24	90,000										1.30	
Total			2,126,000											
Average			68,580											
Maximum			93,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Spings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 9/6/10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590615 | Plant Name: Jansen

III: Daily Data for the Month/Year of: August 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	94,000											
2	X	24	94,000										0.40	
3	X	24	85,000										0.60	
4	X	24	108,000										0.50	
5	X	24	90,000										1.50	
6	X	24	63,000										1.60	
7	X	24	80,000										1.40	
8	X	24	66,000											
9	X	24	65,000										1.30	Collected Bact's Samples
10	X	24	49,000										1.40	
11	X	24	43,000										1.50	
12	X	24	58,000										1.10	
13	X	24	43,000										1.20	
14	X	24	65,000										1.10	
15	X	24	68,000											
16	X	24	67,000										1.00	
17	X	24	44,000										1.00	
18	X	24	56,000										1.50	
19	X	24	66,000										1.60	
20	X	24	43,000										1.40	
21	X	24	62,000										1.40	
22	X	24	65,000											
23	X	24	63,000										1.20	
24	X	24	46,000										1.00	
25	X	24	50,000										1.30	
26	X	24	39,000										1.00	
27	X	24	55,000										1.00	
28	X	24	52,000										1.20	
29	X	24	62,000											
30	X	24	62,000										1.00	
31	X	24	46,000										1.20	
Total			1,949,000											
Average			62,870											
Maximum			108,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedrofigueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 10-5-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	66,000										1.50	Collected Hach's Samples
2	X	24	60,000										1.30	
3	X	24	54,000										1.10	
4	X	24	74,000										1.20	
5	X	24	54,000											
6	X	24	54,000										0.80	
7	X	24	64,000										1.00	
8	X	24	58,000										1.20	
9	X	24	49,000										1.20	
10	X	24	57,000										1.30	
11	X	24	58,000										0.70	
12	X	24	68,000											
13	X	24	67,000										0.40	
14	X	24	60,000										0.30	
15	X	24	70,000										1.10	
16	X	24	76,000										1.40	
17	X	24	50,000										1.10	
18	X	24	72,000										1.20	
19	X	24	82,000											
20	X	24	81,000										1.10	
21	X	24	72,000										1.20	
22	X	24	70,000										1.40	
23	X	24	74,000										1.40	
24	X	24	65,000										1.30	
25	X	24	53,000										1.00	
26	X	24	68,000											
27	X	24	68,000										0.80	
28	X	24	58,000										1.00	
29	X	24	59,000										1.00	
30	X	24	53,000										1.10	
31	X	24												
Total			1,914,000											
Average			63,800											
Maximum			82,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedrofigueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat Days

II. Certification by Lead Chief Operator

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Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 11-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	76,000										1.70	
2	X	24	51,000										1.60	
3	X	24	74,000											
4	X	24	73,000										1.40	
5	X	24	71,000										1.20	
6	X	24	58,000										1.20	Collected Bact's Samples
7	X	24	58,000										1.00	
8	X	24	45,000										1.30	
9	X	24	71,000										1.20	
10	X	24	69,000											
11	X	24	67,000										1.30	
12	X	24	61,000										1.30	
13	X	24	66,000										1.40	
14	X	24	76,000										1.40	
15	X	24	74,000										1.20	
16	X	24	67,000										1.30	
17	X	24	85,000										1.40	
18	X	24	57,000										1.20	
19	X	24	69,000										1.30	
20	X	24	63,000										1.40	
21	X	24	89,000										1.40	
22	X	24	77,000										1.30	
23	X	24	64,000										1.10	
24	X	24	92,000											
25	X	24	92,000										1.40	
26	X	24	81,000										1.20	
27	X	24	80,000										1.40	
28	X	24	58,000										1.30	
29	X	24	84,000										1.50	
30	X	24	71,000										1.30	
31	X	24	81,000											
Total			2,200,000											
Average			70,967											
Maximum			92,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedrofigueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 12-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590615 | Plant Name: Jansen

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	80,000										1.30	
2	X	24	72,000										1.20	Collected Bact's Samples
3	X	24	52,000											
4	X	24	51,000										1.20	
5	X	24	51,000										1.40	
6	X	24	49,000										1.40	
7	X	24	67,000											
8	X	24	65,000										1.30	
9	X	24	50,000										1.10	
10	X	24	67,000										2.00	
11	X	24	55,000										1.80	
12	X	24	63,000										1.60	
13	X	24	64,000										1.80	
14	X	24	70,000											
15	X	24	68,000										1.70	
16	X	24	61,000										1.70	
17	X	24	58,000										1.60	
18	X	24	66,000										1.50	
19	X	24	47,000										1.60	
20	X	24	76,000										1.40	
21	X	24	73,000											
22	X	24	71,000										1.30	
23	X	24	57,000										2.00	
24	X	24	62,000										1.60	
25	X	24	68,000										1.70	
26	X	24	75,000										1.50	
27	X	24	68,000										1.50	
28	X	24	61,000											
29	X	24	61,000										1.60	
30	X	24	63,000										1.50	
31	X	24												
Total			1,891,000											
Average			63,033											
Maximum			80,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedrofigueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. - Fri. - Sat Days

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	Printed or Typed Name	License Number
Pedro Figueroa 1/5/2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590615 | Plant Name: Jansen

III. Daily Data for the Month Year of: December 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, g/pd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	58,000										1.50	
2	X	24	58,000										1.50	
3	X	24	50,000										1.50	
4	X	24	64,000										1.30	
5	X	24	72,000											
6	X	24	72,000										1.60	Collected Bact's Samples
7	X	24	52,000										1.50	
8	X	24	71,000										1.60	
9	X	24	64,000										1.60	
10	X	24	52,000										1.80	
11	X	24	66,000										1.50	
12	X	24	73,000											
13	X	24	72,000										1.60	
14	X	24	66,000										1.60	
15	X	24	47,000										1.50	
16	X	24	82,000										1.50	
17	X	24	62,000										0.30	
18	X	24	74,000										1.30	
19	X	24	65,000											
20	X	24	63,000										1.50	
21	X	24	82,000										1.60	
22	X	24	52,000										1.70	
23	X	24	52,000										1.60	
24	X	24	50,000										1.50	
25	X	24	74,000										1.60	
26	X	24	60,500											
27	X	24	60,500										1.50	
28	X	24	71,000										1.50	
29	X	24	60,000										1.70	
30	X	24	59,000										1.60	
31	X	24	51,000										1.60	
Total			1,955,000											
Average			63,128											
Maximum			82,000											

** 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: 3590615	Plant Name: Jansen

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: December 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): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.50
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.*

2010

MORs

LITTLE WEKIVA

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: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	B	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Allan Finch	C	7806	Mon. - Fri. Days

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.

Allan Finch 2-4-10 — Signature and Date

Alan Finch — Printed or Typed Name

FILE COPY

C-7806 — License Number

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

PWS Identification Number: 3590762	Plant Name: Little wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	11,000	96	2.20	1.56	3.43	20.60	8.20	2.80			1.00	
2	X	24	12,000										1.20	
3	X	24	15,500											
4	X	24	15,500	96	2.20	1.56	3.43	22.10	8.10	2.60			1.20	
5	X	24	16,000	96	2.20	1.56	3.43	19.40	8.50	3.20			1.10	
6	X	24	18,000	96	2.60	1.56	4.06	22.70	8.10	2.40			1.30	
7	X	24	14,000	96	2.40	1.56	3.74	20.90	8.20	2.80			1.30	Collected Bac-T samples
8	X	24	10,000	96	2.40	1.56	3.74	20.10	8.50	3.00			1.20	
9	X	24	16,000										1.30	
10	X	24	19,000											
11	X	24	19,000	96	2.50	1.56	3.90	23.00	8.20	2.40			1.30	Calibrated pH meter
12	X	24	12,000	96	2.50	1.56	3.90	23.20	8.10	2.40			1.30	
13	X	24	13,000	96	2.50	1.56	3.90	22.40	8.20	2.60			1.30	
14	X	24	13,000	96	2.40	1.56	3.74	23.90	8.10	2.20			1.30	Replaced quil. Replaced stenner tubings
15	X	24	15,000	96	2.50	1.56	3.90	23.20	8.20	2.40			1.40	
16	X	24	14,000										1.30	
17	X	24	16,000											
18	X	24	16,000	96	2.50	1.56	3.90	24.20	8.30	2.20			1.30	
19	X	24	15,000	96	2.50	1.56	3.90	24.30	8.20	2.20			1.30	Replaced stenner pump plug outlet and cover
20	X	24	14,000	96	2.50	1.56	3.90	24.10	8.30	2.20			1.30	
21	X	24	12,000	96	2.50	1.56	3.90	23.60	8.30	2.20			1.30	
22	X	24	9,000	96	2.40	1.56	3.74	23.70	8.20	2.20			1.40	
23	X	24	14,000										1.30	
24	X	24	15,000											
25	X	24	14,000	96	2.40	1.56	3.74	23.20	8.10	2.40			1.40	
26	X	24	12,000	96	2.20	1.56	3.43	23.10	8.20	2.40			1.30	
27	X	24	14,000	96	2.40	1.56	3.74	23.30	8.20	2.40			1.30	
28	X	24	11,000	96	2.40	1.56	3.74	23.50	8.30	2.20			1.40	
29	X	24	12,000	96	2.30	1.56	3.59	23.10	8.20	2.40			1.20	
30	X	24	17,000										1.30	
31	X	24	13,000											
Total			437,000											
Average			14,096											
Maximum			19,000											

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

RE... 5/13/10

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-5-2010	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762 | Plant Name: Little Wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	14,000	96	2.30	1.56	3.59	23.20	8.20	2.40			1.20	
2	X	24	11,000	96	2.20	1.56	3.43	23.30	8.30	2.40			1.30	Collected Bac-T samples
3	X	24	16,000	96	2.30	1.56	3.59	23.20	8.30	2.40			1.20	
4	X	24	12,000	96	2.30	1.56	3.59	23.20	8.20	2.40			1.30	
5	X	24	11,000	96	2.40	1.56	3.74	23.50	8.30	2.20			1.40	
6	X	24	16,000										1.30	
7	X	24	14,000											
8	X	24	14,000	96	2.40	1.56	3.59	23.40	8.20	2.40			1.30	
9	X	24	15,000	96	2.40	1.56	3.74	23.30	8.30	2.40			1.20	
10	X	24	12,000	96	2.30	1.56	3.59	23.10	8.30	2.40			1.30	
11	X	24	13,000	96	2.40	1.56	3.74	23.20	8.30	2.40			1.30	
12	X	24	10,000	96	2.30	1.56	3.59	22.60	8.30	2.40			1.40	
13	X	24	15,000										1.30	
14	X	24	14,000											
15	X	24	13,000	96	2.30	1.56	3.59	23.60	8.40	2.20			1.20	
16	X	24	12,000	96	2.40	1.56	3.74	22.60	8.30	2.40			1.30	
17	X	24	14,000	96	2.60	1.56	4.06	23.10	8.40	2.40			2.00	
18	X	24	13,000	96	2.70	1.56	4.21	23.00	8.20	2.40			2.00	
19	X	24	11,000	96	2.30	1.56	3.59	22.70	8.30	2.40			1.30	
20	X	24	17,000										1.40	
21	X	24	15,000											
22	X	24	14,000	96	3.00	1.56	4.68	24.10	8.30	2.40			1.50	
23	X	24	10,000	96	2.50	1.56	3.90	22.60	8.50	2.40			2.00	
24	X	24	10,000	96	2.30	1.56	3.59	22.10	8.30	2.60			1.40	
25	X	24	11,000	96	2.30	1.56	3.59	21.50	8.20	2.60			1.20	
26	X	24	18,000	96	2.50	1.56	3.90	22.50	8.30	2.40			1.30	
27	X	24	9,000										1.30	
28	X	24	12,000											
29	X	24												
30	X	24												
31	X	24												
Total			366,000											
Average			13,071											
Maximum			18,000											

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

REVISED 3/17/10

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Printed or Typed Name	License Number
4.5.10	Pedro Figueroa	C-17160

FILE COPY

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month Year of: March 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	12,000	96	2.40	1.56	3.74	22.40	8.30	2.60			1.20	
2	X	24	13,000	96	2.30	1.56	3.59	22.80	8.30	2.40			1.40	
3	X	24	14,000	96	2.60	1.56	4.06	22.90	8.30	2.40			2.50	Collected Rac-T samples
4	X	24	8,000	96	2.70	1.56	4.21	21.20	8.30	2.60			1.70	
5	X	24	14,000	96	2.50	1.56	3.90	20.50	8.30	2.80			1.60	
6	X	24	13,000										1.70	
7	X	24	16,000											
8	X	24	15,000	96	2.80	1.56	4.37	24.10	8.00	2.20			1.60	
9	X	24	9,000	96	2.60	1.56	4.06	23.10	8.20	2.40			1.50	
10	X	24	13,000	96	2.60	1.56	4.06	22.80	8.30	2.40			1.40	
11	X	24	12,000	96	2.50	1.56	3.90	21.80	8.20	2.60			1.50	
12	X	24	12,000	96	2.40	1.56	3.74	20.50	8.30	2.80			1.40	
13	X	24	14,000										1.50	
14	X	24	13,000											
15	X	24	13,000	96	2.40	1.56	3.74	23.40	8.00	2.20			1.60	
16	X	24	10,000	96	2.20	1.56	3.43	22.30	8.20	2.60			1.40	
17	X	24	18,000	96	2.50	1.56	3.90	20.60	8.30	2.80			1.50	
18	X	24	15,000	96	2.40	1.56	3.74	20.90	8.20	2.80			1.30	
19	X	24	13,000	96	2.50	1.56	3.90	20.20	8.20	3.00			1.50	
20	X	24	20,000										1.30	
21	X	24	13,000											
22	X	24	13,000	96	2.40	1.56	3.74	22.10	8.00	2.60			1.60	
23	X	24	10,000	96	2.30	1.56	3.59	22.30	8.20	2.60			1.40	
24	X	24	12,000	96	2.40	1.56	3.74	22.00	8.20	2.60			1.50	
25	X	24	16,000	96	2.30	1.56	3.59	22.10	8.10	2.60			1.30	
26	X	24	14,000	96	2.20	1.56	3.43	22.40	8.20	2.60			1.40	
27	X	24	15,000										1.30	
28	X	24	19,000											
29	X	24	19,000	96	2.80	1.56	4.37	23.30	8.30	2.40			1.40	
30	X	24	10,000	96	2.40	1.56	3.74	22.60	8.20	2.40			1.30	
31	X	24	13,000	96	2.30	1.56	3.59	22.40	8.30	2.60			1.40	
Total			421,000											
Average			13,580											
Maximum			20,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur Fri & Sat Days

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.

Pedro Figueroa 5-6-10

Signature and Date

Pedro Figueroa

Printed or Typed Name

FILE COPY

C-17160

License Number

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	13,000	96	2.50	1.56	3.90	21.60	8.30	2.60			1.50	
2	X	24	16,000	96	2.80	1.56	4.37	21.50	8.00	2.60			1.20	
3	X	24	17,000										1.40	
4	X	24	20,000											
5	X	24	20,000	96	3.30	1.56	5.15	24.20	8.10	2.20			2.00	Collected Bac-T samples
6	X	24	13,000	96	2.60	1.56	4.06	20.20	8.20	3.00			1.60	
7	X	24	16,000	96	2.60	1.56	4.06	20.50	8.20	2.80			1.50	
8	X	24	22,000	96	2.50	1.56	3.90	21.10	8.10	2.80			1.40	
9	X	24	13,000	96	2.60	1.56	4.06	21.50	8.30	2.60			1.60	
10	X	24	18,000										1.50	
11	X	24	19,000											
12	X	24	18,000	96	3.00	1.56	4.68	23.90	8.20	2.20			1.60	
13	X	24	11,000	96	2.60	1.56	4.06	18.90	8.00	3.20			1.50	
14	X	24	18,000	96	2.60	1.56	4.06	19.30	8.10	3.20			1.40	
15	X	24	25,000	96	2.80	1.56	4.37	24.00	8.00	2.20			2.20	
16	X	24	12,000	96	2.60	1.56	4.06	20.20	8.10	3.00			1.70	
17	X	24	25,000										1.50	
18	X	24	23,000											
19	X	24	23,000	96	2.80	1.56	4.37	25.20	8.10	2.00			1.80	
20	X	24	8,000	96	2.50	1.56	3.90	21.30	8.20	2.80			1.60	
21	X	24	13,000	96	2.60	1.56	4.06	21.60	8.20	2.60			1.50	
22	X	24	13,000	96	2.80	1.56	4.37	22.80	8.30	2.40			1.70	
23	X	24	14,000	96	2.50	1.56	3.90	21.80	8.20	2.60			1.60	
24	X	24	17,000										1.50	
25	X	24	17,000											
26	X	24	17,000	96	2.10	1.56	3.28	23.10	8.20	2.40			1.90	
27	X	24	26,000	96	2.30	1.56	3.59	22.20	8.00	2.60			1.60	
28	X	24	30,000	96	3.00	1.56	4.68	24.60	8.00	2.00			1.90	
29	X	24	16,000	96	2.70	1.56	4.21	22.30	8.10	2.60			1.70	
30	X	24	16,000	96	2.80	1.56	4.37	23.10	8.10	2.40			1.70	
31	X	24												
Total			529,000											
Average			17,633											
Maximum			30,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Printed or Typed Name	License Number
6-8-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	15,000										1.80	
2	X	24	18,000											
3	X	24	18,000	96	2.90	1.56	4.52	25.20	8.20	2.00			1.70	Collected Bac-T samples
4	X	24	19,000	96	2.60	1.56	4.06	25.90	8.20	2.00			1.60	
5	X	24	29,000	96	3.00	1.56	4.68	25.70	8.10	2.00			2.40	
6	X	24	12,000	96	2.90	1.56	4.52	25.50	7.90	2.00			2.20	
7	X	24	9,000	96	2.70	1.56	4.21	25.30	8.20	2.00			1.80	
8	X	24	24,000										1.80	
9	X	24	20,000											
10	X	24	20,000	96	3.00	1.56	4.68	25.80	8.20	2.00			2.20	
11	X	24	10,000	96	2.70	1.56	4.21	24.80	8.30	2.00			1.90	
12	X	24	21,000	96	2.80	1.56	4.37	25.20	8.30	2.00			2.00	
13	X	24	22,000	96	2.60	1.56	4.06	24.50	8.10	2.00			1.70	
14	X	24	19,000	96	2.40	1.56	3.74	25.00	8.10	2.00			1.80	
15	X	24	23,000										1.80	
16	X	24	21,000											
17	X	24	21,000	96	2.80	1.56	4.37	24.60	8.30	2.00			1.40	
18	X	24	10,000	96	2.60	1.56	4.06	24.10	8.20	2.20			1.50	
19	X	24	15,000	96	2.60	1.56	4.06	24.40	8.20	2.20			1.40	
20	X	24	20,000	96	2.90	1.56	4.52	24.90	8.10	2.00			2.30	
21	X	24	18,000	96	2.50	1.56	3.90	24.50	8.20	2.00			1.60	
22	X	24	21,000										1.70	
23	X	24	19,000											
24	X	24	19,000	96	2.50	1.56	3.90	25.20	8.10	2.00			2.00	
25	X	24	16,000	96	2.30	1.56	3.59	24.80	8.20	2.00			1.60	
26	X	24	26,000	96	3.20	1.56	4.99	25.90	8.10	2.00			2.50	
27	X	24	11,000	96	2.80	1.56	4.37	25.20	8.20	2.00			2.30	
28	X	24	20,000	96	2.60	1.56	4.06	24.80	8.20	2.00			1.80	
29	X	24	22,000										1.90	
30	X	24	13,000											
31	X	24	13,000	96	2.60	1.56	4.06	24.20	8.10	2.20			2.00	
Total			564,000											
Average			18,193											
Maximum			29,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 7-6-10	Pedro Figueroa	C-17160

FILE COPY

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

PWS Identification Number: 3590762 | Plant Name: Little Wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	21,000	96	2.80	1.56	4.37	25.00	8.30	2.00			2.20	
2	X	24	12,000	96	2.50	1.56	3.90	24.80	8.20	2.00			1.90	Collected Hac-T samples
3	X	24	28,000	96	2.90	1.56	4.52	25.40	8.10	2.00			2.40	
4	X	24	13,000	96	2.70	1.56	4.21	25.00	8.20	2.00			1.80	
5	X	24	20,000										1.70	
6	X	24	16,000											
7	X	24	16,000	96	2.80	1.56	4.37	24.90	8.20	2.00			1.90	
8	X	24	14,000	96	2.60	1.56	4.06	24.70	8.20	2.00			1.60	
9	X	24	26,000	96	2.50	1.56	3.90	24.60	8.20	2.00			1.70	
10	X	24	17,000	96	2.50	1.56	3.90	24.70	8.20	2.00			1.40	
11	X	24	20,000	96	2.60	1.56	4.06	25.00	8.20	2.00			1.60	
12	X	24	26,000										1.40	
13	X	24	20,000											
14	X	24	19,000	96	2.60	1.56	4.06	25.20	8.40	2.00			2.10	
15	X	24	15,000	96	2.40	1.56	3.74	25.30	8.30	2.00			1.70	
16	X	24	19,000	96	2.20	1.56	3.43	25.20	8.20	2.00			1.80	
17	X	24	16,000	96	2.50	1.56	3.90	25.50	8.30	2.00			1.40	
18	X	24	17,000	96	2.00	1.56	3.12	25.10	8.20	2.00			1.30	
19	X	24	20,000										1.40	
20	X	24	15,000											
21	X	24	14,000	96	2.10	1.56	3.28	24.60	8.40	2.00			1.60	
22	X	24	13,000	96	2.00	1.56	3.12	25.10	8.30	2.00			1.50	
23	X	24	19,000	96	2.40	1.56	3.74	25.50	8.30	2.00			1.50	
24	X	24	23,000	96	2.80	1.56	4.37	25.40	8.30	2.00			1.70	
25	X	24	12,000	96	2.50	1.56	3.90	25.10	8.30	2.00			1.50	
26	X	24	28,000										1.60	
27	X	24	24,000											
28	X	24	24,000	96	2.60	1.56	4.06	25.20	8.20	2.00			1.80	
29	X	24	11,000	96	2.40	1.56	3.74	25.20	8.30	2.00			1.50	
30	X	24	23,000	96	2.30	1.56	3.59	25.40	8.30	2.00			1.40	
31	X	24												
Total			561,000											
Average			18,700											
Maximum			28,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 8-5-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	30,000	96	2.40	1.56	3.74	25.50	8.20	2.00			1.50	
2	X	24	10,000	96	2.30	1.56	3.59	25.20	8.20	2.00			1.50	
3	X	24	16,000										1.30	
4	X	24	18,000											
5	X	24	18,000	96	2.40	1.56	3.74	25.00	8.20	2.00			1.50	
6	X	24	14,000	96	2.40	1.56	3.74	25.10	8.20	2.00			1.30	
7	X	24	23,000	96	2.30	1.56	3.59	25.10	8.30	2.00			1.20	Collected Bact's Samples
8	X	24	14,000	96	2.40	1.56	3.74	25.40	8.20	2.00			1.30	
9	X	24	10,000	96	2.30	1.56	3.59	25.20	8.20	2.00			1.20	
10	X	24	18,000										1.30	
11	X	24	18,000											
12	X	24	17,000	96	2.30	1.56	3.59	25.00	8.20	2.00			1.60	
13	X	24	13,000	96	2.10	1.56	3.28	25.10	8.20	2.00			1.40	
14	X	24	17,000	96	2.00	1.56	3.12	25.00	8.20	2.00			1.40	
15	X	24	19,000	96	2.20	1.56	3.43	25.00	8.20	2.00			1.50	
16	X	24	15,000	96	2.30	1.56	3.59	24.90	8.20	2.00			1.40	
17	X	24	16,000										1.30	
18	X	24	14,000											
19	X	24	14,000	96	2.00	1.56	3.12	25.30	8.20	2.00			1.40	
20	X	24	16,000	96	1.90	1.56	2.96	25.40	8.20	2.00			1.30	
21	X	24	18,000	96	2.40	1.56	3.74	25.30	8.30	2.00			1.50	
22	X	24	24,000	96	2.50	1.56	3.90	25.20	8.30	2.00			1.40	
23	X	24	15,000	96	2.50	1.56	3.90	25.30	8.30	2.00			1.50	
24	X	24	21,000										1.50	
25	X	24	16,000											
26	X	24	16,000	96	2.50	1.56	3.90	25.50	8.30	2.00			1.40	
27	X	24	16,000	96	2.30	1.56	3.59	25.60	8.20	2.00			1.50	
28	X	24	23,000	96	2.40	1.56	3.74	25.50	8.30	2.00			1.40	
29	X	24	13,000	96	2.30	1.56	3.59	25.50	8.30	2.00			1.30	
30	X	24	14,000	96	2.30	1.56	3.59	25.60	8.30	2.00			1.10	
31	X	24	23,000										1.20	
Total			529,000											
Average			17,064											
Maximum			30,000											

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

REVISED 9/20/10

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: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 9/6/10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	18,000											
2	X	24	18,000	60	2.00	1.56	3.12	24.70	8.20	2.00			1.20	
3	X	24	15,000	60	2.00	1.56	3.12	25.10	8.20	2.00			1.00	
4	X	24	20,000	60	1.90	1.56	2.96	25.30	8.20	2.00			1.20	
5	X	24	17,000	60	1.80	1.56	2.81	25.20	8.20	2.00			1.00	
6	X	24	25,000	60	1.80	1.56	2.81	25.80	8.10	2.00			1.20	
7	X	24	20,000										1.30	
8	X	24	16,000											
9	X	24	16,000	60	1.80	1.56	2.81	25.00	8.10	2.00			1.20	Collected Bact's Samples
10	X	24	9,000	60	2.00	1.56	3.12	25.40	8.10	2.00			1.10	
11	X	24	15,000	60	2.00	1.56	3.12	25.40	8.20	2.00			1.30	
12	X	24	11,000	60	2.00	1.56	3.12	25.20	8.10	2.00			1.20	
13	X	24	13,000	60	1.90	1.56	2.96	25.30	8.20	2.00			1.30	
14	X	24	12,000										1.20	
15	X	24	15,000											
16	X	24	14,000	60	1.70	1.56	2.65	25.60	8.30	2.00			1.20	
17	X	24	9,000	60	1.90	1.56	2.96	25.70	8.20	2.00			1.30	
18	X	24	14,000	60	3.00	1.56	4.68	25.80	8.30	2.00			1.60	
19	X	24	13,000	60	3.00	1.56	4.68	25.60	8.30	2.00			1.50	
20	X	24	12,000	60	2.80	1.56	4.37	25.80	8.30	2.00			1.50	
21	X	24	18,000										1.60	
22	X	24	14,000											
23	X	24	14,000	60	1.80	1.56	2.81	25.30	8.00	2.00			1.40	
24	X	24	10,000	60	2.00	1.56	3.12	25.40	8.20	2.00			1.30	
25	X	24	11,000	60	1.80	1.56	2.81	25.10	8.20	2.00			1.30	
26	X	24	13,000	60	1.80	1.56	2.81	25.00	8.10	2.00			1.40	
27	X	24	15,000	60	1.90	1.56	2.96	25.70	8.10	2.00			1.40	
28	X	24	9,000										1.30	
29	X	24	14,000											
30	X	24	13,000	60	1.90	1.56	2.96	25.40	8.00	2.00			1.40	
31	X	24	11,000	60	1.80	1.56	2.81	25.00	8.20	2.00			1.30	
Total			444,000											
Average			14,322											
Maximum			25,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 10-5-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762 | Plant Name: Little Wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	14,000	96	1.70	1.56	2.65	25.00	8.20	2.00			1.40	
2	X	24	14,000	96	2.00	1.56	3.12	24.90	8.10	2.00			1.50	Collected Bact's Samples
3	X	24	12,000	96	1.80	1.56	2.81	25.20	8.10	2.00			1.50	
4	X	24	19,000										1.30	
5	X	24	12,000											
6	X	24	12,000	96	1.80	1.56	2.81	24.80	8.20	2.00			1.40	
7	X	24	12,000	96	1.90	1.56	2.96	24.70	8.20	2.00			1.30	
8	X	24	14,000	96	1.70	1.56	2.65	24.50	8.10	2.00			1.20	
9	X	24	13,000	96	1.90	1.56	2.96	24.60	8.20	2.00			1.10	
10	X	24	10,000	96	1.70	1.56	2.65	24.80	8.20	2.00			1.20	
11	X	24	17,000										1.30	
12	X	24	15,000											
13	X	24	15,000	96	1.80	1.56	2.81	24.60	8.30	2.00			1.30	
14	X	24	12,000	96	1.70	1.56	2.65	24.70	8.20	2.00			1.20	
15	X	24	14,000	96	1.90	1.56	2.96	25.00	8.30	2.00			1.30	
16	X	24	17,000	96	1.90	1.56	2.96	24.80	8.30	2.00			1.40	
17	X	24	23,000	96	2.00	1.56	3.12	25.80	8.10	2.00			1.40	
18	X	24	17,000										1.30	
19	X	24	13,000											
20	X	24	13,000	96	1.80	1.56	2.81	24.40	8.10	2.20			1.20	
21	X	24	13,000	96	1.60	1.56	2.50	24.50	8.20	2.00			1.10	
22	X	24	15,000	96	1.60	1.56	2.50	24.40	8.20	2.20			1.30	
23	X	24	16,000	96	2.50	1.56	3.90	25.00	8.10	2.00			1.50	
24	X	24	11,000	96	2.30	1.56	3.59	25.30	8.10	2.00			1.40	
25	X	24	11,000										1.30	
26	X	24	14,000											
27	X	24	13,000	96	1.70	1.56	2.65	25.60	8.00	2.00			1.40	
28	X	24	8,000	96	1.70	1.56	2.65	25.30	8.10	2.00			1.30	
29	X	24	11,000	96	1.80	1.56	2.81	24.60	8.20	2.00			1.40	
30	X	24	12,000	96	1.70	1.56	2.65	24.40	8.20	2.20			1.20	
31	X	24												
Total			412,000											
Average			13,733											
Maximum			23,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Printed or Typed Name	License Number
11-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,000	96	1.80	1.56	2.81	25.40	8.10	2.00			1.10	
2	X	24	10,000										1.30	
3	X	24	13,000											
4	X	24	13,000	96	1.80	1.56	2.81	24.00	8.20	2.20			1.20	
5	X	24	12,000	96	1.70	1.56	2.65	24.10	8.10	2.20			1.30	Collected Bact's Samples
6	X	24	14,000	96	1.70	1.56	2.65	24.10	8.10	2.20			1.00	
7	X	24	15,000	96	1.60	1.56	2.50	23.80	7.90	2.20			1.30	
8	X	24	9,000	96	1.70	1.56	2.65	24.00	8.10	2.20			1.20	
9	X	24	15,000										1.00	
10	X	24	14,500											
11	X	24	14,500	96	1.80	1.56	2.81	23.50	8.10	2.20			1.10	
12	X	24	13,000	96	1.70	1.56	2.65	23.70	8.00	2.20			1.00	
13	X	24	15,000	96	2.30	1.56	3.59	24.10	8.10	2.20			1.40	
14	X	24	13,000	96	2.30	1.56	3.59	24.70	8.10	2.00			1.50	
15	X	24	18,000	96	2.30	1.56	3.59	25.40	8.00	2.00			1.30	
16	X	24	11,000										1.20	
17	X	24	14,000											
18	X	24	12,000	96	2.40	1.56	3.74	23.50	8.10	2.20			1.50	
19	X	24	15,000	96	2.40	1.56	3.74	24.00	8.00	2.20			1.40	
20	X	24	21,000	96	2.00	1.56	3.12	24.20	8.00	2.20			1.20	
21	X	24	16,000	96	2.20	1.56	3.43	24.30	8.10	2.20			1.30	
22	X	24	10,000	96	2.00	1.56	3.12	24.10	8.00	2.20			1.30	
23	X	24	16,000										1.10	
24	X	24	15,000											
25	X	24	15,000	96	1.80	1.56	2.81	24.60	8.20	2.00			1.20	
26	X	24	22,000	96	2.10	1.56	3.28	26.10	8.00	2.00			1.10	
27	X	24	9,000	96	1.90	1.56	2.96	25.30	8.10	2.00			1.20	
28	X	24	19,000	96	2.00	1.56	3.12	25.10	8.20	2.00			1.30	
29	X	24	10,000	96	1.80	1.56	2.81	25.30	8.10	2.00			1.00	
30	X	24	18,000										0.90	
31	X	24	18,000											
Total			446,000											
Average			14,387											
Maximum			22,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 12-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762 | Plant Name: Little Wekiva

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	17,000	96	2.30	1.56	3.59	24.20	7.90	2.20			1.40	
2	X	24	11,000	96	2.00	1.56	3.12	24.40	8.10	2.20			1.00	Collected Bact's Samples
3	X	24	11,000	96	2.40	1.56	3.74	24.60	8.10	2.00			1.40	
4	X	24	17,000	96	2.10	1.56	3.28	24.50	8.00	2.00			1.20	
5	X	24	8,000	96	2.30	1.56	3.59	24.00	8.10	2.20			1.20	
6	X	24	16,000										1.40	
7	X	24	12,000											
8	X	24	12,000	96	2.60	1.56	4.06	22.30	8.10	2.60			1.40	
9	X	24	16,000	96	2.60	1.56	4.06	24.60	7.90	2.00			1.30	
10	X	24	12,000	96	2.60	1.56	4.06	22.40	8.10	2.60			1.50	
11	X	24	13,000	96	2.50	1.56	3.90	22.30	8.20	2.20			1.40	
12	X	24	16,000	96	2.40	1.56	3.74	22.70	8.10	2.40			1.30	
13	X	24	16,000										1.50	
14	X	24	14,500											
15	X	24	14,500	96	2.50	1.56	3.90	23.10	8.20	2.40			1.40	
16	X	24	17,000	96	2.40	1.56	3.74	23.30	8.20	2.40			1.30	
17	X	24	17,000	96	2.30	1.56	3.59	23.60	8.10	2.20			1.40	
18	X	24	19,000	96	2.60	1.56	4.06	25.10	7.90	2.00			1.30	
19	X	24	10,000	96	2.40	1.56	3.74	23.70	8.10	2.20			1.50	
20	X	24	17,000										1.30	
21	X	24	14,000											
22	X	24	13,000	96	2.30	1.56	3.59	23.80	8.20	2.20			1.40	
23	X	24	13,000	96	2.40	1.56	3.74	23.60	8.10	2.20			1.30	
24	X	24	17,000	96	2.00	1.56	3.12	23.80	8.10	2.20			1.20	
25	X	24	14,000	96	2.00	1.56	3.12	24.00	8.20	2.20			1.00	
26	X	24	18,000	96	2.00	1.56	3.12	24.30	8.20	2.20			1.20	
27	X	24	16,000										1.30	
28	X	24	14,000											
29	X	24	14,000	96	2.60	1.56	4.06	24.50	8.00	2.00			1.60	
30	X	24	9,000	96	2.40	1.56	3.74	24.30	8.10	2.20			1.40	
31	X	24												
Total			428,000											
Average			14,266											
Maximum			19,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days

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	Pedro Figueroa	C-17160
	Printed or Typed Name	License Number

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month Year of: December 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* — CT Calculations: 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	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	Minimum 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	14,000	96	2.40	1.56	3.74	24.30	8.10	2.20			1.50	
2	X	24	12,000	96	2.50	1.56	3.90	20.60	8.20	2.80			1.30	
3	X	24	12,000	96	2.50	1.56	3.90	20.40	8.20	3.00			1.50	
4	X	24	15,000										1.50	
5	X	24	22,000											
6	X	24	21,000	96	2.60	1.56	4.06	22.00	8.20	2.60			1.50	
7	X	24	5,000	96	2.60	1.56	4.06	21.80	8.20	2.60			1.40	Collected Bact's Samples
8	X	24	13,000	96	2.70	1.56	4.21	20.80	8.20	2.80			1.50	
9	X	24	11,000	96	2.60	1.56	4.06	21.40	8.10	2.80			1.30	
10	X	24	13,000	96	2.50	1.56	3.90	21.80	8.20	2.60			1.40	
11	X	24	18,000										1.50	
12	X	24	10,500											
13	X	24	10,500	96	2.50	1.56	3.90	20.30	8.20	3.00			1.60	
14	X	24	17,000	96	2.70	1.56	4.21	22.80	8.20	2.40			1.60	
15	X	24	11,000	96	2.60	1.56	4.06	20.40	8.20	3.00			1.40	
16	X	24	10,000	96	2.50	1.56	3.90	20.20	8.20	3.00			1.60	
17	X	24	11,000	96	2.30	1.56	3.59	20.80	8.20	2.80			1.40	
18	X	24	16,000										1.30	
19	X	24	10,000											
20	X	24	10,000	96	2.80	1.56	4.37	20.30	8.20	3.00			1.50	
21	X	24	11,000	96	2.70	1.56	4.21	21.80	8.20	2.60			1.50	
22	X	24	11,000	96	2.40	1.56	3.74	21.30	8.20	2.80			1.40	
23	X	24	11,000	96	2.20	1.56	3.43	21.40	8.10	2.80			1.30	
24	X	24	11,000	96	2.50	1.56	3.90	21.20	8.20	2.80			1.40	
25	X	24	13,000										1.20	
26	X	24	11,000											
27	X	24	10,000	96	2.50	1.56	3.90	20.00	8.20	3.00			1.50	
28	X	24	12,000	96	2.60	1.56	4.06	21.90	8.20	2.60			1.40	
29	X	24	10,000	96	2.40	1.56	3.74	20.70	8.20	2.80			1.40	
30	X	24	10,000	96	2.40	1.56	3.74	21.40	8.10	2.80			1.30	
31	X	24	15,000	96	2.50	1.56	3.90	22.30	8.10	2.60			1.60	
Total			387,000											
Average			12,484											
Maximum			22,000											

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

2010

MORs

OAKLAND SHORES

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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	B	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Allan Finch	C	7806	Mon. - Fri. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 2-4-10	Alan Finch	C-7806

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	35,000										1.20	
2	24	47,000										1.10	
3	24	60,000											
4	24	60,000										1.10	Huntington onsite to replace Aerator fan motor. Vent
5	24	48,000										1.00	Bleach delivery
6	24	49,000										1.40	Collected Bac - T samples. Lowered stenner feed
7	24	70,000										1.30	
8	24	27,000										1.30	
9	24	42,000										1.20	
10	24	66,500											
11	24	66,500										0.70	
12	24	45,000										1.20	
13	24	44,000										1.40	
14	24	68,000										1.40	
15	24	51,000										1.20	
16	24	44,000										1.20	
17	24	64,500											
18	24	64,500										1.30	
19	24	45,000										1.30	
20	24	48,000										1.60	Lowered stenner feed. Bleach delivery
21	24	66,000										1.50	
22	24	35,000										1.40	
23	24	54,000										1.40	
24	24	58,000											
25	24	58,000										1.40	
26	24	38,000										1.30	
27	24	45,000										1.30	
28	24	56,000										1.20	
29	24	40,000										1.20	
30	24	48,000										1.10	
31	24	59,000											
Total		1,602,000											
Average		51,677											
Maximum		70,000											

** 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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon.- Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
3-8-2010	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	59,000										1.00	
2	24	36,000										1.00	Collected Bac-Ts
3	24	41,000										1.10	
4	24	55,000										1.20	
5	24	49,000										1.30	
6	24	39,000										1.10	
7	24	60,000											
8	24	60,000										1.20	
9	24	44,000										1.10	TTHMs, HAA5, Sample
10	24	42,000										1.20	
11	24	52,000										1.20	
12	24	36,000										1.30	
13	24	35,000										1.10	
14	24	58,000											
15	24	59,000										1.30	
16	24	44,000										1.80	
17	24	48,000										2.80	
18	24	52,000										1.80	
19	24	48,000										1.20	
20	24	59,000										1.40	
21	24	70,000											
22	24	70,000										1.00	
23	24	55,000										1.80	
24	24	46,000										3.00	
25	24	50,000										2.50	
26	24	48,000										1.80	
27	24	45,000										1.60	
28	24	73,000											
29	24												
30	24												
31	24												
Total		1,433,000											
Average		51,178											
Maximum		73,000											

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

REVISED 3/15/10

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 4-5-10	Pedro Figueroa	C- 17160

FILE COPY

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	73,000										1.00	
2	24	36,000										2.10	
3	24	57,000										3.00	
4	24	63,000										1.30	
5	24	34,000										1.40	
6	24	66,000										1.20	
7	24	85,000											
8	24	85,000										1.60	Collected Bact's samples
9	24	54,000										1.70	
10	24	75,000										1.80	
11	24	88,000										1.70	
12	24	35,000										1.30	
13	24	58,000										1.40	
14	24	64,000											
15	24	63,000										1.60	
16	24	45,000										1.90	
17	24	54,000										3.00	
18	24	72,000										0.60	
19	24	45,000										1.60	
20	24	47,000										1.50	
21	24	76,000											
22	24	75,000										2.00	
23	24	47,000										3.00	
24	24	32,000										2.40	
25	24	83,000										2.00	
26	24	48,000										1.80	
27	24	40,000										1.60	
28	24	69,000											
29	24	69,000										2.20	
30	24	33,000										2.40	
31	24	42,000										2.20	
Total		1,813,000											
Average		58,483											
Maximum		88,000											

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

REVISED 9/22/10

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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland		State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon.- Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 5-6-10
Signature and Date

Pedro Figueroa
Printed or Typed Name

FILE COPY

C- 17160
License Number

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	64,000										2.50	
2	24	47,000										2.00	
3	24	74,000										1.80	
4	24	81,000											
5	24	81,000										2.00	
6	24	63,000										1.80	
7	24	49,000										2.00	Collected Bact's samples
8	24	111,000										1.00	
9	24	46,000										2.80	
10	24	73,000										1.80	
11	24	94,000											
12	24	93,000										2.10	
13	24	50,000										2.20	
14	24	84,000										2.40	
15	24	84,000										2.20	
16	24	83,000										3.00	
17	24	66,000										2.00	
18	24	95,000											
19	24	95,000										2.00	
20	24	42,000										2.20	
21	24	64,000										2.10	
22	24	79,000										1.90	
23	24	62,000										2.10	
24	24	57,000										2.00	
25	24	94,000											
26	24	93,000										1.50	
27	24	41,000										2.80	
28	24	70,000										2.90	
29	24	88,000										1.80	
30	24	50,000										1.80	
31	24												
Total		2,173,000											
Average		72,433											
Maximum		111,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon.- Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 6-8-10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3590912 | Plant Name: Oakland Shores

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	62,000										2.20	
2	24	104,000											
3	24	104,000										2.80	
4	24	74,000										2.50	
5	24	67,000										3.00	Collected Bact's Samples
6	24	112,000										2.00	
7	24	60,000										1.80	
8	24	70,000										1.70	
9	24	113,000											
10	24	113,000										1.80	
11	24	71,000										1.40	
12	24	81,000										1.70	
13	24	104,000										2.10	
14	24	96,000										2.50	
15	24	64,000										2.00	
16	24	119,000											
17	24	118,000										2.70	
18	24	44,000										2.70	
19	24	72,000										2.60	
20	24	103,000										2.00	
21	24	80,000										2.00	
22	24	86,000										1.60	
23	24	117,000											
24	24	117,000										2.10	
25	24	69,000										1.50	
26	24	78,000										2.90	
27	24	128,000										2.20	
28	24	88,000										2.00	
29	24	48,000										1.70	
30	24	75,000											
31	24	75,000										1.40	
Total		2,712,000											
Average		87,483											
Maximum		128,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon - Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 7-6-10
Signature and Date

Pedro Figueroa
Printed or Typed Name

C- 17160
License Number

FILE COPY

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	57,000										1.60	
2	24	75,000										1.40	
3	24	57,000										1.60	Collected Bact's Samples
4	24	51,000										1.50	
5	24	46,000										1.30	
6	24	74,000											
7	24	74,000										1.40	
8	24	61,000										1.00	
9	24	77,000										2.40	
10	24	83,000										2.50	
11	24	86,000										2.50	
12	24	72,000										1.80	
13	24	110,000											
14	24	110,000										1.80	
15	24	87,000										1.50	
16	24	64,000										1.70	
17	24	65,000										0.40	
18	24	54,000										0.60	
19	24	57,000										1.10	
20	24	72,000											
21	24	71,000										1.50	
22	24	42,000										1.60	
23	24	70,000										3.00	
24	24	78,000										2.00	
25	24	73,000										2.00	
26	24	70,000										1.70	
27	24	94,000											
28	24	93,000										0.30	
29	24	71,000										0.90	
30	24	110,000										2.00	
31	24												
Total		2,204,000											
Average		73,466											
Maximum		110,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon.- Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 8-4-10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month(s) ending: 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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	90,000										2.00	
2	24	62,000										1.60	
3	24	69,000										1.40	
4	24	63,000											
5	24	63,000										0.70	
6	24	53,000										1.10	Collected Bact's Samples
7	24	53,000										1.70	
8	24	85,000										1.60	
9	24	48,000										1.50	
10	24	66,000										1.30	
11	24	80,000											
12	24	80,000										1.60	
13	24	52,000										1.70	
14	24	69,000										1.60	
15	24	84,000										1.60	
16	24	37,000										1.40	
17	24	67,000										1.30	
18	24	95,000											
19	24	95,000										1.30	
20	24	71,000										1.20	
21	24	83,000										1.10	
22	24	115,000										1.10	
23	24	82,000										1.30	
24	24	63,000										1.40	
25	24	101,500											
26	24	101,500										1.30	
27	24	83,000										1.30	
28	24	94,000										1.20	
29	24	81,000										1.00	
30	24	41,000										1.10	
31	24	65,000										1.30	
Total		2,292,000											
Average		73,935											
Maximum		115,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon.- Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 9/6/10	Pedro Figueroa	C- 17160

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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon - Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 10-5-10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	91,000										1.50	
2	24	91,000										1.40	
3	24	73,000										1.70	
4	24	84,000										1.50	
5	24	87,500											
6	24	87,500										1.60	
7	24	63,000										1.40	Collected Bact's Samples
8	24	12,000										1.20	
9	24	69,000										1.30	
10	24	46,000										1.40	
11	24	49,000										1.10	
12	24	69,000											
13	24	69,000										1.20	
14	24	43,000										1.30	
15	24	78,000										1.60	
16	24	82,000										1.30	
17	24	55,000										1.50	
18	24	54,000										1.20	
19	24	98,000											
20	24	98,000										1.20	
21	24	63,000										1.10	
22	24	90,000										0.70	
23	24	102,000										1.10	
24	24	45,000										1.50	
25	24	47,000										1.30	
26	24	81,000											
27	24	80,000										1.30	
28	24	44,000										0.60	
29	24	54,000										2.50	
30	24	57,000										1.60	
31	24												
Total		2,062,000											
Average		68,733											
Maximum		102,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon - Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
11-2-10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	43,000										1.50	
2	24	50,000										1.40	
3	24	87,000											
4	24	86,000										1.50	
5	24	64,000										0.40	
6	24	74,000										1.40	Collected Bact's Samples
7	24	75,000										1.10	
8	24	70,000										1.50	
9	24	65,000										1.40	
10	24	120,000											
11	24	59,000										1.30	
12	24	62,000										1.40	
13	24	76,000										1.30	
14	24	108,000										1.60	
15	24	66,000										1.70	
16	24	72,000										1.60	
17	24	96,500											
18	24	96,500										1.50	
19	24	74,000										1.60	
20	24	86,000										0.80	
21	24	118,000										1.20	
22	24	91,000										1.40	
23	24	71,000										1.30	
24	24	114,000											
25	24	113,000										1.50	
26	24	41,000										1.40	
27	24	102,000										2.00	
28	24	103,000										2.00	
29	24	75,000										2.20	
30	24	73,000										1.60	
31	24	89,000											
Total		2,520,000											
Average		81,290											
Maximum		120,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon - Fri Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 12-2-10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3590912 | Plant Name: Oakland Shores

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

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	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	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	24	89,000										1.60	
2	24	69,000										1.40	
3	24	60,000											
4	24	60,000										1.30	
5	24	34,000										1.50	
6	24	37,000										0.80	
7	24	83,000											
8	24	83,000										0.50	
9	24	48,000										0.30	
10	24	65,000										2.00	Collected Bact's Samples
11	24	89,000										2.20	
12	24	53,000										2.50	
13	24	62,000										2.30	
14	24	84,000											
15	24	83,000										2.50	
16	24	62,000										2.60	
17	24	73,000										2.70	
18	24	89,000										2.40	
19	24	49,000										2.50	
20	24	74,000										2.40	
21	24	87,000											
22	24	87,000										1.80	
23	24	75,000										2.00	
24	24	55,000										2.00	
25	24	91,000										2.30	
26	24	70,000										2.40	
27	24	65,000										2.30	
28	24	88,000											
29	24	87,000										2.40	
30	24	37,000										2.60	
31	24												
Total		2,088,000											
Average		69,600											
Maximum		91,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon.- Fri. Days
	Terry Sillitoe	A	1249	Thur. -Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 1/6/2011	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3590912 | Plant Name: Oakland Shores

III. Daily Data for the Month Year of: December 2010

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	46,000										2.60	
2	24	68,000										1.20	
3	24	42,000										1.70	
4	24	49,000										1.40	
5	24	75,000											
6	24	75,000										2.50	Collected Bact's Samples
7	24	50,000										1.80	
8	24	45,000										1.30	
9	24	75,000										1.50	
10	24	47,000										1.70	
11	24	52,000										1.50	
12	24	75,000											
13	24	74,000										1.70	
14	24	47,000										1.70	
15	24	27,000										1.50	
16	24	79,000										1.60	
17	24	59,000										1.50	
18	24	50,000										1.40	
19	24	56,000											
20	24	56,000										1.80	
21	24	51,000										1.80	
22	24	42,000										2.50	
23	24	71,000										2.30	
24	24	33,000										1.70	
25	24	65,000										1.80	
26	24	63,500											
27	24	63,500										2.00	
28	24	59,000										1.70	
29	24	52,000										2.00	
30	24	58,000										1.70	
31	24	50,000										1.80	
Total		1,755,000											
Average		56,613											
Maximum		79,000											

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

2010

MORs

PARK RIDGE

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	B	14846	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat. Days
	Allan Finch	C	7806	Mon- Fri Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Allan Finch 2-4-10
Signature and Date

Alan Finch
Printed or Typed Name

FILE COPY

-7806
License Number

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	15,300										1.00	
2	24	15,000										1.00	
3	24	15,150											
4	24	15,150										1.10	
5	24	16,200										1.10	Collected Bac - T samples
6	24	20,800										1.10	
7	24	13,500					17.70	8.10				1.10	Bleach delivery
8	24	15,000										1.10	Polyphosphate Test POE - 1.5 Dist. - 1.4
9	24	13,000										0.90	
10	24	23,200											
11	24	23,200										1.20	
12	24	21,200										1.20	
13	24	18,900										1.20	
14	24	20,800										1.20	
15	24	17,300										1.20	Serviced A/C, replaced stenner tubings, injection valve
16	24	11,000										1.00	
17	24	19,400											
18	24	19,400										1.70	Lowered stenner feed
19	24	18,900										1.70	Lowered stenner feed
20	24	16,900					19.20	8.20				1.70	PO4 Test POE- 1.5 Dist - 1.6 Flushed BO - 3,000 gals
21	24	16,000										1.70	Switched Bleach Tanks, Lowered stenner feed.
22	24	15,100										1.70	
23	24	13,000										1.60	
24	24	17,200											
25	24	17,200										1.50	
26	24	15,100										1.40	
27	24	18,500										1.70	
28	24	15,300										1.30	
29	24	15,300										1.30	
30	24	15,000										1.10	
31	24	14,200											
Total		521,200											
Average		16,812											
Maximum		23,200											

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

REVISED 5/13/10

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri., Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 3-8-2010	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	14,300										1.10	
2	24	22,700										1.00	
3	24	9,200										1.00	collected Bact's
4	24	16,900										1.30	Bleach Delivery
5	24	17,300										1.20	
6	24	13,000										1.10	
7	24	25,700											Bleach delivery
8	24	25,600										1.20	
9	24	33,000										1.30	
10	24	17,300										1.20	
11	24	20,900										1.30	
12	24	21,300										1.30	
13	24	19,000										1.10	
14	24	17,300											
15	24	17,300										1.30	
16	24	16,800					16.40	8.30				1.50	
17	24	15,100										1.50	
18	24	15,100										1.50	
19	24	17,200										1.60	
20	24	15,000										1.20	
21	24	14,100											
22	24	14,000					20.70	8.00				2.00	
23	24	18,500										2.20	
24	24	13,300										1.80	
25	24	9,200										1.50	
26	24	19,000										1.30	
27	24	9,000										1.20	
28	24	18,000											
29	24												
30	24												
31	24												
Total		485,100											
Average		17,325											
Maximum		33,000											

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

REVISED 3/15/10

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
4-5-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	18,300										1.80	
2	24	11,400										1.60	
3	24	10,800										1.70	
4	24	17,600										1.60	Collected BacT's Samples
5	24	17,500										1.80	
6	24	9,000										1.50	
7	24	15,600											
8	24	15,600					12.90	8.30				1.60	Polyphosphate Test POE - 1.6 Dist - 1.5
9	24	19,200										1.70	
10	24	11,400										1.80	
11	24	13,100										1.70	
12	24	11,200										1.80	
13	24	13,000										1.30	
14	24	15,100											
15	24	15,100										1.70	
16	24	20,700										1.60	
17	24	13,200										1.50	
18	24	11,100										1.40	
19	24	17,100										1.80	
20	24	12,000										1.60	
21	24	17,900											
22	24	17,800										1.40	
23	24	13,200										1.60	
24	24	15,500										1.80	
25	24	11,500										1.60	
26	24	19,100										1.90	
27	24	8,000										1.50	
28	24	17,500											
29	24	16,000					16.80	7.50				2.10	Polyphosphate Test POE - 1.6 Dist. - 1.5
30	24	13,200										2.00	
31	24	13,600										1.80	
Total		451,300											
Average		14,558											
Maximum		20,700											

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

REVISED 4/22/10

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri., Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur, Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 5-6-10

Signature and Date

Pedro Figueroa

Printed or Typed Name

FILE COPY

C-17160

License Number

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

PWS Identification Number: 3590993 | Plant Name: Park Ridge

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	19,000										1.60	
2	24	13,500										2.20	
3	24	9,000										1.60	
4	24	24,700											
5	24	24,700										2.10	
6	24	16,300										1.80	Collected Bact's samples
7	24	21,000										1.70	
8	24	15,200					25.40	8.10				2.00	Polyphosphate Test POE 2.0 Dist - 1.8
9	24	11,500										1.80	
10	24	17,000										1.60	
11	24	23,000											
12	24	22,000										1.70	
13	24	13,300										1.80	
14	24	22,800										1.50	
15	24	24,900										1.70	
16	24	13,400					21.20	8.10				1.50	Polyphosphate Test POE 1.6 Dist- 1.8
17	24	26,000										1.40	
18	24	20,300											
19	24	20,000										2.10	
20	24	17,400										2.00	
21	24	19,100										1.90	
22	24	15,400										2.00	
23	24	15,900										1.80	
24	24	15,100										1.90	
25	24	24,000											
26	24	23,700										1.90	
27	24	11,400										1.80	
28	24	17,600										1.50	
29	24	19,700					16.80	7.50				1.60	
30	24	19,400										1.70	
31	24												
Total		556,300											
Average		18,543											
Maximum		26,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 6-8-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	13,100										1.50	
2	24	23,300											
3	24	23,000										1.30	
4	24	17,000										1.60	
5	24	13,200										1.90	
6	24	16,600										1.90	Polyphosphate Test POE-1.9 DIST- 1.8
7	24	16,700										1.60	
8	24	20,000										1.80	
9	24	18,100											
10	24	17,000										2.00	Collected Hact's Samples
11	24	19,700										1.90	
12	24	26,800										1.50	
13	24	26,900										1.40	
14	24	17,700										1.40	
15	24	17,000										1.00	
16	24	22,700											
17	24	22,000										1.00	
18	24	16,900										1.30	
19	24	14,700										1.80	
20	24	20,700										1.80	
21	24	11,100										1.50	
22	24	23,000										1.70	
23	24	19,100											
24	24	19,000										1.30	
25	24	21,800										1.50	
26	24	17,000										1.20	
27	24	22,700										1.30	Polyphosphate Test POE- 2.2 DIST- 2.0
28	24	14,700										1.30	
29	24	16,000										1.20	
30	24	14,000											
31	24	13,000										1.00	
Total		574,500											
Average		18,532											
Maximum		26,900											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Ruben Figueroa 7-6-10
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number

FILE COPY

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	23,100										1.20	
2	24	14,800										1.00	
3	24	16,900										1.60	
4	24	14,900					25.00	8.10				1.20	Pwphosphate Test POE- 1.2 Dist - 1.2
5	24	11,000										1.30	
6	24	21,500											
7	24	20,000										1.80	
8	24	16,500										1.80	
9	24	11,400										1.60	Collected Bact's Samples
10	24	18,600										1.50	
11	24	20,500										1.60	
12	24	13,000										1.40	
13	24	23,800											
14	24	23,000										0.60	
15	24	22,900										0.50	
16	24	15,200										0.80	
17	24	23,200										1.50	
18	24	18,700										1.70	
19	24	17,000										1.40	
20	24	21,000											
21	24	20,000										1.50	
22	24	13,900										1.40	
23	24	20,900										1.00	
24	24	13,200										1.10	
25	24	22,600										1.20	
26	24	13,000										1.00	
27	24	24,700											
28	24	24,700										1.00	
29	24	24,100										1.10	
30	24	26,500					27.90	8.30				0.60	Polyphosphate test POE-2.0 Dist - 1.8
31	24												
Total		570,600											
Average		19,020											
Maximum		26,500											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri., Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 8-4-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	29,500										0.70	
2	24	18,600					24.60	8.30				1.00	Polyphosphate Test POE- 1.9 DIST- 1.8
3	24	20,000										1.00	
4	24	21,000											
5	24	20,000										0.60	
6	24	20,500										1.00	Collected Bact's Samples
7	24	22,100										1.00	
8	24	21,400										1.00	
9	24	25,500										1.40	
10	24	13,000										1.30	
11	24	18,700											
12	24	18,700										1.30	
13	24	13,100										1.20	
14	24	18,600										1.00	
15	24	14,800										1.20	
16	24	10,500										1.10	
17	24	17,000										1.00	
18	24	18,700											
19	24	18,800										0.40	
20	24	16,200										1.10	
21	24	15,700										1.30	
22	24	20,700										1.50	
23	24	18,700										1.40	
24	24	16,000										1.30	
25	24	21,100											
26	24	21,100										1.30	
27	24	30,700					25.70	8.30				1.40	Polyphosphate Test POE- 1.9 DIST- 1.7
28	24	21,000										1.30	
29	24	16,600										1.40	
30	24	15,600										1.30	
31	24	19,000										1.30	
Total		592,900											
Average		19,125											
Maximum		30,700											

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

DEP Form 62-555 900(3)
Effective August 28, 2003

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri., Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
9/6/10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993 | Plant Name: Park Ridge

III. Daily Data for the Month Year of: August 2010

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	22,100											
2	24	22,000										1.50	
3	24	23,500										1.30	
4	24	13,800										1.20	
5	24	26,300										1.50	Collected Bact's Samples
6	24	21,600										1.40	
7	24	11,000										1.30	
8	24	14,400											
9	24	14,000					24.70	8.20				0.70	Polyphosphate Test POE- 1.7 DIST- 2.2
10	24	16,000										1.00	
11	24	16,000										1.10	
12	24	14,100										1.00	
13	24	18,700										0.60	
14	24	12,000										0.80	
15	24	19,100											
16	24	18,000										0.40	
17	24	16,700										1.00	
18	24	17,600										0.60	
19	24	12,500										1.20	
20	24	20,900										1.60	
21	24	11,000										1.40	
22	24	14,300											
23	24	14,000					25.00	8.30				0.70	Polyphosphate Test POE- 1.7 DIST- 1.7
24	24	15,900										1.00	
25	24	13,700										1.50	
26	24	16,000										1.30	
27	24	11,500										1.00	
28	24	14,000										1.10	
29	24	17,900											
30	24	17,000										0.50	
31	24	16,400										0.50	
Total		512,000											
Average		16,516											
Maximum		26,300											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 10-3-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	14,000										0.80	Collected TTHM and THAA Samples
2	24	21,100										0.80	
3	24	16,900										1.10	
4	24	19,000										1.00	
5	24	17,700											
6	24	17,700										0.80	
7	24	15,900										1.00	Collected Bact's Samples
8	24	18,500										1.00	
9	24	14,000										1.20	
10	24	16,000										1.10	
11	24	17,000										1.00	
12	24	16,700											
13	24	15,000										0.70	
14	24	13,700										0.70	
15	24	18,400					27.20	8.30				0.40	Polyphosphate Test POE-1.6 DIST-1.8
16	24	14,200										1.30	
17	24	20,900										1.30	
18	24	14,000										1.40	
19	24	22,500											
20	24	22,000										1.30	
21	24	14,100										1.20	
22	24	23,100										1.30	
23	24	18,600										1.20	
24	24	13,800										1.30	
25	24	10,000										1.10	
26	24	19,800											
27	24	19,000										1.00	
28	24	11,300										1.10	
29	24	16,900										0.90	
30	24	11,600					23.70	8.30				0.80	Polyphosphate Test POE-1.6 DIST- 1.8
31	24												
Total		503,400											
Average		16,780											
Maximum		23,100											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri., Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
11-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	13,800										0.80	
2	24	11,000										1.10	
3	24	21,900											
4	24	21,000										1.70	
5	24	19,000										1.40	
6	24	14,000										1.50	Collected Bact's Samples
7	24	26,400										1.30	
8	24	24,600					25.00	8.30				1.30	Polyphosphate Test POE-1.6 DIST- 1.6
9	24	15,000										1.20	
10	24	21,000											
11	24	21,000										0.80	
12	24	11,700										0.60	
13	24	24,200										1.10	
14	24	23,300										1.40	
15	24	13,900										1.70	
16	24	14,000										1.40	
17	24	20,900											
18	24	19,000										1.40	
19	24	19,000										1.30	
20	24	16,900											
21	24	16,000										1.30	
22	24	16,300										1.30	
23	24	21,000										1.30	
24	24	18,700											
25	24	18,700										1.30	
26	24	16,300										1.20	
27	24	18,600										1.30	
28	24	26,500										1.40	
29	24	16,400					23.30	8.30				1.20	Polyphosphate Test POE-1.6 DIST-1.7
30	24	12,000										1.30	
31	24	23,600											
Total		575,700											
Average		18,570											
Maximum		26,500											

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

DEP Form 62-555 900(3)
Effective August 28, 2003

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri., Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 12-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

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

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	23,600										1.40	
2	24	18,900										1.30	
3	24	14,500											
4	24	13,000										1.10	
5	24	14,000										1.40	Collected Bact's Samples
6	24	11,000										1.20	
7	24	17,000											
8	24	16,000					22.70	8.00				1.20	Polyphosphate Test POE- 1.5 DIST- 1.7
9	24	21,200										1.30	
10	24	11,700										1.20	
11	24	18,800										1.00	
12	24	13,600										1.40	
13	24	10,000										1.30	
14	24	20,300											
15	24	19,000										1.30	
16	24	14,000										1.40	
17	24	16,500										1.50	
18	24	11,500										1.40	
19	24	18,600										1.50	
20	24	14,000										1.30	
21	24	20,800											
22	24	20,000										1.40	
23	24	18,300										1.20	
24	24	13,900										1.30	
25	24	16,900										1.20	
26	24	18,500					22.60	7.90				1.00	Polyphosphate Test POE- 1.5 DIST- 1.6
27	24	13,700										1.10	
28	24	17,700											
29	24	17,000										1.40	
30	24	14,000										1.20	
31	24												
Total		488,000											
Average		16,266											
Maximum		23,600											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr.	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): 2 D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri.. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 1/5/2011
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

III. Daily Data for the Month Year of: December 2010

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

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

			CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*											
			CT Calculations								UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	20,100										1.30	
2	24	11,100										1.20	
3	24	17,900										1.30	
4	24	11,000										1.30	
5	24	16,900											
6	24	15,000										1.20	Collected Hact's Samples
7	24	20,000										1.20	
8	24	11,400										1.40	Collected TTHM & THAA Samples
9	24	16,200					15.00	8.10				1.50	Polyphosphate Test POE- 1.5, DIST- 1.6
10	24	16,100										1.60	
11	24	16,000										1.40	
12	24	14,200											
13	24	14,000										1.50	
14	24	20,600										1.40	
15	24	18,900										1.40	
16	24	18,900										1.30	
17	24	16,200										1.30	
18	24	12,000										1.20	
19	24	23,100											
20	24	23,100										1.20	
21	24	16,200										1.30	
22	24	34,500										1.30	
23	24	17,000										1.00	
24	24	12,000										1.30	
25	24	17,000										1.20	
26	24	14,600											
27	24	14,600										1.20	
28	24	16,400										1.00	
29	24	17,100					13.30	8.20				1.30	Polyphosphate Test POE- 1.1 DIST.- 1.0
30	24	15,900										1.30	
31	24	15,700										1.50	
Total		523,700											
Average		16,894											
Maximum		34,500											

** 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: 3590993	Plant Name: Park Ridge

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

A. Is any polymer containing the monomer acrylamideType equation here. 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): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.50
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.*

2010

MORs

PHILLIPS

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	B	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Allan Finch	C	7806	Mon-Fri Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Allan Finch 2-4-10

Signature and Date

Alan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591008	Plant Name: Phillips

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	19,000										0.80	
2	24	14,000										1.00	
3	24	18,200											
4	24	18,200										1.10	
5	24	18,400										1.10	Collected Bac - T samples
6	24	20,900										0.80	Purged bleach lines, bleach delivery
7	24	15,300										0.60	Flushing 2" BO at Par and Rantoul - 2,000 gals
8	24	23,200										0.60	Flushing 2" BO at W. Crystal and Pine - 1,500 gals
9	24	11,000										0.80	
10	24	25,700											
11	24	25,700										0.50	Purged bleach lines.
12	24	13,900										0.70	
13	24	20,300										0.60	
14	24	25,300										0.70	
15	24	15,000										0.90	Serviced air compressor. Greased Well
16	24	18,900										1.20	
17	24	21,400											
18	24	21,400										0.90	
19	24	20,900										0.90	Refilled polyphosphate drum
20	24	16,300										1.00	
21	24	20,400										1.10	
22	24	19,000										1.00	
23	24	12,000										1.20	
24	24	20,950											
25	24	20,950										1.20	
26	24	14,000										1.10	
27	24	11,900										1.00	
28	24	18,200										1.00	
29	24	16,000										0.90	
30	24	14,000										1.00	
31	24	8,500											
Total		558,900											
Average		18,029											
Maximum		25,700											

** 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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 3-8-2010
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number

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

PWS Identification Number: 3591008	Plant Name: Phillips

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

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	8,500										1.00	
2	24	15,900										1.00	
3	24	11,400										1.20	Collected Bac - T samples
4	24	18,000										1.10	
5	24	15,000										1.30	
6	24	9,000										1.20	
7	24	19,700											
8	24	19,700										1.30	
9	24	16,200										1.30	
10	24	12,000										1.40	
11	24	17,900										1.60	
12	24	14,600										1.60	
13	24	9,000										1.40	
14	24	18,700											
15	24	18,700										2.40	
16	24	15,400										2.20	
17	24	10,000										1.30	
18	24	19,200										2.00	
19	24	10,800										2.00	
20	24	13,000										1.50	
21	24	19,100											
22	24	19,100										2.50	
23	24	14,400										2.20	
24	24	15,800										1.60	
25	24	12,900										1.90	
26	24	17,000										2.50	
27	24	17,000										2.00	
28	24	19,000										2.00	
29	24												
30	24												
31	24												
Total		427,000											
Average		15,250											
Maximum		19,700											

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

REVISED

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips			Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 4-5-10	Pedro Figueroa	C-17160

FILE COPY

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

PWS Identification Number: 3591008	Plant Name: Phillips

III. Daily Data for the Month Year of: March 2010

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	19,100										2.10	
2	24	10,300										2.00	
3	24	16,800										3.00	
4	24	12,300										2.50	Collected Bac - T samples
5	24	12,400										2.60	
6	24	16,000										2.30	
7	24	23,000											
8	24	22,500										2.40	
9	24	32,100										2.50	
10	24	21,300										2.60	
11	24	23,200										2.80	
12	24	10,800										2.00	
13	24	15,000										1.40	
14	24	20,000											
15	24	20,000										1.20	
16	24	14,800										1.40	
17	24	17,900										2.00	
18	24	14,100										2.00	
19	24	16,500										2.20	
20	24	12,000										2.00	
21	24	22,500											
22	24	21,000										2.20	
23	24	11,800										2.40	
24	24	16,700										2.20	
25	24	18,600										2.40	
26	24	17,800										2.20	
27	24	9,000										2.00	
28	24	23,000											
29	24	22,000										1.40	
30	24	13,200										1.60	
31	24	15,600										1.50	
Total		541,300											
Average		17,461											
Maximum		32,100											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 5-6-10
Signature and Date

Pedro Figueroa
Printed or Typed Name

AGO 3711

C-17160
License Number

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

PWS Identification Number: 3591008	Plant Name: Phillips

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	21,900										1.60	
2	24	13,700										1.20	
3	24	23,000										1.40	
4	24	32,500											
5	24	31,000										1.10	
6	24	20,500										1.40	Collected Bac - T samples
7	24	27,700										2.00	
8	24	27,300										2.10	
9	24	20,600										1.90	
10	24	16,000										1.70	
11	24	26,000											
12	24	25,800										1.80	
13	24	16,200										2.00	
14	24	25,300										1.50	
15	24	27,300										1.70	
16	24	26,000										2.50	
17	24	20,000										2.10	
18	24	25,300											
19	24	24,000										2.00	
20	24	15,900										2.10	
21	24	21,300										1.90	
22	24	14,800										2.00	
23	24	12,900										2.40	
24	24	17,900										2.50	
25	24	28,000											
26	24	27,200										1.40	
27	24	9,900										1.60	
28	24	23,100										1.90	
29	24	22,800										2.00	
30	24	16,200										2.10	
31	24												
Total		660,100											
Average		22,000											
Maximum		32,500											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips			Plant Telephone Number: 407-869-1919
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 6-8-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3591008	Plant Name: Phillips

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	14,100										2.00	
2	24	39,700											
3	24	39,000										1.60	
4	24	19,900										1.80	
5	24	26,600										2.00	
6	24	18,300										1.90	
7	24	17,900										1.60	
8	24	25,000										1.70	
9	24	40,100											
10	24	40,100										2.00	Collected Bact's Samples
11	24	35,100										2.10	
12	24	34,500										2.10	
13	24	29,400										2.20	
14	24	28,700										1.90	
15	24	40,000										2.00	
16	24	41,400											
17	24	41,000										1.80	
18	24	18,100										1.90	
19	24	19,300										1.50	
20	24	26,400										1.60	
21	24	13,900										2.30	
22	24	20,000										1.80	
23	24	37,800											
24	24	37,000										1.60	
25	24	19,300										1.70	
26	24	14,600										1.90	
27	24	34,500										1.90	
28	24	20,900										2.30	
29	24	26,000										1.90	
30	24	21,200											
31	24	20,000										1.80	
Total		859,800											
Average		27,735											
Maximum		41,400											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: June 2010

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 7-6-10 — Signature and Date

Pedro Figueroa — Printed or Typed Name

C-17160 — License Number

FILE COPY

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

PWS Identification Number: 3591008 | Plant Name: Phillips

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	22,700										1.90	
2	24	15,600										2.00	
3	24	22,400										2.00	
4	24	12,600										0.90	
5	24	8,000										1.10	
6	24	29,000											
7	24	29,000										1.00	
8	24	11,500										1.30	Collected Bact's Samples
9	24	25,500										2.60	
10	24	26,400										1.50	
11	24	32,100										1.00	
12	24	26,000										1.20	
13	24	33,100											
14	24	32,000										1.00	
15	24	27,700										1.20	
16	24	28,900										1.50	
17	24	22,400										1.70	
18	24	18,400										1.10	
19	24	17,000										1.10	
20	24	20,700											
21	24	20,000										1.20	
22	24	7,100										1.00	
23	24	17,100										0.90	
24	24	23,500										1.20	
25	24	29,100										2.00	
26	24	26,000										1.60	
27	24	33,500											
28	24	33,000										1.80	
29	24	28,100										1.70	
30	24	44,000										1.80	
31	24												
Total		722,400											
Average		24,080											
Maximum		44,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
8-4-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3591008	Plant Name: Phillips

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	32,700										1.60	
2	24	16,700										1.80	
3	24	12,200										1.60	
4	24	18,600											
5	24	18,600										0.60	
6	24	22,500										1.00	
7	24	19,900										1.80	Collected Bact's Samples
8	24	35,700										1.60	
9	24	37,600										1.80	
10	24	17,000										1.30	
11	24	29,400											
12	24	29,000										1.20	
13	24	17,500										1.40	
14	24	31,300										1.20	
15	24	23,300										0.80	
16	24	17,200										1.10	
17	24	14,000										1.00	
18	24	37,000											
19	24	37,000										0.90	
20	24	27,900										1.10	
21	24	29,200										1.00	
22	24	42,700										1.20	
23	24	23,400										1.10	
24	24	24,000										1.30	
25	24	35,850											
26	24	35,850										1.10	
27	24	29,500										1.00	
28	24	32,300										1.00	
29	24	47,500										0.90	
30	24	21,900										1.00	
31	24	28,000										1.10	
Total		845,300											
Average		27,267											
Maximum		47,500											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: August 2010

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur, Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
9/6/10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3591008 | Plant Name: Phillips

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	37,100											
2	24	36,000										1.60	
3	24	36,200										1.70	
4	24	27,600										2.20	
5	24	40,900										2.40	Collected Bact's Samples
6	24	19,700										1.40	
7	24	27,000										1.50	
8	24	29,200											
9	24	28,000										1.80	
10	24	22,000										1.70	
11	24	22,100										2.00	
12	24	21,200										1.80	
13	24	29,200										2.00	
14	24	24,000										1.70	
15	24	38,800											
16	24	38,000										1.70	
17	24	33,800										1.50	
18	24	23,000										1.30	
19	24	31,000										1.40	
20	24	33,500										1.50	
21	24	19,000										1.30	
22	24	26,600											
23	24	25,000										1.70	
24	24	14,300										1.70	
25	24	18,300										1.60	
26	24	33,400										1.70	
27	24	14,600										1.50	
28	24	18,000										1.50	
29	24	25,300											
30	24	24,000										1.50	
31	24	19,400										1.60	
Total		836,200											
Average		26,974											
Maximum		40,900											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips		PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Phillips			Plant Telephone Number: 407-869-1919
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 10-5-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3591008	Plant Name: Phillips

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	25,900										1.70	
2	24	31,100										1.60	
3	24	32,200										1.70	
4	24	34,000										1.50	
5	24	28,000											
6	24	27,000										1.60	
7	24	24,000										1.60	Collected Bact's Samples
8	24	22,600										1.40	
9	24	22,500										1.30	
10	24	21,400										1.30	
11	24	17,000										1.20	
12	24	24,900											
13	24	23,000										1.20	
14	24	17,800										1.20	
15	24	25,800										1.50	
16	24	29,700										1.80	
17	24	18,500										1.40	
18	24	14,000										1.40	
19	24	33,300											
20	24	33,000										1.50	
21	24	20,000										1.70	
22	24	27,000										1.70	
23	24	25,800										1.50	
24	24	16,500										1.70	
25	24	8,000										1.50	
26	24	30,500											
27	24	29,000										1.40	
28	24	16,400										1.60	
29	24	18,800										1.50	
30	24	20,000										1.60	
31	24												
Total		717,700											
Average		23,923											
Maximum		34,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 11-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3591008	Plant Name: Phillips

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

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	16,400										1.20	
2	24	22,000										1.20	
3	24	34,300											
4	24	34,000										1.10	
5	24	29,600										1.20	
6	24	20,400										1.40	Collected Hact's Samples
7	24	27,200										1.40	
8	24	21,400										1.50	
9	24	23,000										1.40	
10	24	37,000											
11	24	37,000										1.20	
12	24	26,900										1.30	
13	24	17,000										1.30	
14	24	37,300										1.20	
15	24	16,300										1.60	
16	24	23,000										1.30	
17	24	43,700										1.20	
18	24	43,000										1.20	
19	24	19,400										1.30	
20	24	34,600											
21	24	34,600										1.40	
22	24	23,700										1.20	
23	24	27,000										1.40	
24	24	31,900											
25	24	30,000										1.50	
26	24	23,200										1.50	
27	24	26,300										1.40	
28	24	35,100										1.30	
29	24	14,700										1.40	
30	24	32,000										1.50	
31	24	31,000											
Total		873,000											
Average		28,161											
Maximum		43,700											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips Section			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 12-2-10	Pedro Figueroa	C-17160

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

PWS Identification Number: 3591008	Plant Name: Phillips

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

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	31,000										1.60	
2	24	23,900										1.40	
3	24	18,300											
4	24	18,000										1.50	
5	24	12,400										1.60	
6	24	16,000										1.50	
7	24	19,100											
8	24	19,000										1.60	Collected Bact's Samples
9	24	20,200										1.50	
10	24	13,700										1.70	
11	24	29,700										1.50	
12	24	21,900										1.70	
13	24	18,000										1.50	
14	24	34,500											
15	24	33,000										1.80	
16	24	13,900										1.60	
17	24	26,300										1.30	
18	24	19,800										1.20	
19	24	26,000										1.20	
20	24	20,000										1.30	
21	24	27,000											
22	24	27,000										1.00	
23	24	20,000										1.10	
24	24	26,600										1.40	
25	24	20,500										1.40	
26	24	28,900										1.50	
27	24	27,100										1.30	
28	24	28,200											
29	24	28,000										1.10	
30	24	11,400										1.30	
31	24												
Total		679,400											
Average		22,646											
Maximum		34,500											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips Section			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips Section			Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 1/5/2011
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number

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

PWS Identification Number: 3591008	Plant Name: Phillips Section Section

III. Daily Data for the Month Year of: December 2010

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

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*											
			CT Calculations								UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	21,900										1.20	
2	24	21,300										1.30	
3	24	17,700										1.50	
4	24	19,000										1.40	
5	24	25,700											
6	24	25,000										1.50	Collected Bact's Samples
7	24	28,000										1.50	
8	24	15,800										1.50	
9	24	29,700										1.40	
10	24	20,300										1.50	
11	24	24,000										1.50	
12	24	32,200											
13	24	32,000										1.50	
14	24	31,900										1.60	
15	24	28,900										1.50	
16	24	38,800										1.60	
17	24	29,900										1.60	
18	24	21,000										1.50	
19	24	29,500											
20	24	29,000										1.30	
21	24	22,400										1.50	
22	24	31,200										1.60	
23	24	29,100										1.40	
24	24	14,100										1.70	
25	24	20,000										1.60	
26	24	22,300											
27	24	21,000										1.70	
28	24	25,400										1.60	
29	24	21,500										1.70	
30	24	20,500										1.70	
31	24	23,900										1.40	
Total		773,000											
Average		24,935											
Maximum		38,800											

** 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: 3591008	Plant Name: Phillips Section Section

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: December 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): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.50
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.*

2010

MORs

RAVENNA PARK

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	B	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alan Finch	C	7806	Mon. - Fri. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Alan Finch 2-4-10	Alan Finch	C-7806

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	60,000										1.10	
2	24	40,000										1.30	
3	24	73,500											
4	24	73,500										1.10	
5	24	63,000										1.10	Collected Bac - T samples
6	24	89,000										1.10	Bleach delivery
7	24	48,000										1.10	Switched High Service Pumps from 1 to 2
8	24	66,000										1.10	
9	24	58,000										1.30	
10	24	87,500											Leak - Lincoln Hts. - 19,200 gals. Coolidge - 8,000 gals
11	24	87,500										1.20	Leak at 377 Tangelo - 46,080 gals.
12	24	87,000										1.20	Exercised portable standby generator underload
13	24	81,000										1.20	
14	24	69,000										1.20	Switched High Service Pumps from 2 to 1
15	24	76,000										1.20	
16	24	67,000										1.30	
17	24	72,000											
18	24	72,000										1.20	Exercised portable standby generator underload
19	24	68,000										1.20	
20	24	68,000										1.10	
21	24	77,000										1.10	Switched High Service Pumps from 1 to 2
22	24	61,000										1.10	
23	24	54,000										1.30	
24	24	86,000											
25	24	86,000										1.10	
26	24	67,000										1.20	
27	24	49,000										1.10	
28	24	85,000										1.20	
29	24	59,000										1.20	
30	24	58,000										1.20	
31	24	76,000											
Total		2,164,000											
Average		69,806											
Maximum		89,000											

** 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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 3-8-2010	Pedro Figueroa	17160

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	77,000										1.20	
2	24	63,000										1.10	
3	24	46,000										1.00	Collected Bac-T
4	24	86,000										1.10	
5	24	58,000										1.20	
6	24	39,000										1.10	
7	24	78,000											
8	24	78,000										1.10	
9	24	60,000										1.10	TTHM, HAA5, ISDE Samples
10	24	37,000										1.20	
11	24	79,000										1.10	
12	24	51,000										1.20	
13	24	36,000										1.30	
14	24	75,000											
15	24	75,000										1.20	
16	24	59,000										1.60	
17	24	54,000										2.30	
18	24	98,000										1.50	
19	24	31,000										0.60	
20	24	75,000										1.00	
21	24	80,000											
22	24	80,000										1.50	
23	24	66,000										1.50	
24	24	67,000										1.60	
25	24	64,000										1.70	
26	24	56,000										1.50	
27	24	41,000										1.30	
28	24	41,000											
29	24												
30	24												
31	24												
Total		1,750,000											
Average		62,500											
Maximum		98,000											

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

REVISED

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 4-5-10	Pedro Figueroa	17160

FILE COPY

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	93,000										1.80	
2	24	61,000										1.60	
3	24	91,000										2.40	
4	24	45,000										2.50	Collected BacT's Samples
5	24	63,000										2.60	
6	24	58,000										2.30	
7	24	83,000											
8	24	83,000										2.00	
9	24	64,000										2.20	
10	24	65,000										2.50	
11	24	84,000										2.20	
12	24	38,000										1.80	
13	24	69,000										1.50	
14	24	83,000											
15	24	83,000										1.60	
16	24	67,000										1.70	
17	24	71,000										2.00	
18	24	45,000										1.80	
19	24	90,000										1.50	
20	24	46,000										1.50	
21	24	84,000											
22	24	84,000										1.80	
23	24	50,000										1.50	
24	24	95,000										1.90	
25	24	50,000										1.80	
26	24	91,000										1.40	
27	24	45,000										1.20	
28	24	88,000											
29	24	88,000										1.8	
30	24	42,000										1.7	
31	24	77,000										1.00	
Total		2,176,000											
Average		70,193											
Maximum		95,000											

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

REVISED 7/22/10

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 5-6-10
Signature and Date

Pedro Figueroa
Printed or Typed Name

FILE COPY

17160
License Number

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	106,000										1.50	
2	24	67,000										2.50	
3	24	45,000										2.00	
4	24	98,000											
5	24	98,000										2.00	
6	24	42,000										1.80	Collected BacT's Sample
7	24	95,000										2.00	
8	24	81,000										1.80	
9	24	76,000										2.00	
10	24	57,000										1.70	
11	24	90,000											
12	24	90,000										1.70	
13	24	68,000										1.60	
14	24	57,000										1.60	
15	24	76,000										1.50	
16	24	110,000										1.70	
17	24	78,000										1.40	
18	24	79,000											
19	24	79,000										1.50	
20	24	59,000										1.50	
21	24	93,000										1.60	
22	24	77,000										1.50	
23	24	50,000										1.30	
24	24	83,000										1.50	
25	24	85,000											
26	24	85,000										1.70	
27	24	41,000										1.60	
28	24	107,000										1.70	
29	24	52,000										1.70	
30	24	85,000										2.10	
31	24												
Total		2,309,000											
Average		76,966											
Maximum		110,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 6-8-10	Pedro Figueroa	17160

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

PWS Identification Number: 3591061 | Plant Name: Ravenna Park

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	80,000										2.00	
2	24	99,000											
3	24	98,000										1.90	
4	24	47,000										1.80	
5	24	108,000										1.70	
6	24	43,000										1.80	
7	24	78,000										1.40	
8	24	88,000										1.70	
9	24	87,000											
10	24	86,000										1.90	Collected Bact's Samples
11	24	76,000										1.70	
12	24	121,000										1.40	
13	24	50,000										1.50	
14	24	91,000										1.40	
15	24	84,000										1.60	
16	24	94,000											
17	24	94,000										1.30	
18	24	67,000										1.30	
19	24	90,000										1.70	
20	24	86,000										1.60	
21	24	49,000										1.30	
22	24	95,000										1.50	
23	24	117,000											
24	24	116,000										1.50	
25	24	52,000										1.40	
26	24	79,000										1.40	
27	24	86,000										2.00	
28	24	99,000										2.20	
29	24	71,000										1.70	
30	24	74,000											
31	24	74,000										1.80	
Total		2,579,000											
Average		83,193											
Maximum		121,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: June 2010

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Silliroe	A	12749	Thur. Fri & Sat

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. information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment c' NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the follo' plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of an rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional ope years and to make them available for review upon request.

Pedro Figueroa 7-6-10

Signature and Date

Pedro Figueroa

Printed or Typed Name

FILE COPY

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	82,000										1.60	
2	24	69,000										1.50	
3	24	93,000										1.50	
4	24	69,000										1.60	
5	24	42,000										1.50	
6	24	80,000											
7	24	79,000										1.50	
8	24	35,000										1.40	Collected Bact's Samples
9	24	99,000										1.50	
10	24	43,000										1.50	
11	24	95,000										1.30	
12	24	59,000										1.40	
13	24	98,000											
14	24	98,000										1.20	
15	24	49,000										1.20	
16	24	76,000										1.50	
17	24	76,000										1.50	
18	24	98,000										1.40	
19	24	46,000										1.20	
20	24	79,000											
21	24	78,000										0.50	
22	24	35,000										0.50	
23	24	95,000										0.90	
24	24	49,000										1.40	
25	24	89,000										1.60	
26	24	53,000										1.30	
27	24	88,000											
28	24	87,000										1.50	
29	24	68,000										1.30	
30	24	96,000										1.30	
31	24												
Total		2,203,000											
Average		73,433											
Maximum		99,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 8.4.10	Pedro Figueroa	17160

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	54,000										1.00	
2	24	112,000										1.30	
3	24	14,000										1.30	
4	24	62,000											
5	24	61,000										0.80	
6	24	87,000										0.60	
7	24	45,000										0.90	Collected Bact's Samples
8	24	64,000										1.00	
9	24	88,000										1.20	
10	24	40,000										1.10	
11	24	85,000											
12	24	85,000										1.20	
13	24	36,000										1.00	
14	24	91,000										1.20	
15	24	68,000										1.00	
16	24	53,000										1.10	
17	24	45,000										1.00	
18	24	93,000											
19	24	93,000										0.90	
20	24	51,000										1.10	
21	24	77,000										1.00	
22	24	101,000										1.20	
23	24	72,000										1.30	
24	24	47,000										1.40	
25	24	96,000											
26	24	96,000										1.30	
27	24	71,000										1.20	
28	24	60,000										1.20	
29	24	120,000										1.20	
30	24	69,000										1.10	
31	24	62,000										1.20	
Total		2,198,000											
Average		70,903											
Maximum		120,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): ~~4~~V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 9/6/10 — Signature and Date

Pedro Figueroa — Printed or Typed Name

17160 — License Number

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	105,000											
2	24	104,000										1.30	
3	24	78,000										1.20	
4	24	51,000										1.20	Collected Bact's Samples
5	24	81,000										1.30	
6	24	96,000										1.20	
7	24	54,000										1.40	
8	24	80,000											
9	24	79,000										1.10	
10	24	43,000										1.00	
11	24	63,000										0.70	
12	24	59,000										0.80	
13	24	83,000										1.00	
14	24	41,000										0.90	
15	24	80,000											
16	24	79,000										0.60	
17	24	98,000										0.80	
18	24	50,000										0.80	TTHM and THAA Sampling
19	24	85,000										1.20	
20	24	95,000										1.40	
21	24	46,000										1.20	
22	24	75,000											
23	24	75,000										1.30	
24	24	41,000										1.20	
25	24	63,000										1.10	
26	24	92,000										1.00	
27	24	43,000										1.00	
28	24	71,000										1.20	
29	24	69,000											
30	24	69,000										0.90	
31	24	69,000										1.00	
Total		2,217,000											
Average		71,516											
Maximum		105,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 10-5-10	Pedro Figueroa	17160

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	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	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	24	67,000										1.10	
2	24	98,000										1.20	
3	24	65,000										1.20	
4	24	58,000										1.10	
5	24	82,000											
6	24	81,000										1.20	
7	24	65,000										1.00	Collected Bact's Samples
8	24	67,000										0.90	
9	24	78,000										1.00	
10	24	64,000										1.10	
11	24	52,000										0.60	
12	24	81,000											
13	24	81,000										0.80	
14	24	41,000										0.70	
15	24	95,000										1.10	
16	24	55,000										1.30	
17	24	98,000										1.40	
18	24	60,000										1.30	
19	24	81,000											
20	24	80,000										1.40	
21	24	48,000										1.20	
22	24	97,000										1.30	
23	24	83,000										1.40	
24	24	72,000										1.30	
25	24	38,000										1.30	
26	24	82,000											
27	24	81,000										1.20	
28	24	47,000										1.30	
29	24	90,000										1.00	
30	24	50,000										1.10	
31	24												
Total		2,137,000											
Average		71,233											
Maximum		98,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
11-2-10	Pedro Figueroa	17160

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	68,000										1.20	
2	24	71,000										1.40	
3	24	89,000											
4	24	89,000										1.20	
5	24	74,000										1.20	
6	24	41,000										1.00	Collected Bact's Samples
7	24	113,000										1.10	
8	24	67,000										1.00	
9	24	44,000										1.20	
10	24	97,000											
11	24	96,000										1.20	
12	24	65,000										1.10	
13	24	52,000										1.20	
14	24	116,000										1.50	
15	24	50,000										1.50	
16	24	67,000										1.40	
17	24	92,000											
18	24	92,000										1.20	
19	24	46,000										1.20	
20	24	77,000										1.30	
21	24	106,000										1.10	
22	24	79,000										1.00	
23	24	65,000										1.30	
24	24	87,000											
25	24	86,000										1.40	
26	24	51,000										1.20	
27	24	73,000										1.30	
28	24	122,000										1.40	
29	24	48,000										1.30	
30	24	79,000										1.30	
31	24	97,000											
Total		2,399,000											
Average		77,387											
Maximum		122,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur, Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
12-2-10	Pedro Figueroa	17160

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

PWS Identification Number: 3591061 | Plant Name: Ravenna Park

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	97,000										1.10	
2	24	68,000										1.10	
3	24	41,000										1.00	
4	24	92,000										1.50	
5	24	40,000										1.50	
6	24	66,000										1.30	
7	24	70,000											
8	24	69,000										1.10	Collected Hach's Samples
9	24	92,000										1.30	
10	24	51,000										1.30	
11	24	95,000										1.20	
12	24	70,000										1.50	
13	24	89,000										1.40	
14	24	70,000											
15	24	70,000										1.40	
16	24	67,000										1.30	
17	24	74,000										1.40	
18	24	51,000										1.30	
19	24	97,000										1.40	
20	24	58,000										1.20	
21	24	87,000											
22	24	86,000										1.30	
23	24	69,000										1.20	
24	24	81,000										1.30	
25	24	48,000										1.10	
26	24	89,000										1.40	
27	24	65,000										1.10	
28	24	80,000											
29	24	79,000										1.40	
30	24	44,000										1.40	
31	24												
Total		2,155,000											
Average		71,833											
Maximum		97,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Thur. - Sat. Days
	Terry Sillitoe	A	12749	Thur. Fri & Sat

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pete Figueroa 1/5/2011	Pedro Figueroa	17160

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

PWS Identification Number: 3591061	Plant Name: Ravenna Park

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

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

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

			CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable*											
			CT Calculations							UV Dose				
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Hourly Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hourly Flow, mg/L	Disinfectant Contact Time (T) of CT Measurement Point During Peak Hourly Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Hourly 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	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	24	96,000										1.40	
2	24	75,000										1.20	
3	24	61,000										1.30	
4	24	65,000										1.20	
5	24	80,000											
6	24	80,000										1.40	Collected Bact's Samples
7	24	104,000										1.20	
8	24	53,000										1.40	
9	24	71,000										1.60	
10	24	71,000										1.50	
11	24	78,000										1.50	
12	24	65,000											
13	24	64,000										1.70	
14	24	75,000										1.50	
15	24	70,000										1.60	
16	24	88,000										1.40	
17	24	83,000										1.50	
18	24	47,000										1.40	
19	24	74,000											
20	24	74,000										1.50	
21	24	60,000										1.50	
22	24	105,000										1.60	
23	24	68,000										1.40	
24	24	42,000										1.60	
25	24	76,000										1.50	
26	24	71,000											
27	24	70,000										1.30	
28	24	69,000										1.00	
29	24	74,000										1.30	
30	24	71,000										1.60	
31	24	86,000										1.50	
Total		2,266,000											
Average		73,097											
Maximum		105,000											

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

2010

MORs

WEATHERSFIELD

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: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	B	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Allan Finch	C	7806	Mon. - Fri. Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 2-4-10	Alan Finch	C-7806

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

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): FORMTEXT

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	205,000										1.20	
2	24	213,000										1.30	
3	24	254,500											
4	24	254,500										1.20	
5	24	225,000										1.20	Locke Well Emergency Power onsite for generator
6	24	198,000										1.40	Collected Bac - T samples
7	24	262,000										1.30	
8	24	169,000										1.20	
9	24	210,000										1.30	
10	24	297,000											
11	24	297,000										1.30	Locke Well onsite to replace Gen. digital controller
12	24	215,000										1.30	Gen. didn't run for its weekly run. Called Locke Well
13	24	231,000										1.30	
14	24	244,000										1.30	Greased High Service Pumps 1 & 2
15	24	187,000										1.10	Serviced air compressor. Replaced stenner tubings
16	24	240,000										1.30	
17	24	264,500											
18	24	264,500										1.30	Cleaned GST wall and pad - moldy.
19	24	245,000										1.30	Stanby Gen. didn't run for its weekly. Runs in manual
20	24	226,000										1.30	Bleach delivery
21	24	208,000										1.30	
22	24	179,000										1.20	
23	24	192,000										1.20	
24	24	262,000											
25	24	262,000										1.10	
26	24	221,000										1.20	
27	24	234,000										1.20	
28	24	211,000										1.10	
29	24	162,000										1.30	
30	24	224,000										1.20	
31	24	244,000											
Total		7,101,000											
Average		229,064											
Maximum		297,000											

** 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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 3-8-2010	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	244,000										1.10	
2	24	202,000										1.30	
3	24	243,000										1.20	
4	24	201,000										1.20	
5	24	202,000										1.30	
6	24	252,000										1.10	
7	24	241,000											
8	24	242,000										1.10	
9	24	239,000										1.30	
10	24	206,000										1.10	
11	24	198,000										1.20	
12	24	160,000										1.30	
13	24	200,000										1.20	
14	24	231,000											
15	24	231,000										1.20	
16	24	192,000										1.10	
17	24	206,000										1.80	
18	24	238,000										1.50	
19	24	127,000										1.30	
20	24	251,000										1.30	
21	24	235,000											
22	24	235,000										2.00	
23	24	190,000										1.50	
24	24	190,000										1.60	
25	24	163,000										1.30	
26	24	231,000										1.60	
27	24	169,000										1.20	
28	24	211,000											
29	24												
30	24												
31	24												
Total		5,930,000											
Average		211,785											
Maximum		252,000											

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

REVISED 3/15/10

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 4-5-10	Pedro Figueroa	C- 17160

FILE COPY

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

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

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

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*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	210,000										1.20	
2	24	265,000										1.80	
3	24	188,000										1.70	Collected Rac-T samples
4	24	155,000										1.40	
5	24	242,000										1.50	
6	24	202,000										1.30	
7	24	282,000											
8	24	281,000										1.60	
9	24	165,000										1.40	
10	24	253,000										1.50	
11	24	222,000										1.30	
12	24	217,000										1.00	
13	24	263,000										1.20	
14	24	265,000											
15	24	264,000										1.50	
16	24	208,000										1.70	
17	24	187,000										1.40	
18	24	194,000										1.30	
19	24	213,000										1.40	
20	24	237,000										1.40	
21	24	249,000											
22	24	249,000										1.70	
23	24	204,000										1.60	
24	24	153,000										1.50	
25	24	222,000										1.30	
26	24	216,000										1.40	
27	24	215,000										1.50	
28	24	254,000											
29	24	253,000										1.30	
30	24	159,000										1.20	
31	24	205,000										1.30	
Total		6,892,000											
Average		222,322											
Maximum		282,000											

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

REVISED 4/22/10

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: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 5-6-10
Signature and Date

Pedro Figueroa
Printed or Typed Name

FILE COPY

C- 17160
License Number

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

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): ☐ FORMTEXT ☐☐

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	228,000										1.50	
2	24	247,000										1.60	
3	24	213,000										1.40	
4	24	288,000											
5	24	288,000										1.40	
6	24	154,000										1.40	
7	24	227,000										1.50	Collected Bac-T samples
8	24	289,000										1.50	
9	24	185,000										1.30	
10	24	255,000										1.20	
11	24	302,000											
12	24	302,000										1.40	
13	24	183,000										1.40	
14	24	252,000										1.60	
15	24	330,000										2.10	
16	24	215,000										1.90	
17	24	258,000										1.60	
18	24	281,000											
19	24	281,000										1.70	
20	24	158,000										1.50	
21	24	212,000										1.50	
22	24	239,000										1.50	
23	24	201,000										1.30	
24	24	228,000										1.40	
25	24	276,000											
26	24	275,000										1.50	
27	24	186,000										1.30	
28	24	226,000										1.80	
29	24	253,000										1.60	
30	24	262,000										1.70	
31	24												
Total		7,294,000											
Average		243,133											
Maximum		330,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 6-8-10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

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): ☐ FORMTEXT ☐☐

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	225,000										1.80	
2	24	326,000											
3	24	326,000										1.70	
4	24	250,000										1.90	Collected Bact's Samples
5	24	268,000										1.50	
6	24	198,000										1.30	
7	24	172,000										1.50	
8	24	292,000										1.60	
9	24	323,000											
10	24	323,000										1.70	
11	24	224,000										1.40	
12	24	200,000										1.70	
13	24	283,000										1.80	
14	24	323,000										1.90	
15	24	207,000										1.60	
16	24	285,000											
17	24	284,000										1.90	
18	24	154,000										1.80	
19	24	274,000										1.00	
20	24	253,000										1.30	
21	24	200,000										1.40	
22	24	308,000										1.60	
23	24	311,000											
24	24	310,000										1.00	
25	24	184,000										1.20	
26	24	240,000										1.40	
27	24	294,000										1.80	
28	24	377,000										1.80	
29	24	184,000										1.50	
30	24	217,500											
31	24	217,500										1.80	
Total		8,033,000											
Average		259,129											
Maximum		377,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 7-6-10	Pedro Figueroa	C- 17160

FILE COPY

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

PWS Identification Number: 3591451 | Plant Name: Weathersfield

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): ☐ FORMTEXT ☐☐

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	282,000										1.80	
2	24	173,000										2.00	
3	24	305,000										1.40	
4	24	139,000										1.60	
5	24	255,000										1.20	
6	24	249,000											
7	24	248,000										1.30	
8	24	223,000										1.40	
9	24	232,000										1.00	Collected Bac-T samples
10	24	199,000										1.30	
11	24	295,000										1.60	
12	24	262,000										1.40	
13	24	282,000											
14	24	281,000										1.80	
15	24	241,000										1.60	
16	24	213,000										1.70	
17	24	241,000										1.50	
18	24	322,000										1.10	
19	24	199,000										1.20	
20	24	236,000											
21	24	236,000										0.90	
22	24	238,000										0.80	
23	24	170,000										1.30	
24	24	289,000										1.20	
25	24	171,000										1.10	
26	24	281,000										1.10	
27	24	296,000											
28	24	295,000										1.50	
29	24	149,000										1.00	
30	24	250,000										1.00	
31	24												
Total		7,252,000											
Average		241,733											
Maximum		322,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Pedro Figueroa 8-5-10

Signature and Date

Pedro Figueroa

Printed or Typed Name

C- 17160

License Number

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

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): ☐ FORMTEXT ☐☐

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*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	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	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	24	364,000										1.00	
2	24	149,000										1.10	
3	24	224,000										0.50	
4	24	205,500											
5	24	205,500										1.00	
6	24	241,000										0.50	Collected Bact's Samples
7	24	228,000										1.00	
8	24	223,000										1.20	
9	24	173,000										1.10	
10	24	261,000										1.00	
11	24	266,000											
12	24	266,000										1.30	
13	24	199,000										1.10	
14	24	268,000										1.30	
15	24	276,000										1.20	
16	24	191,000										1.20	
17	24	206,000										1.30	
18	24	240,000											
19	24	240,000										1.10	
20	24	245,000										1.10	
21	24	218,000										1.20	
22	24	310,000										1.20	
23	24	270,000										1.10	
24	24	206,000										1.20	
25	24	245,500											
26	24	245,500										1.00	
27	24	280,000										1.00	
28	24	261,000										0.90	
29	24	190,000										1.10	
30	24	233,000										1.00	
31	24	299,000										1.10	
Total		7,429,000											
Average		239,645											
Maximum		364,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): NA			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	**Name**	**License Class**	**License Number**	**Day(s)/Shift(s) Worked**
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 9/6/10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

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): ! FORMTEXT

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*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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	24	276,000											
2	24	276,000										0.70	
3	24	197,000										0.90	
4	24	338,000										1.40	
5	24	235,000										1.20	Collected Bact's Samples
6	24	265,000										1.30	
7	24	313,000										1.40	
8	24	291,000											
9	24	290,000										1.10	
10	24	206,000										1.30	
11	24	222,000										1.30	
12	24	218,000										1.20	
13	24	226,000										1.10	
14	24	201,000										1.20	
15	24	265,000											
16	24	264,000										1.00	
17	24	214,000										0.60	
18	24	169,000										1.50	
19	24	286,000										1.30	
20	24	182,000										1.30	
21	24	250,000										1.40	
22	24	240,000											
23	24	239,000										0.80	
24	24	221,000										0.80	
25	24	144,000										1.00	
26	24	236,000										0.70	
27	24	265,000										0.50	
28	24	206,000										0.90	
29	24	241,000											
30	24	241,000										0.50	
31	24	163,000										0.80	
Total		7,380,000											
Average		238,064											
Maximum		338,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 10-5-10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

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): ☐ FORMTEXT ☐☐

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	217,000										1.10	
2	24	241,000										1.40	Collected Bact's Samples
3	24	280,000										1.20	
4	24	285,000										1.30	
5	24	236,000											
6	24	236,000										1.20	
7	24	304,000										1.10	
8	24	174,000										1.30	
9	24	233,000										1.00	
10	24	215,000										0.90	
11	24	269,000										1.10	
12	24	244,000											
13	24	243,000										0.70	
14	24	174,000										0.70	
15	24	226,000										1.10	
16	24	249,000										1.30	
17	24	325,000										1.20	
18	24	219,000										1.30	
19	24	269,000											
20	24	268,000										1.10	
21	24	224,000										1.20	
22	24	252,000										1.20	
23	24	328,000										1.30	
24	24	176,000										1.30	
25	24	236,000										1.30	
26	24	269,000											
27	24	269,000										0.40	
28	24	168,000										0.60	
29	24	205,000										0.90	
30	24	302,000										0.90	
31	24												
Total		7,336,000											
Average		244,533											
Maximum		328,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 11-2-10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	195,000										0.80	
2	24	163,000										1.10	
3	24	261,000											
4	24	260,000										1.00	
5	24	179,000										1.20	
6	24	216,000										0.80	
7	24	300,000										0.50	Collected Bact's Samples
8	24	188,000										0.70	
9	24	267,000										0.80	
10	24	273,000											
11	24	273,000										0.70	
12	24	222,000										0.90	
13	24	196,000										1.00	
14	24	247,000										1.30	
15	24	339,000										1.30	
16	24	150,000										1.20	
17	24	249,000											
18	24	249,000										1.30	
19	24	229,000										1.50	
20	24	222,000										0.80	
21	24	294,000										1.00	
22	24	198,000										0.90	
23	24	248,000										0.90	
24	24	273,500											
25	24	273,500										0.70	
26	24	280,000										0.60	
27	24	168,000										0.90	
28	24	350,000										1.10	
29	24	169,000										1.20	
30	24	250,000										1.50	
31	24	295,000											
Total		7,477,000											
Average		241,193											
Maximum		350,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 12-2-10	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3591451 | Plant Name: Weathersfield

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	295,000										1.30	
2	24	178,000										1.30	Collected Bact's Samples
3	24	221,000										1.20	
4	24	298,000										1.10	
5	24	148,000										1.20	
6	24	271,000										1.30	
7	24	257,000											
8	24	257,000										1.10	
9	24	134,000										1.20	
10	24	342,000										1.30	
11	24	157,000										1.40	
12	24	271,000										1.50	
13	24	219,000										1.50	
14	24	256,000											
15	24	256,000										1.50	
16	24	208,000										1.30	
17	24	227,000										1.40	
18	24	306,000										1.20	
19	24	134,000										1.20	
20	24	256,000										1.30	
21	24	245,500											
22	24	245,500										1.30	
23	24	263,000										1.50	
24	24	198,000										1.50	
25	24	245,000										1.30	
26	24	259,000										1.40	
27	24	210,000										1.40	
28	24	258,000											
29	24	257,000										1.10	
30	24	217,000										1.30	
31	24												
Total		7,089,000											
Average		236,300											
Maximum		342,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators	**Name**	**License Class**	**License Number**	**Day(s)/Shift(s) Worked**
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allan Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 1/5/2011	Pedro Figueroa	C- 17160

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

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month Year of: December 2010

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

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

Day of the Month	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) Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	165,000										1.40	
2	24	284,000										1.30	
3	24	143,000										1.50	
4	24	241,000										1.40	
5	24	267,000											
6	24	267,000										1.50	
7	24	175,000										1.50	Collected Bact's Samples
8	24	236,000										1.30	
9	24	157,000										1.40	
10	24	222,000										1.20	
11	24	276,000										1.40	
12	24	241,000											
13	24	240,000										1.40	
14	24	212,000										1.30	
15	24	142,000										1.40	
16	24	217,000										1.30	
17	24	221,000										1.20	
18	24	227,000										1.40	
19	24	217,000											
20	24	216,000										1.30	
21	24	244,000										1.10	
22	24	158,000										1.20	
23	24	286,000										1.30	
24	24	183,000										1.30	
25	24	247,000										1.40	
26	24	214,500											
27	24	214,500										1.40	
28	24	214,000										1.20	
29	24	172,000										1.50	
30	24	273,000										1.30	
31	24	222,000										1.30	
Total		6,794,000											
Average		219,161											
Minimum		286,000											

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

2011

MORs

BEAR LAKE

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 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. Days
Other Operators:	Allen Finch	C	7806	Mon.- Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 2-4-2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month/Year of: January 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	50,000										1.20	
2	X	24	54,000											
3	X	24	53,000	400	1.90	3.35	6.37	21.80	8.10	2.60			1.40	
4	X	24	45,000	400	2.00	3.35	6.70	22.60	8.20	2.40			1.40	
5	X	24	46,000	400	2.80	3.35	9.38	22.00	8.10	2.60			1.60	Collected Bacte Samples
6	X	24	48,000	400	1.70	3.35	5.70	21.70	8.10	2.60			1.30	
7	X	24	41,000	400	1.40	3.35	4.69	20.60	8.10	2.80			1.00	
8	X	24	54,000										1.20	
9	X	24	59,000											
10	X	24	59,000	400	1.50	3.35	5.03	21.80	8.10	2.60			1.10	
11	X	24	36,000	400	1.80	3.35	6.03	21.60	8.20	2.60			1.00	
12	X	24	56,000	400	1.60	3.35	5.36	22.60	8.20	2.40			1.10	
13	X	24	37,000	400	2.50	3.35	8.38	17.80	8.10	3.40			1.30	
14	X	24	44,000	400	2.90	3.35	9.72	20.10	8.20	3.00			1.80	
15	X	24	34,000										1.50	
16	X	24	49,500											
17	X	24	49,500	400	2.10	3.35	7.04	20.60	8.20	2.80			1.30	
18	X	24	60,000	400	2.10	3.35	7.04	22.70	8.10	2.40			1.20	
19	X	24	49,000	400	2.20	3.35	7.37	23.50	8.20	2.20			1.50	
20	X	24	34,000	400	1.90	3.35	6.37	18.30	8.20	3.40			1.50	
21	X	24	48,000	400	1.80	3.35	6.03	21.50	8.20	2.60			1.30	
22	X	24	32,000										1.30	
23	X	24	54,000											
24	X	24	54,000	400	1.80	3.35	6.03	19.90	8.20	3.00			1.30	
25	X	24	61,000	400	1.80	3.35	6.03	23.70	8.20	2.20			1.40	
26	X	24	46,000	400	2.00	3.35	6.70	21.70	8.20	2.60			1.40	
27	X	24	45,000	400	1.90	3.35	6.37	19.10	8.20	3.20			1.30	
28	X	24	45,000	400	1.80	3.35	6.03	18.00	8.20	3.40			1.40	
29	X	24	57,000										1.40	
30	X	24	52,000											
31	X	24	52,000	400	1.60	3.35	5.36	19.80	8.20	3.00			1.20	
Total			1,504,000											
Average			48,516											
Maximum			61,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. Days
Other Operators:	Allen Finch	B	7806	Mon.- Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3.4.2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month/Year of: February 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	48,000	400	1.50	3.35	5.03	24.20	8.20	2.20			1.20	
2	X	24	43,000	400	2.40	3.35	8.04	22.80	8.20	2.40			1.50	
3	X	24	43,000	400	2.30	3.35	7.71	21.30	8.20	2.80			1.50	Collected Bacte Samples
4	X	24	44,000	400	2.20	3.35	7.37	21.50	8.20	2.60			1.60	
5	X	24	46,000										1.60	
6		24	45,000											
7	X	24	45,000	400	2.10	3.35	7.04	21.70	8.20	2.60			1.40	
8	X	24	34,000	400	2.10	3.35	7.04	18.40	8.10	3.40			1.50	
9	X	24	30,000	400	2.00	3.35	6.70	21.00	8.10	2.80			1.40	
10	X	24	53,000	400	2.10	3.35	7.04	21.40	8.10	2.80			1.30	
11	X	24	44,000	400	1.90	3.35	6.37	19.00	8.10	3.20			1.40	
12	X	24	44,000										1.40	
13		24	47,000											
14	X	24	46,000	400	2.70	3.35	9.05	22.20	8.10	2.60			1.60	
15	X	24	38,000	400	2.50	3.35	8.38	21.30	8.10	2.80			1.40	
16	X	24	54,000	400	2.60	3.35	8.71	22.60	8.10	2.40			1.60	
17	X	24	45,000	400	2.10	3.35	7.04	22.70	8.10	2.40			1.30	
18	X	24	41,000	400	1.80	3.35	6.03	21.30	8.10	2.80			1.40	
19	X	24	59,000										1.20	
20		24	44,000											
21	X	24	44,000	400	1.50	3.35	5.03	21.70	8.10	2.60			1.20	
22	X	24	55,000	400	1.70	3.35	5.70	25.60	8.00	2.00			1.10	
23	X	24	43,000	400	1.50	3.35	5.03	22.60	8.10	2.40			1.00	
24	X	24	33,000	400	1.60	3.35	5.36	22.40	8.10	2.20			1.10	
25	X	24	51,000	400	1.50	3.35	5.03	22.10	8.10	2.60			1.00	
26	X	24	45,000										1.20	
27		24	56,000											
28	X	24	55,000	400	1.70	3.35	5.70	24.70	8.10	2.00			0.90	
29														
30														
31														
Total			1,275,000											
Average			45,535											
Maximum			59,000											

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: March 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon - Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
4-5-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month/Year of: March 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	36,000	400	1.50	3.35	5.03	23.60	8.10	2.20			0.90	
2	X	24	46,000	400	2.50	3.35	8.38	22.60	8.10	2.40			1.50	
3	X	24	41,000	400	2.00	3.35	6.70	22.40	8.10	2.60			1.50	Collected Bacte Samples
4	X	24	49,000	400	1.80	3.35	6.03	22.90	8.10	2.40			1.30	
5	X	24	29,000										1.20	
6		24	48,000											
7	X	24	47,000	400	1.50	3.35	5.03	19.50	8.10	3.00			1.20	Collected TTHM & HAA5
8	X	24	4,000	400	1.00	3.35	3.35	24.60	8.10	2.00			1.10	Hydro Tank Inspection
9	X												1.20	Plant on the Interconnect
10	X												1.20	Plant on the Interconnect
11	X												1.20	Plant on the Interconnect
12	X												1.10	Plant on the Interconnect
13														Plant on the Interconnect
14	X												1.20	Plant on the Interconnect
15	X												1.20	Plant on the Interconnect
16	X												1.10	Plant on the Interconnect
17	X												1.20	Plant on the Interconnect
18	X												1.00	Plant on the Interconnect
19	X												0.90	Plant on the Interconnect
20														Plant on the Interconnect
21	X												1.40	Plant on the Interconnect
22	X												1.30	Plant on the Interconnect
23	X												0.70	Plant on the Interconnect
24	X												0.80	Plant on the Interconnect
25	X												1.30	Plant on the Interconnect
26	X												1.20	Plant on the Interconnect
27														Plant on the Interconnect
28	X												0.70	Plant on the Interconnect
29	X												0.80	Plant on the Interconnect
30	X												1.40	Plant on the Interconnect
31	X												1.40	Plant on the Interconnect
Total			300,000											
Average			37,500											
Maximum			49,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. Days
Other Operators:	Allen Finch	B	7806	Mon.- Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 5-6-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069 | Plant Name: Bear Lake

III. Daily Data for the Month/Year of: April 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	0	0			1.50	Plant on interconnect
2	X	0	0			1.30	Plant on interconnect
3		0	0				Plant on interconnect
4	X	0	0			1.60	Plant on interconnect
5	X	0	0			1.50	Plant on interconnect
6	X	0	0			1.30	Plant on interconnect
7	X	0	0			1.30	Plant on interconnect
8	X	0	0			1.20	Plant on interconnect
9	X	0	0			1.30	Plant on interconnect
10		0	0				Plant on interconnect
11	X	0	0			1.20	Plant on interconnect
12	X	0	0			1.40	Plant on interconnect
13	X	0	0			2.10	Plant on interconnect
14	X	0	0			1.70	Plant on interconnect
15	X	0	0			1.30	Plant on interconnect
16	X	0	0			1.20	Plant on interconnect
17		0	0				Plant on interconnect
18	X	0	0			1.30	Plant on interconnect
19	X	0	0			1.10	Plant on interconnect
20	X	0	0			1.20	Plant on interconnect
21	X	0	0			1.20	Plant on interconnect
22	X	0	0			1.30	Plant on interconnect
23	X	0	0			1.20	Plant on interconnect
24		0	0				Plant on interconnect
25	X	0	0			1.10	Plant on interconnect
26	X	0	0			1.20	Plant on interconnect
27	X	0	0			1.10	Plant on interconnect
28	X	0	0			1.30	Plant on interconnect
29	X	0	0			1.20	Plant on interconnect
30	X	0	0			1.40	Plant on interconnect
31							Plant on interconnect
Total			0				
Average			0				
Maximum			0				

Disinfection Segment 1

- DEP-specified minimum residual disinfectant concentration at end of segment: 2.5
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? n/a If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? _____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? _____ If yes,...
    - What was the date and duration of this **treatment technique violation**? _____

Disinfection Segment 2

- DEP-specified minimum residual disinfectant concentration at end of segment: _____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? _____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? _____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? _____ If yes,...
    - What was the date and duration of this **treatment technique violation**? _____

On-Line Disinfectant Analyzers

- Was continuous residual disinfectant monitoring equipment used during the reporting month? _____ If yes,...
  - Was the calibration of the equipment verified during the month? _____
  - Did the equipment fail during the month? _____ If yes,...
    - Were grab samples collected every 4 hours until the equipment was returned to service? _____
    - Date the equipment failed: _____
    - Date the equipment was returned to service: _____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri Days
Other Operators:	Allen Finch	B	7806	Mon - Fri Days
	Terry Sillitoe	A	12749	Sat Days

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	Printed or Typed Name	License Number
6-7-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month/Year of: May 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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		0	0				Plant on Interconnect
2	X	0	0				Plant on Interconnect
3	X	0	0				Plant on Interconnect
4	X	0	0				Plant on Interconnect
5	X	0	0				Plant on Interconnect
6	X	0	0				Plant on Interconnect
7	X	0	0				Plant on Interconnect
8		0	0				Plant on Interconnect
9	X	0	0				Plant on Interconnect
10	X	0	0				Plant on Interconnect Collected Bacte
11	X	0	0				Plant on Interconnect Collected NO2/NO3
12	X	0	0				Plant on Interconnect Collected Asbestos
13	X	0	0				Plant on Interconnect
14	X	0	0				Plant on Interconnect
15		0	0				Plant on Interconnect
16	X	0	0				Plant on Interconnect
17	X	0	0				Plant on Interconnect
18	X	0	0				Plant on Interconnect
19	X	0	0				Plant on Interconnect
20	X	0	0				Plant on Interconnect
21	X	0	0				Plant on Interconnect
22		0	0				Plant on Interconnect
23	X	0	0				Plant on Interconnect
24	X	0	0				Plant on Interconnect
25	X	0	0				Plant on Interconnect
26	X	0	0				Plant on Interconnect
27	X	0	0				Plant on Interconnect
28	X	0	0				Plant on Interconnect
29		0	0				Plant on Interconnect
30	X	0	0				Plant on Interconnect
31	X	0	0				Plant on Interconnect
Total			0				
Average			0				
Maximum			0				

Disinfection Segment 1

- DEP-specified minimum residual disinfectant concentration at end of segment: 2.5
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? N/A If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? _____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? _____ If yes,...
    - What was the date and duration of this **treatment technique violation**? _____

Disinfection Segment 2

- DEP-specified minimum residual disinfectant concentration at end of segment: _____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? _____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? _____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? _____ If yes,...
    - What was the date and duration of this **treatment technique violation**? _____

On-Line Disinfectant Analyzers

- Was continuous residual disinfectant monitoring equipment used during the reporting month? _____ If yes,...
  - Was the calibration of the equipment verified during the month? _____
  - Did the equipment fail during the month? _____ If yes,...
    - Were grab samples collected every 4 hours until the equipment was returned to service? _____
    - Date the equipment failed: _____
    - Date the equipment was returned to service: _____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. Days
Other Operators:	Allen Finch	B	7806	Mon.- Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
7-8-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month Year of: June 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	0	0				Plant on Interconnect, Bact Samples
2	X	0	0				Plant on Interconnect
3	X	0	0				Plant on Interconnect
4	X	0	0				Plant on Interconnect
5		0	0				Plant on Interconnect
6	X	0	0				Plant on Interconnect
7	X	0	0				Plant on Interconnect
8	X	0	0				Plant on Interconnect
9	X	0	0				Plant on Interconnect TTHM & HAA5
10	X	0	0				Plant on Interconnect
11	X	0	0				Plant on Interconnect
12		0	0				Plant on Interconnect
13	X	0	0				Plant on Interconnect
14	X	0	0				Plant on Interconnect
15	X	0	0				Plant on Interconnect
16	X	0	0				Plant on Interconnect
17	X	0	0				Plant on Interconnect
18	X	0	0				Plant on Interconnect
19	X	0	0				Plant on Interconnect
20	X	0	0				Plant on Interconnect
21	X	0	0				Plant on Interconnect
22	X	0	0				Plant on Interconnect
23	X	0	0				Plant on Interconnect
24	X	0	0				Plant on Interconnect
25	X	0	0				Plant on Interconnect
26		0	0				Plant on Interconnect
27	X	0	0				Plant on Interconnect
28	X	0	0				Plant on Interconnect
29	X	0	0				Plant on Interconnect
30	X	0	0				Plant on Interconnect
31							
Total			0				
Average			0				
Maximum			0				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.5
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? N/A If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? ____ If yes,...
  - Was the calibration of the equipment verified during the month? ____
  - Did the equipment fail during the month? ____ If yes,...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake			Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. Days
Other Operators:	Allen Finch	B	7806	Mon.- Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 8-5-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month Year of: July 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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		0	0			1.20	Plant on Interconnect
2	X	0	0			1.10	Plant on Interconnect
3	X	0	0				Plant on Interconnect
4	X	0	0			1.20	Plant on Interconnect
5	X	0	0			1.50	Plant on Interconnect
6	X	0	0			1.10	Plant on Interconnect
7	X	0	0			1.00	Plant on Interconnect
8	X	0	0			1.00	Plant on Interconnect
9	X	0	0			1.10	Plant on Interconnect
10		0	0				Plant on Interconnect
11	X	0	0			1.10	Plant on Interconnect Bacte Samples
12	X	0	0			1.60	Plant on Interconnect
13	X	0	0			1.20	Plant on Interconnect
14	X	0	0			1.30	Plant on Interconnect
15	X	0	0			1.30	Plant on Interconnect
16	X	0	0			1.30	Plant on Interconnect
17		0	0				Plant on Interconnect
18	X	0	0			1.10	Plant on Interconnect
19	X	0	0			1.30	Plant on Interconnect
20	X	0	0			1.00	Plant on Interconnect
21	X	0	0			1.00	Plant on Interconnect
22	X	0	0			1.30	Plant on Interconnect
23	X	0	0			1.10	Plant on Interconnect
24		0	0				Plant on Interconnect
25	X	0	0			1.00	Plant on Interconnect
26	X	0	0			1.40	Plant on Interconnect
27	X	0	0			1.20	Plant on Interconnect
28	X	0	0			1.20	Plant on Interconnect TTHM & HAA5
29	X	0	0			0.70	Plant on Interconnect
30	X	0	0			1.00	Plant on Interconnect
31		0	0				Plant on Interconnect
Total			0				
Average			0				
Maximum			0				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.5
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? N/A If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this treatment technique violation? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this treatment technique violation? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? ____ If yes,...
  - Was the calibration of the equipment verified during the month? ____
  - Did the equipment fail during the month? ____ If yes,..
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month Year of: August 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.-Fri. Days
Other Operators:	Allen Finch	B	7806	Mon.-Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 9/6/2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month Year of: August 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	0	0			0.40	Plant on Interconnect
2	X	0	0			0.70	Plant on Interconnect
3	X	0	0			0.80	Plant on Interconnect
4	X	0	0			0.80	Plant on Interconnect
5	X	0	0			1.20	Plant on Interconnect
6	X	0	0			1.20	Plant on Interconnect
7		0	0				Plant on Interconnect
8	X	0	0			1.20	Plant on Interconnect
9	X	0	0			0.70	Plant on Interconnect
10	X	0	0			0.90	Plant on Interconnect
11	X	0	0			1.40	Plant on Interconnect Bacte Samples
12	X	0	0			1.20	Plant on Interconnect
13	X	0	0			1.20	Plant on Interconnect
14		0	0				Plant on Interconnect
15	X	0	0			1.00	Plant on Interconnect
16	X	0	0			1.00	Plant on Interconnect
17	X	0	0			1.20	Plant on Interconnect
18	X	0	0			1.10	Plant on Interconnect
19	X	0	0			0.90	Plant on Interconnect
20	X	0	0			0.80	Plant on Interconnect
21		0	0				Plant on Interconnect
22	X	0	0			0.90	Plant on Interconnect
23	X	0	0			1.00	Plant on Interconnect
24	X	0	0			1.10	Plant on Interconnect
25	X	0	0			1.00	Plant on Interconnect &THMM & HAA%
26	X	0	0			1.20	Plant on Interconnect
27	X	0	0			1.00	Plant on Interconnect
28		0	0				Plant on Interconnect
29	X	0	0			1.00	Plant on Interconnect
30	X	0	0			1.10	Plant on Interconnect
31	X	0	0			0.90	Plant on Interconnect
Total			0				
Average			0				
Maximum			0				

Disinfection Segment 1

- DEP-specified minimum residual disinfectant concentration at end of segment: 2.5
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? N/A If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? _____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? _____ If yes,...
    - What was the date and duration of this treatment technique violation? _____

Disinfection Segment 2

- DEP-specified minimum residual disinfectant concentration at end of segment: _____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? _____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? _____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? _____ If yes,...
    - What was the date and duration of this treatment technique violation? _____

On-Line Disinfectant Analyzers

- Was continuous residual disinfectant monitoring equipment used during the reporting month? No If yes,...
  - Was the calibration of the equipment verified during the month? _____
  - Did the equipment fail during the month? _____ If yes,..
    - Were grab samples collected every 4 hours until the equipment was returned to service? _____
    - Date the equipment failed: _____
    - Date the equipment was returned to service: _____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month Year of: September 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake			Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.-Fri. Days
Other Operators:	Allen Finch	B	7806	Mon.-Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 10/7/11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069 | Plant Name: Bear Lake

III. Daily Data for the Month/Year of: September 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation* Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	0	0			0.90	Plant on Interconnect
2	X	0	0			1.10	Plant on Interconnect
3	X	0	0			0.90	Plant on Interconnect
4		0	0				Plant on Interconnect
5	X	0	0			1.00	Plant on Interconnect
6	X	0	0			1.20	Plant on Interconnect
7	X	0	0			1.10	Plant on Interconnect, Bacte samples
8	X	0	0			1.00	Plant on Interconnect
9	X	0	0			1.30	Plant on Interconnect
10	X	0	0			1.10	Plant on Interconnect
11		0	0				Plant on Interconnect
12	X	0	0			0.70	Plant on Interconnect
13	X	0	0			1.00	Plant on the Interconnect new Hydro Tank
14	X	0	0			1.00	Plant on the Interconnect 1 day Bacte H.T
15	X	0	0			1.00	Plant on the Interconnect 2 day Bacte H.T
16	X	0	0			1.30	Plant on Interconnect
17	X	0	0			1.00	Plant on Interconnect
18		0	0				Plant on Interconnect
19	X	24	7,000	1.80 *		1.30	CT met
20	X	24	50,000	4.00		2.50	
21	X	24	56,000	2.60		2.00	
22	X	24	41,000	3.20		1.70	
23	X	24	47,000	2.80		1.50	
24	X	24	32,000	2.00		1.60	
25		24	58,000				
26	X	24	57,000	2.80		1.50	
27	X	24	48,000	2.90		1.60	
28	X	24	37,000	3.10		1.60	
29	X	24	62,000	3.00		1.60	
30	X	24	34,000	2.90		1.40	
31			0				
Total			529,000				
Average			44,083				
Maximum			62,000				

Disinfection Segment 1

- DEP-specified minimum residual disinfectant concentration at end of segment: 2.5
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? NO If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2

- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers

- Was continuous residual disinfectant monitoring equipment used during the reporting month? yes If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? no If yes...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.* *** Residual was taken prior to plant going back on line.**

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 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake			Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators	**Name**	**License Class**	**License Number**	**Day(s)/Shift(s) Worked**
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. Days
Other Operators:	Allen Finch	B	7806	Mon.- Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
11-7-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069 | Plant Name: Bear Lake

III. Daily Data for the Month Year of: October 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	61,000	2.70		1.40	
2		24	64,000				
3	X	24	63,000	2.90		1.70	Collected Bacte Samples
4	X	24	58,000	2.50		2.20	
5	X	24	52,000	2.40		1.50	CT was met
6	X	24	62,000	3.00		2.80	
7	X	24	41,000	2.80		1.60	
8	X	24	45,000	2.60		1.50	
9		24	57,000				
10	X	24	56,000	2.50		1.70	
11	X	24	48,000	3.40		1.70	
12	X	24	44,000	3.20		2.10	
13	X	24	53,000	2.30		1.80	CT was met
14	X	24	63,000	1.80		1.00	CT was met
15	X	24	37,000	2.80		1.40	
16		24	62,000				
17	X	24	61,000	3.00		1.50	
18	X	24	55,000	3.00		2.80	
19	X	24	46,000	3.10		2.20	
20	X	24	57,000	3.10		2.50	
21	X	24	57,000	2.90		1.60	
22	X	24	41,000	3.00		1.50	
23		24	70,000				
24	X	24	70,000	2.80		1.60	
25	X	24	54,000	2.90		1.70	
26	X	24	73,000	3.70		2.50	
27	X	24	59,000	2.60		1.90	
28	X	24	57,000	2.80		1.00	
29	X	24	57,000	3.10		3.00	
30		24	60,000				
31	X	24	59,000	1.80		1.30	CT was met
Total			1,742,000				
Average			56,193				
Maximum			73,000				

Disinfection Segment 1

- DEP-specified minimum residual disinfectant concentration at end of segment: 2.5
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? yes If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? yes
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? no If yes,...
    - What was the date and duration of this treatment technique violation? ____

Disinfection Segment 2

- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this treatment technique violation? ____

On-Line Disinfectant Analyzers

- Was continuous residual disinfectant monitoring equipment used during the reporting month? yes If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? no If yes,...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.* * Residual was taken prior to plant going back on line.

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 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Corey Sudol	B	14271	Mon.-Fri. Days
Other Operators:	Allen Finch	B	7806	Mon.-Fri. Days
	Terry Sillitoe	A	12749	Sat. Days
	Pedro Figueroa	C	17160	Mon.-Fri. Days

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	Printed or Typed Name	License Number
12-6-11	Corey Sudol	B-14271

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month Year of: November 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	67,000	2.40		1.50	Plant on I/C
2	X	24	53,000	2.80		1.50	" "
3	X	24	57,000	2.70		1.50	" "
4	X	24	65,000	2.30		1.50	" "
5	X	24	66,000	2.60		1.60	" "
6		24	63,000				" "
7	X	24	63,000	2.90		1.60	Collected Bacte Samples
8	X	24	53,000	2.70		1.60	
9	X	24	48,000	3.90		2.20	
10	X	24	16000	1.80		1.50	CT Met, 2ND Bacte. Plant on I.C
11	X	24	0			1.00	Plant on the Interconnect, Plant BIS @ 1530
12	X	24	26,000	1.50		1.00	CT Met
13		24	65,000				
14	X	24	65,000	2.50		1.60	
15	X	24	72,000	2.60		1.60	
16	X	24	46,000	2.80		1.50	
17	X	24	67,000	2.80		1.80	
18	X	24	52,000	2.60		1.50	
19	X	24	57,000	3.00		1.80	
20		24	67,000				
21	X	24	66,000	3.30		2.00	
22	X	24	47,000	3.10		2.20	
23	X	24	72,000	3.10		1.80	
24	X	24	51000	3.10		1.80	
25	X	24	58000	3.00		1.60	
26	X	24	72000	2.80		1.50	
27		24	61000				
28	X	24	60000	2.40		2.10	CT Met
29	X	24	66000	2.00		1.80	CT Met
30	X	24	63000	1.90		1.50	CT Met
31							
Total			1,684,000				
Average			56133				
Maximum			72,000				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.5
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? yes If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? yes
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? no If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? yes If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? no If yes,...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.* *** Residual was taken prior to plant going back on line.**

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 2011

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Bear Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 1345 Lake Asher Cic.	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. Days
Other Operators:	Allen Finch	B	7806	Mon.- Fri. Days
	Terry Sillitoe	A	12749	Sat. Days

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	Printed or Typed Name	License Number
Pedro Figueroa 1/5/2012	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590069	Plant Name: Bear Lake

III. Daily Data for the Month Year of: December 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	48,000	1.40		1.20	CT was Met
2	X	24	50,000	3.00		2.00	
3	X	24	44,000	3.10		1.80	
4		24	63,000				
5	X	24	63,000	3.40		2.90	
6	X	24	56,000	3.20		3.00	
7	X	24	54,000	2.60		1.80	
8	X	24	44,000	3.00		2.50	Collected Bacte Samples
9	X	24	36,000	2.80		2.00	
10	X	24	62,000	3.60		2.10	
11		24	53,000				
12	X	24	54,000	3.70		2.90	
13	X	24	51,000	3.40		1.60	
14	X	24	47,000	2.90		1.50	
15	X	24	58,000	3.00		1.40	
16	X	24	52,000	2.80		1.60	
17	X	24	38,000	3.00		1.60	
18		24	67,000				
19	X	24	66,000	3.00		1.70	
20	X	24	69,000	3.20		1.80	
21	X	24	46,000	3.70		1.40	
22	X	24	56,000	3.70		1.80	
23	X	24	48,000	3.60		1.80	
24	X	24	69,000	3.50		2.00	
25		24	58,000				
26	X	24	56,000	3.50		2.00	
27	X	24	82,000	3.50		3.40	
28	X	24	67,000	3.50		3.30	
29	X	24	42,000	2.50		2.40	
30	X	24	57,000	2.80		1.70	
31	X	24	85,000	3.00		2.00	
Total			1,741,000				
Average			56,161				
Maximum			85,000				

Disinfection Segment 1

- DEP-specified minimum residual disinfectant concentration at end of segment: 2.5
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? yes If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? yes
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? no If yes,...
    - What was the date and duration of this treatment technique violation? ____

Disinfection Segment 2

- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this treatment technique violation? ____

On-Line Disinfectant Analyzers

- Was continuous residual disinfectant monitoring equipment used during the reporting month? yes If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? no If yes,...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.** **Residual was taken prior to plant going back on line.**

2011

MORs

CRYSTAL LAKE

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 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	C	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat.- Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-17-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258 | Plant Name: Crystal Lake

III. Daily Data for the Month/Year of: January 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	42,000										1.30	
2	X	24	49,000											
3	X	24	48,000										1.30	
4	X	24	30,000										1.40	Collected Bacte Samples
5	X	24	40,000										1.30	
6	X	24	30,000										1.40	
7	X	24	27,000										1.40	
8	X	24	25,000										1.30	
9	X	24	30,000											
10	X	24	29,000										1.40	
11	X	24	23,000										3.00	Well OOS on Incorrect
12	X	24											1.80	Plant on interconnect
13	X	24											1.50	Plant on interconnect
14	X	24											1.60	Plant on interconnect
15	X	24											1.30	Plant on interconnect
16	X	24												Plant on interconnect
17	X	24											1.50	Plant on interconnect
18	X	24											1.50	Plant on interconnect
19	X	24											1.30	Plant on interconnect
20	X	24											1.30	Plant on interconnect
21	X	24											1.40	Plant on interconnect
22	X	24											1.30	Plant on interconnect
23	X	24												Plant on interconnect
24	X	24											1.50	Plant on interconnect
25	X	24											1.30	Plant on interconnect
26	X	24											1.60	Plant on interconnect
27	X	24											1.40	Plant on interconnect
28	X	24											1.70	Plant on interconnect
29	X	24											1.40	Plant on interconnect
30	X	24												Plant on interconnect
31	X	24											2.00	Plant on interconnect
Total			373,000											
Average			33,909											
Maximum			49,000											

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

REVISED 3/2/11

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 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat.- Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-17-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

IR. Daily Data for the Month/Year of: February 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24											1.50	Collected Bacte Samples Plant on intercon.
2	X	24											1.60	Plant on interconnect
3	X	24											1.50	Plant on interconnect
4	X	24											1.50	Plant on interconnect
5	X	24											1.50	Plant on interconnect
6	X	24												Plant on interconnect
7	X	24											1.50	Plant on interconnect
8	X	24											1.60	Plant on interconnect
9	X	24											1.80	Plant on interconnect
10	X	24											1.60	Had Hydro Tank Inspection
11	X	24											1.50	Plant on interconnect
12	X	24											1.60	Plant on interconnect
13	X	24												Plant on interconnect
14	X	24											1.20	Plant on interconnect
15	X	24											1.30	Bacte Samples for Well and Hydro Tank Insp
16	X	24											1.40	Bacte Samples for Well and Hydro Tank Insp
17	X	24											1.50	Plant on interconnect
18	X	24											1.70	Well back in Service, off interconnect
19	X	24	34,000										1.60	
20	X	24	40,000											
21	X	24	39,000										1.30	
22	X	24	27,000										1.30	
23	X	24	44,000										1.40	
24	X	24	24,000										1.40	
25	X	24	42,000										1.50	
26	X	24	28,000										1.50	
27	X	24	45,000											
28	X	24	44,000										1.30	
29	X	24												
30	X	24												
31	X	24												
Total			367,000											
Average			36,700											
Maximum			45,000											

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

REVISED 3/17/11

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 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat.- Days

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	Printed or Typed Name	License Number
4-5-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

III. Daily Data for the Month/Year of: March 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	34,000										1.20	
2	X	24	32,000										1.20	
3	X	24	34,000										1.30	
4	X	24	35,000										1.40	
5	X	24	38,000										1.30	
6		24	38,000											
7	X	24	38,000										1.40	
8	X	24	18,000										1.40	Collected Bacte Samples
9	X	24	39,000										1.50	
10	X	24	34,000										1.50	
11	X	24	33,000										1.50	
12	X	24	22,000										1.50	
13		24	33,000											
14	X	24	32,000										1.40	
15	X	24	39,000										1.40	
16	X	24	35,000										1.30	
17	X	24	39,000										1.30	
18	X	24	31,000										1.30	
19	X	24	44,000										1.30	
20		24	46,000											
21	X	24	46,000										1.20	
22	X	24	30,000										1.20	
23	X	24	50,000										1.40	
24	X	24	44,000										1.30	
25	X	24	43,000										1.20	
26	X	24	43,000										1.40	
27		24	51,000											
28	X	24	50,000										1.10	
29	X	24	33,000										1.30	
30	X	24	45,000										0.70	
31	X	24	24,000										1.00	
Total			1,153,000											
Average			37,193											
Maximum			51,000											

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat.- Days

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	Printed or Typed Name	License Number
Pedro Figueroa 5-6-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258 | Plant Name: Crystal Lake

III. Daily Data for the Month/Year of: April 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	27,000										1.30	
2	X	24	22,000										1.40	
3		24	37,000											
4	X	24	36,000										1.20	
5	X	24	40,000										1.30	
6	X	24	22,000										1.00	
7	X	24	30,000										1.20	
8	X	24	39,000										1.20	
9	X	24	30,000										1.40	
10		24	42,000											
11	X	24	42,000										1.20	Collected Bacte Samples
12	X	24	42,000										1.20	
13	X	24	32,000										1.00	
14	X	24	36,000										1.20	
15	X	24	32,000										1.30	
16	X	24	30,000										1.30	
17		24	48,000											
18	X	24	47,000										1.10	
19	X	24	30,000										1.10	
20	X	24	55,000										1.30	
21	X	24	38,000										1.30	
22	X	24	45,000										1.10	
23	X	24	32,000										1.30	
24		24	55,000											
25	X	24	55,000										1.30	
26	X	24	28,000										1.20	
27	X	24	56,000										1.40	
28	X	24	42,000										1.20	
29	X	24	38,000										1.40	
30	X	24	32,000										1.40	
31														
Total			1,140,000											
Average			38,000											
Maximum			56,000											

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat. - Days

II. Certification by Lead Chief Operator

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Signature and Date	Printed or Typed Name	License Number
6-7-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

III. Daily Data for the Month/Year of: May 2011

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*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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		24	68,000											
2	X	24	67,000										1.30	
3	X	24	35,000										1.40	
4	X	24	34,000										1.30	
5	X	24	53,000										1.40	
6	X	24	32,000										1.30	
7	X	24	46,000										1.30	
8		24	51,000											
9	X	24	51,000										1.20	Collected Bacte Samples
10	X	24	62,000										1.30	
11	X	24	44,000										1.40	Collected Nitrate & Nitrite Samples
12	X	24	53,000										1.30	Collected Asbestos Sample
13	X	24	50,000										1.30	
14	X	24	42,000										1.10	
15		24	42,000											
16	X	24	41,000										1.30	
17	X	24	37,000										1.30	
18	X	24	41,000										1.20	
19	X	24	50,000										1.20	
20	X	24	29,000										1.20	
21	X	24	59,000										1.20	
22		24	56,000											
23	X	24	55,000										1.20	
24	X	24	35,000										1.10	
25	X	24	55,000										1.00	
26	X	24	57,000										1.30	
27	X	24	35,000										1.40	
28	X	24	26,000										1.40	
29		24	33,000											
30	X	24	32,000										1.40	
31	X	24	47,000										1.30	
Total			1,418,000											
Average			45,741											
Maximum			68,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake			Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford		State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat.- Days

II. Certification by Lead Chief Operator

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Signature and Date	Printed or Typed Name	License Number
7-8-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

III. Daily Data for the Month Year of: June 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L		Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	38,000											1.30	
2	X	24	21,000											1.20	
3	X	24	35,000											1.30	
4	X	24	35,000											1.30	
5		24	49,000												
6	X	24	48,000											1.20	
7	X	24	29,000											1.30	Collected Bacte Samples
8	X	24	45,000											1.30	
9	X	24	52,000											1.30	
10	X	24	45,000											1.30	
11	X	24	44,000											1.40	
12		24	54,000												
13	X	24	54,000											1.50	
14	X	24	37,000											1.50	
15	X	24	43,000											0.50	
16	X	24	45,000											1.40	
17	X	24	39,000											1.10	
18	X	24	34,000											1.20	
19		24	34,000												
20	X	24	34,000											1.10	
21	X	24	38,000											1.10	
22	X	24	39,000											1.30	
23	X	24	45,000											1.50	
24	X	24	29,000											1.30	
25	X	24	29,000											1.10	
26		24	31,000												
27	X	24	30,000											1.10	
28	X	24	19,000											1.00	
29	X	24	29,000											1.30	
30	X	24	27,000											1.20	
31															
Total			1,131,000												
Average			37,700												
Maximum			54,000												

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

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

See page 4 for instructions.

I. General Information for the Month Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat.- Days

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	Printed or Typed Name	License Number
8-5-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

III. Daily Data for the Month Year of: July 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2			
1	X	24	24,000											1.30	
2	X	24	27,000											1.20	
3		24	31,000												
4	X	24	30,000											1.20	
5	X	24	32,000											1.20	
6	X	24	23,000											1.20	Collected Bacte Samples
7	X	24	39,000											1.20	
8	X	24	26,000											1.10	
9	X	24	23,000											1.60	
10		24	33,000												
11	X	24	32,000											1.10	
12	X	24	26,000											1.10	
13	X	24	31,000											1.00	
14	X	24	38,000											1.20	
15	X	24	27,000											1.00	
16	X	24	23,000											1.30	
17		24	31,000												
18	X	24	31,000											1.30	
19	X	24	37,000											1.30	
20	X	24	38,000											1.30	
21	X	24	39,000											1.50	
22	X	24	47,000											1.20	
23	X	24	21,000											1.40	
24		24	39,000												
25	X	24	38,000											0.70	
26	X	24	23,000											1.40	
27	X	24	40,000											1.20	
28	X	24	45,000											1.00	
29	X	24	17,000											1.30	
30	X	24	40,000											1.30	
31		24	34,000												
Total			985,000												
Average			31,774												
Maximum			47,000												

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

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

See page 4 for instructions.

I. General Information for the Month Year of: August 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat.- Days

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	Printed or Typed Name	License Number
9/6/2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258 | Plant Name: Crystal Lake

III. Daily Data for the Month Year of: August 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	33,000										1.50	
2	X	24	26,000										1.50	
3	X	24	27,000										1.40	Collected Bacte Samples
4	X	24	24,000										1.40	
5	X	24	31,000										1.20	
6	X	24	31,000										1.20	
7		24	44,000											
8	X	24	43,000										1.10	
9	X	24	27,000										1.10	
10	X	24	17,000										1.20	
11	X	24	33,000										1.20	
12	X	24	23,000										1.00	
13	X	24	24,000										1.30	
14		24	33,000											
15	X	24	32,000										1.20	
16	X	24	30,000										1.20	
17	X	24	33,000										1.10	
18	X	24	45,000										1.00	
19	X	24	19,000										0.80	
20	X	24	27,000										1.00	
21		24	37,000											
22	X	24	37,000										0.70	
23	X	24	30,000										1.20	
24	X	24	38,000										1.30	
25	X	24	28,000										1.20	
26	X	24	37,000										1.40	
27	X	24	35,000										1.40	
28		24	28,000											
29	X	24	28,000										1.10	
30	X	24	34,000										1.10	
31	X	24	33,000										1.20	Collected Lead & Copper Samples
Total			967,000											
Average			31,193											
Maximum			45,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: September 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake			Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat. - Days

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.

Pedro Figueroa 10/7/11

Signature and Date

Pedro Figueroa

Printed or Typed Name

C-17160

License Number

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

PWS Identification Number: 3590258 | Plant Name: Crystal Lake

III. Daily Data for the Month Year of: September 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	27,000										1.20	
2	X	24	28,000										1.50	
3	X	24	17,000										1.30	
4		24	34,000											
5	X	24	33,000										1.10	
6	X	24	40,000										1.20	Collected Bacte Samples
7	X	24	27,000										1.00	
8	X	24	26,000										1.20	
9	X	24	18,000										1.00	
10	X	24	25,000										1.00	
11		24	38,000											
12	X	24	38,000										1.10	
13	X	24	19,000										0.80	
14	X	24	43,000										1.20	
15	X	24	23,000										2.60	
16	X	24	30,000										1.40	
17	X	24	26,000										1.60	
18		24	35,000											
19	X	24	35,000										0.50	
20	X	24	17,000										1.00	
21	X	24	25,000										1.70	
22	X	24	37,000										2.00	
23	X	24	18,000										1.60	
24	X	24	26,000										1.60	
25		24	34,000											
26	X	24	34,000										1.50	
27	X	24	16,000										1.20	
28	X	24	36,000										0.60	
29	X	24	25,000										1.40	
30	X	24	40,000										1.70	
31	~~X~~	~~24~~												
Total			870,000											
Average			29,000											
Maximum			43,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: October 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake		Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 11-7-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

III. Daily Data for the Month Year of: October 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	28,000										1.50	
2		24	42,000											
3	X	24	41,000										1.60	
4	X	24	18,000										0.80	Collected Bacte Samples
5	X	24	52,000										1.10	
6	X	24	13,000										1.00	
7	X	24	37,000										1.00	
8	X	24	20,000										1.10	
9		24	29,000											
10	X	24	28,000										0.90	
11	X	24	27,000										1.20	
12	X	24	29,000										1.40	
13	X	24	29,000										1.20	
14	X	24	19,000										0.80	
15	X	24	31,000										1.20	
16		24	29,000											
17	X	24	28,000										0.70	
18	X	24	28,000										3.00	
19	X	24	31,000										1.60	
20	X	24	23,000										2.50	
21	X	24	23,000										1.40	
22	X	24	27,000										1.40	
23		24	40,000											
24	X	24	40,000										1.30	
25	X	24	26,000										1.20	
26	X	24	25,000										1.30	
27	X	24	37,000										1.30	
28	X	24	26,000										1.20	
29	X	24	24,000										1.30	
30		24	39,000											
31	X	24	39,000										1.10	
Total			928,000											
Average			29,935											
Maximum			52,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: November 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake			Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford		State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Corey Sudol	B	14271	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat. - Days
	Pedro Figueroa	C	17160	Mon. - Fr. Days

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	Printed or Typed Name	License Number
12-6-11	Corey Sudol	B-14271

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

III. Daily Data for the Month Year of: November 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	24,000										1.20	
2	X	24	21,000										1.20	Collected Bacte Samples
3	X	24	27,000										1.10	
4	X	24	26,000										1.30	
5	X	24	32,000										1.00	
6		24	33,000											
7	X	24	32,000										1.00	
8	X	24	26,000										1.10	
9	X	24	29,000										1.20	
10	X	24	28,000										2.00	
11	X	24	32,000										1.50	
12	X	24	21,000										1.50	
13		24	42,000											
14	X	24	42,000										1.50	
15	X	24	25,000										1.80	
16	X	24	40,000										1.60	
17	X	24	30,000										1.40	
18	X	24	21,000										1.60	
19	X	24	37,000										1.30	
20		24	37,000											
21	X	24	36,000										1.30	
22	X	24	33,000										1.20	
23	X	24	26,000										1.20	
24	X	24	33,000										1.20	
25	X	24	32,000										1.30	
26	X	24	35,000										1.20	
27		24	32,000											
28	X	24	36,000										1.30	
29	X	24	30,000										1.40	
30	X	24	36,000										1.50	
31														
Total			934,000											
Average			31,133											
Maximum			42,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: December 2011

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altmonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Crystal Lake			Plant Telephone Number: 407-869-1919	
Plant Address: 227 Sunset Dr.	City: Sanford	State: Fl		Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fr. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fr. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 1/3/2012	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590258	Plant Name: Crystal Lake

III. Daily Data for the Month Year of: December 2011

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	Demonstrate 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
				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 Before First Customer During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	29,000										1.40	
2	X	24	32,000										1.20	
3	X	24	25,000										1.30	
4		24	39,000											
5	X	24	39,000										1.40	
6	X	24	33,000										1.50	Collected Bacte Samples
7	X	24	38,000										1.10	
8	X	24	31,000										1.50	
9	X	24	48,000										1.60	
10	X	24	44,000										1.50	
11		24	47,000											
12	X	24	46,000										1.50	
13	X	24	45,000										1.70	
14	X	24	41,000										1.50	
15	X	24	20,000										1.30	
16	X	24	27,000										1.40	
17	X	24	31,000										1.40	
18		24	30,000											
19	X	24	30,000										1.30	
20	X	24	31,000										1.30	
21	X	24	37,000										1.20	
22	X	24	25,000										1.40	
23	X	24	18,000										1.70	
24	X	24	39,000										1.40	
25		24	29,000											
26	X	24	28,000										1.30	
27	X	24	28,000										1.60	
28	X	24	30,000										1.70	
29	X	24	27,000										1.80	
30	X	24	25,000										1.80	
31	X	24	33,000										1.60	
Total			1,025,000											
Average			33,064											
Maximum			48,000											

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

2011

MORs

JANSEN

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 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	C	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 2-4-2011	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month/Year of: January 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	77,000										1.50	
2	X	24	79,000											
3	X	24	78,000										1.60	
4	X	24	60,000										1.60	
5	X	24	45,000										1.70	Collected Bacte Samples
6	X	24	55,000										1.60	
7	X	24	44,000										1.70	
8	X	24	55,000										1.60	
9	X	24	62,000											
10	X	24	61,000										1.60	
11	X	24	41,000										1.40	
12	X	24	56,000										1.50	
13	X	24	42,000										1.60	
14	X	24	50,000										1.70	
15	X	24	46,000										1.50	
16	X	24	63,000											
17	X	24	63,000										1.60	
18	X	24	62,000										1.60	
19	X	24	49,000										1.70	
20	X	24	41,000										1.60	
21	X	24	53,000										1.60	
22	X	24	34,000										1.50	
23	X	24	67,000											
24	X	24	66,000										1.50	
25	X	24	57,000										1.50	
26	X	24	46,000										1.40	
27	X	24	34,000										1.60	
28	X	24	48,000										1.50	
29	X	24	52,000										1.60	
30	X	24	58,000											
31	X	24	58,000										1.50	
Total			1,702,000											
Average			54,903											
Maximum			79,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-4-2011	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month/Year of: February 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	55,000										1.50	
2	X	24	46,000										1.60	Collected Bacte Samples
3	X	24	51,000										1.60	
4	X	24	50,000										1.60	
5	X	24	51,000										1.50	
6		24	56,000											
7	X	24	55,000										1.60	
8	X	24	48,000										1.40	
9	X	24	36,000										1.50	
10	X	24	57,000										1.50	
11	X	24	52,000										1.60	
12	X	24	46,000										1.60	
13		24	58,000											
14	X	24	58,000										1.50	
15	X	24	51,000										1.50	
16	X	24	53,000										1.40	
17	X	24	47,000										1.30	
18	X	24	47,000										1.50	
19	X	24	54,000										1.40	
20		24	64,000											
21	X	24	64,000										1.50	
22	X	24	84,000										1.40	
23	X	24	76,000										1.60	
24	X	24	64,000										1.40	
25	X	24	48,000										1.50	
26	X	24	69,000										1.30	
27		24	76,000											
28	X	24	76,000										1.40	
29														
30														
31														
Total			1,592,000											
Average			56,857											
Maximum			84,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 4-5-11	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month Year of: March 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	60,000										1.40	
2	X	24	56,000										1.60	
3	X	24	59,000										1.50	
4	X	24	62,000										1.60	
5	X	24	45,000										1.50	
6		24	67,000											
7	X	24	65,000										1.60	Collected Bacte Samples
8	X	24	71,000										1.50	Hydro Tank Insp. Bact for Hydro Tank
9	X	24	67,000										1.70	Collected Bact Sample for Hydro Tank
10	X	24	51,000										1.70	
11	X	24	53,000										1.50	
12	X	24	45,000										1.40	
13		24	72,000											
14	X	24	70,000										1.60	
15	X	24	62,000										1.60	
16	X	24	83,000										1.50	
17	X	24	66,000										1.60	
18	X	24	78,000										1.60	
19	X	24	86,000										1.50	
20		24	92,000											
21	X	24	92,000										1.50	
22	X	24	71,000										1.40	
23	X	24	73,000										1.50	
24	X	24	86,000										1.30	
25	X	24	58,000										1.40	
26	X	24	96,000										1.50	
27		24	72,000											
28	X	24	70,000										1.40	
29	X	24	53,000										1.30	
30	X	24	50,000										1.60	
31	X	24	54,000										1.50	
Total			2,085,000											
Average			67,258											
Maximum			96,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
5-6-11	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month/Year of: April 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	55,000										1.50	
2	X	24	59,000										1.40	
3		24	74,000											
4	X	24	73,000										1.50	
5	X	24	45,000										1.50	
6	X	24	64,000										1.40	
7	X	24	63,000										1.40	
8	X	24	56,000										1.40	
9	X	24	66,000										1.50	
10		24	81,000											
11	X	24	81,000										1.30	Collected Bacte Samples
12	X	24	83,000										1.40	
13	X	24	47,000										1.40	
14	X	24	67,000										1.30	
15	X	24	55,000										1.40	
16	X	24	67,000										1.50	
17		24	77,000											
18	X	24	77,000										1.40	
19	X	24	67,000										1.40	
20	X	24	76,000										1.40	
21	X	24	68,000										1.30	
22	X	24	80,000										1.30	
23	X	24	77,000										1.50	
24		24	96,000											
25	X	24	95,000										1.20	
26	X	24	59,000										1.10	
27	X	24	71,000										1.50	
28	X	24	69,000										1.50	
29	X	24	56,000										1.60	
30	X	24	78,000										1.50	
31														
Total			2,082,000											
Average			69,400											
Maximum			96,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
6-7-11	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month/Year of: May 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	100,000											
2	X	24	99,000										1.50	
3	X	24	94,000										1.50	
4	X	24	75,000										1.40	
5	X	24	84,000										1.30	
6	X	24	60,000										1.40	
7	X	24	79,000										1.20	
8		24	105,000											
9	X	24	104,000										1.30	
10	X	24	75,000										1.40	Collected Bacte Samples
11	X	24	90,000										1.50	Collected Nitrate & Nitrite Samples
12	X	24	87,000										1.60	Collected Asbestos Sample
13	X	24	68,000										1.50	
14	X	24	79,000										1.50	
15		24	72,000											
16	X	24	70,000										1.40	
17	X	24	78,000										1.20	
18	X	24	67,000										1.60	
19	X	24	79,000										1.50	
20	X	24	87,000										1.50	
21	X	24	76,000										1.30	
22		24	99,000											
23	X	24	98,000										1.40	
24	X	24	90,000										1.40	
25	X	24	96,000										1.50	
26	X	24	107,000										1.40	
27	X	24	89,000										1.40	
28	X	24	53,000										1.30	
29		24	72,000											
30	X	24	72,000										1.20	
31	X	24	83,000										1.10	
Total			2,587,000											
Average			83,451											
Maximum			107,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen			Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators	**Name**	**License Class**	**License Number**	**Day(s)/Shift(s) Worked**
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
7-6-11	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month Year of: June 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^3	Minimum UV Dose Required, mW-sec/cm^3		
1	X	24	76,000										1.30	Collected Bacte Samples
2	X	24	59,000										1.30	
3	X	24	60,000										1.30	
4	X	24	77,000										1.30	
5		24	88,000											
6	X	24	87,000										1.50	
7	X	24	79,000										1.40	
8	X	24	80,000										1.50	
9	X	24	81,000										1.60	
10	X	24	69,000										1.60	
11	X	24	78,000										1.50	
12		24	92,000											
13	X	24	92,000										2.00	
14	X	24	87,000										2.00	
15	X	24	61,000										2.10	
16	X	24	84,000										1.40	
17	X	24	82,000										0.40	
18	X	24	66,000										0.60	
19		24	58,000											
20	X	24	58,000										1.50	
21	X	24	82,000										1.30	
22	X	24	56,000										1.40	
23	X	24	82,000										1.00	
24	X	24	65,000										1.50	
25	X	24	36,000										1.00	
26		24	57,000											
27	X	24	56,000										0.80	Hydro Tank 2 Insp. Bact for Hydro Tank 2
28	X	24	52,000										1.20	Collected Bact Sample for Hydro Tank 2
29	X	24	56,000										1.50	
30	X	24	50,000										1.40	
31														
Total			2,106,000											
Average			70,200											
Maximum			92,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 8-5-11	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month Year of: July 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	37,000										1.30	
2	X	24	31,000										0.60	
3		24	57,000											
4	X	24	57,000										0.80	
5	X	24	54,000										0.90	
6	X	24	59,000										1.10	
7	X	24	60,000										1.00	
8	X	24	50,000										1.30	
9	X	24	39,000										0.90	
10		24	54,000											
11	X	24	54,000										1.10	Collected Bacte Samples
12	X	24	66,000										1.10	
13	X	24	56,000										1.20	
14	X	24	45,000										1.10	
15	X	24	57,000										1.20	
16	X	24	43,000										1.00	
17		24	60,000											
18	X	24	59,000										0.90	
19	X	24	52,000										1.00	
20	X	24	56,000										1.50	
21	X	24	41,000										1.50	
22	X	24	72,000										1.20	
23	X	24	33,000										1.40	
24		24	65,000											
25	X	24	64,000										0.60	
26	X	24	57,000										1.00	
27	X	24	53,000										1.00	
28	X	24	51,000										1.30	
29	X	24	56,000										1.50	
30	X	24	45,000										1.40	
31		24	67,000											
Total			1,650,000											
Average			53,225											
Maximum			72,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: August 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 9/6/2011	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615 | Plant Name: Jansen

III. Daily Data for the Month Year of: August 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	66,000										1.40	
2	X	24	47,000										1.30	
3	X	24	50,000										1.60	
4	X	24	48,000										1.50	
5	X	24	49,000										1.50	
6	X	24	38,000										1.40	
7		24	65,000											
8	X	24	65,000										1.30	
9	X	24	49,000										1.30	
10	X	24	40,000										1.20	
11	X	24	43,000										1.30	Collected Bacte Samples
12	X	24	58,000										1.20	
13	X	24	35,000										1.30	
14		24	67,000											
15	X	24	66,000										1.50	
16	X	24	53,000										1.40	
17	X	24	68,000										1.90	
18	X	24	45,000										1.40	
19	X	24	75,000										1.50	
20	X	24	44,000										1.50	
21		24	69,000											
22	X	24	67,000										1.60	
23	X	24	54,000										1.50	
24	X	24	49,000										1.40	
25	X	24	55,000										1.30	
26	X	24	52,000										1.20	
27	X	24	52,000										1.30	
28		24	67,000											
29	X	24	66,000										1.30	
30	X	24	53,000										1.30	
31	X	24	48,000										1.40	Collected Lead & Copper Samples
Total			1,703,000											
Average			54,935											
Maximum			75,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: September 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen				Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace			City: Apopka	State: Fl / Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
10/3/11	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month Year of: September 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	51,000										1.20	
2	X	24	51,000										1.00	
3	X	24	50,000										1.30	
4		24	54,000											
5	X	24	55,000										1.40	
6	X	24	76,000										1.20	
7	X	24	54,000										1.20	Collected Bacte Samples
8	X	24	55,000										1.20	
9	X	24	68,000										1.40	
10	X	24	35,000										1.50	
11		24	64,000											
12	X	24	63,000										0.80	
13	X	24	70,000										1.20	
14	X	24	55,000										2.00	
15	X	24	68,000										2.40	
16	X	24	58,000										2.00	
17	X	24	67,000										1.70	
18		24	71,000											
19	X	24	70,000										1.90	
20	X	24	57,000										1.50	
21	X	24	65,000										1.50	
22	X	24	63,000										1.70	
23	X	24	63,000										1.60	
24	X	24	34,000										1.50	
25		24	59,000											
26	X	24	59,000										1.40	
27	X	24	51,000										1.80	
28	X	24	44,000										1.60	
29	X	24	74,000										1.80	
30	X	24	42,000										1.60	
31		~~24~~												
Total			1,746,000											
Average			58,200											
Maximum			76,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: October 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 11-7-11	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month Year of: October 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	73,000										1.50	
2		24	70,000											
3	X	24	69,000										1.50	Collected Bacte Samples
4	X	24	65,000										1.60	
5	X	24	57,000										1.90	
6	X	24	72,000										1.50	
7	X	24	51,000										1.70	
8	X	24	51,000										1.60	
9		24	56,000											
10	X	24	54,000										1.60	
11	X	24	52,000										1.50	
12	X	24	48,000										1.60	
13	X	24	56,000										1.40	
14	X	24	58,000										1.60	
15	X	24	39,000										1.60	
16		24	65,000											
17	X	24	64,000										1.70	
18	X	24	51,000										2.20	
19	X	24	45,000										1.70	
20	X	24	64,000										1.80	
21	X	24	49,000										1.60	
22	X	24	48,000										1.60	
23		24	67,000											
24	X	24	66,000										1.50	
25	X	24	60,000										1.40	
26	X	24	59,000										2.20	
27	X	24	57,000										1.80	
28	X	24	53,000										2.00	
29	X	24	47,000										1.70	
30		24	57,000											
31	X	24	57,000										1.70	
Total			1,780,000											
Average			57,419											
Maximum			73,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: November 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Corey Sudol	B	14271	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days
	Pedro Figueroa	C	17160	Mon. - Fri. - Days

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	Printed or Typed Name	License Number
12-6-11	Corey Sudol	B-14271

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month Year of: November 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	50,000										1.60	
2	X	24	53,000										2.00	
3	X	24	69,000										1.70	
4	X	24	46,000										1.60	
5	X	24	52,000										1.50	
6		24	59,000											
7	X	24	57,000										1.60	Collected Bacte Samples
8	X	24	54,000										1.50	
9	X	24	51,000										2.00	
10	X	24	65,000										2.00	
11	X	24	43,000										1.60	
12	X	24	46,000										1.60	
13		24	71,000											
14	X	24	70,000										1.50	
15	X	24	63,000										1.60	
16	X	24	50,000										1.60	
17	X	24	67,000										1.40	
18	X	24	47,000										1.40	
19	X	24	60,000										1.20	
20		24	70,000											
21	X	24	69,000										1.20	
22	X	24	46,000										1.50	
23	X	24	71,000										1.30	
24	X	24	53,000										1.40	
25	X	24	64,000										1.40	
26	X	24	79,000										1.20	
27		24	60,000											
28	X	24	72,000										2.20	
29	X	24	59,000										2.20	
30	X	24	61,000										2.50	
31														
Total			1,777,000											
Average			59,233											
Maximum			79,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: December 2011

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Jansen		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators:	Name	License Class	License Number:	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 1/5/2012	Pedro Figueroa	C17160

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

PWS Identification Number: 3590615	Plant Name: Jansen

III. Daily Data for the Month Year of: December 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	58,000										1.80	
2	X	24	49,000										2.00	
3	X	24	54,000										1.70	
4		24	74,000											
5	X	24	75,000										1.50	
6	X	24	64,000										1.50	
7	X	24	70,000										2.60	
8	X	24	53,000										2.90	Collected Bacte Samples
9	X	24	58,000										1.80	
10	X	24	52,000										1.50	
11		24	64,000											
12	X	24	62,000										2.40	
13	X	24	56,000										2.00	new Hydro tank South side. 1 st day Bacte
14	X	24	49,000										1.80	2nd Day Bacte Sample
15	X	24	60,000										1.70	
16	X	24	41,000										1.70	Put Hydro tank 2 South Side back online
17	X	24	59,000										1.50	
18		24	74,000											
19	X	24	74,000										1.60	
20	X	24	59,000										1.60	
21	X	24	61,000										1.70	
22	X	24	60,000										1.60	
23	X	24	54,000										1.60	
24	X	24	85,000										1.40	
25		24	72,000											
26	X	24	68,000										1.70	
27	X	24	72,000										1.90	
28	X	24	57,000										1.80	
29	X	24	53,000										2.00	
30	X	24	41,000										1.70	
31	X	24	74,000										1.80	
Total			1,902,000											
Average			61,354											
Maximum			85,000											

** 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: 3590615	Plant Name: Jansen

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: December 2011

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): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.5
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.*

2011

MORs

LITTLE WEKIVA

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 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	C	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 2-4-2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762 | Plant Name: Little Wekiva

III. Daily Data for the Month/Year of: January 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	19,000										1.40	
2	X	24	15,000											
3	X	24	14,000	96	2.60	1.56	4.06	23.70	8.20	2.20			1.60	
4	X	24	12,000	96	2.50	1.56	3.90	22.40	8.20	2.60			1.40	
5	X	24	12,000	96	2.60	1.56	4.06	22.70	8.20	2.40			1.30	Collected Bacte Samples
6	X	24	12,000	96	2.40	1.56	3.74	22.80	8.10	2.40			1.30	
7	X	24	12,000	96	2.60	1.56	4.06	21.20	8.20	2.80			1.50	
8	X	24	15,000										1.40	
9	X	24	13,000											
10	X	24	13,000	96	2.60	1.56	4.06	23.80	8.10	2.20			1.60	
11	X	24	9,000	96	2.50	1.56	3.90	22.20	8.20	2.60			1.40	
12	X	24	11,000	96	2.50	1.56	3.90	21.20	8.20	2.80			1.50	
13	X	24	11,000	96	2.60	1.56	4.06	19.60	8.10	3.00			1.40	
14	X	24	11,000	96	2.30	1.56	3.59	19.50	8.20	3.00			1.40	
15	X	24	17,000										1.50	
16	X	24	18,500											
17	X	24	18,500	96	2.40	1.56	3.74	22.60	8.20	2.40			1.40	
18	X	24	9,000	96	2.20	1.56	3.43	22.50	8.20	2.40			1.40	
19	X	24	10,000	96	2.30	1.56	3.59	20.40	8.20	3.00			1.50	
20	X	24	10,000	96	2.40	1.56	3.74	21.10	8.20	2.80			1.30	
21	X	24	15,000	96	2.60	1.56	4.06	23.50	8.20	2.20			1.50	
22	X	24	9,000										1.40	
23	X	24	11,000											
24	X	24	11,000	96	2.30	1.56	3.59	21.60	8.20	2.60			1.40	
25	X	24	12,000	96	2.30	1.56	3.59	21.70	8.10	2.60			1.30	
26	X	24	10,000	96	2.10	1.56	3.28	21.80	8.10	2.20			1.30	
27	X	24	11,000	96	2.10	1.56	3.28	21.20	8.10	2.80			1.20	
28	X	24	9,000	96	2.10	1.56	3.28	21.00	8.10	2.80			1.40	
29	X	24	9,000										1.20	
30	X	24	11,000											
31	X	24	11,000	96	2.60	1.56	4.06	22.00	8.10	2.60			1.60	
Total			381,000											
Average			12,290											
Maximum			19,000											

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-4-2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month/Year of: February 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	9,000	96	2.40	1.56	3.74	22.30	8.10	2.60			1.40	
2	X	24	12,000	96	2.00	1.56	3.12	22.80	8.10	2.40			1.40	
3	X	24	10,000	96	2.40	1.56	3.74	23.10	8.10	2.40			1.50	Collected Bacte Samples
4	X	24	13,000	96	2.60	1.56	4.06	23.50	8.20	2.20			1.70	
5	X	24	7,000										1.40	
6		24	12,000											
7	X	24	11,000	96	2.50	1.56	3.90	24.10	8.10	2.20			1.60	
8	X	24	6,000	96	2.50	1.56	3.90	23.00	8.10	2.40			1.40	
9	X	24	10,000	96	2.50	1.56	3.90	19.20	8.10	3.20			1.60	
10	X	24	9,000	96	2.60	1.56	4.06	23.50	8.20	2.20			1.60	
11	X	24	10,000	96	2.60	1.56	4.06	22.40	8.10	2.60			1.60	
12	X	24	8,000										1.40	
13		24	12,000											
14	X	24	11,000	96	2.90	1.56	4.52	24.10	8.00	2.20			1.60	
15	X	24	6,000	96	2.50	1.56	3.90	21.20	8.10	2.80			1.50	
16	X	24	12,000	96	2.40	1.56	3.74	21.10	8.10	2.80			1.40	
17	X	24	10,000	96	2.20	1.56	3.43	21.30	8.10	2.80			1.40	
18	X	24	9,000	96	2.20	1.56	3.43	21.60	8.10	2.60			1.50	
19	X	24	20,000										1.30	
20		24	17,000											
21	X	24	17,000	96	2.50	1.56	3.90	21.60	8.10	2.60			1.50	
22	X	24	12,000	96	2.40	1.56	3.74	21.70	8.10	2.60			1.30	
23	X	24	12,000	96	2.20	1.56	3.43	22.10	8.10	2.60			1.30	
24	X	24	19,000	96	2.50	1.56	3.90	24.50	8.10	2.00			1.60	
25	X	24	9,000	96	2.30	1.56	3.59	22.60	8.10	2.40			1.50	
26	X	24	15,000										1.30	
27		24	13,000											
28	X	24	12,000	96	2.00	1.56	3.12	22.70	8.10	2.40			1.20	
29														
30														
31														
Total			323,000											
Average			11,535											
Maximum			20,000											

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: March 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 4-5-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month/Year of: March 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	12,000	96	2.00	1.56	3.12	22.70	8.10	2.40			1.30	
2	X	24	12,000	96	2.50	1.56	3.90	24.30	8.10	2.20			1.50	
3	X	24	14,000	96	3.00	1.56	4.68	23.60	8.10	2.20			1.00	
4	X	24	12,000	96	3.00	1.56	4.68	23.90	8.1	2.20			1.60	
5	X	24	11,000										2.50	
6		24	18,000											
7	X	24	18,000	96	3.00	1.56	4.68	23.40	8.10	2.20			2.60	
8	X	24	11,000	96	2.60	1.56	4.06	23.70	8.10	2.20			1.70	Collected Bacte Samples
9	X	24	15,000	96	2.90	1.56	4.52	24.70	8.00	2.00			1.60	
10	X	24	11,000	96	2.70	1.56	4.21	23.80	8.00	2.20			1.80	
11	X	24	7,000	96	2.70	1.56	4.21	21.60	8.00	2.60			1.70	
12	X	24	10,000										1.60	
13		24	12,000											
14	X	24	12,000	96	2.90	1.56	4.52	24.20	8.00	2.20			1.70	
15	X	24	11,000	96	2.80	1.56	4.37	22.60	8.10	2.40			1.70	Hydro Tank Insp. & Tank Bacte Sample
16	X	24	17,000	96	3.00	1.56	4.68	22.60	8.10	2.40			2.00	Hydro Tank Insp. Bacte Sample
17	X	24	10,000	96	2.70	1.56	4.21	22.30	8.10	2.60			1.80	
18	X	24	13,000	96	2.90	1.56	4.52	24.70	8.10	2.00			1.80	
19	X	24	10,000										1.60	
20		24	15,000											
21	X	24	14,000	96	2.90	1.56	4.52	23.80	8.10	2.20			1.50	
22	X	24	9,000	96	2.60	1.56	4.06	23.40	8.10	2.40			1.50	
23	X	24	17,000	96	2.60	1.56	4.06	23.60	8.10	2.20			1.30	
24	X	24	16,000	96	2.50	1.56	3.90	23.50	8.10	2.20			1.30	
25	X	24	14,000	96	2.90	1.56	4.52	23.40	8.10	2.40			1.80	
26	X	24	16,000										1.40	
27		24	13,000											
28	X	24	12,000	96	2.80	1.56	4.37	23.20	8.10	2.40			1.80	
29	X	24	6,000	96	2.70	1.56	4.21	23.40	8.10	2.40			1.60	
30	X	24	11,000	96	2.90	1.56	4.52	23.50	8.10	2.20			2.00	
31	X	24	8,000	96	2.60	1.56	4.06	23.30	8.10	2.40			1.80	
Total			387,000											
Average			12,483											
Maximum			18,000											

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
5-6-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762 | Plant Name: Little Wekiva

III. Daily Data for the Month/Year of: April 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	10,000	2.30		1.50	
2	X	24	12,000			1.80	
3		24	10,000				
4	X	24	10,000	2.40		1.40	
5	X	24	11,000	2.30		1.40	
6	X	24	13,000	2.60		1.50	
7	X	24	8,000	2.40		1.30	
8	X	24	17,000	2.60		1.60	
9	X	24	15,000			1.20	
10		24	13,000				
11	X	24	13,000	2.40		1.60	Collected Bacte Samples
12	X	24	14,000	2.40		1.40	
13	X	24	22,000	2.50		1.50	
14	X	24	15,000	2.30		1.10	
15	X	24	11,000	2.50		1.60	
16	X	24	18,000			1.40	
17		24	16,000				
18	X	24	16,000	2.50		1.60	
19	X	24	17,000	2.80		1.60	
20	X	24	9,000	2.50		1.60	
21	X	24	15,000	2.60		1.50	
22	X	24	13,000	2.70		1.60	
23	X	24	16,000			1.40	
24		24	14,000				
25	X	24	13,000	2.60		1.60	
26	X	24	9,000	2.50		1.50	
27	X	24	11,000	2.80		1.70	
28	X	24	12,000	2.70		1.70	
29	X	24	9,000	2.80		1.50	
30	X	24	16,000			1.60	
31		24					
Total			398,000				
Average			13,266				
Maximum			22,000				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.2
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? No If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? No If yes,...
  - Was the calibration of the equipment verified during the month? ____
  - Did the equipment fail during the month? ____ If yes,...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
6-7-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month/Year of:

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*		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
				Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L		
1		24	12,000				
2	X	24	12,000	2.5		1.50	
3	X	24	18,000	2.8		1.60	
4	X	24	17,000	2.6		1.60	
5	X	24	8,000	2.7		1.70	
6	X	24	18,000	2.8		1.70	
7	X	24	18,000	2.6		1.50	
8		24	16,000				
9	X	24	16,000	2.8		1.60	Collected Bacte Samples
10	X	24	11,000	2.5		1.40	
11	X	24	18,000	2.4		1.40	Collected Nitrate & Nitrite Samples
12	X	24	19,000	2.6		1.50	Collected Asbestos Samples
13	X	24	14,000	2.5		1.40	
14	X	24	18,000	2.6		1.30	
15		24	10,000				
16	X	24	10,000	2.6		1.50	
17	X	24	11,000	2.7		1.60	
18	X	24	15,000	2.5		1.50	
19	X	24	13,000	2.5		1.60	
20	X	24	18,000	2.6		1.60	
21	X	24	15,000	2.5		1.30	
22		24	16,000				
23	X	24	15,000	2.4		1.30	
24	X	24	19,000	2.4		1.50	
25	X	24	18,000	2.8		1.60	
26	X	24	16,000	2.8		1.70	
27	X	24	13,000	2.7		1.80	
28	X	24	13,000	2.8		1.60	
29		24	11,000				
30	X	24	10,000	2.6		1.50	
31	X	24	17,000	2.8		1.60	
Total			455,000				
Average			14,677				
Maximum			19,000				

Disinfection Segment 1

- DEP-specified minimum residual disinfectant concentration at end of segment: 2.2
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? No If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2

- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers

- Was continuous residual disinfectant monitoring equipment used during the reporting month? No If yes,...
  - Was the calibration of the equipment verified during the month? ____
  - Did the equipment fail during the month? ____ If yes...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 7-5-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month Year of: June 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*		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
				Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L		
1	X	24	14,000	2.60		1.50	
2	X	24	11,000	2.50		1.30	
3	X	24	11,000	2.70		1.60	
4	X	24	14,000	2.80		1.50	
5		24	11,000				
6	X	24	11,000	2.60		1.40	Collected Bacte Samples
7	X	24	22,000	2.60		1.60	
8	X	24	30,000	2.60		1.50	
9	X	24	8,000	2.50		1.60	
10	X	24	14,000	2.50		1.40	
11	X	24	17,000	2.30		1.40	
12		24	15,000	3.00			
13	X	24	14,000	2.60		1.50	
14	X	24	15,000	2.50		1.40	
15	X	24	12,000	2.60		1.50	
16	X	24	9,000	2.40		1.40	
17	X	24	13,000	2.30		1.20	
18	X	24	12,000	2.30		1.00	
19		24	10,000	3.40			
20	X	24	9,000	2.60		1.50	
21	X	24	13,000	2.60		1.40	
22	X	24	15,000	2.60		1.60	
23	X	24	10,000	2.50		1.50	
24	X	24	12,000	2.70		1.60	
25	X	24	13,000	2.70		1.50	
26		24	12,000	2.60			
27	X	24	12,000	2.70		1.60	
28	X	24	11,000	2.70		1.60	
29	X	24	12,000	2.50		1.50	
30	X	24	12,000	2.60		1.50	
31							
Total			394,000				
Average			13,133				
Maximum			30,000				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.2
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? No If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? No If yes,...
  - Was the calibration of the equipment verified during the month? ____
  - Did the equipment fail during the month? ____ If yes,...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

* *Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
8-5-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762 | Plant Name: Little Wekiva

III. Daily Data for the Month Year of: July 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	13,000	96	3.20	1.56	4.99	24.00	7.80	2.20			1.70	
2	X	24	13,000	96	3.00	1.56	4.68						1.90	
3		24	12,000											
4	X	24	12,000	96	3.20	1.56	4.99	24.30	7.60	2.20			1.80	
5	X	24	15,000	96	3.10	1.56	4.84	24.90	7.90	2.00			1.90	
6	X	24	13,000	96	3.20	1.56	4.99	29.60	7.90	2.00			1.80	
7	X	24	9,000	96	3.00	1.56	4.68	24.20	7.80	2.20			1.80	
8	X	24	7,000	96	3.00	1.56	4.68	24.60	8.10	2.00			1.60	
9	X	24	11,000	96	3.00	1.56	4.68						1.60	
10		24	12,000											
11	X	24	11,000	96	3.50	1.56	5.46	24.70	8.00	2.00			1.80	Collected Bacte Samples
12	X	24	22,000	96	3.40	1.56	5.30	24.80	7.90	2.00			1.60	
13	X	24	26,000	96	3.00	1.56	4.68	24.60	7.80	2.00			1.60	
14	X	24	23,000	96	3.10	1.56	4.84	24.50	7.60	2.00			1.60	
15	X	24	9,000	96	3.00	1.56	4.68	24.80	7.90	2.00			1.70	
16	X	24	11,000	96	3.30	1.56	5.15						1.80	
17		24	11,000											
18	X	24	10,000	96	3.00	1.56	4.68	24.60	7.90	2.00			1.60	
19	X	24	12,000	96	2.80	1.56	4.39	24.50	7.90	2.00			1.50	
20	X	24	11,000	96	3.50	1.56	5.46	24.70	8.00	2.00			1.80	
21	X	24	17,000	96	3.80	1.56	5.93	24.80	8.00	2.00			1.70	
22	X	24	14,000	96	3.30	1.56	5.15	24.50	7.90	2.00			1.70	
23	X	24	11,000	96	3.30	1.56	5.15						1.60	
24		24	12,000											
25	X	24	11,000	96	3.50	1.56	5.46	24.80	8.00	2.00			1.70	
26	X	24	12,000	96	3.40	1.56	5.30	24.70	7.90	2.00			1.50	
27	X	24	10,000	96	3.60	1.56	5.62	24.90	7.90	2.00			1.70	
28	X	24	11,000	96	3.30	1.56	5.15	24.30	7.90	2.20			1.60	
29	X	24	9,000	96	3.40	1.56	5.30	24.60	8.00	2.00			1.50	
30	X	24	19,000	96	3.30	1.56	5.15						1.70	
31		24	10,000											
Total			399,000											
Average			12,870											
Maximum			26,000											

** 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: 3590762 | Plant Name: Little Wekiva

III. Daily Data for the Month Year of: July 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation* Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	13,000	3.20		1.70	
2	X	24	13,000	3.00		1.90	
3		24	12,000				
4	X	24	12,000	3.20		1.80	
5	X	24	15,000	3.10		1.90	
6	X	24	13,000	3.20		1.80	
7	X	24	9,000	3.00		1.80	
8	X	24	7,000	3.00		1.60	
9	X	24	11,000	3.00		1.60	
10		24	12,000				
11	X	24	11,000	3.50		1.80	Collected Bacte Samples
12	X	24	22,000	3.40		1.60	
13	X	24	26,000	3.00		1.60	
14	X	24	23,000	3.10		1.60	
15	X	24	9,000	3.00		1.70	
16	X	24	11,000	3.30		1.80	
17		24	11,000				
18	X	24	10,000	3.00		1.60	
19	X	24	12,000	2.80		1.50	
20	X	24	11,000	3.50		1.80	
21	X	24	17,000	3.80		1.70	
22	X	24	22,000	3.30		1.70	
23	X	24	11,000	3.30		1.60	
24		24	12,000				
25	X	24	11,000	3.50		1.70	
26	X	24	12,000	3.40		1.50	
27	X	24	10,000	3.60		1.70	
28	X	24	11,000	3.30		1.60	
29	X	24	9,000	3.40		1.50	
30	X	24	19,000	3.30		1.70	
31		24	10,000				
Total			399,000				
Average			12,870				
Maximum			26,000				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.2
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? No If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? No If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? No If yes,..
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

* *Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month/Year of: August 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 9/6/2011	Pedro Figueroa	C-17160

MON..HLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month/Year of: August 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*		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
				Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L		
1	X	24	10,000	3.30		1.50	
2	X	24	9,000	3.40		1.50	
3	X	24	11,000	3.30		1.60	
4	X	24	9,000	3.20		1.40	
5	X	24	11,000	3.30		1.60	
6	X	24	10,000	3.20		1.50	
7		24	11,000				
8	X	24	10,000	3.20		1.70	Collected Bacte Samples
9	X	24	11,000	3.10		1.50	
10	X	24	14,000	2.50		1.60	
11	X	24	7,000	3.00		1.60	
12	X	24	10,000	3.00		1.70	
13	X	24	12,000	3.20		1.60	
14		24	14,000				
15	X	24	14,000	2.80		1.30	
16	X	24	8,000	3.10		1.40	
17	X	24	12,000	3.80		1.60	
18	X	24	9,000	3.30		1.80	
19	X	24	10,000	3.00		1.70	
20	X	24	12,000	3.00		1.60	
21		24	11,000				
22	X	24	10,000	3.00		1.50	
23	X	24	12,000	2.90		1.50	
24	X	24	14,000	2.80		1.40	
25	X	24	10,000	2.90		1.40	
26	X	24	11,000	2.80		1.50	
27	X	24	18,000	2.50		1.40	
28		24	16,000				
29	X	24	14,000	2.80		1.40	
30	X	24	13,000	2.80		1.50	
31	X	24	13,000	2.30		1.50	
Total			356,000				
Average			11,484				
Maximum			18,000				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.2
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? No If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? yes If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? No If yes...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month Year of: September 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
10/7/11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month Year of: September 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation* Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	10,000	3.20		1.80	
2	X	24	12,000	3.20		1.90	
3	X	24	15,000	3.20		1.70	
4		24	12,000				
5	X	24	11,000	3.20		1.70	
6	X	24	12,000	2.60		1.40	
7	X	24	10,000	2.60		1.50	Collected Bacte Samples
8	X	24	12,000	2.50		1.50	
9	X	24	8,000	2.50		1.40	
10	X	24	11,000	2.60		1.60	
11		24	18,000				
12	X	24	17,000	2.60		1.60	
13	X	24	7,000	2.50		1.40	
14	X	24	11,000	3.30		1.90	
15	X	24	12,000	3.60		1.90	
16	X	24	12,000	2.90		1.60	
17	X	24	10,000	2.80		1.40	
18		24	21,000				
19	X	24	19,000	2.80		1.60	
20	X	24	14,000	2.80		1.50	
21	X	24	13,000	2.70		1.50	
22	X	24	11,000	2.70		1.40	
23	X	24	16,000	2.40		1.20	
24	X	24	9,000	3.20		1.70	
25		24	11,000				
26	X	24	11,000	2.70		1.40	
27	X	24	10,000	2.40		1.40	
28	X	24	13,000	2.30		1.20	
29	X	24	16,000	2.50		1.40	
30	X	24	6,000	2.40		1.50	
31	X	24					
Total			370,000				
Average			12,333				
Maximum			21,000				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.2
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? No If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this treatment technique violation? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this treatment technique violation? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? yes If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? No If yes,..
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month Year of: October 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 11-7-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3500762	Plant Name: Little Wekiva

III. Daily Data for the Month/Year of: October 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*		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
				Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L		
1	X	24	13,000	2.50		1.60	
2		24	12,000				
3	X	24	11,000	2.50		1.50	
4	X	24	13,000	2.50		1.40	
5	X	24	10,000	2.60		1.60	Collected Bacte Samples
6	X	24	11,000	2.60		1.60	
7	X	24	12,000	2.60		1.50	
8	X	24	10,000	2.50		1.50	
9		24	11,000				
10	X	24	9,000	2.40		1.30	
11	X	24	10,000	2.40		1.40	
12	X	24	11,000	2.90		1.70	
13	X	24	11,000	2.90		1.60	
14	X	24	9,000	2.90		1.60	
15	X	24	13,000	2.90		1.50	
16		24	16,000				
17	X	24	15,000	3.00		1.60	
18	X	24	17,000	2.90		1.70	
19	X	24	13,000	2.90		1.50	
20	X	24	10,000	2.90		1.60	
21	X	24	12,000	2.70		1.60	
22	X	24	10,000	2.60		1.50	
23		24	13,000				
24	X	24	12,000	2.90		1.60	
25	X	24	11,000	2.80		1.50	
26	X	24	13,000	2.90		1.60	
27	X	24	13,000	2.80		1.60	
28	X	24	10,000	3.00		1.60	
29	X	24	13,000	2.80		1.50	
30		24	11,000				
31	X	24	9,000	2.80		1.50	
Total			364,000				
Average			11,741				
Maximum			17,000				

Disinfection Segment 1

- DEP-specified minimum residual disinfectant concentration at end of segment: 2.2
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? No If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2

- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers

- Was continuous residual disinfectant monitoring equipment used during the reporting month? yes If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? No If yes,...
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

REVISED 11/9/11

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 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Corey Sudol	B	14271	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days
	Pedro Figueroa	C	17160	Mon. - Fri. - Days

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	Printed or Typed Name	License Number
12-6-11	Corey Sudol	B-14271

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month Year of: November 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒Free Chlorine ☐Combined Chlorine (Chloramines) ☐Chlorine Dioxide ☐Ozone ☐Ultrafiltration ☐Nanofiltration ☐Reverse Osmosis ☐UV Light Disinfection ☐Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	11,000	2.70		1.60	
2	X	24	8,000	2.70		1.40	Collected Bacte Samples
3	X	24	10,000	2.60		1.40	
4	X	24	9,000	2.60		1.30	
5	X	24	14,000	2.80		1.50	
6		24	12,000				
7	X	24	11,000	2.90		1.70	
8	X	24	14,000	2.60		1.50	
9	X	24	7,000	2.60		2.00	
10	X	24	10,000	2.50		1.40	
11	X	24	12,000	2.50		1.50	
12	X	24	13,000	2.50		1.50	
13		24	13,000				
14	X	24	11,000	2.80		1.60	
15	X	24	18,000	2.70		1.60	
16	X	24	8,000	2.80		1.40	
17	X	24	16,000	2.80		1.60	
18	X	24	7,000	2.80		1.50	
19	X	24	15,000	2.60		1.30	
20		24	14,000				
21	X	24	12,000	2.80		1.60	
22	X	24	13,000	2.70		1.60	
23	X	24	13,000	2.60		1.40	
24	X	24	14000	2.80		1.4	
25	X	24	15000	2.60		1.3	
26	X	24	16000	2.50		1.3	
27		24	12000				
28	X	24	11000	2.50		1.4	
29	X	24	11000	2.70		1.4	
30	X	24	15000	2.30		1.5	
31							
Total			365,000				
Average			12,200				
Maximum			18,000				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.2
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? No If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this **treatment technique violation**? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? yes If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? No If yes,..
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

* *Only plants providing DEP-approved 4-log virus treatment must provide this information.*

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

See page 4 for instructions.

I. General Information for the Month Year of: December 2011

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Little Wekiva			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Dr.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat - Days

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.

Pedro Figueroa 1/5/2012
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number

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

PWS Identification Number: 3590762	Plant Name: Little Wekiva

III. Daily Data for the Month/Year of: December 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide ☐ Ozone ☐ Ultrafiltration ☐ Nanofiltration ☐ Reverse Osmosis ☐ UV Light Disinfection ☐ Conventional Filtration, Including Lime Softening ☐ 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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*: Lowest Residual Disinfectant Concentration at End of Disinfection Segment 1, mg/L	Lowest Residual Disinfectant Concentration at End of Disinfection Segment 2, mg/L	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	7,000	2.60		1.40	
2	X	24	12,000	2.50		1.40	
3	X	24	13,000	3.10		1.80	
4		24	14,000				
5	X	24	12,000	2.80		1.50	
6	X	24	12,000	2.80		1.50	Collected Bacte Samples
7	X	24	11,000	3.40		1.80	
8	X	24	15,000	3.40		2.00	
9	X	24	9,000	3.30		1.70	
10	X	24	19,000	3.20		1.70	
11		24	13,000				
12	X	24	12,000	3.30		1.70	
13	X	24	11,000	3.00		1.60	
14	X	24	12,000	3.30		1.60	
15	X	24	9,000	3.20		1.60	
16	X	24	11,000	3.10		1.50	
17	X	24	14,000	3.00		1.50	
18		24	12,000				
19	X	24	10,000	3.00		1.50	
20	X	24	12,000	3.00		1.40	
21	X	24	11,000	3.00		1.40	
22	X	24	13,000	3.00		1.50	
23	X	24	12,000	3.00		1.50	
24	X	24	14,000	2.70		1.30	
25		24	12,000				
26	X	24	10,000	2.90		1.40	
27	X	24	11,000	2.90		1.40	
28	X	24	13,000	2.90		2.20	
29	X	24	7,000	2.90		1.60	
30	X	24	11,000	2.80		1.60	
31	X	24	10,000	2.80		1.50	
Total			364,000				
Average			11,741				
Maximum			19,000				

Disinfection Segment 1
- DEP-specified minimum residual disinfectant concentration at end of segment: 2.2
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? No If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this treatment technique violation? ____

Disinfection Segment 2
- DEP-specified minimum residual disinfectant concentration at end of segment: ____
- Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? ____ If yes,...
  - Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? ____
  - Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? ____ If yes,...
    - What was the date and duration of this treatment technique violation? ____

On-Line Disinfectant Analyzers
- Was continuous residual disinfectant monitoring equipment used during the reporting month? yes If yes,...
  - Was the calibration of the equipment verified during the month? yes
  - Did the equipment fail during the month? No If yes,..
    - Were grab samples collected every 4 hours until the equipment was returned to service? ____
    - Date the equipment failed: ____
    - Date the equipment was returned to service: ____

** Only plants providing DEP-approved 4-log virus treatment must provide this information.*

2011

MORs

OAKLAND SHORES

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 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919
Plant Address: 620 Lake Shores Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri. - Days
Other Operators:	Allan Finch	C	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 2-4-2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month/Year of: January 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	72,000										1.70	
2	X	24	82,000											
3	X	24	82,000										1.80	
4	X	24	55,000										2.20	Collected Bacte Samples
5	X	24	75,000										2.30	
6	X	24	54,000										2.00	
7	X	24	43,000										2.10	
8	X	24	50,000										1.80	
9	X	24	67,000											
10	X	24	67,000										2.00	
11	X	24	32,000										2.00	
12	X	24	45,000										2.00	
13	X	24	62,000										1.80	
14	X	24	31,000										0.50	
15	X	24	46,000										1.40	
16	X	24	76,000											
17	X	24	75,000										2.00	
18	X	24	48,000										1.90	
19	X	24	38,000										2.30	
20	X	24	60,000										2.30	
21	X	24	26,000										2.30	
22	X	24	39,000										2.20	
23	X	24	59,000											
24	X	24	59,000										2.20	
25	X	24	33,000										2.10	
26	X	24	43,000										2.30	
27	X	24	47,000										2.10	
28	X	24	28,000										2.30	
29	X	24	44,000										2.30	
30	X	24	61,000											
31	X	24	60,000										2.20	
Total			1,659,000											
Average			53,516											
Maximum			82,000											

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shores Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-17-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month/Year of: February 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	48,000										2.20	
2	X	24	35,000										2.30	Collected Bacte Samples
3	X	24	68,000										2.30	
4	X	24	27,000										2.40	
5	X	24	54,000										2.50	
6	X	24	55,000											
7	X	24	55,000										2.30	
8	X	24	30,000										2.10	
9	X	24	46,000										2.00	
10	X	24	49,000										2.00	
11	X	24	37,000										2.00	
12	X	24	33,000										1.60	
13	X	24	56,000											
14	X	24	55,000										1.50	
15	X	24	44,000										1.60	
16	X	24	69,000										1.60	
17	X	24	61,000										1.40	
18	X	24	46,000										1.60	
19	X	24	65,000										1.40	
20	X	24	74,000											
21	X	24	74,000										1.40	
22	X	24	68,000										1.50	
23	X	24	60,000										1.60	
24	X	24											1.30	Hydro Tank Insp. on Interconnect Bacte
25	X	24											0.90	Bacte Sample for Hydro Tank Inspection
26	X	24											1.00	Plant on interconnect
27	X	24												Plant on interconnect
28	X	24											1.00	Plant off interconnect
29	X	24												
30	X	24												
31	X	24												
Total			1,209,000											
Average			52,565											
Maximum			74,000											

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

REVISED 3/10/11

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 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919
Plant Address: 620 Lake Shores Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon.- Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 4-5-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month/Year of: March 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	38,000										1.70	
2	X	24	11,000										2.40	
3	X	24	88,000										2.40	
4	X	24	45,000										2.40	
5	X	24	62,000										1.50	
6		24	79,000											
7	X	24	79,000										2.50	
8	X	24	60,000										2.50	Collected Bacte Samples
9	X	24	58,000										2.60	
10	X	24	56,000										2.40	
11	X	24	38,000										2.40	
12	X	24	45,000										2.20	
13		24	69,000											
14	X	24	69,000										2.00	
15	X	24	50,000										2.00	
16	X	24	69,000										2.50	
17	X	24	80,000										2.00	
18	X	24	58,000										2.00	
19	X	24	77,000										1.80	
20		24	90,000											
21	X	24	90,000										2.50	
22	X	24	74,000										2.30	
23	X	24	73,000										2.30	
24	X	24	100,000										2.40	
25	X	24	57,000										2.30	
26	X	24	79,000										2.00	
27		24	87,000											
28	X	24	87,000										2.30	
29	X	24	40,000										1.80	
30	X	24	52,000										2.50	
31	X	24	6,000										2.00	
Total			1,966,000											
Average			63,419											
Maximum			100,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919
Plant Address: 620 Lake Shores Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
5-6-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912 | Plant Name: Oakland Shores

III. Daily Data for the Month/Year of: April 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	3,000										1.20	
2	X	24	33,000										1.80	
3		24	62,000											
4	X	24	61,000										2.00	
5	X	24	40,000										2.00	Collected Bacte Samples
6	X	24	38,000										2.10	
7	X	24	70,000										2.00	
8	X	24	38,000										1.00	
9	X	24	67,000										1.60	
10		24	88,500											
11	X	24	88,500										2.10	
12	X	24	73,000										2.20	
13	X	24	58,000										2.50	
14	X	24	76,000										2.50	
15	X	24	70,000										2.70	
16	X	24	83,000										2.40	
17		24	100,000											
18	X	24	99,000										2.60	
19	X	24	56,000										2.60	
20	X	24	80,000										2.70	
21	X	24	114,000										2.60	
22	X	24	58,000										2.60	
23	X	24	74,000										2.40	
24		24	108,000											
25	X	24	108,000										2.60	
26	X	24	60,000										1.50	
27	X	24	55,000										2.70	
28	X	24	96,000										2.80	
29	X	24	50,000										2.30	
30	X	24	75,000										1.50	
31														
Total			2,082,000											
Average			69,400											
Maximum			114,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shores Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.-Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon.-Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
6-7-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912 | Plant Name: Oakland Shores

III. Daily Data for the Month/Year of: May 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	115,000											
2	X	24	115,000										1.50	
3	X	24	61,000										2.10	
4	X	24	81,000										2.00	
5	X	24	95,000										2.30	
6	X	24	78,000										2.40	
7	X	24	68,000										2.60	
8		24	126,000											
9	X	24	126,000										2.70	
10	X	24	56,000										1.60	Collected Bacte Samples
11	X	24	104,000										2.70	Collected Nitrate & Nitrite Samples
12	X	24	93,000										2.70	Collected Asbestos Sample
13	X	24	61,000										2.80	
14	X	24	51,000										2.00	
15		24	74,000											
16	X	24	74,000										2.40	
17	X	24	52,000										2.10	
18	X	24	83,000										2.30	
19	X	24	121,000										2.50	
20	X	24	77,000										2.70	
21	X	24	80,000										1.70	
22		24	47,000											
23	X	24	47,000										1.00	
24	X	24	90,000										2.00	
25	X	24											1.10	Plant on interconnect Well Pump NG
26	X	24											1.10	Plant on interconnect
27	X	24											1.10	Plant on interconnect, New well pump
28	X	24											1.00	Plant on interconnect
29		24												Plant on interconnect
30	X	24											1.10	Plant on interconnect, Collected Well Bacte
31	X	24											1.10	Plant on interconnect, Collected Well Bacte
Total			1,975,000											
Average			82,291											
Maximum			126,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 7-8-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month Year of: June 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L.	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	0	0										1.00	Plant on interconnect
2	X	0	0										1.10	Plant on interconnect
3	X	24	17,000										1.10	
4	X	24	78,000										0.50	
5		24	102,000											
6	X	24	101,000										0.50	Collected Hacte Samples
7	X	24	72,000										0.50	
8	X	24	84,000										1.50	
9	X	24	92,000										1.30	
10	X	24	81,000										2.00	
11	X	24	81,000										1.40	
12		24	100,000											
13	X	24	99,000										1.10	
14	X	24	77,000										1.10	
15	X	24	59,000										1.20	
16	X	24	72,000										1.40	
17	X	24	49,000										1.10	
18	X	24	75,000										1.20	
19		24	54,000											
20	X	24	54,000										1.20	
21	X	24	53,000										1.20	
22	X	24	72,000										1.40	
23	X	24	91,000										1.20	
24	X	24	56,000										1.40	
25	X	24	53,000										1.30	
26		24	70,000											
27	X	24	69,000										1.80	
28	X	24	38,000										1.50	
29	X	24	46,000										1.40	
30	X	24	61,000										1.20	
31														
Total			1,956,000											
Average			69,857											
Maximum			102,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon.- Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 8-5-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month Year of: July 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	44,000										1.20	
2	X	24	34,000										0.80	
3		24	54,000											
4	X	24	54,000										2.00	
5	X	24	48,000										1.80	
6	X	24	81,000										1.80	Collected Bacte Samples
7	X	24	67,000										1.60	
8	X	24	45,000										1.40	
9	X	24	27,000										0.70	
10		24	62,000											
11	X	24	62,000										1.50	
12	X	24	0										1.10	Plant on interconnect, Well Tripped
13	X	24	9,000										1.20	
14	X	24	11,000										1.00	
15	X	24	9,000										1.00	
16	X	24	54,000										1.30	
17		24	60,000											
18	X	24	60,000										1.10	
19	X	24	47,000										1.50	
20	X	24	72,000										1.60	
21	X	24	83,000										1.50	
22	X	24	67,000										1.60	
23	X	24	32,000										1.40	
24		24	64,000											
25	X	24	63,000										1.80	
26	X	24	51,000										1.50	
27	X	24	56,000										1.50	
28	X	24	78,000										1.20	
29	X	24	57,000										1.20	Collected TTHM & HAA5
30	X	24	58,000										1.30	
31		24	83,000											
Total			1,592,000											
Average			51,354											
Maximum			83,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: August 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 9/6/2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month Year of: August 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l.	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	83,000										0.80	
2	X	24	49,000										1.00	
3	X	24	71,000										1.80	
4	X	24	57,000										0.50	
5	X	24	52,000										0.80	
6	X	24	40,000										1.40	
7		24	65,000											
8	X	24	65,000										1.10	Collected Bacte Samples
9	X	24	46,000										1.20	
10	X	24	49,000										1.10	
11	X	24	43,000										1.20	
12	X	24	54,000										1.00	
13	X	24	30,000										1.30	
14		24	66,000											
15	X	24	66,000										0.40	
16	X	24	45,000										0.90	
17	X	24	50,000										2.70	
18	X	24	55,000										1.30	
19	X	24	37,000										0.40	
20	X	24	40,000										0.80	
21		24	59,000											
22	X	24	58,000										1.70	
23	X	24	46,000										1.30	
24	X	24	34,000										1.40	
25	X	24	54,000										1.60	
26	X	24	36,000										0.70	
27	X	24	48,000										1.20	
28		24	78,000											
29	X	24	78,000										1.40	
30	X	24	56,000										1.10	
31	X	24	54,000										2.50	
Total			1,664,000											
Average			53,677											
Maximum			83,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: September 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 10/7/11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month Year of: September 2011

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
				CT Calculations								UV Dose		
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24	38,000										2.20	
2	X	24	51,000										1.70	
3	X	24	46,000										1.70	
4		24	59,000											
5	X	24	57,000										1.70	
6	X	24	64,000										1.50	Collected Bacte Samples
7	X	24	63,000										1.40	
8	X	24	42,000										1.50	
9	X	24	51,000										1.40	
10	X	24	42,000										1.10	
11		24	73,000											
12	X	24	72,000										0.80	
13	X	24	32,000										0.60	
14	X	24	85,000										1.50	
15	X	24	82,000										1.40	
16	X	24	52,000										1.70	
17	X	24	69,000										1.50	
18		24	76,000											
19	X	24	76,000										1.00	
20	X	24	41,000										2.00	
21	X	24	12,000										0.50	Plant on Interconnect HSP's tripped (reset)
22	X	24	2,000										1.00	Plant on Interconnect repaired HSP's Problem
23	X	24	33,000										1.30	
24	X	24	42,000										1.50	
25		24	55,000											
26	X	24	55,000										1.60	
27	X	24	36,000										1.80	
28	X	24	44,000										2.40	
29	X	24	50,000										1.60	
30	X	24	31,000										1.40	
31		~~24~~												
Total			1,531,000											
Average			51,033											
Maximum			85,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: October 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: peflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon.- Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 11-7-11	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month Year of: October 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	54,000										1.20	
2		24	70,000											
3	X	24	69,000										1.40	
4	X	24	12,000										1.50	Collected Bacte Samples
5	X	24	0										1.00	Power Failure, Plant on Interconnect
6	X	24	63,000										3.50	
7	X	24	91,000										1.50	
8	X	24	35,000										1.30	
9		24	51,000											
10	X	24	51,000										1.60	
11	X	24	24,000										1.40	
12	X	24	48,000										2.30	
13	X	24	53,000										1.70	
14	X	24	47,000										1.50	
15	X	24	45,000										1.20	
16		24	69,000											
17	X	24	68,000										1.00	
18	X	24	32,000										1.30	
19	X	24	51,000										1.30	
20	X	24	60,000										0.90	
21	X	24	49,000										0.90	
22	X	24	52,000										1.30	
23		24	78,000											
24	X	24	78,000										1.00	
25	X	24	41,000										1.10	
26	X	24	81,000										2.20	
27	X	24	62,000										1.80	
28	X	24	55,000										1.80	
29	X	24	53,000										1.70	
30		24	56,000											
31	X	24	56,000										2.00	
Total			1,654,000											
Average			53,354											
Maximum			91,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: November 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores		Plant Telephone Number: 407-869-1919	
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Corey Sudol	B	14271	Mon - Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon - Fri - Days
	Terry Sillitoe	A	12749	Sat. - Days
	Pedro Figueroa	C	17160	Mon - Fri. - Days

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	Printed or Typed Name	License Number
12-6-11	Corey Sudol	B-14271

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month Year of: November 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	41,000										1.80	Collected Bacte Samples
2	X	24	45,000										1.90	
3	X	24	59,000										1.00	
4	X	24	45,000										1.50	
5	X	24	61,000										1.30	
6		24	63,000											
7	X	24	62,000										1.10	
8	X	24	32,000										1.20	
9	X	24	74,000										1.50	
10	X	24	60,000										1.50	
11	X	24	42,000										1.80	
12	X	24	53,000										1.70	
13		24	72,000											
14	X	24	72,000										1.50	
15	X	24	55,000										1.40	
16	X	24	46,000										1.30	
17	X	24	67,000										1.40	
18	X	24	39,000										1.00	
19	X	24	69,000										1.10	
20		24	71,000											
21	X	24	71,000										0.90	
22	X	24	47,000										1.20	
23	X	24	61,000										1.50	
24	X	24	69,000										1.40	
25	X	24	49,000										1.40	
26	X	24	73,000										1.40	
27		24	69,000											
28	X	24	70,000										2.10	
29	X	24	50,000										2.20	
30	X	24	42,000										2.50	
31														
Total			1,729,000											
Average			57,633											
Maximum			74,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: December 2011

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Oakland Shores			Plant Telephone Number: 407-869-1919
Plant Address: 620 Lake Shore Dr.	City: Maitland	State: Fl	Zip Code: 32751
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. - Days
Other Operators:	Allan Finch	B	7806	Mon.- Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 1/5/2012	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590912	Plant Name: Oakland Shores

III. Daily Data for the Month Year of: December 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	73,000										1.00	
2	X	24	53,000										1.40	
3	X	24	52,000										1.40	
4		24	82,000											
5	X	24	82,000										2.00	
6	X	24	55,000										2.20	Collected Bacte Samples
7	X	24	69,000										2.80	
8	X	24	68,000										1.90	
9	X	24	55,000										1.00	
10	X	24	55,000										1.20	
11		24	62,000											
12	X	24	63,000										1.50	
13	X	24	43,000										1.40	
14	X	24	41,000										1.40	
15	X	24	54,000										1.10	
16	X	24	44,000										1.40	
17	X	24	49,000										1.40	
18		24	63,000											
19	X	24	63,000										1.30	
20	X	24	40,000										1.50	
21	X	24	56,000										2.00	
22	X	24	69,000										1.00	
23	X	24	39,000										1.30	
24	X	24	66,000										1.20	
25		24	60,000											
26	X	24	58,000										1.40	
27	X	24	49,000										2.40	
28	X	24	50,000										2.80	
29	X	24	64,000										1.40	
30	X	24	35,000										1.80	
31	X	24	56,000										1.50	
Total			1,768,000											
Average			57,032											
Maximum			82,000											

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

2011

MORs

PARK RIDGE

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 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge		PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364	
PWS Owner: Utilities Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater		

B. Water Treatment Plant Information

Plant Name: Park Ridge			Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr		City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	C	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 2.4.2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993	Plant Name: Park Ridge

III. Daily Data for the Month/Year of: January 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	18,000										1.30	
2	X	24	14,200											
3	X	24	14,000										1.40	
4	X	24	21,700										1.80	Collected Bacte Samples
5	X	24	17,200										1.60	
6	X	24	9,700					20.20	8.10				1.40	Ployphophate POE- 1.6 DIST. - 1.5
7	X	24	16,700										1.40	
8	X	24	10,000										1.50	
9	X	24	17,700											
10	X	24	16,000										1.50	
11	X	24	19,200										1.40	
12	X	24	11,700										1.50	
13	X	24	14,200										1.70	
14	X	24	18,800										1.50	
15	X	24	7,000										1.50	
16	X	24	17,800											
17	X	24	17,800										1.60	
18	X	24	14,100										1.40	
19	X	24	14,100										1.50	
20	X	24	14,000										1.30	
21	X	24	9,500										1.40	
22	X	24	11,000										1.30	
23	X	24	14,700											
24	X	24	14,000										1.30	
25	X	24	13,900										1.50	
26	X	24	13,700										1.30	
27	X	24	14,300										1.50	
28	X	24	13,900					19.60	8.10				1.20	Ployphophate POE- 1.5 DIST. - 1.7
29	X	24	10,000										1.30	
30	X	24	15,100											
31	X	24	15,000										1.40	
Total			449,000											
Average			14,483											
Maximum			21,700											

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-4-2011	Pedro Figueroa	C-17160

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

PWS Identification Number: 3590993 | Plant Name: Park Ridge

III. Daily Data for the Month/Year of: February 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	11,700										1.40	Collected Baste Samples
2	X	24	17,100										1.60	
3	X	24	11,600										1.40	
4	X	24	16,200										1.40	
5	X	24	14,000										1.40	
6		24	15,600											
7	X	24	15,600										1.50	
8	X	24	12,200										1.40	
9	X	24	16,200										1.50	
10	X	24	13,900										1.40	
11	X	24	14,200										1.50	
12	X	24	14,000										1.50	
13		24	15,100											
14	X	24	15,000					17.70	8.20				1.40	Ployphophate POE- 1.5 DIST. - 1.5
15	X	24	13,900										1.10	
16	X	24	19,300										1.20	
17	X	24	14,300										1.10	
18	X	24	14,000										1.30	
19	X	24	10,000										1.20	
20		24	16,200											
21	X	24	16,200										1.50	
22	X	24	16,400										1.50	
23	X	24	20,300										1.60	
24	X	24	8,200										1.40	
25	X	24	19,000										1.50	
26	X	24	11,000										1.40	
27		24	20,900											
28	X	24	20,000					22.40	8.20				1.70	Ployphophate POE- 1.6 DIST. - 1.7
29														
30														
31														
Total			422,100											
Average			15,075											
Maximum			20,900											

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: March 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 4-5-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993 | Plant Name: Park Ridge

III. Daily Data for the Month/Year of: March 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,500										1.50	
2	X	24	13,800										1.60	
3	X	24	14,800										1.40	
4	X	24	15,300										1.60	
5	X	24	12,800										1.90	
6		24	17,800											
7	X	24	17,800										1.30	
8	X	24	14,000										1.40	Collected Bacte, TTHM, HAA5 Samples
9	X	24	21,600										1.50	
10	X	24	16,300										1.50	
11	X	24	14,000					17.50	8.20				1.50	Ployphophate POE- 1.5 DIST. - 1.6
12	X	24	14,000										1.50	
13		24	18,500											
14	X	24	17,000										1.30	
15	X	24	16,100										1.30	
16	X	24	14,300										1.30	
17	X	24	18,900										1.30	
18	X	24	16,100										1.40	
19	X	24	17,000										1.40	
20		24	18,800											
21	X	24	18,800										1.20	
22	X	24	21,200										1.40	
23	X	24	18,300										1.50	
24	X	24	14,000										1.50	
25	X	24	24,000										1.40	
26	X	24	11,000										1.20	
27		24	19,100											
28	X	24	19,100										1.40	
29	X	24	13,700										1.40	
30	X	24	16,400					24.40	8.00				1.40	Ployphophate POE- 1.6 DIST. - 1.8
31	X	24	13,700										1.50	
Total			514,700											
Average			16,603											
Maximum			24,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
5-6-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993	Plant Name: Park Ridge

III. Daily Data for the Month/Year of: April 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,300										1.50	
2	X	24	9,000										1.30	
3		24	15,800											
4	X	24	15,000										1.20	
5	X	24	18,700										1.30	
6	X	24	9,600										1.40	
7	X	24	13,600										1.40	
8	X	24	16,400										1.30	
9	X	24	11,400										1.40	
10		24	21,900											
11	X	24	21,000										1.40	Collected Bacte Samples
12	X	24	19,000										1.40	
13	X	24	11,700					25.70	8.10				1.30	Ploysphosphate POE- 1.5 DIST. - 2.0
14	X	24	11,700										1.40	
15	X	24	18,500										1.40	
16	X	24	11,700										1.30	
17		24	20,100											
18	X	24	20,000										1.30	
19	X	24	16,300										1.20	
20	X	24	18,700										1.20	
21	X	24	16,600										1.10	
22	X	24	25,500										1.40	
23	X	24	14,000										1.30	
24		24	26,000											
25	X	24	25,000										1.30	
26	X	24	23,500										1.20	
27	X	24	12,000										1.20	
28	X	24	18,900										1.40	
29	X	24	16,700					24.60	8.10				1.30	Ploysphosphate POE- 1.6 DIST. - 1.7
30	X	24	16,000										1.20	
31														
Total			510,600											
Average			17,020											
Maximum			26,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
6-7-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993 | Plant Name: Park Ridge

III. Daily Data for the Month/Year of: May 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	21,900											
2	X	24	21,000										1.20	
3	X	24	18,700										1.30	
4	X	24	16,400										1.30	
5	X	24	21,600										1.40	
6	X	24	19,200										1.10	
7	X	24	21,000										1.20	
8		24	23,900											
9	X	24	22,000										1.00	Collected Bacte Samples
10	X	24	21,700										1.30	
11	X	24	19,200										1.00	Collected Nitrate & Nitrite Samples
12	X	24	23,900										1.20	Collected Asbestos Sample
13	X	24	21,200										1.30	
14	X	24	11,000										1.30	
15		24	19,200											
16	X	24	19,200					23.50	7.00				1.40	Polyphosphate POE - 1.8 DIST. - 1.9
17	X	24	11,600										1.20	
18	X	24	19,000										1.10	
19	X	24	14,100										1.10	
20	X	24	21,200										1.20	
21	X	24	18,000										0.80	
22		24	19,300											
23	X	24	19,300										0.80	
24	X	24	19,000										0.80	
25	X	24	23,800										1.10	
26	X	24	18,700										1.20	
27	X	24	14,100										1.40	
28	X	24	16,000										1.10	
29		24	17,000											
30	X	24	16,000										1.20	
31	X	24	19,000					23.60	7.80				0.90	Polyphosphate POE - 1.4 DIST. - 1.5
Total			587,200											
Average			18,941											
Maximum			23,900											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge			Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary		State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 7.8.11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993	Plant Name: Park Ridge

III. Daily Data for the Month Year of: June 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	16,300										0.80	Collected Bacte Samples
2	X	24	18,500										0.80	
3	X	24	16,500					26.50	7.40				0.90	Polyphosphate POE- 1.6 DIST. - 1.8
4	X	24	19,900										0.90	
5		24	22,900											
6	X	24	21,000										1.00	
7	X	24	21,300										1.10	
8	X	24	14,300										0.80	Collected TTHM & HAA5
9	X	24	26,400										1.00	
10	X	24	19,000										1.00	
11	X	24	19,000										1.10	
12		24	24,200											
13	X	24	24,200										0.80	
14	X	24	12,800										0.80	
15	X	24	16,200										0.70	
16	X	24	16,800										0.80	
17	X	24	17,900										1.10	
18	X	24	12,000										0.80	
19		24	15,300											
20	X	24	15,000										0.60	
21	X	24	19,000										1.10	
22	X	24	19,000										1.20	
23	X	24	18,800										1.10	
24	X	24	14,200										0.90	
25	X	24	10,000										1.10	
26		24	20,900											
27	X	24	20,000										1.30	
28	X	24	14,000										1.20	
29	X	24	16,100					25.70	7.20				0.50	Polyphosphate POE- 1.3 DIST. - 1.5
30	X	24	13,800										1.20	
31														
Total			535,300											
Average			17,843											
Maximum			26,400											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 8-5-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993 | Plant Name: Park Ridge

III. Daily Data for the Month/Year of: July 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	23,100										1.50	
2	X	24	9,300										1.20	
3		24	23,600											
4	X	24	23,600										0.60	
5	X	24	16,400										0.70	
6	X	24	13,500										0.40	Collected Bacte Samples
7	X	24	16,000										0.80	
8	X	24	16,800										0.50	
9	X	24	11,900										2.40	
10		24	16,200											
11	X	24	16,200										1.00	
12	X	24	11,500										1.00	
13	X	24	14,200										1.00	
14	X	24	15,800										1.20	
15	X	24	14,000					27.90	7.10				1.40	Polyphosphate POE- 1.6 DIST. - 1.8
16	X	24	10,000										1.30	
17		24	15,800											
18	X	24	15,800										2.00	Collected TTHM & HAA5
19	X	24	21,000										1.40	
20	X	24	15,100										1.40	
21	X	24	18,700										1.50	
22	X	24	20,900										1.20	
23	X	24	9,000										1.30	
24		24	15,700											
25	X	24	15,000										0.60	
26	X	24	23,200										1.60	
27	X	24	11,300										1.40	
28	X	24	20,700										1.20	
29	X	24	13,900					24.80	7.50				0.70	Polyphosphate POE- 1.6 DIST. - 1.5
30	X	24	11,000										1.00	
31		24	25,000											
Total			504,200											
Average			16,264											
Maximum			25,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: August 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 9/6/2011	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993	Plant Name: Park Ridge

III. Daily Data for the Month/Year of: August 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	10,100										1.20	Hydro Tank Insp. 1 st Bacte taken
2	X	24	20,400										0.70	2nd day Bacte for Hydro Tank
3	X	24	16,700										0.90	Collected Bacte Samples
4	X	24	13,900										0.90	
5	X	24	18,900										0.90	
6	X	24	18,000										0.70	
7		24	21,700											
8	X	24	21,000										0.70	
9	X	24	15,600										0.60	
10	X	24	14,700										0.80	
11	X	24	16,300										0.80	
12	X	24	16,000										1.60	
13	X	24	14,000										1.40	
14		24	17,900											
15	X	24	17,000										0.40	Polyphosphate POE- 1.2 DIST. - 1.5
16	X	24	16,200					26.20	7.10				1.00	
17	X	24	14,000										1.50	
18	X	24	18,500										1.40	
19	X	24	9,200										0.70	
20	X	24	16,900										0.90	
21		24	20,200											
22	X	24	20,000										0.50	
23	X	24	34,300										1.00	
24	X	24	40,600										1.00	
25	X	24	20,800										0.50	Collected TTHM & HAA5
26	X	24	26,600										0.70	
27	X	24	28,000										0.90	
28		24	29,900											
29	X	24	28,000					26.20	7.90				0.90	Polyphosphate POE- 1.3 DIST. - 1.5
30	X	24	26,300										1.00	
31	X	24	30,900										1.20	Collected Lead & Copper Samples
Total			632,600											
Average			20,406											
Maximum			40,600											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: September 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

II. Certification by Lead Chief Operator

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Signature and Date	Printed or Typed Name	License Number
10/7/11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993 | Plant Name: Park Ridge

III. Daily Data for the Month Year of: September 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	23,800										1.00	
2	X	24	30,500										1.20	
3	X	24	18,600										1.00	
4		24	30,100											
5	X	24	30,100										1.20	
6	X	24	28,900										1.20	Collected Bacte Samples
7	X	24	33,100										1.30	
8	X	24	21,500										1.20	
9	X	24	23,600										1.80	
10	X	24	19,000										1.30	
11		24	28,700											
12	X	24	27,000										1.50	
13	X	24	18,900					23.90	7.90				0.60	Polyphosphate POE- 1.7 DIST. - 1.4
14	X	24	28,300										1.40	
15	X	24	21,200										2.00	
16	X	24	18,500										1.40	
17	X	24	29,000										1.30	
18		24	27,600											
19	X	24	27,000										0.80	
20	X	24	11,700										1.20	
21	X	24	21,400										1.00	
22	X	24	25,900										1.50	
23	X	24	16,700										1.30	
24	X	24	19,000										1.10	
25		24	20,100											
26	X	24	20,000										0.60	
27	X	24	13,900										0.80	
28	X	24	21,000										0.60	
29	X	24	14,100										0.80	
30	X	24	26,000					26.50	8.00				1.00	Polyphosphate POE- 1.4 DIST. - 1.8
31	~~X~~	~~24~~												
Total			695,200											
Average			23,173											
Maximum			33,100											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: October 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 11-7-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993 | Plant Name: Park Ridge

III. Daily Data for the Month Year of: October 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	12,000										1.00	
2		24	22,200											
3	X	24	22,200										1.20	
4	X	24	11,600										1.00	Collected Bacte Samples
5	X	24	19,200										1.10	
6	X	24	18,600										1.00	
7	X	24	23,500										1.20	
8	X	24	9,000										1.00	
9		24	18,100											
10	X	24	17,000										0.70	
11	X	24	14,200										0.90	
12	X	24	18,600										1.00	
13	X	24	9,200										1.00	
14	X	24	16,300					23.90	7.10				2.20	Polyphosphate POE- 1.5 DIST. - 1.6
15	X	24	16,500										1.50	
16		24	18,800											
17	X	24	18,800										1.40	
18	X	24	11,800										1.30	
19	X	24	18,800										1.40	
20	X	24	14,000										2.10	
21	X	24	18,400										1.60	
22	X	24	14,000										1.60	
23		24	22,500											
24	X	24	22,000										0.40	
25	X	24	14,400										0.90	
26	X	24	18,100										0.40	
27	X	24	18,400										0.60	
28	X	24	16,100										1.00	
29	X	24	18,000										1.30	
30		24	19,500											
31	X	24	19,000					22.70	8.20				1.20	Polyphosphate POE- 1.3 DIST. - 1.5
Total			530,800											
Average			17,122											
Maximum			23,500											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: November 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Corey Sudol	B	14271	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days
	Pedro Figueroa	C	17160	Mon. - Fri. - Days

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	Printed or Typed Name	License Number
12-6-11	Corey Sudol	B-14271

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993	Plant Name: Park Ridge

III. Daily Data for the Month Year of: November 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	14,000										1.20	
2	X	24	14,000										1.40	Collected Bacte Samples
3	X	24	13,100										1.20	
4	X	24	19,600					22.90	8.30				0.90	Polyphosphate POE- 1.3 , DIST. - 1.6
5	X	24	14,000										1.00	
6		24	16,400											
7	X	24	16,400										1.40	
8	X	24	11,100										1.40	
9	X	24	16,000										0.70	
10	X	24	14,000										1.20	
11	X	24	20,700										1.60	
12	X	24	10,000										1.40	
13		24	17,900											
14	X	24	16,000					22.40	8.50				1.30	Polyphosphate POE- 1.3 DIST. - 1.5
15	X	24	16,900										1.00	
16	X	24	17,100										1.20	
17	X	24	15,800										0.80	
18	X	24	22,300										1.00	
19	X	24	20,000										0.90	
20		24	33,700											
21	X	24	33,000										0.90	
22	X	24	26,500										0.80	Collected TTHM & HAA5 @ 161 Canal St.
23	X	24	28,900										1.20	
24	X	24	21,300										2.00	
25	X	24	23,000										1.50	
26	X	24	26,000										1.40	
27		24	24,300											
28	X	24	24,300										1.30	
29	X	24	20,100										1.50	
30	X	24	18,900										1.40	
31														
Total			585,300											
Average			19,510											
Maximum			33,700											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: December 2011

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater			

B. Water Treatment Plant Information

Plant Name: Park Ridge		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Dr	City: Lake Mary	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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.

Pedro Figueroa 1/5/2012 — Signature and Date

Pedro Figueroa — Printed or Typed Name

C-17160 — License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993	Plant Name: Park Ridge

III. Daily Data for the Month Year of: December 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	20,300										1.20	
2	X	24	24,100										1.80	
3	X	24	16,000										1.30	
4		24	21,200											
5	X	24	21,300										0.90	
6	X	24	20,800										0.90	Collected Bacte Samples
7	X	24	18,700										1.10	
8	X	24	20,300										2.00	
9	X	24	22,400										1.20	
10	X	24	13,300										1.50	
11		24	19,900											
12	X	24	19,000										1.30	
13	X	24	19,900										1.80	
14	X	24	19,900										1.50	
15	X	24	13,400										1.20	
16	X	24	15,800					20.80	7.50				1.20	Polyphosphate POE- 1.7 DIST. - 1.6
17	X	24	18,000										1.00	
18		24	17,900											
19	X	24	17,900										1.30	
20	X	24	15,800										1.20	
21	X	24	24,700										1.10	
22	X	24	19,900					23.60	7.80				1.30	Polyphosphate POE- 1.9 DIST. - 1.8
23	X	24	11,300										1.20	
24	X	24	18,000										1.20	
25		24	20,000											
26	X	24	19,000										1.70	
27	X	24	12,500										1.50	
28	X	24	17,900										1.50	
29	X	24	29,600										1.30	
30	X	24	20,000										2.00	
31	X	24	13,000										1.60	
Total			581,800											
Average			18,767											
Maximum			29,600											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590993	Plant Name: Park Ridge

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: December 2011

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): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.5
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.*

2011

MORs

PHILLIPS

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 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	C	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 2-4-2011	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008 | Plant Name: Phillips

III. Daily Data for the Month/Year of: January 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	24,000										1.40	
2	X	24	29,900											
3	X	24	29,900										1.60	
4	X	24	23,100										1.60	Collected Bacte Samples
5	X	24	29,000										1.70	
6	X	24	28,400										1.80	
7	X	24	22,800										1.80	
8	X	24	16,800										1.60	
9	X	24	28,500											
10	X	24	27,000										2.00	
11	X	24	25,200										1.80	
12	X	24	15,700										1.80	
13	X	24	21,600										1.80	
14	X	24	25,600										1.80	
15	X	24	12,000										1.60	
16	X	24	25,300											
17	X	24	25,000										2.00	
18	X	24	21,000										2.10	
19	X	24	19,600										2.00	
20	X	24	28,200										2.10	
21	X	24	18,100										1.70	
22	X	24	13,700										1.60	
23	X	24	23,200											
24	X	24	22,000										2.00	
25	X	24	20,700										2.00	
26	X	24	15,500										2.10	
27	X	24	20,200										0.80	
28	X	24	14,500										1.50	
29	X	24	13,000										1.60	
30	X	24	18,300											
31	X	24	17,000										1.40	
Total			674,800											
Average			21,767											
Maximum			29,900											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips			Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.		City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3/17/11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008	Plant Name: Phillips

III. Daily Data for the Month/Year of: February 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	12,500										1.60	Collected Bacte Samples
2	X	24	14,300										1.60	
3	X	24	14,600										1.40	
4	X	24	12,500										1.60	
5	X	24	16,000										1.50	
6	X	24	18,700											
7	X	24	17,000										1.80	
8	X	24	18,500										1.70	
9	X	24	14,100										1.40	
10	X	24	20,700										1.60	Plant on interconnect HydroTank insp Bacte.
11	X	24											0.80	Bacte Sample for Hydro Tank Inspection
12	X	24											0.90	Plant on interconnect
13	X	24												Plant on interconnect
14	X	24	10,800										1.00	Plant back in service, off interconnect.
15	X	24	10,800										1.20	
16	X	24	16,600										1.50	
17	X	24	17,100										1.00	
18	X	24	19,400										1.30	
19	X	24	13,300										1.50	
20	X	24	22,400											
21	X	24	21,000										1.50	
22	X	24	20,400										1.50	
23	X	24	23,600										1.50	
24	X	24	18,100										1.40	
25	X	24	23,600										1.50	
26	X	24	12,000										1.50	
27	X	24	34,100											
28	X	24	33,000										1.60	
29	X	24												
30	X	24												
31	X	24												
Total			455,100											
Average			18,204											
Maximum			34,100											

** Refer to the instructions for this report to determine which plants must provide this information.*

REVISED 3/2/11

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 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 4-5-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008	Plant Name: Phillips

III. Daily Data for the Month/Year of: March 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	18,100										1.50	
2	X	24	20,100										1.60	
3	X	24	23,300										1.60	
4	X	24	20,600										1.70	
5	X	24	16,700										1.20	
6		24	23,900											
7	X	24	23,000										1.60	
8	X	24	14,800										1.50	Collected Bacte Samples
9	X	24	22,500										1.60	
10	X	24	23,000										1.50	
11	X	24	22,900										1.70	
12	X	24	11,300										1.60	
13		24	27,700											
14	X	24	27,700										1.60	
15	X	24	21,100										1.40	
16	X	24	21,100										1.20	
17	X	24	34,900										1.40	
18	X	24	22,000										1.10	
19	X	24	31,000										1.10	
20		24	34,900											
21	X	24	34,900										1.50	
22	X	24	22,100										1.40	
23	X	24	35,100										1.50	
24	X	24	31,700										1.50	
25	X	24	29,700										1.20	
26	X	24	27,400										1.40	
27		24	35,100											
28	X	24	35,000										1.30	
29	X	24	16,900										1.20	
30	X	24	24,700										1.00	
31	X	24	17,500										1.20	
Total			770,700											
Average			24,861											
Maximum			35,100											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 5-6-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008	Plant Name: Phillips

III. Daily Data for the Month/Year of: April 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,000										1.40	
2	X	24	13,000										1.20	
3		24	24,700											
4	X	24	23,000										1.40	
5	X	24	27,100										1.40	
6	X	24	10,700										1.40	
7	X	24	20,300										1.40	
8	X	24	23,800										1.40	
9	X	24	24,000										1.20	
10		24	27,600											
11	X	24	27,600										1.30	Collected Bacte Samples
12	X	24	31,000										1.30	
13	X	24	18,400										1.30	
14	X	24	30,800										1.20	
15	X	24	25,100										1.30	
16	X	24	24,000										1.20	
17		24	38,700											
18	X	24	38,000										1.30	
19	X	24	28,800										1.30	
20	X	24	32,700										1.20	
21	X	24	27,000										1.20	
22	X	24	37,700										1.30	
23	X	24	23,000										1.10	
24		24	40,900											
25	X	24	40,900										1.40	
26	X	24	19,600										1.40	
27	X	24	33,900										1.40	
28	X	24	34,500										1.50	
29	X	24	37,700										1.30	
30	X	24	17,300										1.20	
31														
Total			817,800											
Average			27,260											
Maximum			40,900											

* *Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
6-7-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008 | Plant Name: Phillips

III. Daily Data for the Month/Year of: May 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	45,100											
2	X	24	45,000										1.30	
3	X	24	26,700										1.40	
4	X	24	33,500										1.30	
5	X	24	47,700										1.40	
6	X	24	28,000										1.40	
7	X	24	47,000										1.30	
8		24	41,900											
9	X	24	41,000										1.30	Collected Baste Samples
10	X	24	40,100										1.20	
11	X	24	28,300										1.40	Collected Nitrate & Nitrite Samples
12	X	24	49,900										1.40	Collected Asbestos Samples
13	X	24	41,200										1.00	
14	X	24	36,000										1.30	
15		24	31,500											
16	X	24	31,000										1.30	
17	X	24	26,400										1.40	
18	X	24	32,200										1.50	
19	X	24	36,300										1.40	
20	X	24	21,800										1.30	
21	X	24	34,000										1.30	
22		24	42,700											
23	X	24	42,700										1.40	
24	X	24	29,400										1.40	
25	X	24	32,400										1.40	
26	X	24	51,300										1.50	
27	X	24	40,500										1.40	
28	X	24	20,000										1.30	
29		24	31,400											
30	X	24	31,400										1.40	
31	X	24	37,400										1.30	
Total			1,123,800											
Average			36,251											
Maximum			51,300											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon - Fri. Days
	Terry Sillitoe	A	12749	Sat - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 7-8-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008	Plant Name: Phillips

III. Daily Data for the Month Year of: June 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	28,600										1.20	
2	X	24	18,800										1.20	
3	X	24	32,100										1.60	
4	X	24	31,000										1.50	
5		24	39,500											
6	X	24	39,000										1.20	
7	X	24	27,100										1.40	Collected Bacte Samples
8	X	24	43,700										1.20	
9	X	24	46,300										1.30	
10	X	24	27,800										1.20	
11	X	24	28,000										1.30	
12		24	49,500											
13	X	24	49,500										1.70	
14	X	24	35,300										1.60	
15	X	24	34,600										1.30	
16	X	24	41,400										1.40	
17	X	24	29,200										1.00	
18	X	24	21,000										1.30	
19		24	25,700											
20	X	24	25,700										1.10	
21	X	24	29,300										1.20	
22	X	24	25,000										1.20	
23	X	24	56,200										1.10	
24	X	24	22,300										1.10	
25	X	24	22,000										1.20	
26		24	20,300											
27	X	24	19,000										1.20	
28	X	24	12,800										1.40	
29	X	24	19,500										1.30	
30	X	24	18,100										1.30	
31														
Total			918,300											
Average			30,610											
Maximum			56,200											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 8-5-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008	Plant Name: Phillips

III. Daily Data for the Month Year of: July 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	24,100										1.70	
2	X	24	14,000										0.40	
3		24	20,900											
4	X	24	20,000										2.00	
5	X	24	24,000										1.80	
6	X	24	19,800										1.70	Collected Haste Samples
7	X	24	27,700										1.60	
8	X	24	17,800										1.40	
9	X	24	13,900										1.60	
10		24	23,700											
11	X	24	23,000										1.40	
12	X	24	17,000										1.40	
13	X	24	26,700										1.20	
14	X	24	25,000										1.20	
15	X	24	21,100										1.20	
16	X	24	13,000										1.40	
17		24	24,700											
18	X	24	23,000										1.30	
19	X	24	28,500										1.30	
20	X	24	30,600										1.40	
21	X	24	31,300										1.30	
22	X	24	29,900										1.20	
23	X	24	15,000										1.30	
24		24	24,200											
25	X	24	24,000										1.20	
26	X	24	17,100										1.10	
27	X	24	27,300										1.20	
28	X	24	28,000										1.00	
29	X	24	14,300										0.50	
30	X	24	23,000										1.20	
31		24	24,800											
Total			697,400											
Average			22,496											
Maximum			31,300											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: August 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420 W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 9/6/2011	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008	Plant Name: Phillips

III. Daily Data for the Month Year of: August 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	24,700										1.70	
2	X	24	16,900										0.70	
3	X	24	18,900										1.10	Collected Bacte Samples
4	X	24	19,900										1.30	
5	X	24	21,000										1.30	
6	X	24	19,000										1.40	
7		24	34,700											
8	X	24	34,000										1.30	
9	X	24	16,800										1.30	
10	X	24	17,200										1.20	
11	X	24	24,900										1.20	
12	X	24	14,200										0.80	
13	X	24	16,000										1.00	
14		24	27,300											
15	X	24	26,000										1.30	
16	X	24	18,800										1.20	
17	X	24	24,800										1.40	
18	X	24	24,600										1.20	
19	X	24	15,600										1.20	
20	X	24	15,000										1.30	
21		24	25,700											
22	X	24	25,700										1.40	
23	X	24	19,700										1.20	
24	X	24	21,000										1.30	
25	X	24	19,100										1.00	
26	X	24	16,000										1.20	
27	X	24	17,000										1.10	
28		24	26,500											
29	X	24	25,000										1.30	
30	X	24	23,000										1.30	
31	X	24	21,400										1.10	Collected Lead & Copper Samples
Total			670,400											
Average			21,625											
Maximum			34,700											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: September 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips			Plant Telephone Number: 407-869-1919
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 10/7/11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008 | Plant Name: Phillips

III. Daily Data for the Month Year of: September 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	23,600										1.20	
2	X	24	25,300										1.00	
3	X	24	12,000										1.10	
4		24	25,800											
5	X	24	25,000										0.50	
6	X	24	28,500										1.50	Collected Bacte Samples
7	X	24	18,900										1.20	
8	X	24	19,000										1.20	
9	X	24	12,700										1.40	
10	X	24	15,000										1.30	
11		24	25,900											
12	X	24	25,900										1.20	
13	X	24	20,200										1.20	
14	X	24	24,100										1.00	
15	X	24	34,400										2.00	
16	X	24	20,800										2.00	
17	X	24	18,000										1.70	
18		24	31,900											
19	X	24	31,900										1.00	
20	X	24	15,300										1.20	
21	X	24	18,300										1.30	
22	X	24	22,000										1.20	
23	X	24	13,700										1.30	
24	X	24	19,000										1.10	
25		24	22,000											
26	X	24	22,000										1.30	
27	X	24	15,200										1.50	
28	X	24	24,100										1.20	
29	X	24	20,100										1.40	
30	X	24	31,600										1.20	
31														
Total			662,200											
Average			22,073											
Maximum			34,400											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: October 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 11-7-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008	Plant Name: Phillips

III. Daily Data for the Month Year of: October 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	19,000										1.40	
2		24	44,900											
3	X	24	44,000										1.20	
4	X	24	33,700										1.20	Collected Bacte Samples
5	X	24	60,400										1.40	
6	X	24	20,900										0.90	
7	X	24	32,500										1.20	
8	X	24	16,000										1.20	
9		24	23,100											
10	X	24	23,000										1.00	
11	X	24	23,200										1.20	
12	X	24	15,900										1.10	
13	X	0											1.20	Plant on Interconnect, new Hydro Tank install
14	X	0											0.80	Plant on Interconnect
15	X	0											0.70	Plant on Interconnect
16		0												Plant on Interconnect
17	X	0											0.70	Plant on Interconnect 1 st day Bacte
18	X	0											0.90	Plant on Interconnect 2 nd day Bacte
19	X	0											0.90	Plant on Interconnect
20	X	0											1.10	Plant on Interconnect, Plant BIS @ 1600
21	X	24	16,400										1.40	
22	X	24	18,000										1.50	
23		24	28,700											
24	X	24	28,000										1.50	
25	X	24	24,400										1.40	
26	X	24	14,900										1.40	
27	X	24	39,500										1.30	
28	X	24	22,200										1.50	
29	X	24	21,000										1.50	
30		24	22,300											
31	X	24	22,000										1.40	
Total			614,000											
Average			26,695											
Maximum			60,400											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: November 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Corey Sudol	B	142700	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days
	Pedro Figueroa	C	17160	Mon. - Fri. Days

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	Printed or Typed Name	License Number
12-6-11	Corey Sudol	B-14271

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008	Plant Name: Phillips

III. Daily Data for the Month Year of: November 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	19,700										1.20	
2	X	24	14,300										1.00	Collected Bacte Samples
3	X	24	23,900										1.20	
4	X	24	13,900										1.00	
5	X	24	15,000										1.20	
6		24	9,800											
7	X	24	9,800										0.90	
8	X	24	7,500										1.00	
9	X	24	10,800										1.10	
10	X	24	17,700										1.20	
11	X	24	13,500										1.50	
12	X	24	12,000										1.20	
13		24	19,200											
14	X	24	19,200										1.20	
15	X	24	13,600										1.80	
16	X	24	10,500										1.50	
17	X	24	20,000										1.60	
18	X	24	16,300										1.50	
19	X	24	18,000										1.50	
20		24	18,850											
21	X	24	18,850										1.10	
22	X	24	30,900										1.30	
23	X	24	15,800										1.30	
24	X	24	17,300										2.50	
25	X	24	23,200										2.00	
26	X	24	23,200										1.80	
27		24	29,850											
28	X	24	29,850										2.80	
29	X	24	17,600										2.80	
30	X	24	19,700										3.00	
31														
Total			529,800											
Average			17,660											
Maximum			30,900											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: December 2011

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Phillips		Plant Telephone Number: 407-869-1919	
Plant Address: 420a W. Crystal Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 1/5/2012	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591008 | Plant Name: Phillips

III. Daily Data for the Month/Year of: December 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	24,600										2.90	
2		24	16,000										2.40	
3	X	24	16,000										2.00	
4	X	24	21,500											
5	X	24	21,000										2.60	
6	X	24	19,600										2.70	Collected Bacte Samples
7	X	24	21,800										2.70	
8	X	24	22,500										2.50	
9		24	26,000										1.40	
10	X	24	16,000										1.70	
11	X	24	28,900											
12	X	24	28,900										1.50	
13	X	24	18,400										1.70	
14	X	24	17,900										1.50	
15	X	24	13,600										1.70	
16		24	11,400										1.50	
17	X	24	15,000										1.50	
18	X	24	19,400											
19	X	24	19,400										1.70	
20	X	24	16,800										1.50	
21	X	24	18,000										1.10	
22	X	24	23,300										1.40	
23		24	12,700										1.60	
24	X	24	23,000										1.40	
25	X	24	24,000											
26	X	24	22,000										1.60	
27	X	24	20,100										2.80	
28	X	24	19,700										2.80	
29	X	24	15,400										2.90	
30	X	24	17,200										2.40	
31	X	24	15,300										1.80	
Total			605,400											
Average			19,529											
Maximum			28,900											

** 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: 3591008	Plant Name: Phillips

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2011

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): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.5
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.*

2011

MORs

RAVENNA PARK

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 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	C	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
2-4-2011	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: January 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	59,000										1.30	
2	X	24	73,000											
3	X	24	73,000										1.50	
4	X	24	67,000										1.40	Collected Bacte Samples
5	X	24	84,000										1.50	
6	X	24	68,000										1.70	
7	X	24	65,000										1.70	
8	X	24	51,000										1.50	
9	X	24	71,000											
10	X	24	71,000										1.30	
11	X	24	77,000										1.20	
12	X	24	53,000										1.40	
13	X	24	63,000										1.20	
14	X	24	64,000										1.50	
15	X	24	70,000										1.50	
16	X	24	71,000											
17	X	24	71,000										1.60	
18	X	24	59,000										1.50	
19	X	24	69,000										1.60	
20	X	24	88,000										1.60	
21	X	24	66,000										1.50	
22	X	24	45,000										1.40	
23	X	24	68,000											
24	X	24	67,000										1.40	
25	X	24	66,000										1.30	
26	X	24	62,000										1.60	
27	X	24	86,000										1.60	
28	X	24	65,000										1.70	
29	X	24	51,000										1.60	
30	X	24	75,000											
31	X	24	74,000										1.50	
Total			2,092,000											
Average			67,483											
Maximum			88,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon.- Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-4-2011	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: February 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	50,000										1.60	Collected Hacte Samples
2	X	24	72,000										1.60	
3	X	24	86,000										1.40	
4	X	24	65,000										1.50	
5	X	24	67,000										1.30	
6		24	67,000											
7	X	24	66,000										1.60	
8	X	24	80,000										1.50	
9	X	24	68,000										1.50	
10	X	24	64,000										1.50	
11	X	24	46,000										1.50	
12	X	24	78,000										1.40	
13		24	66,000											
14	X	24	65,000										1.50	
15	X	24	68,000										1.40	
16	X	24	74,000										1.50	
17	X	24	76,000										1.40	
18	X	24	99,000										1.50	
19	X	24	62,000										1.40	
20		24	84,000											
21	X	24	84,000										1.40	
22	X	24	51,000										1.50	
23	X	24	109,000										1.50	
24	X	24	72,000										1.40	
25	X	24	67,000										1.40	
26	X	24	51,000										1.30	
27		24	82,000											
28	X	24	81,000										1.20	
29														
30														
31														
Total			2,000,000											
Average			71,428											
Maximum			109,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: March 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 4-5-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: March 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	77,000										1.30	
2	X	24	70,000										1.50	
3	X	24	70,000										1.50	
4	X	24	69,000										1.50	
5	X	24	81,000										1.80	
6		24	75,000											
7	X	24	74,000										1.60	
8	X	24	42,000										1.40	Collected Bacte Samples
9	X	24	72,000										1.50	
10	X	24	70,000										1.50	
11	X	24	86,000										1.40	
12	X	24	43,000										1.20	
13		24	75,000											
14	X	24	74,000										1.40	
15	X	24	71,000										1.40	
16	X	24	71,000										1.30	
17	X	24	77,000										1.40	
18	X	24	110,000										1.40	
19	X	24	60,000										1.20	
20		24	78,000											
21	X	24	78,000										1.40	
22	X	24	71,000										1.40	
23	X	24	96,000										1.50	
24	X	24	49,000										1.40	
25	X	24	90,000										1.40	
26	X	24	74,000										1.20	
27		24	81,000											
28	X	24	81,000										1.30	
29	X	24	68,000										1.20	
30	X	24	89,000										1.60	
31	X	24	56,000										1.40	
Total			2,278,000											
Average			73,483											
Maximum			110,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
5-6-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: April 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	66,000										1.50	
2	X	24	50,000										1.40	
3		24	67,000											
4	X	24	66,000										1.50	
5	X	24	107,000										1.50	
6	X	24	46,000										1.50	
7	X	24	73,000										1.50	
8	X	24	91,000										1.40	
9	X	24	59,000										1.50	
10		24	83,000											
11	X	24	83,000										1.40	Collected Bacte Samples
12	X	24	101,000										1.40	
13	X	24	62,000										1.30	
14	X	24	81,000										1.30	
15	X	24	75,000										1.30	
16	X	24	54,000										1.40	
17		24	77,000											
18	X	24	76,000										1.20	
19	X	24	75,000										1.20	
20	X	24	102,000										1.30	
21	X	24	75,000										1.20	
22	X	24	79,000										1.40	
23	X	24	54,000										1.20	
24		24	99,000											
25	X	24	99,000										1.30	
26	X	24	56,000										1.20	
27	X	24	115,000										1.30	
28	X	24	95,000										1.30	
29	X	24	84,000										1.40	
30	X	24	60,000										1.20	
31														
Total			2,310,000											
Average			77,000											
Maximum			115,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
6-7-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: May 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	102,000											
2	X	24	102,000										1.30	
3	X	24	84,000										1.40	
4	X	24	60,000										1.40	
5	X	24	136,000										1.30	
6	X	24	98,000										1.30	
7	X	24	84,000										1.30	
8		24	100,000											
9	X	24	100,000										1.20	Collected Bacte Samples
10	X	24	117,000										1.30	
11	X	24	67,000										1.10	Collected Nitrate & Nitrite Samples
12	X	24	102,000										1.30	Collected Asbestos Sample
13	X	24	115,000										1.40	
14	X	24	56,000										1.30	
15		24	91,000											
16	X	24	90,000										1.80	
17	X	24	76,000										1.60	
18	X	24	93,000										1.50	
19	X	24	75,000										1.40	
20	X	24	63,000										1.40	
21	X	24	97,000										1.30	
22		24	100,000											
23	X	24	100,000										1.30	
24	X	24	66,000										1.30	
25	X	24	90,000										1.00	
26	X	24	117,000										1.30	
27	X	24	79,000										1.40	
28	X	24	59,000										1.30	
29		24	69,000											
30	X	24	69,000										1.40	
31		24	98,000										1.30	
Total			2,755,000											
Average			88,870											
Maximum			136,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon.- Fri. - Days
	Terry Sillitoe	A	12749	Sat - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 7-6-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month Year of: June 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	88,000										1.00	
2	X	24	37,000										1.10	
3	X	24	92,000										1.20	
4	X	24	58,000										1.30	
5		24	102,000											
6	X	24	101,000										1.10	
7	X	24	53,000										1.10	Collected Hacte Samples
8	X	24	96,000										1.30	
9	X	24	96,000										1.20	
10	X	24	94,000										1.10	
11	X	24	54,000										1.20	
12		24	95,000											
13	X	24	96,000										0.80	
14	X	24	71,000										0.80	
15	X	24	79,000										0.70	
16	X	24	97,000										1.00	
17	X	24	88,000										0.30	
18	X	24	69,000										0.70	
19		24	77,000											
20	X	24	77,000										0.40	
21	X	24	81,000										1.10	
22	X	24	84,000										1.00	
23	X	24	86,000										1.20	
24	X	24	81,000										1.00	
25	X	24	68,000										1.10	
26		24	84,000											
27	X	24	83,000										1.10	
28	X	24	38,000										1.10	
29	X	24	70,000										1.10	
30	X	24	62,000										1.30	
31														
Total			2,357,000											
Average			78,566											
Maximum			102,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon.- Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon.- Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
8/5/2011	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: July 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	61,000										1.20	
2	X	24	69,000										1.10	
3		24	81,000											
4	X	24	81,000										1.00	
5	X	24	67,000										0.90	
6	X	24	49,000										0.80	Collected Bacte Samples
7	X	24	90,000										0.90	
8	X	24	62,000										1.20	
9	X	24	54,000										0.70	
10		24	76,000											
11	X	24	76,000										1.10	
12	X	24	58,000										1.10	
13	X	24	45,000										1.00	
14	X	24	86,000										1.00	
15	X	24	70,000										1.10	
16	X	24	40,000										0.90	
17		24	70,000											
18	X	24	69,000										0.80	
19	X	24	63,000										0.80	
20	X	24	73,000										1.20	
21	X	24	72,000										1.30	
22	X	24	101,000										1.80	
23	X	24	50,000										1.50	
24		24	83,000											
25	X	24	83,000										1.30	
26	X	24	59,000										1.20	
27	X	24	47,000										1.20	
28	X	24	96,000										1.20	
29	X	24	44,000										1.20	Collected TTHM & HAA5
30	X	24	76,000										1.10	
31		24	77,000											
Total			2,128,000											
Average			68,645											
Maximum			101,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

REVISED 9/21/11

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 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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.

Pedro Figueroa 9/6/2011
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month Year of: August 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	78,000										0.80	
2	X	24	68,000										0.90	Hydro Tank 2 Failed Insp. OOS
3	X	24	75,000										0.50	Collected Bacte Samples
4	X	24	78,000										0.60	
5	X	24	78,000										1.30	
6	X	24	79,000										1.30	
7		24	104,000											
8	X	24	104,000										1.20	
9	X	24	69,000										1.10	
10	X	24	53,000										1.10	
11	X	24	97,000										1.20	
12	X	24	71,000										0.80	
13	X	24	61,000										1.00	
14		24	90,000											
15	X	24	89,000										0.90	
16	X	24	80,000										0.50	
17	X	24	82,000										0.80	
18	X	24	107,000										0.70	
19	X	24	50,000										0.80	
20	X	24	68,000										1.00	
21		24	81,000											
22	X	24	80,000										1.00	
23	X	24	90,000										1.80	
24	X	24	94,000										1.40	
25	X	24	75,000										1.30	
26	X	24	74,000										1.40	
27	X	24	48,000										1.20	
28		24	96,000											
29	X	24	97,000										1.40	
30	X	24	91,000										1.20	
31	X	24	107,000										1.30	Lead and Copper samples collected.
Total			2,514,000											
Average			81,096											
Maximum			107,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: September 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
10/7/11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month Year of: September 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	70,000										1.50	
2	X	24	81,000										1.50	
3	X	24	53,000										1.30	
4		24	87,000											
5	X	24	86,000										1.40	
6	X	24	109,000										1.20	Collected Bacte Samples
7	X	24	80,000										1.30	
8	X	24	69,000										1.70	
9	X	24	56,000										1.40	
10	X	24	68,000										1.50	
11		24	99,000											
12	X	24	99,000										1.40	
13	X	24	48,000										1.20	
14	X	24	103,000										1.40	
15	X	24	56,000										2.80	
16	X	24	92,000										2.00	
17	X	24	65,000										1.90	
18		24	97,000											
19	X	24	97,000										2.00	
20	X	24	70,000										1.20	
21	X	24	50,000										1.40	
22	X	24	94,000										1.40	
23	X	24	46,000										1.50	
24	X	24	72,000										1.60	
25		24	85,000											
26	X	24	84,000										1.50	
27	X	24	46,000										1.20	
28	X	24	93,000										1.30	
29	X	24	53,000										1.20	
30	X	24	103,000										1.30	
31		24												
Total			2,311,000											
Average			77,033											
Maximum			109,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: October 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
11-7-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month Year of: October 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	45,000										1.40	
2		24	91,000											
3	X	24	90,000										1.30	
4	X	24	51,000										1.10	Collected Bacte Samples
5	X	24	108,000										1.10	
6	X	24	41,000										1.30	
7	X	24	91,000										1.10	
8	X	24	47,000										1.20	
9		24	77,000											
10	X	24	76,000										1.00	
11	X	24	66,000										1.00	
12	X	24	66,000										1.00	
13	X	24	81,000										1.20	
14	X	24	53,000										1.80	
15	X	24	70,000										1.60	
16		24	65,000											
17	X	24	64,000										1.50	
18	X	24	78,000										0.80	
19	X	24	86,000										1.10	
20	X	24	54,000										2.50	
21	X	24	64,000										1.80	
22	X	24	57,000										1.60	
23		24	94,000											
24	X	24	93,000										1.30	
25	X	24	65,000										1.30	
26	X	24	49,000										1.30	
27	X	24	103,000										1.20	
28	X	24	72,000										1.10	
29	X	24	56,000										1.30	
30		24	76,000											
31	X	24	76,000										1.20	
Total			2,205,000											
Average			71,129											
Maximum			108,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: November 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919	
Plant Address: 111 Temple Dr.	City: Sanford		State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Corey Sudol	B	14271	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days
	Pedro Figueroa	C	17160	Mon. - Fri. - Days

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	Printed or Typed Name	License Number
12-6-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061	Plant Name: Ravenna Park

III. Daily Data for the Month Year of: November 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	68,000										1.20	
2	X	24	52,000										1.10	Collected Bacte Samples
3	X	24	68,000										1.00	
4	X	24	70,000										0.90	
5	X	24	76,000										1.00	
6		24	78,000											
7	X	24	78,000										1.00	
8	X	24	73,000										1.00	
9	X	24	80,000										1.30	
10	X	24	73,000										1.20	
11	X	24	79,000										2.20	
12	X	24	52,000										1.80	
13		24	77,000											
14	X	24	77,000										1.70	
15	X	24	55,000										1.80	
16	X	24	91,000										1.40	
17	X	24	49,000										1.40	
18	X	24	66,000										1.40	
19	X	24	72,000										1.40	
20		24	72,000											
21	X	24	72,000										1.20	
22	X	24	71,000										1.60	
23	X	24	62,000										1.10	
24	X	24	75,000										1.50	
25	X	24	72,000										1.60	
26	X	24	65,000										1.60	
27		24	69,000											
28	X	24	70,000										1.50	
29	X	24	67,000										1.20	
30	X	24	72,000										1.50	
31														
Total			2,101,000											
Average			70,033											
Maximum			91,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: December 2011

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park			Plant Telephone Number: 407-869-1919
Plant Address: 111 Temple Dr.	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 1/5/2012	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3691061 | Plant Name: Ravenna Park

III. Daily Data for the Month Year of: December 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	68,000										0.90	
2	X	24	65,000										0.60	
3	X	24	65,000										0.80	
4		24	72,000											
5	X	24	72,000										1.00	
6	X	24	67,000										1.20	Collected Bacte Samples
7	X	24	79,000										1.10	
8	X	24	65,000										2.50	
9	X	24	94,000										1.20	
10	X	24	55,000										1.60	
11		24	73,000											
12	X	24	72,000										1.60	
13	X	24	76,000										1.40	
14	X	24	87,000										1.30	
15	X	24	53,000										1.40	
16	X	24	66,000										1.30	
17	X	24	72,000										1.30	
18		24	66,000											
19	X	24	65,000										1.20	
20	X	24	65,000										1.20	
21	X	24	96,000										1.20	
22	X	24	63,000										1.00	
23	X	24	40,000										1.50	
24	X	24	83,000										1.50	
25		24	69,000											
26	X	24	68,000										1.40	
27	X	24	64,000										1.80	
28	X	24	69,000										1.80	
29	X	24	66,000										1.80	
30	X	24	64,000										1.60	
31	X	24	71,000										1.40	
Total			2,150,000											
Average			69,354											
Maximum			96,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

2011

MORs

WEATHERSFIELD

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 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	C	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 2-4-2011	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451 | Plant Name: Weathersfield

III. Daily Data for the Month/Year of: January 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	200,000										1.30	
2	X	24	225,000											
3	X	24	225,000										1.50	
4	X	24	164,000										1.30	
5	X	24	202,000										1.40	
6	X	24	265,000										1.40	
7	X	24	153,000										1.50	
8	X	24	220,000										1.40	
9	X	24	213,000											
10	X	24	212,000										1.50	Collected Bacte Samples
11	X	24	151,000										1.50	
12	X	24	205,000										1.30	
13	X	24	210,000										1.50	
14	X	24	232,000										1.50	
15	X	24	195,000										1.30	
16	X	24	219,000											
17	X	24	219,000										1.40	
18	X	24	237,000										1.20	
19	X	24	163,000										1.30	
20	X	24	217,000										1.10	
21	X	24	245,000										1.50	
22	X	24	172,000										1.50	
23	X	24	240,000											
24	X	24	239,000										1.30	
25	X	24	214,000										1.40	
26	X	24	204,000										1.30	
27	X	24	259,000										1.50	
28	X	24	160,000										1.40	
29	X	24	212,000										1.30	
30	X	24	223,000											
31	X	24	222,000										1.40	
Total			6,517,000											
Average			210,225											
Maximum			265,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 3-17-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month/Year of: February 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	196,000										1.20	Collected Bacte Samples
2	X	24	213,000										1.40	
3	X	24	207,000										1.50	
4	X	24	303,000										1.50	
5	X	24	195,000										1.40	
6	X	24	211,000											
7	X	24	211,000										1.40	
8	X	24	209,000										1.50	
9	X	24	218,000										1.50	
10	X	24	261,000										1.40	
11	X	24	235,000										1.50	
12	X	24	≤30,000 lb										0.90	Plant is on Interconnect
13	X	24												
14	X	24											0.80	
15	X	24											0.80	
16	X	24											0.60	
17	X	24											0.90	
18	X	24											1.10	
19	X	24											0.90	
20	X	24												
21	X	24											0.60	
22	X	24											0.90	
23	X	24											0.90	
24	X	24											0.80	
25	X	24											1.00	
26	X	24											0.80	
27	X	24												
28	X	24											0.80	Plant still on Interconnect
29	X	24												
30	X	24												
31	X	24												
Total			2,489,000											
Average			207,416											
Maximum			303,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

REVISED 10/14/11

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 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 4-5-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month/Year of: March 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24											0.90	Plant is on the interconnect
2	X	24											0.70	Plant is on the interconnect
3	X	24											0.80	Plant is on the interconnect
4	X	24											0.70	Plant is on the interconnect
5	X	24											0.80	Plant is on the interconnect
6		24												Coli. Bact, Plt. on interconnect
7	X	24											0.70	Plant is on the interconnect
8	X	24											0.90	Plant is on the interconnect
9	X	24											0.70	Plant is on the interconnect
10	X	24											0.80	Plant is on the interconnect
11	X	24											0.70	Plant is on the interconnect
12	X	24											0.70	Plant is on the interconnect
13		24												Plant is on the interconnect
14	X	24											0.60	Plant is on the interconnect
15	X	24											0.40	Plant is on the interconnect
16	X	24											0.40	Plant is on the interconnect, New VFD HSP 1
17	X	24	10,000										0.30	
18	X	24	232,000										0.50	
19	X	24	227,000										0.90	
20		24	272,000											
21	X	24	271,000										1.00	
22	X	24	324,000										0.70	
23	X	24	61,000										0.70	
24	X	24											0.70	Plant is on the interconnect
25	X	24	190,000										0.60	
26	X	24	307,000										0.80	
27		24	260,000											
28	X	24	259,000										1.00	
29	X	24	233,000										0.70	
30	X	24	250,000										0.70	
31	X	24	200,000										0.90	
Total			3,096,000											
Average			221,142											
Maximum			324,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
5-6-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month/Year of: April 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	213,000										0.80	
2	X	24	300,000										0.90	
3		24	261,000											
4	X	24	261,000										0.30	
5	X	24	237,000										0.40	
6	X	24	158,000										0.80	
7	X	24	248,000										1.00	
8	X	24	345,000										0.70	
9	X	24	217,000										1.00	
10		24	296,000											
11	X	24	296,000										1.00	Collected Bacte Samples
12	X	24	304,000										1.10	
13	X	24	215,000										1.00	
14	X	24	254,000										1.20	
15	X	24	277,000										1.20	
16	X	24	330,000										1.10	
17		24	264,500											
18	X	24	264,500										1.30	
19	X	24	328,000										1.10	
20	X	24	196,000										1.20	
21	X	24	275,000										1.10	
22	X	24	301,000										1.00	
23	X	24	247,000										1.00	
24		24	327,000											
25	X	24	327,000										1.00	
26	X	24	196,000										0.80	
27	X	24	246,000										1.20	
28	X	24	361,000										1.30	
29	X	24	206,000										1.30	
30	X	24	366,000										1.10	
31														
Total			8,117,000											
Average			270,566											
Maximum			366,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
6-7-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month/Year of: May 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	318,000											
2	X	24	318,000										1.00	
3	X	24	438,000										1.00	
4	X	24	290,000										1.10	
5	X	24	192,000										1.20	
6	X	24	270,000										1.00	
7	X	24	310,000										0.90	
8		24	305,000											
9	X	24	305,000										0.70	Collected Bacte Samples
10	X	24	202,000										0.90	
11	X	24	280,000										1.00	
12	X	24	291,000										1.20	
13	X	24	283,000										1.30	Collected Asbestos Sample
14	X	24	346,000										1.40	
15		24	224,000											
16	X	24	224,000										1.00	Collected Tri- Anuals Samples
17	X	24	297,000										0.80	
18	X	24	186,000										1.00	
19	X	24	288,000										0.80	
20	X	24	275,000										1.00	
21	X	24	316,000										0.90	
22		24	292,000											
23	X	24	291,000										0.80	
24	X	24	291,000										0.80	
25	X	24	273,000										0.90	
26	X	24	334,000										1.40	
27	X	24	255,000										1.00	
28	X	24	280,000										1.20	
29		24	256,000											
30	X	24	255,000										1.20	
31	X	24	370,000										1.20	
Total			8,855,000											
Average			285,645											
Maximum			438,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
7-5-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month Year of: June 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	202,000										1.30	
2	X	24	238,000										1.20	
3	X	24	247,000										1.30	
4	X	24	253,000										1.30	
5		24	271,000											
6	X	24	270,000										1.20	Collected Bacte Samples
7	X	24	252,000										0.80	
8	X	24	256,000										0.60	
9	X	24	274,000										0.80	
10	X	24	271,000										1.30	
11	X	24	277,000										1.50	
12		24	289,000											
13	X	24	288,000										1.50	
14	X	24	268,000										1.30	
15	X	24	242,000										1.20	
16	X	24	220,000										1.20	
17	X	24	226,000										1.00	
18	X	24	329,000										1.00	
19		24	181,000											
20	X	24	180,000										1.10	
21	X	24	289,000										1.40	
22	X	24	237,000										1.40	
23	X	24	177,000										1.30	
24	X	24	226,000										1.30	
25	X	24	222,000										1.40	
26		24	216,000											
27	X	24	215,000										1.30	
28	X	24	200,000										1.00	
29	X	24	212,000										1.20	
30	X	24	229,000										1.20	
31													1.40	
Total			7,257,000											
Average			241,900											
Maximum			329,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 8-5-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month Year of: July 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	263,000										1.00	
2	X	24	174,000										0.80	
3		24	240,000											
4	X	24	239,000										0.70	
5	X	24	251,000										1.00	
6	X	24	263,000										1.10	
7	X	24	220,000										1.40	
8	X	24	176,000										1.30	
9	X	24	224,000										2.00	
10		24	221,000											
11	X	24	220,000										1.30	Collected Bacte Samples
12	X	24	227,000										1.30	
13	X	24	231,000										1.10	
14	X	24	278,000										1.20	
15	X	24	182,000										1.00	
16	X	24	247,000										1.10	
17		24	233,000											
18	X	24	232,000										1.10	
19	X	24	224,000										1.00	
20	X	24	224,000										1.20	
21	X	24	234,000										1.30	
22	X	24	252,000										1.20	
23	X	24	217,000										1.30	
24		24	209,000											
25	X	24	209,000										1.10	Collected SOC Samples
26	X	24	225,000										1.00	
27	X	24	208,000										0.90	
28	X	24	205,000										0.90	Collected TTHM & HAA5
29	X	24	229,000										1.00	
30	X	24	293,000										1.00	
31		24	227,000											
Total			7,077,000											
Average			228,290											
Maximum			293,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: Aug 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

II. Certification by Lead Chief Operator

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Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 9/6/2011	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451 | Plant Name: Weathersfield

III. Daily Data for the Month Year of: Aug 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	226,000										0.70	
2	X	24	216,000										0.30	
3	X	24	320,000										1.00	
4	X	24	137,000										1.30	
5	X	24	233,000										1.30	
6	X	24	229,000										1.30	
7		24	249,000											
8	X	24	249,000										1.40	Collected Bacte Samples
9	X	24	221,000										1.40	
10	X	24	207,000										1.20	
11	X	24	214,000										1.30	
12	X	24	215,000										1.20	
13	X	24	251,000										1.00	
14		24	262,000											
15	X	24	262,000										1.00	
16	X	24	174,000										1.00	
17	X	24	232,000										1.40	
18	X	24	241,000										1.20	
19	X	24	189,000										1.30	
20	X	24	239,000										1.30	
21		24	225,000											
22	X	24	224,000										1.20	
23	X	24	232,000										0.90	
24	X	24	216,000										1.00	
25	X	24	224,000										0.90	
26	X	24	224,000										1.10	
27	X	24	253,000										0.70	
28		24	245,000											
29	X	24	244,000										0.60	
30	X	24	224,000										0.70	
31	X	24	280,000										0.90	Collected Lead & Copper Samples
Total			7,157,000											
Average			230,870											
Maximum			320,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: September 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
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Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
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Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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Signature and Date	Printed or Typed Name	License Number
Pedro Figueroa 10/7/11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month Year of: September 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	148,000										1.10	
2	X	24	217,000										1.20	
3	X	24	209,000										1.30	
4		24	241,000											
5	X	24	241,000										1.20	
6	X	24	250,000										1.20	
7	X	24	212,000										1.40	Collected Bacte Samples
8	X	24	247,000										1.20	
9	X	24	188,000										1.30	
10	X	24	230,000										1.30	
11		24	263,000											
12	X	24	262,000										1.00	
13	X	24	155,000										1.10	
14	X	24	232,000										1.10	
15	X	24	217,000										1.40	
16	X	24	228,000										1.30	
17	X	24	237,000										1.20	
18		24	238,000											
19	X	24	238,000										1.30	
20	X	24	273,000										1.20	
21	X	24	150,000										1.10	
22	X	24	208,000										1.00	
23	X	24	218,000										1.10	
24	X	24	239,000										0.90	
25		24	247,000											
26	X	24	247,000										1.00	
27	X	24	153,000										1.00	
28	X	24	229,000										1.30	
29	X	24	291,000										1.40	
30	X	24	127,000										1.30	
31		~~24~~												
Total			6,635,000											
Average			221,166											
Maximum			291,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: October 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 11-7-11	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month Year of: October 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	226,000										1.40	
2		24	233,000											
3	X	24	232,000										1.50	
4	X	24	282,000										1.60	Collected Bacte Samples
5	X	24	155,000										1.40	
6	X	24	235,000										1.30	
7	X	24	222,000										0.80	
8	X	24	224,000										1.10	
9		24	240,000											
10	X	24	239,000										1.10	
11	X	24	170,000										1.00	
12	X	24	219,000										1.30	
13	X	24	259,000										1.20	
14	X	24	178,000										1.30	
15	X	24	239,000										1.30	
16		24	220,000											
17	X	24	219,000										1.20	
18	X	24	214,000										1.00	
19	X	24	210,000										1.20	
20	X	24	278,000										1.00	
21	X	24	142,000										1.00	
22	X	24	273,000										1.20	
23		24	219,000											
24	X	24	218,000										1.00	
25	X	24	218,000										0.90	
26	X	24	226,000										1.00	
27	X	24	274,000										1.20	
28	X	24	187,000										1.30	
29	X	24	241,000										1.30	
30		24	238,000											
31	X	24	238,000										0.80	
Total			6,968,000											
Average			224,774											
Maximum			282,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: November 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days
	Corey Sudol	B	14271	Mon. - Fri. - Days

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	Printed or Typed Name	License Number
12-6-11	Corey Sudol	B-14271

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month Year of: November 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	151,000										1.00	Collected Bacte Samples
2	X	24	211,000										1.30	
3	X	24	206,000										1.20	
4	X	24	219,000										1.50	
5	X	24	241,000										1.40	
6		24	227,000											
7	X	24	226,000										0.90	
8	X	24	222,000										1.00	
9	X	24	222,000										1.00	
10	X	24	228,000										1.30	
11	X	24	283,000										1.30	
12	X	24	175,000										1.30	
13		24	249,000											
14	X	24	247,000										1.20	
15	X	24	217,000										1.20	
16	X	24	211,000										1.10	
17	X	24	259,000										1.00	
18	X	24	54,000										1.00	Plant on interconnect, replace 2" nipple H.T
19	X	24	269,000										1.00	
20		24	224,000											
21	X	24	222,000										1.10	
22	X	24	221,000										1.00	
23	X	24	225,000										1.20	
24	X	24	241,000										1.40	
25	X	24	239,000										1.50	
26	X	24	227,000										1.50	
27		24	236,000											
28	X	24	235,000										1.40	
29	X	24	259,000										1.30	
30	X	24	260,000										1.50	
31														
Total			6,706,000											
Average			223,533											
Maximum			283,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: December 2011

A. Public Water System (PWS) Information

PWS Name: Weathersfield WTF			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Weathersfield		Plant Telephone Number: 407-869-1919	
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Pedro Figueroa	C	17160	Mon. - Fri. - Days
Other Operators:	Allen Finch	B	7806	Mon. - Fri. - Days
	Terry Sillitoe	A	12749	Sat. - Days

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	Printed or Typed Name	License Number
Pedro Figueroa 1/5/2012	Pedro Figueroa	C-17160

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591451	Plant Name: Weathersfield

III. Daily Data for the Month Year of: December 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	145,000										1.50	
2	X	24	219,000										1.40	
3	X	24	221,000										1.20	
4		24	244,000											
5	X	24	243,000										1.10	
6	X	24	230,000										1.00	Collected Bacte Samples
7	X	24	223,000										1.50	
8	X	24	273,000										2.10	
9	X	24	178,000										1.60	
10	X	24	253,000										1.50	
11		24	233,000											
12	X	24	231,000										1.30	
13	X	24	206,000										1.20	
14	X	24	236,000										1.30	
15	X	24	201,000										1.20	
16	X	24	215,000										1.20	
17	X	24	238,000										1.10	
18		24	241,000											
19	X	24	239,000										1.00	
20	X	24	238,000										1.00	
21	X	24	237,000										1.30	
22	X	24	245,000										1.50	
23	X	24	226,000										1.60	
24	X	24	256,000										1.60	
25		24	238,000											
26	X	24	237,000										1.60	
27	X	24	215,000										1.50	
28	X	24	263,000										1.90	
29	X	24	152,000										1.60	
30	X	24	217,000										1.60	
31	X	24	230,000										1.40	
Total			7,023,000											
Average			226,548											
Maximum			273,000											

** Refer to the instructions for this report to determine which plants must provide this information.*