State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE:

January 4, 2022

TO:

Adam J. Teitzman, Commission Clerk, Office of Commission Clerk

FROM:

Emily Knoblauch, Engineering Specialist III, Division of Engineering

RE:

Docket No. 20210098-WU - Application for staff-assisted rate case in Pasco

County by A Utility Inc.

Please file the attached responses to staff's first data request from A Utility, Inc., in the above mentioned docket file.

Enclosure

COMMISSION



COMMISSIONERS: GARY F. CLARK, CHAIRMAN ART GRAHAM ANDREW GILES FAY MIKE LA ROSA GABRELLA PASSIDOMO



DIVISION OF ENGINEERING TOM BALLINGER DIRECTOR (850) 413-6910

Public Service Commission

July 7, 2021

	* *		
Attached Ans	WEKS	To This Re	guest_
Mr. Froy Fonder (8/3) 788 0665		STAFF'S FIRST DA	TA REOLEST
A Utility Inc.			VIA EMAIL
P.O. Box 669	DETE	ACTED	
Zephyrhills, FL 33539	进入 进入11万子	ACADAI	
Housingmanagementinc@yahoo.com			

Re: Docket No. 20210098-WU - Application for staff-assisted rate case in Pasco County by A Utility Inc.

Dear Mr. Fonder:

For the engineering portion of this rate case, staff requires several items to be completed to ensure fast and expedient treatment of your staff-assisted rate case. Please submit the following information for the period of January 1, 2020, through December 31, 2020, (test year).

- 1. All Utility related bills from the beginning of the test year to present which include meter number and location, gallons used, dollars paid, and the Utility's account numbers.
- 2. All Utility related electricity bills from the beginning of the test year to present which include meter number and location, kilowatts used, dollars paid, and the electric company's account numbers.

 See Pgs 7A 92
- A list of all chemicals used in the treatment of water, amounts purchased, quantity purchased, unit prices paid and dosage rates utilized.
- 4. A list of tests along with costs paid to outside laboratories for testing the water treatment during the test year.

 See pgs 97-116 Also pgs 117-200
- 5. The costs of operation and maintenance work not performed by Utility employees with an explanation of the type of work performed. These costs include the operator's fee, mowing and grounds keeping and contracted repair for the water system.
- 6. A schedule of all vehicles by serial number and description owned or leased by the Utility, original cost or lease documents, whom the vehicles are assigned to, and an explanation of how they are allocated to the Utility, or a copy of the log book showing miles on personal vehicles associated with Utility business. All vehicles are to be available for inspection.

 (NONE)

7. Copies of your most recent Primary and Secondary Water Quality test results. See pgs

201 - 226 8. Copies of monthly operation reports for water from January 1, 2020, through December 31, 2020, (test year) which includes: total water purchased or pumped, total wash water, total of each chemical in points, and chemical dosages rates (average).

See pas 227-371 9. Copy of monthly totals of metered water sold for each month of the test year. UNMETERED

- 10. A written summary, by permit number, of all Department of Environmental Protection. Water Management District, and/or County Health Department permits. NONE
- 11. If any plant addition has been made or will be required due to a written order from a governmental agency, please provide a copy of that order. NONE
- 12. A list of all service complaints received during the test year and four years prior to the test year. Please include the date of the complaint, an explanation of how each complaint was resolved, and the date of resolution. NONE
- 13. A listing of all assets owned by the Utility.

Example: 200' - 8" PVC (Sewer)

250' - 6" PVC Pipe (Water)

50' - 6" PVC Fire Hydrants (Water) 372 - 395

Number of customers classified as to meter size and class (commercial or residential) for 14. the following points in time: the following points in time:
119 - UNMETERED RESIDENTIAL CUSTOMERS (CONNECTIONS) FLAT RATE
Billing

a. A minimum of four years prior to the beginning of the test (or calendar last) year.

- b. The beginning of the last calendar year.
- c. The end of the last calendar year.
- d. Present.
- 15. Please provide a copy of the Utility's engineering maps for the water system showing location and size of water mains throughout the service area and customer location and classification.

See Pas 372 -395 16. Please fill out the spreadsheet attached concerning any pro forma items. Please include any bid proposals or estimates for the pro forma items. (Pro forma items are any major maintenance or improvements planned for the system within the next two years.) If less than three bid proposals were received for each pro forma item, please explain why.

NONE

Mr. Troy Fonder Page 3 July 7, 2021

Please file the response to Staff's First Data Request with the Office of Commission Clerk no later than August 4, 2021. Please include the docket number (20210098-WU) on all filings with the Commission Clerk. If you have any questions, please contact Emily Knoblauch at 850-413-6632 or email eknoblau@psc.state.fl.us.

Sincerely,

/s/Emily Knoblauch

Emily Knoblauch Engineering Specialist

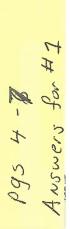
Enclosure

cc: Office of the Commission Clerk (Docket No. 20210098-WU)

A Utility Inc. Income by Customer Summary

January through December 2021

	Jan - Dec 21
37239 Tropical Dr.	177.53
37243 Tropical Dr.	177.53
37248 Kinkaid Dr.	177.53 177.53
37248 Tropical Dr. 37249 Hammond Dr.	177.53
37249 Tropical Dr.	177.53
37250 Burdock Dr. Lot	177.53
37250 Hammond Dr.	177.53
37251 Kinkaid Dr.	177.53
37300 Hammond Dr.	177.53 177.53
37300 Kinkaid Dr. (2) 37300 Tropical Dr.	177.53
37301 Hammond Dr.	177.53
37301 Tropical Dr.	177.53
37302 Burdock Dr.	177.53
37303 Kinkaid Dr.	177.53
37306 Tropical Dr.	177.53
37307 Hammond Dr. (2)	177.53 177.53
37307 Tropical Dr. 37308 Burdock Dr.	177.53
37308 Hammond (2)	177.53
37308 Kinkaid Dr.	177.53
37311 Kinkaid Dr. (2)	177.53
37312 Tropical Dr.	177.53
37313 Tropical Dr.	177.53
37314 Hammond Dr. (2)	177.53
37315 Hammond Dr. 37316 Burdock Dr.	177.53 177.53
37316 Kinkaid Dr.	177.53
37317 Kinkaid Dr.	177.53
37318 Hwy 54 west	177.53
37318 Tropical Dr.	177.53
37320 Hammond Dr.	177.53
37320 Hwy 54 west	177.53
37321 Hammond Dr.	177.53 177.53
37322 Burdock Dr. 37322 Kinkaid Dr.	177.53
37323 Kinkaid Dr. (2)	177.53
37324 Tropical Dr.	177.53
37325 Hammond Dr.	177.53
37326 Hammond Dr. (2)	44.19
37326 Hammond Dr. (3)	192.26
37328 Burdock Dr.	177.53
37329 Kinkaid Drive (2)	177.53 177.53
37330 Kinkaid Dr. (2) 37330 Tropical Dr. (3)	177.53
37331 Hammond Dr.	177.53
37338 Hammond Dr.	177.53
37340 Ray Dr. (2)	177.53
37340 Tropical Dr. (1)	177.53
37341 Hammond Dr.	177.53
37341 Ray Dr. 37344 Hammond Dr.	177.53 279.53
37347 Ray Dr.	177.53
37350 Hammond Dr. (2)	177.53
37350 Ray Dr. (Lien 12-20-12)	177.53
37350 Tropical Dr.	177.53
37351 Hammond Dr. (2)	177.53
37353 Ray Dr.	177.53
37400 Ray Dr.	177.53 177.53
37400 Tropical Dr. 37401 Hammond Dr.	177.53
37402 Hammond Dr.	177.53
37406 Hammond Dr. (3)	177.53
37406 Ray Dr.	177.53
37406 Tropical Dr. (2)	177.53
37407 Hammond Dr.	177.53



Page 1

11/29/21 Accrual Basis

A Utility Inc. Income by Customer Summary January through December 2021

	Jan - Dec 21
37408 Hwy 54 West	177.53
37411 Ray Dr. (2)	177.53
37412 Hammond Dr.	177.53
37412 Ray Dr. (2)	177.53
37412 Tropical Dr.	177.53
37415 Hammond Dr. (2)	177.53
37417 Ray Dr.	177.53
37418 Hammond Dr.	177.53
37418 Ray Dr.	177.53
37418 Tropical Dr.	177.53
37419 Hammond Dr.	177.53
37422 Hwy 54 West	177.53
37423 Ray Dr.	177.53
37424 Ray Dr.	177.53
37424 Tropical Dr. (2)	177.53 177.53
37426 Hammond Dr.	177.53
37427 Hammond Dr.	177.53
37427 Ray Dr. (2) 37432 Hammond Dr. (2)	177.53
37432 Ray Dr.	177.53
37432 Tropical Dr. (2)	177.53
37433 Hammond Dr.	177.53
37433 Ray Dr.	177.53
37437 Ray Dr.	177.53
37438 Hammond Dr.	177.53
37438 Ray Dr.	177.53
37438 Tropical Dr.	177.53
37439 Hammond Dr.	177.53
37441 Ray Dr.	177.53
37444 Hammond Dr.	177.53
37444 Ray Dr.	177.53
37444 Tropical Dr.	177.53
37445 Hammond Dr.	177.53
37445 Ray Dr.	177.53
4815 Kent Dr.	177.53
4816 Lamar Rd.	177.53
4819 Kent Dr.	177.53
4822 Lamar Rd. (2)	177.53
4825 Kent Dr.	177.53
4830 Lamar Rd.	177.53
4831 Kent Dr.	177.53
4834 Lamar Rd.	177.53
4837 Kent Dr.	177.53
4840 Lamar Rd. (2)	177.53
4843 Kent Dr.	177.53 177.53
4848 Lamar Rd.	
4851 Kent Dr.	177.53 177.53
4852 Lamar Rd.	177.53
4903 Kent Dr. 4904 Lamar Rd.	177.53
4909 Kent Dr.	177.53
4916 Lamar Rd.	177.53
Beverly & Doug H Tag#M239754 Tag#Z124ED	150.00
Bob Breeden FL Tag# KBS P15	60.00
Charles Franklin (Storage)	150.00
G. Kimmett Tag # SZN1457 Ohio	90.00
Harold Wheeler	150.00
Jerry Blount Tag# D876064	90.00
R. Samuel Long Tag# XNE2100	300.00
Virgil Snider Tag# C502438	165.00
TOTAL	22,264.46

A Utility Inc. Income by Customer Summary January through December 2020

	Jan - Dec 20
37239 Tropical Dr.	175.92
37243 Tropical Dr.	175.92
37248 Kinkaid Dr.	175.92 175.92
37248 Tropical Dr. 37249 Hammond Dr.	175.92
37249 Tropical Dr.	175.92
37250 Burdock Dr. Lot	84.72
37250 Hammond Dr.	175.92
37251 Kinkaid Dr. 37300 Hammond Dr.	175.92 175.92
37300 Kinkaid Dr. (1)	175.92
37300 Tropical Dr.	175.92
37301 Hammond Dr.	175.92
37301 Tropical Dr.	175.92 175.92
37302 Burdock Dr. 37303 Kinkaid Dr.	175.92
37306 Tropical Dr.	175.92
37307 Hammond Dr. (2)	175.92
37307 Tropical Dr.	175.92
37308 Burdock Dr.	175.92 175.92
37308 Hammond Dr. 37308 Kinkaid Dr.	175.92
37311 Kinkaid Dr. (1)	102.27
37311 Kinkaid Dr. (2)	73.65
37312 Tropical Dr.	175.92
37313 Tropical Dr.	175.92
37314 Hammond Dr. (2) 37315 Hammond Dr.	175.92 175.92
37316 Burdock Dr.	175.92
37316 Kinkaid Dr.	175.92
37317 Kinkaid Dr.	175.92
37318 Hwy 54 west	175.92
37318 Tropical Dr. 37320 Hammond Dr.	175.92 175.92
37320 Hwy 54 west	175.92
37321 Hammond Dr.	175.92
37322 Burdock Dr.	175.92
37322 Kinkaid Dr.	175.92
37323 Kinkaid Dr. (2) 37324 Tropical Dr.	175.92 175.92
37325 Hammond Dr.	175.92
37326 Hammond Dr. (2)	175.92
37328 Burdock Dr.	175.92
37329 Kinkaid Drive (2)	175.92
37330 Kinkaid Dr. (2) 37330 Tropical Dr. (3)	175.92 175.92
37331 Hammond Dr.	175.92
37338 Hammond Dr.	175.92
37340 Ray Dr. (1)	175.92
37340 Tropical Dr. (1)	175.92
37341 Hammond Dr. 37341 Ray Dr.	175.92 175.92
37344 Hammond Dr.	175.92
37347 Ray Dr.	175.92
37350 Hammond Dr. (2)	175.92
37350 Ray Dr. (Lien 12-20-12) 37350 Tropical Dr.	175.92 175.92
37350 Tropical Dr. 37351 Hammond Dr. (1)	161.19
37351 Hammond Dr. (2)	14.73
37353 Ray Dr.	175.92
37400 Ray Dr.	175.92
37400 Tropical Dr.	175.92
37401 Hammond Dr. 37402 Hammond Dr.	175.92 175.92
37406 Hammond Dr. (3)	175.92
37406 Ray Dr.	175.92
37406 Tropical Dr. (2)	175.92

A Utility Inc. Income by Customer Summary

January	through	December	2020
---------	---------	----------	------

	Jan - Dec 20
37407 Hammond Dr.	175.92
37408 Hwy 54 West	175.92
37411 Ray Dr. (2)	175.92
37412 Hammond Dr.	175.92
37412 Ray Dr. (2)	175.92
37412 Tropical Dr.	175.92
37415 Hammond Dr. (2)	175.92
37417 Ray Dr.	175.92
37418 Hammond Dr.	175.92
37418 Ray Dr.	175.92 175.93
37418 Tropical Dr.	175.92
37419 Hammond Dr. 37422 Hwy 54 West	175.92 175.92
	175.92
37423 Ray Dr.	175.92
37424 Ray Dr. 37424 Tropical Dr. (2)	175.92
37426 Hammond Dr.	175.92
	175.92
37427 Hammond Dr.	175.92
37427 Ray Dr. (2)	175.92
37432 Hammond Dr. (2)	175.92
37432 Ray Dr.	
37432 Tropical Dr. (2) 37433 Hammond Dr.	175.92 175.92
	230.92
37433 Ray Dr.	250.92 175.92
37437 Ray Dr.	
37438 Hammond Dr.	175.92 175.03
37438 Ray Dr. 37438 Tropical Dr.	175.92
	175.92 175.92
37439 Hammond Dr.	175.92
37441 Ray Dr.	175.92
37444 Hammond Dr.	175.92
87444 Ray Dr. 17444 Tropical Dr.	175.92
77444 Tropical Dr. 17445 Hammond Dr.	175.92
17445 Ray Dr.	175.92
1815 Kent Dr.	175.92
1816 Lamar Rd.	175.92
1819 Kent Dr.	175.92
4822 Lamar Rd. (2)	175.92
1825 Kent Dr.	175.92
4830 Lamar Rd.	175.92
4831 Kent Dr.	175.92
1834 Lamar Rd.	175.92
1837 Kent Dr.	175.92
1840 Lamar Rd. (1)	43.83
1840 Lamar Rd. (2)	132.09
1843 Kent Dr.	175.92
4848 Lamar Rd.	44.19
1848 Lamar Rd. (1)	131.73
4851 Kent Dr.	175.92
1852 Lamar Rd.	132.09
1852 Lamar Rd. (1)	43.83
1903 Kent Dr.	175.92
1904 Lamar Rd.	175.92
4909 Kent Dr.	175.92
4916 Lamar Rd.	175.92
Beverly & Doug H Tag#M239754 Tag#Z124ED	105.00
Bob Breeden FL Tag# KB\$ P15	105.00
Harold Wheeler	150.00
	90.00
Jerry Blount Tag# D876064 Virgil Snider Tag# C502438	90.00 45.00
riigii siiladi Tage Covzeso	43.00
AL	21,217.36

Your Energy Bill

Service address

A UTILITY INC

Bill date For service

Nov 9, 2021 Oct 4 - Nov 3

Page 1 of 3

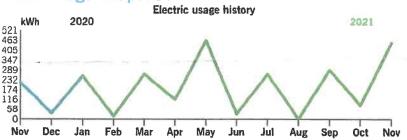
701 TROPICAL DR PUMP PUMP 31 days

Billing summary

Credit Amount, Do Not Pay	\$-97.06
Taxes	7.66
Current Electric Charges	71.40
Payment Received	0.00
Previous Amount Due	\$-176.12

We've made updates to your bill! Your usage snapshot now includes the average outdoor temperature, and a new account number also displays at the top of your statement. If paying electronically, we encourage you to use this new 12-digit number, although payments can be processed under the old account number, too. You can also add a contribution on your payment to help others. Visit duke-energy.com/BizBillUpdates to learn more.

Your usage snapshot



Average temperature in degrees

72°	60°	61	67	69	72	781	83	82	821	110	77	691
			Current	Month	Nov	2020	12-1	1onth L	Jsage	Avg M	onthly	Usage
Electr	ic (kWh)	45	0	2	217		2,257			188	
Avg. [Daily (k	Wh)	15	5		7		6				
12-m	onth us	age t	ased on	most re	cent h	istory						

No Pmt Dre Cudit Balance

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 0.0%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 GILLI DO INI

Account number

\$0.00

No payment is required at this time.

Add here, to help others with a contribution to Energy

Amount enclosed

Neighbor Fund

Duke Energy Payment Processing PO Box 1094

Charlotte, NC 28201-1094

002743 000019262 իլիրիհակահարտիրոնիրություններինիրուներին

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

7A

889100839530350006600000000000000790600000006

Current electric u	sage for meter number 43965	89
Actual reading on N Previous reading or		2931 - 2481
Energy used		450 kWh
Billed kWh	450.000 kWh	



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric

Billing Period - Oct 04 to Nov 03	
Meter - 4396589	
Customer Charge	\$15.25
Energy Charge	
450.000 kWh @ 8.720c	39.24
Fuel Charge	
450.000 kWh @ 3.514c	15.81
Asset Securitization Charge	
450.000 kWh @ 0.244c	1.10
Total Current Charges	\$71.40

Your current rate is General Service Non-Demand Secondary (GS-1).

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 12%, Purchased Power 10%, Gas 76%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending September 30, 2021).

Total Taxes	\$7.66	
County Optional Tax	0.73	
Gross Receipts Tax	1.83	
State And Other Taxes	\$5.10	





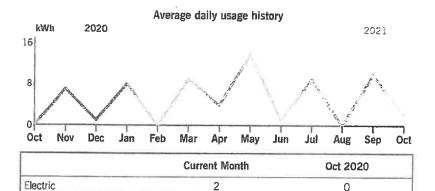
Service address
A UTILITY INC

701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541 Bill date Oct 4, 2021 For service Sep 1 - Oct 4

33 days

Credit amount, do not pay	\$-176.12
Taxes	2.70
Electric Charges	25.11
Starting balance	\$-203.93

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or call 877.426.0009.



Current electric usage for meter nu	mber 004396589
Actual reading	2481
Previous reading	- 2402
Energy used	79 kWh

0

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090



\$0.00

No payment is required at this time.

Ф		
Ψ.	 	

Amount enclosed

023151 000009244 լիդլիրժերեակրթինիիդրիկիկիկինութիլանակմին

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669 իրիականնիրիվիկանիիիիիիոսաննանրիրինիիիիի







We're here for you

Report an emergency

Electric outage

duke-energy.com/outages 800.228,8485

Convenient ways to pay your bill

Online

Automatically from your bank account

Speedpay (fee applies)

By mail payable to Duke Energy

In person

duke-energy.com/billing duke-energy.com/automatic-draft

duke-energy.com/pay-now 800,700,8744

P.O. Box 1004

Charlotte, NC 28201-1004

duke-energy.com/location

Help managing your account (not applicable for all customers)

Register for free paperless billing

Home

Business

duke-energy.com/paperless duke-energy.com/manage-home duke-energy.com/manage-bus

General questions or concerns

Residential

Online

Call (Monday - Friday, 7 a.m. to 7 p.m.)

For hearing impaired TDD/TTY

International

duke-energy.com

800.700.8744

800.222.3448 or 711

1.407.629.1010

Business Customer

Online

duke-energy.com

Call (Monday - Friday, 7 a.m. to 7 p.m.)

877.372.8477

Call before you dig

Call

800.432.4770 or 811

Check utility rates

Check rates and charges

duke-energy.com/rates

Correspond with Duke Energy (not for payment)

P.O. Box 14042

St Petersburg, FL 33733

Important to know

Your next meter reading: Nov 4

Please be sure we can safely access your meter. Don't worry if your digital meter flashes eights from time to time. That's a normal part of the energy measuring process.

Your electric service may be disconnected if your payment is past due

If payment for your electric service is past due, we may begin disconnection procedures. The due date on your bill applies to current charges only. Any unpaid, past due charges are not extended to the new due date and may result in disconnection. The reconnection fee is \$40 between the hours of 7 a.m. and 7 p.m. Monday through Friday and \$50 after 7 p.m. or on the weekends.

Electric service does not depend on payment for other products or services

Non-payment for non-regulated products or services (such as surge protection or equipment service contracts) may result in removal from the program but will not result in disconnection of electric service.

When you pay by check

We may process the payment as a regular check or convert it into a one-time electronic check payment.

Asset Securitization Charge

A charge to recover cost associated with nuclear asset-recovery bonds. Duke Energy Florida is acting as the collection agent for Special Purpose Entity (SPE) until the bonds have been paid in full or legally discharged.

Medical Essential Program

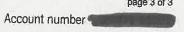
Identifies customers who are dependent on continuously electric-powered medical equipment. The program does not automatically extend electric bill due dates, nor does it provide priority restoration. To learn more or find out if you qualify, call 800.700.8744 or visit dukeenergy.com/home/billing/special-assistance/ medically-essential.

Special Needs Customers

Florida Statutes offer a program for customers who need special assistance during emergency evacuations and sheltering. Customers with special needs may contact their local emergency management agency for registration and more information.

Para nuestros clientes que hablan Español

Representantes bilingües están disponibles para asistirle de lunes a viernes de 7 a.m. -7 p.m. Para obtener más información o reportar problemas con su servicio eléctrico, favor de llamar al 800,700,8744.



General Service Non-Demand Secondary (G	S-1)	
BILLING PERIOD09-01-21 TO 10-04-21	33 DAYS	
CUSTOMER CHARGE		\$15.25
ENERGY CHARGE		
79 KWH @ 8.719c		6.89
FUEL CHARGE		
79 KWH @ 3.514c		2.78
ASSET SECURITIZATION CHARGE		
79 KWH @ 0.244c		0.19
Total Electric Charges		\$25.1

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$2.70
STATE AND OTHER TAXES ON ELECTRIC	2.06
GROSS RECEIPTS TAX	\$0.64



Your Energy Bill

page 1 of 3

Service address A UTILITY INC 701 TROPICAL DR PUMP

Bill date For service Aug 2 - Sep 1

Sep 1, 2021

30 days

ZEPHYRHILLS FL 33541 Account number (

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1-800-228-8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information 3. Specific

addresses, landmarks and directions work best

Billing summary

Credit amount, do not pay	\$-203.93
Taxes	5.52
Electric Charges	51.44
Starting balance	\$-260.89

Your usage snapshot



	Current Month	Sep 2020
Electric	10	6

			_			
Current	electric	usage	for	meter	number	004396589

Actual reading 2402 Previous reading - 2112

Energy used

290 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0,00

No payment is required at this

Amount enclosed

022753 000009492 ▗▗▗▊▗▗▗▊▗▗▊▐▗▋▊▞▋▎▋▍▊▗▗▊▊▞▋▗▊▋▞▋▗▊▊▗▊▗▊▗▊▍▗▊▋▗▊▋▋▋▋▋ ▗▗▊▗▗▜▊▗▄▊▊▜▊▊▊▊▜▜▜▜▜▜

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

- Բոլովիալինիկիոնովինյինովիսերկիվովինիկինյինինորությունունունիրոլիիի





Total Electric Charges			\$51.44
290 KWH @ 0.244c		0.71	
ASSET SECURITIZATION CHARGE			
290 KWH @ 3.514c		10.19	
FUEL CHARGE			
290 KWH @ 8.719c		25.29	
ENERGY CHARGE			
CUSTOMER CHARGE		\$15.25	
BILLING PERIOD08-02-21 TO 09-01-21	30 DAYS		
General Service Non-Demand Secondary (GS	S-1)		

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$5.52
STATE AND OTHER TAXES ON ELECTRIC	4.20
GROSS RECEIPTS TAX	\$1.32



Your Energy Bill

Bill date Aug 2, 2021

For service Jul 1 - Aug 2 32 days

page 1 of 3

Account number

Service address A UTILITY INC

701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541

Billing summary

Credit amount, do not pay	\$-260.89
Taxes	1.64
Electric Charges	15.25
Starting balance	\$-277.78

Your usage snapshot



	Current Month	Aug 2020
Electric	0	0

Current electric usage for meter number 004396589

Actual reading 2112 Previous reading - 2112

Energy used 0 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this

greater.

Amount enclosed

038074 000001983 վայրդիկիրակյությիրիակինինիկիկիկիկության և

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004

990029471950950006600000000000000016890000000000

Total Electric Charges			\$	15,2
CUSTOMER CHARGE			\$15.25	
BILLING PERIOD07-01-21 TO 08-02-21	32	DAYS		
General Service Non-Demand Secondary (GS	3-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 12%, Purchased Power 9%, Gas 77%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending June 30,

Total Taxes	\$1.64
STATE AND OTHER TAXES ON ELECTRIC	1.25
GROSS RECEIPTS TAX	\$0.39

Your Energy Bill

page 1 of 3

\$\text{chef.duke.bills.20210701221313.17.afp-75795-000002077}

Service address A UTILITY INC 701 TROPICAL DR PUMP

ZEPHYRHILLS FL 33541

Bill date Jul 1, 2021 For service Jun 2 - Jul 1 29 days

Account number

Billing summary

Credit amount, do not pay	\$-277.78
Taxes	5.03
Electric Charges	46.94
Starting balance	\$-329.75

Your usage snapshot



	Current Month	Jul 2020
Electric	9	9

Current electric usage for meter number 004396589

Actual reading 2112 Previous reading - 1848 Energy used 264 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this

Amount enclosed

037898 000002077

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Total Electric Charges		\$46.	94
264 KWH @ 0.234c		0.62	
ASSET SECURITIZATION CHARGE			
264 KWH @ 3.094c		8.17	
FUEL CHARGE			
264 KWH @ 8.674c		22.90	
ENERGY CHARGE			
CUSTOMER CHARGE		\$15.25	
BILLING PERIOD06-02-21 TO 07-01-21	29 DAY	3	
General Service Non-Demand Secondary (G	5-1)		

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$5.03
STATE AND OTHER TAXES ON ELECTRIC	3.83
GROSS RECEIPTS TAX	\$1.20

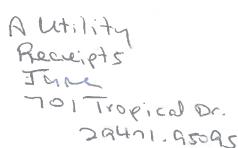
Your Energy Bill

page 1 of 3

Service address A UTILITY INC 701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541

Bill date Jun 2, 2021 For service May 3 - Jun 2 30 days

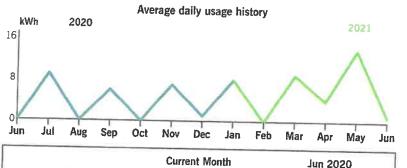
Account number



Billing summary

Credit amount, do not pay	\$,320.75
	2.01
Taxes	-1.95
Deposit	
Electric Charges	18.74
	\$-348.55
Starting balance	Mark Company of the C

Your usage snapshot



Current electric usage for meter number 004396589		
Actual reading Previous reading	1848 - 1819	
Energy used	29 kWh	

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

time.

No payment is required at this

Please return this portion with your payment. Thank you for your business.



Electric

Account number

0

Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090

Amount enclosed

\$0.00

023023 000009544 դրդնիլիկանիկանիկվարհիկիսանիկիս։

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

րորդերիկինիկինիկինիկինիկիների

otal Electric Charges			\$18.74
29 KWH @ 0.234c		0.07	
ASSET SECURITIZATION CHARGE			
29 KWH @ 3.094c		0.90	
FUEL CHARGE		2.06	
29 KWH @ 8.674c		2.52	
ENERGY CHARGE		Ψ10.20	
CUSTOMER CHARGE		\$15.25	
BILLING PERIOD05-03-21 TO 06-02-21	30 DAYS		
General Service Non-Demand Secondary (G:	S-1)		

Your current rate is General Service Non-Demand Secondary (GS-1).
For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details Deposit

DEPOSIT INTEREST CREDIT	\$-1.95
Total Deposit	\$-1.95

rotar raxes	\$2.01
STATE AND OTHER TAXES ON ELECTRIC Total Taxes	1.53
GROSS RECEIPTS TAX	\$0.48

Your Energy Bill

Service address

A UTILITY INC

Bill date

May 3, 2021 For service Apr 1 - May 3

page 1 of 3

32 days

Account number

701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541

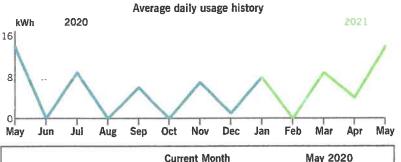
Billing summary

Credit amount do not nov	\$ 2/9 55
Taxes	7.60
Electric Charges	70.82
Starting balance	\$-426.97

Credit amount, do not pay

Important power line safety reminder. Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 1-800-769-3766.

Your usage snapshot



	Current Month	May 2020
Electric	14	14

Current electric usage for meter number 004396589

Actual reading Previous reading	1819 - 1356	
Energy used	463 kWh	



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this time.

Amount enclosed

021882 000009811 <u> Հիրհիկներներիկիրուդիինակիիներ գնրարկերութիկին հում</u>ն

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669





Total Electric Charges				\$70.82
463 KWH @ 0.234c			1.08	
ASSET SECURITIZATION CHARGE				
463 KWH @ 3.094c			14.33	
FUEL CHARGE				
463 KWH @ 8.674c			40.16	
ENERGY CHARGE				
CUSTOMER CHARGE			\$15.25	
BILLING PERIOD04-01-21 TO 05-03-21	32 D	AYS		
General Service Non-Demand Secondary (GS	5-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 10%, Purchased Power 9%, Gas 79%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending March 31, 2021).

Total Taxes	\$7.60
STATE AND OTHER TAXES ON ELECTRIC	5.78
GROSS RECEIPTS TAX	\$1.82



Your Energy Bill

Service address

\$-459.02

Bill date

Apr 1, 2021

For service

Mar 3 - Apr 1

29 days

A UTILITY INC 701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541

Account number

Billing summary

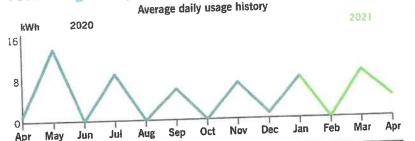
Taxes	\$-426.97
Electric Charges	3.11
	28.94
Starting balance	20.04

Credit amount, do not pay

On April 29 the Florida Public Counsel will be conducting an online presentation about the rate changes pending in Duke Energy Florida's rate case settlement. Visit duke-energy.com/settlement to learn more.

426.97 A Utility

Your usage snapshot



	Current Month	Apr 2020
Flectric	4	1

Current electric usage for meter number 004396589

A -to of reading	1356
Actual reading	- 1242
Previous reading	1212

Energy used

0

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

114 kWh

\$0.00

No payment is required at this time.

Amount enclosed

000415 000005891 վՈլդիլակի իրդիրդությունի իրդենի հերլիկի

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669 ինդիկվիֆզվիկիկկանիկիկիկանիախանհարկ







Total Electric Charges				\$28.94
114 KWH @ 0.234c			0.27	
ASSET SECURITIZATION CHARGE				
114 KWH @ 3.094c			3.53	
FUEL CHARGE				
114 KWH @ 8.674c			9.89	
ENERGY CHARGE				
CUSTOMER CHARGE			\$15.25	
BILLING PERIOD03-03-21 TO 04-01-21	29	DAYS		
General Service Non-Demand Secondary (GS	5-1)			

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$3.11
STATE AND OTHER TAXES ON ELECTRIC	2.37
GROSS RECEIPTS TAX	\$0.74



Your Energy Bill

page 1 of 3

Service address

A UTILITY INC 701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541 Bill date Mar 3, 2021

For service Feb 1 - Mar 3

30 days

Billing summary

Credit amount, do not pay	\$-459.02
Taxes	5.02
Electric Charges	46.71
	\$-510.75
Starting balance	A F10.7F

Your usage snapshot



Electric 9	13

Important power line safety reminder: Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 1-800-543-5599.

Account number

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or call 877.426.0009.

Current electric usage for meter number 004396589

Actual reading	1242
Previous reading	- 977
Energy used	265 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

Carried III

\$0.00

No payment is required at this time.

\$

Amount enclosed

023128 000009309 Ֆրիկեներիգեփիննդիկիիկիրերկննրուիի

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

<u> Ֆլիգսիլըվիրիկիիիսիիսորիարիրիիրիիսի</u>



Total Electric Charges		# /s	\$46.71
265 KWH @ 0.234c		0.62	
ASSET SECURITIZATION CHARGE			
265 KWH @ 3.094c		8.20	
FUEL CHARGE			
265 KWH @ 8.602c		22.80	
ENERGY CHARGE			
CUSTOMER CHARGE		\$15.09	
BILLING PERIOD02-01-21 TO 03-03-21	30 DAYS		
General Service Non-Demand Secondary (GS	S-1)		

Your current rate Is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$5.02
STATE AND OTHER TAXES ON ELECTRIC	3.82
GROSS RECEIPTS TAX.	\$1.20

Your Energy Bill

page 1 of 3

Service address
A UTILITY INC

701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541 Bill date Feb 1, 2021 For service Dec 30 - Feb 1

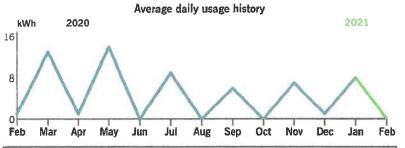
33 days

Account number

Billing summary

Credit amount, do not pay	\$-510.75
Taxes	1.83
Electric Charges	17.01
Starting balance	\$-529.59

Your usage snapshot



	Current Month	Feb 2020
Electric	0	1

Current electric usage for meter number 004396589 Actual reading 977 Previous reading -961 Energy used 16 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090



\$0.00

No payment is required at this time.

\$ Amount enclosed

021931 000009843 դիկ[իկոհվոլկ[Ոհուկ]իկես]|Ոհուկ|իսհեուվ||

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Total Electric Charges			\$	517.01
16 KWH @ 0.252c			0.04	
ASSET SECURITIZATION CHARGE				
16 KWH @ 3.094c			0.50	
FUEL CHARGE				
16 KWH @ 8.602c			1.38	
ENERGY CHARGE				
CUSTOMER CHARGE			\$15.09	
BILLING PERIOD12-30-20 TO 02-01-21	33	DAYS		
General Service Non-Demand Secondary (G	5-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 7%, Purchased Power 10%, Gas 81%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending December 31, 2020).

Total Taxes	\$1.83
STATE AND OTHER TAXES ON ELECTRIC	1.39
GROSS RECEIPTS TAX	\$0.44

Your Energy Bill

page 1 of 3

Service address
A UTILITY INC
701 TROPICAL DR PUMP

ZEPHYRHILLS FL 33541

Thank you for your payment.

Bill date Dec 30, 2020 For service Nov 30 - Dec 30 30 days

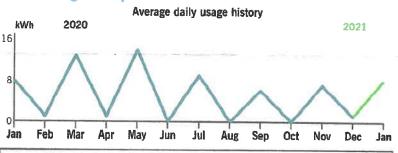
Account number



Billing summary

Credit amount, do not pay	\$-529.59
Taxes	4.89
Electric Charges	45.44
Payment received Dec 04	-601.29
Previous amount due	\$21.37

Your usage snapshot



	Current Month	Jan 2020
Electric	8	8

Current electric usage for meter number 004396589

Actual reading 961
Previous reading - 707

Energy used 254 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this time.

\$

Amount enclosed

023092 000009522

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004



99002947195095000L600000000000000050330000000006

fb.def.duke.bills.20201230224337.71.afp-46183-000009522

General Service Non-Demand Secondary (GS	S-1)		
BILLING PERIOD11-30-20 TO 12-30-20	30 DAYS		
CUSTOMER CHARGE		\$15.09	
ENERGY CHARGE			
254 KWH @ 8.602c		21.85	
FUEL CHARGE			
254 KWH @ 3.094c		7.86	
ASSET SECURITIZATION CHARGE			
254 KWH @ 0.252c		0.64	
Total Electric Charges			\$45.44

Your current rate is General Service Non-Demand Secondary (GS-1).
For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$4.89
STATE AND OTHER TAXES ON ELECTRIC	3.72
GROSS RECEIPTS TAX	\$1.17

Your Energy Bill

page 1 of 3

Service address A UTILITY INC

701 TROPICAL DR PUMP

ZEPHYRHILLS FL 33541

Bill date Nov 30, 2020 For service Oct 29 - Nov 30

32 days

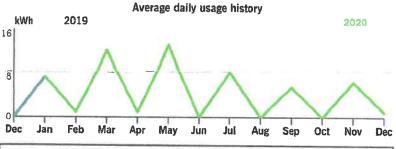
Account number

If your previous unpaid balance has been paid, please disregard.

Billing summary

Total amount due Dec 22	\$21.37
Taxes	1.95
Electric Charges	18.13
Previous amount due	\$1.29

Your usage snapshot



	Current Month	Dec 2019
Electric	1	0

Current electric usage for meter number 004396589

Energy used	33 kWh
Previous reading	- 674
Actual reading	707



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

greater.

\$21.37 by Dec 22 After Dec 22, a late charge will apply.

Amount enclosed

A UTILITY INC **PO BOX 669 ZEPHYRHILLS FL 33539-0669**

alos ([sept[sept]sept]sept [sept]sept [sept]

General Service Non-Demand Secondary (GS	5-1)		
BILLING PERIOD10-29-20 TO 11-30-20	32 DAYS		
CUSTOMER CHARGE		\$14.07	
ENERGY CHARGE			
33 KWH @ 8.696c		2.87	
FUEL CHARGE			
33 KWH @ 3.35c		1.11	
ASSET SECURITIZATION CHARGE		•	
33 KWH @ 0.252c		0.08	
Total Electric Charges		\$1	18.13

Your current rate is General Service Non-Demand Secondary (GS-1).

Account number

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8%, Purchased Power 11%, Gas 80%, Oil 0%, Nuclear 0%, Solar 1% (For prior 12 months ending September 30, 2020).

ADAGO DEGENTO TAV	\$0.46
GROSS RECEIPTS TAX	40.40
STATE AND OTHER TAXES ON ELECTRIC	1.49
Total Taxes	\$1.95

Your Energy Bill

page 1 of 3

Service address

BEVERLY A FONDER 37541 APRIL LN PUMP ZEPHYRHILLS FL 33541

Bill date Oct 29, 2020 For service Sep 30 - Oct 29

29 days

fb.def.duke.bills.20201028221327.69.afp-53065-000007808

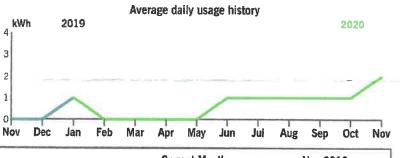
Account number



Billing summary

Credit amount, do not pay	\$-5.33
Taxes	2.38
Electric Charges	22.06
Starting balance	\$-29.77

Your usage snapshot



	Current Month	Nov 2019
Electric	2	0

Current electric usage for meter number 004383160

Actual reading 200 Previous reading - 135

Energy used 65 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

greater.

\$0.00

No payment is required at this time.

Amount enclosed

026533 000007806 **BEVERLY A FONDER** PO BOX 669

ZEPHYRHILLS FL 33539-0669

Duke Energy Payment Processing PO Box 1004

Charlotte, NC 28201-1004







S-1)		
29 DAYS		
	\$14.07	
	5.65	
	2.18	
	0.16	
	\$22	2.06
	S-1) 29 DAYS	29 DAYS \$14.07 5.65 2.18 0.16

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$2.38
STATE AND OTHER TAXES ON ELECTRIC	1.81
GROSS RECEIPTS TAX	\$0.57



Your Energy Bill

Rill data Can 2

Service address 701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541

Bill date Sep 30, 2020 For service Aug 31 - Sep 30 30 days

Account number



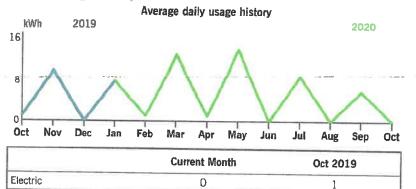
page 1 of 3

Billing summary

Starting balance	\$-59.71
Electric Charges	14.32
Taxes	1.54
Credit amount, do not pay	\$-43.85

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck, or call 877.372.8477.

Your usage snapshot



Current electric usage for meter numb	er 004396589
Actual reading Previous reading	457 - 455
Energy used	2 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this time.

\$

Amount enclosed

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33639-0669

սութակիրիկիկակարիկիրիկիկիկաիկարի

Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004



fb.def.duke.bills.20200830220854.68.afp-73437-000001779

Total Electric Charges			\$	14.32
2 KWH @ 0.252c			0.01	
ASSET SECURITIZATION CHARGE				
2 KWH @ 3,35c			0.07	
FUEL CHARGE				
2 KWH @ 8.696c			0.17	
ENERGY CHARGE				
CUSTOMER CHARGE			\$14.07	
BILLING PERIOD08-31-20 TO 09-30-20	30	DAYS		
General Service Non-Demand Secondary (GS	5-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$1.54
STATE AND OTHER TAXES ON ELECTRIC	1.17
GROSS RECEIPTS TAX	\$0.37

Your Energy Bill

page 1 of 3

Service address

701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541

Bill date Aug 31, 2020 For service Jul 31 - Aug 31

31 days

Account number

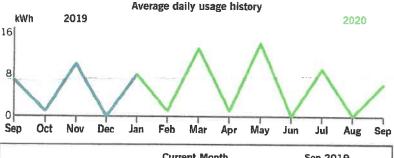


Billing summary

Credit amount do not nav	¢ 50 71
Taxes	4.15
Electric Charges	38.66
Starting balance	\$-102.52

Credit amount, do not pay 5-59.71

Your usage snapshot



	Current Month	Sep 2019
Electric	6	7

Standard billing and payment practices have resumed. Extended payment arrangements are available for customers who need more time to pay. Visit duke-energy.com/extension to set up a payment

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1-800-228-8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information 3. Specific addresses, landmarks and directions work best

Current electric usage for meter number 004396589

Actual reading 455 Previous reading - 255 Energy used



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business,



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

200 kWh

\$0.00

No payment is required at this time.

Amount enclosed

036525 000001944

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

╀╒╒╒┩┩╒┩╬┩╂╍┠╍╏╬╬╂┸┦╢╒╍╌┎┼╏╬┼╍┦┨┲╬╂┦╟╏╁╒╌┎╬╒╍╖╂╍┰┖╌╏╬╬┰

Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004

General Service Non-Demand Secondary (GS	3-1)			
BILLING PERIOD07-31-20 TO 08-31-20	31	DAYS		
CUSTOMER CHARGE			\$14.07	
ENERGY CHARGE				
200 KWH @ 8.696c			17.39	
FUEL CHARGE				
200 KWH @ 3.35c			6.70	
ASSET SECURITIZATION CHARGE				
200 KWH @ 0.252c			0.50	
Total Electric Charges				\$38.66
man est				

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$4.15
STATE AND OTHER TAXES ON ELECTRIC	3.16
GROSS RECEIPTS TAX	\$0.99



Your Energy Bill

page 1 of 3

Service address 701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541

Bill date Jul 31, 2020 For service Jul 1 - Jul 31 30 days

Account number



Billing summary

Starting balance	\$-118.09
Electric Charges	14.07
Taxes	1.50
Credit amount, do not pay	\$-102.52

Your usage snapshot

Our standard billing and credit policies are scheduled to resume with your next billing period. If you need additional time to pay, visit dukeenergy.com/extension or call 877.372.8477 to set up a payment plan.

Our simplified energy bill is just one of many steps we are taking to improve your experience. Check out our online tutorial page at duke-energy.com/TourTheBill to explore the enhancements and find answers to all your questions.



	Current Month	Aug 2019	
Electric	0	0	

Current electric usage for meter number 004396589

255 Actual reading - 255 Previous reading

Energy used 0 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business,



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this time.

Amount enclosed

014169 000000071

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

Ուոլիրկվկիլովիհիդինքինինինիկիկիննդդրյունդի

Duke Energy Payment Processing PO Box 1004

Charlotte, NC 28201-1004



Total Electric Charges		\$14.0
CUSTOMER CHARGE		\$14.07
BILLING PERIOD07-01-20 TO 07-31-20	30 DAYS	
General Service Non-Demand Secondary (GS	5-1)	

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8%, Purchased Power 11%, Gas 80%, Oil 0%, Nuclear 0%, Solar 1% (For prior 12 months ending June 30, 2020).

GROSS RECEIPTS TAX	\$0.36
STATE AND OTHER TAXES ON ELECTRIC	1.14
Total Taxes	\$1.50

Your Energy Bill

page 1 of 3

29 days

fb.def.duke.bills.20200701215929.94.afp-73257-050002068

Service address

701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541 Bill date Jul 1, 2020 For service Jun 2 - Jul 1

Account number



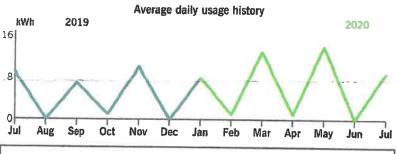
Billing summary

Credit amount, do not pay	\$-118.09
Taxes	4.82
Electric charges	44.98
Starting balance	\$-167.89

Your new bill no longer shows your deposit amount, but don't worry, we are keeping track of it.

Our simplified energy bill is just one of many steps we are taking to improve your experience. Check out our online tutorial page at duke-energy.com/TourTheBill to explore the enhancements and find answers to all your questions.

Your usage snapshot



	Current Month	Jul 2019
Electric	9	9

Current electric usage for meter number 004396589

Actual reading	255
Previous reading	- 3
Energy used	252 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this time.

\$____

Amount enclosed

036629 000002068 դիդոլիկաննկիաինիկիկիկիկիկիկիկիկիկիկի

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

ապիիվակկիկանիկեսկականերերի

Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004



General Service Non-Demand Secondary (GS	5-1)			
BILLING PERIOD.,06-02-20 TO 07-01-20	29	DAYS		
CUSTOMER CHARGE			\$14.07	
ENERGY CHARGE				
252 KWH @ 8.696c			21.91	
FUEL CHARGE				
252 KWH @ 3.35c			8.44	
ASSET SECURITIZATION CHARGE				
252 KWH @ 0.222c			0.56	
Total Electric charges				\$44.98

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$4.82
STATE AND OTHER TAXES ON ELECTRIC	3.67
GROSS RECEIPTS TAX	\$1.15



Your Energy Bill

Service address

701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541

Bill date

Jun 2, 2020 For service May 1 - Jun 2

32 days

page 1 of 3

Account number

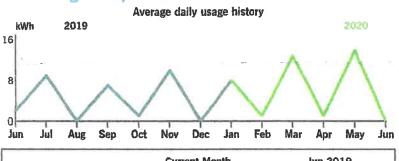
Billing summary

Credit amount, do not pay	\$-167.89
Taxes	1.55
Deposit	-1.96
Electric charges	14.37
Starting balance	\$-181.85

Your new bill no longer shows your deposit amount, but don't worry, we are keeping track of it.

Our simplified energy bill is just one of many steps we are taking to improve your experience. Check out our online tutorial page at duke-energy.com/TourTheBill to explore the enhancements and find answers to all your questions.

Your usage snapshot



	Current Month	Jun 2019
Electric	0	2

Your usage snapshot

Current electric usage for meter number OLD METER	
Actual reading Previous reading	34921 - 34921
Energy used	0 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business.



Account number

\$0.00

No payment is required at this time.

Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090

Amount enclosed

037045 000001839 ընկլիքորեվիլիշիսիրերիներիկիրիլիեններիր

A UTILITY INC **PO BOX 669 ZEPHYRHILLS FL 33539-0669** tapladargitlaplitesittelittipletinterriftarappittepittapatlar

Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004

99002947**1**95095000**L**L000000000000000129L00000000A 42 + 43

fb.def.duke.biils.20200602215447.84.afp-74089-000001839

Current electric usage for meter number 004396589	
Actual reading Previous reading	3 -0
Energy used	3 kWh

3 KWH @ 0.222c Total Electric charges		0.01	4.37
ASSET SECURITIZATION CHARGE			
3 KWH @ 3.35c		0.10	
FUEL CHARGE			
3 KWH @ 8.665c		0.26	
ENERGY CHARGE			
CUSTOMER CHARGE		\$14.00	
BILLING PERIOD05-01-20 TO 06-02-20	32 DAYS		
General Service Non-Demand Secondary (G	S-1)		

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-

energy.com/rates

Billing details - Deposit

DEPOSIT INTEREST CREDIT	\$-1.96
Total Deposit	\$-1.96

GROSS RECEIPTS TAX STATE AND OTHER TAXES ON ELECTRIC	\$0.37 1.18
Total Taxes	\$1.5

Your Energy Bill

Service address 701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541 Bill date May 1, 2020 For service Apr 1 - May 1

or I - May I 30 days

fb.def.duke.bills.20200501224901.3.afp-61813-000015376

page 1 of 3

Account number

Billing summary

Starting Balance	\$-241.35
Electric charges	53.74
Taxes	5.76
Credit amount, do not pay	\$-181.85

Your new bill no longer shows your deposit amount, but don't worry, we are keeping track of it.

Our simplified energy bill is just one of many steps we are taking to improve your experience. Check out our online tutorial page at duke-energy.com/TourTneBill to explore the enhancements and find answers to all your questions.

Your usage snapshot



	Current Month	May 2019
Electric	14	9

Current electric usage for meter number 001486766

Actual reading 34921 Previous reading - 34508

Energy used 413 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business.



PO Box 1090 Charlotte, NC 28201-1090 Account number

Amount due

\$0.00

No payment is required at this time.

._____

Amount enclosed

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669 արկարևարականությունին և անանականականություն և հերանակա

PO Box 1004 Charlotte, NC 28201-1004



Total Electric charges			\$53.74
413 KWH @ 0.222c		0.92	
ASSET SECURITIZATION CHARGE			
413 KWH @ 0.733c		3.03	
FUEL CHARGE			
413 KWH @ 8.665c		35.79	
ENERGY CHARGE			
CUSTOMER CHARGE		\$14.00	
BILLING PERIOD04-01-20 TO 05-01-20	30 DAYS		
General Service Non-Demand Secondary (GS	5-1)		

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8%, Purchased Power 11%, Gas 80%, Oil 0%, Nuclear 0%, Solar 1% (For prior 12 months ending March 31,

Total Taxes	\$5	.76
STATE AND OTHER TAXES ON ELECTRIC	4.38	
GROSS RECEIPTS TAX	\$1.38	







APRIL 2020

FOR CUSTOMER SERVICE OR **PAYMENT LOCATIONS CALL:** 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

A UTILITY INC

PO BOX 669 ZEPHYRHILLS

FL 33539

SERVICE ADDRESS

701 TROPICAL DR PUMP ZEPHYRHILLS FL 33541 **DUE DATE APR 23 2020** **TOTAL AMOUNT DUE** .00

NEXT READ DATE ON OR **DEPOSIT AMOUNT** ON ACCOUNT

ABOUT MAY 04 2020

65.00

PIN: 303338836

METER READINGS

001486766 METER NO. PRESENT (ACTUAL) 034508 PREVIOUS (ACTUAL) 034491 DIFFERENCE 000017 TOTAL KWH 17

060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..03-03-20 TO 04-01-20 29 DAYS

14.00 CUSTOMER CHARGE 17 KWH @ 8.66500¢ 1.47 **ENERGY CHARGE** FUEL CHARGE 17 KWH a 3,35000¢ .57 ASSET SECURITIZATION CHARGE 17 KWH a 0.22200¢ 0.04

*TOTAL ELECTRIC COST GROSS RECEIPTS TAX STATE AND OTHER TAXES ON ELECTRIC

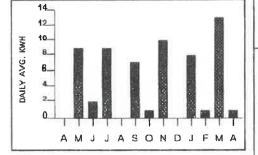
TOTAL CURRENT BILL CREDIT BALANCE

TOTAL DUE THIS STATEMENT CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS

.41 1.31 17.80 259.15CR

16.08

NONE \$241.35



ENERGY USE

DAILY AVG. USE -USE ONE YEAR AGO - 1 KWH/DAY 0 KWH/DAY

*DAILY AVG. ELECTRIC COST -

Have concerns about a possible environmental or regulatory violation involving Duke Energy? You can report it anonymously 24/7 at 1-855-355-7042 or at duke-energy-env.alertline.com

BF_BL_DEF_20200401_210005_2.CSV-2146-000000529

DETACH AND RETURN THIS SECTION

MM 0000008

BILL # 2 OF 2 GRP 5

Make checks payable to: Duke Energy

ACCOUNT NUMBER

002146 000000529

A UTILITY INC PO BOX 669

ZEPHYRHILLS FL 33539-0669

P.O. BOX 1004 CHARLOTTE, NC 28201-1004

TOTAL DUE

APR 23 2020

DUE DATE

0.00

PLEASE ENTER AMOUNT PAID







MARCH 2020

FOR CUSTOMER SERVICE OR **PAYMENT LOCATIONS CALL:** 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:

1-800-228-8485

A UTILITY INC

PO BOX 669

ZEPHYRHILLS FL 33539

SERVICE ADDRESS

701 TROPICAL DR PUMP

ZEPHYRHILLS FL 33541 **DUE DATE** MAR 25 2020 **TOTAL AMOUNT DUE**

65.52

1.68

5.35

\$259.15

NEXT READ

DEPOSIT AMOUNT

DATE ON OR **ABOUT**

ON ACCOUNT

APR 02 2020

65.00

13.92

PIN: 303338836

METER READINGS

METER NO. 001486766 (ACTUAL) 034491 PRESENT 034068 **PREVIOUS** (ACTUAL) DIFFERENCE 000423 TOTAL KWH 423

060 GENERAL SERVICE - NON DEMAND SEC GS-1 BILLING PERIOD...01-31-20 TO 03-03-20 32 DAYS

CUSTOMER CHARGE ENERGY CHARGE 423 KWH @ 8.62700¢

36.49 423 KWH @ 3.35000¢ 14.17 FUEL CHARGE ASSET SECURITIZATION CHARGE 423 KWH @ 0.22200¢ 0.94

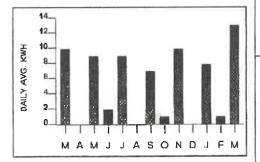
*TOTAL ELECTRIC COST

GROSS RECEIPTS TAX STATE AND OTHER TAXES ON ELECTRIC

CREDIT BALANCE

72.55 TOTAL CURRENT BILL 331.70CR NONE

TOTAL DUE THIS STATEMENT CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS



ENERGY USE

DAILY AVG. USE -13 KWH/DAY USE ONE YEAR AGO -

10 KWH/DAY *DAILY AVG. ELECTRIC COST - \$2.05

Learn how to lower your bill with a free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Visit us at duke-energy.com/FreeBizCheck, or call 1-877-372-8477

BF_BL_DEF_20200303_210542_2.CSV-1522-000000526

DETACH AND RETURN THIS SECTION

MM 0000004

BILL # 2 OF 2 GRP 2

Make checks payable to: Duke Energy

ACCOUNT NUMBER



001522 000000526

A UTILITY INC PO BOX 669

ZEPHYRHILLS FL 33539-0669

P.O. BOX 1004 CHARLOTTE, NC 28201-1004 MAR 25 2020

DUE DATE

TOTAL DUE

0.00

PLEASE ENTER AMOUNT PAID





FEBRUARY 2020

FOR CUSTOMER SERVICE OR **PAYMENT LOCATIONS CALL:** 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:

1-800-228-8485

A UTILITY INC

PO BOX 669 ZEPHYRHILLS

FL 33539

SERVICE ADDRESS 701 TROPICAL DR PUMP

ZEPHYRHILLS

FL 33541

DUE DATE FEB 24 2020 TOTAL AMOUNT DUE .00

NEXT READ DATE ON OR

DEPOSIT AMOUNT ON ACCOUNT

ABOUT MAR 03 2020

65.00

13.92

PIN: 303338836

METER READINGS

METER NO. 001486766 PRESENT (ACTUAL) 034068 **PREVIOUS** (ACTUAL) 034046 DIFFERENCE 000022 TOTAL KWH 22 GS-1 D60 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD...12-31-19 TO 01-31-20 31 DAYS CUSTOMER CHARGE ENERGY CHARGE

22 KWH 9 8.18300¢ 1.80 FUEL CHARGE 22 KWH a 3.35000¢ .74 ASSET SECURITIZATION CHARGE 22 KWH @ 0.24100¢ 0.05

*TOTAL ELECTRIC COST GROSS RECEIPTS TAX

STATE AND OTHER TAXES ON ELECTRIC

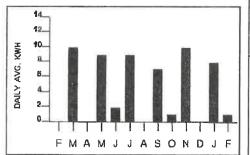
16.51 .42 1.35

TOTAL CURRENT BILL CREDIT BALANCE

18.28 349.98CR

TOTAL DUE THIS STATEMENT CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS

NONE \$331.70



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 10%, Purchased Power 11%, Gas 79%, Oil 0%, Nuclear 0%, Solar 0% (For prior 12 months ending December 31, 2019).

ENERGY USE -

DAILY AVG. USE -USE ONE YEAR AGO - 1 KWH/DAY

*DAILY AVG. ELECTRIC COST -

0 KWH/DAY \$.53

BF_BL_DEF_20200131_211005_2.CSV-1980-000000531

DETACH AND RETURN THIS SECTION

MM 0000004

BILL # 2 OF 2 GRP 2

Make checks payable to: Duke Energy

ACCOUNT NUMBER

001980 000000531

CHARLOTTE,

P.O. BOX 1004 NC 28201-1004

TOTAL DUE 0.00

DUESDATE

FEB 24 2020

PLEASE ENTER AMOUNT PAID

<u>| [[վրելուներ | Մարդի անականի արգանի արկանի արև արան անական արդան արարան արարան արդան արարան արդան արարան արդ</u> A UTILITY INC

PO BOX 669

ZEPHYRHILLS FL 33539-0669





JANUARY 2020

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:

1-800-228-8485

A UTILITY INC

PO BOX 669 ZEPHYRHILLS

FL 33539

SERVICE ADDRESS

701 TROPICAL DR PUMP ZEPHYRHILLS

FL 33541

DUE DATE JAN 23 2020 **TOTAL AMOUNT DUE**

NEXT READ DATE ON OR

DEPOSIT AMOUNT ON ACCOUNT

13.92

18.25

7.47

0.54

ABOUT

JAN 31 2020

65.00

PIN: 303338836

METER READINGS

METER NO. 001486766 (ACTUAL) PRESENT 034046 PREVIOUS (ACTUAL) 033823 DIFFERENCE 000223 TOTAL KWH 223

GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..12-02-19 TO 12-31-19 29 DAYS

CUSTOMER CHARGE

ENERGY CHARGE 223 KWH a 8.18300¢ FUEL CHARGE 223 KWH a 3.35000¢ ASSET SECURITIZATION CHARGE

*TOTAL ELECTRIC COST 40.18 GROSS RECEIPTS TAX 1.03 STATE AND OTHER TAXES ON ELECTRIC 3.28

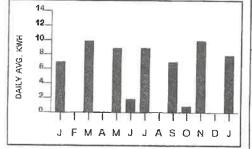
223 KWH @ 0.24100¢

TOTAL CURRENT BILL CREDIT BALANCE

44.49 394.47CR

TOTAL DUE THIS STATEMENT CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS

NONE \$349.98



A new bill design is coming soon. It's simpler, more reader-friendly and easier to navigate. And it's just one more way we're enhancing your experience. Learn more by visiting duke-energy.com.

ENERGY USE -

DATLY AVE. USE -8 KWH/DAY USE ONE YEAR AGO -7 KWH/DAY

*DAILY AVG. ELECTRIC COST -\$1.39

BF_BL_DEF_20191231_205806_2.CSV-2163-000000506

DETACH AND RETURN THIS SECTION

MM 0000002

BILL # 2 OF 2 GRP 3

Make checks payable to: Duke Energy

ACCOUNT NUMBER

002163 000000506

P.O. BOX 1004 CHARLOTTE, NC 28201-1004

րդիսկինալին անականի հայարարի հայարանի հերկանի հերկային հայարան հայարարի հայարարի հերկային հերկային հերկային հ A UTILITY INC

PO BOX 669 ZEPHYRHILLS FL 33539-0669 TOTAL DUE

DUE DATE

JAN 23 2020

0.00

PLEASE ENTER AMOUNT PAID



37405 RAY DR

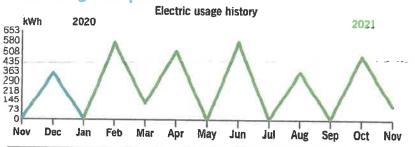
Billing summary

Credit Amount, Do Not Pay	\$-318.14
Taxes	3.02
Current Electric Charges	28.23
Payment Received	0.00
Previous Amount Due	\$-349.39

Account number

We've made updates to your bill! Your usage snapshot now includes the average outdoor temperature, and a new account number also displays at the top of your statement. If paying electronically, we encourage you to use this new 12-digit number, although payments can be processed under the old account number, too. You can also add a contribution on your payment to help others. Visit dukeenergy.com/BizBillUpdates to learn more.

Your usage snapshot



No Pont Due Caedit Balance

Average temperature in degrees

120	609	at	137	69	7.2	7:5	61	82	82	100	77	69
		C	urrent	Month	Nov	2020	12-1	/onth L	Isage	Avg Mo	onthly	Usage
Electr	ic (kWh)	10	14		3		3,112			259	
Avg. [Daily (kV	Vh)	3	}		0		8				
12-m	onth usa	age ba	sed on	most re	cent h	istory						

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 0.0%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

Add here, to help others

Neighbor Fund

with a contribution to Energy

Amount dus

\$0.00

No payment is required at this time.

Amount enclosed

002741 000019262 լ լիրինարկարի արանակակարիության և արդարարին և հ



A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Duke Energy Payment Processing PO Box 1094

Charlotte, NC 28201-1094



Service address

877.426.0009.

A UTILITY INC 37405 RAY DR PUMP, @RAY DR N. CORNR

Bill date Oct 4, 2021 For service

Sep 1 - Oct 4

33 days

Account number

Learn how to lower your bill with an online or free on-site Business
Energy Check. This no-cost analysis provides you with specific tips
on now to save energy and qualify for valuable rebates for energy
savings measures. You may also qualify for a FREE Commercial

Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or call

Starting balance \$-433.15 **Electric Charges** 75.64 Taxes 8.12 Credit amount, do not pay \$-349.39

Average daily usage history kWh 2020 2921 24 16 Oct Nov Dec Jan Feb Mar Jun

		- and ach of
	Current Month	Oct 2020
Electric	15	9

Current electric usage for meter number 004397197

Actual reading 3950 Previous reading - 3466

Energy used



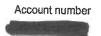
A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090



484 kWh

\$0.00

No payment is required at this time.

Amount enclosed

023149 000009244 արդիսարիրարին արդարդիրի արդարդիրի արդում արդ

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



իրդիսին^{ինն}իվունիանինինինինինինինինինինինինինինին

Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004



9900094188710900066000000000000008376000000004

We're here for you

Report an emergency

Electric outage

duke-energy.com/outages 800.228.8485

Convenient ways to pay your bill

Online

Automatically from your bank account

Speedpay (fee applies)

By mail payable to Duke Energy

In person

duke-energy.com/billing duke-energy.com/automatic-draft duke-energy.com/pay-now 800.700.8744

P.O. Box 1004

Charlotte, NC 28201-1004 duke-energy.com/location

Help managing your account (not applicable for all customers)

Register for free paperless billing

Home **Business** duke-energy.com/paperless duke-energy.com/manage-home duke-energy.com/manage-bus

General questions or concerns

Residential

Online

Call (Monday - Friday, 7 a.m. to 7 p.m.)

For hearing impaired TDD/TTY

International

duke-energy.com 800.700.8744

1.407.629.1010

800.222.3448 or 711

Business Customer

Online

duke-energy.com

Call (Monday - Friday, 7 a.m. to 7 p.m.)

877.372.8477

Call before you dig

Call

800.432.4770 or 811

Check utility rates

Check rates and charges

duke-energy.com/rates

Correspond with Duke Energy (not for payment)

P.O. Box 14042

St Petersburg, FL 33733

important to know

Your next meter reading: Nov 4

Please be sure we can safely access your meter. Don't worry if your digital meter flashes eights from time to time. That's a normal part of the energy measuring process.

Your electric service may be disconnected if your payment is past due

If payment for your electric service is past due, we may begin disconnection procedures. The due date on your bill applies to current charges only. Any unpaid, past due charges are not extended to the new due date and may result in disconnection. The reconnection fee is \$40 between the hours of 7 a.m. and 7 p.m. Monday through Friday and \$50 after 7 p.m. or on the weekends.

Electric service does not depend on payment for other products or services

Non-payment for non-regulated products or services (such as surge protection or equipment service contracts) may result in removal from the program but will not result in disconnection of electric service.

When you pay by check

We may process the payment as a regular check or convert it into a one-time electronic check payment.

Asset Securitization Charge

A charge to recover cost associated with nuclear asset-recovery bonds. Duke Energy Florida is acting as the collection agent for Special Purpose Entity (SPE) until the bonds have been paid in full or legally discharged.

Medical Essential Program

Identifies customers who are dependent on continuously electric-powered medical equipment. The program does not automatically extend electric bill due dates, nor does it provide priority restoration. To learn more or find out if you qualify, call 800.700.8744 or visit dukeenergy.com/home/billing/special-assistance/ medically-essential.

Special Needs Customers

Florida Statutes offer a program for customers who need special assistance during emergency evacuations and sheltering. Customers with special needs may contact their local emergency management agency for registration and more information.

Para nuestros clientes que hablan Español

Representantes bilingües están disponibles para asistirle de lunes a viernes de 7 a.m. -7 p.m. Para obtener más información o reportar problemas con su servicio eléctrico. favor de llamar al 800.700.8744.





General Service Non-Demand Secondary (GS	S-1)	
BILLING PERIOD09-01-21 TO 10-04-21	33 DAYS	
CUSTOMER CHARGE		\$15.25
ENERGY CHARGE		
484 KWH @ 8.719c		42.20
FUEL CHARGE		
484 KWH @ 3.514c		17.01
ASSET SECURITIZATION CHARGE		
484 KWH @ 0.244c		1.18
Total Electric Charges		\$75.64

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$8.12
STATE AND OTHER TAXES ON ELECTRIC	6.18
GROSS RECEIPTS TAX	\$1.94



Your Energy Bill

page 1 of 3

Service address A UTILITY INC 37405 RAY DR PUMP, @RAY DR N. CORNR Bill date Sep 1, 2021 For service Aug 2 - Sep 1

30 days

Account number

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1-800-228-8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information 3. Specific

addresses, landmarks and directions work best

per management

Billing summary

Credit amount, do not pay	\$-433.15
Taxes	1.71
Electric Charges	15.99
Starting balance	\$-450.85

Your usage snapshot

kWh 2020 2021					Curr	ent Mo	nth			Sep 20	20	
kWh 2020 2021		t Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
kWh 2020 2021			^		\wedge	V	\wedge	()	\wedge	()	^	
kWh 2020 2021	24											
Average daily usage history		2020		Aver	age da	ily usa	ige his	tory			2021	

Current electric usage for meter number 004	397197
Actual reading Previous reading	3466 - 3460

0

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

Please return this portion with your payment. Thank you for your business.



Electric

Energy used

Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090

ZEPHYRHILLS FL 33539-0669

Account number

6 kWh

0

\$0.00

greater.

No payment is required at this time.

\$_____

Amount enclosed



Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004





Total Electric Charges			\$15.99
6 KWH @ 0.244c		0.01	
ASSET SECURITIZATION CHARGE			
6 KWH @ 3.514c		0.21	
FUEL CHARGE			
6 KWH @ 8.719c		0.52	
ENERGY CHARGE			
CUSTOMER CHARGE		\$15.25	
BILLING PERIOD08-02-21 TO 09-01-21	30 DAYS	3	
General Service Non-Demand Secondary (G	5-1)		

Your current rate is General Service Non-Demand Secondary (GS-1).
For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$1.71	
STATE AND OTHER TAXES ON ELECTRIC	1.30	
GROSS RECEIPTS TAX	\$0.41	



A UTILITY INC 37405 RAY DR PUMP, @RAY DR N. CORNR

Bill date Aug 2, 2021 For service

Jul 1 - Aug 2

32 days

Account number

Billing summary

Credit amount, do not pay	\$-450.85
Taxes	6.31
Electric Charges	58.86
Starting balance	\$-516.02

Your usage snapshot



	Current Month	Aug 2020
Electric	11	12

Current electric usage for meter number 004397197

Actual reading 3460 Previous reading - 3098 Energy used



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

362 kWh

\$0.00

No payment is required at this time.

Amount enclosed

038072 000001983



A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004



990009418871090006600000000000000651700000000

fb.def.duke.bills.2021.08022.201.22.74.afp.-76143-000001983

Total Electric Char	ges				\$58.86
362 KWH	@ 0.234c			0.85	
ASSET SECURIT	IZATION CHARGE				
362 KWH	@ 3.094c			11.20	
FUEL CHARGE					
362 KWH	@ 8.719c			31.56	
ENERGY CHAR	3E				
CUSTOMER CH	ARGE			\$15.25	
BILLING PERIOD	07-01-21 TO 08-02-21	32	DAYS		
General Service No	n-Demand Secondary (GS	5-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 12%, Purchased Power 9%, Gas 77%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending June 30,

Total Taxes	\$6.	31
STATE AND OTHER TAXES ON ELECTRIC	4.80	
GROSS RECEIPTS TAX	\$1.51	

Your Energy Bill

page 1 of 3

Service address A UTILITY INC 37405 RAY DR PUMP. @RAY DR N. CORNR

Bill date Jul 1, 2021 For service Jun 2 - Jul 1

29 days

Account number

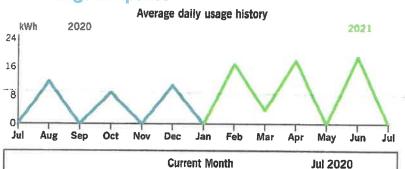


Thank you for your payment of \$516.78.

Billing summary

Starting balance	\$-533.56	
Electric Charges	15.84	
Taxes	1.70	
Credit amount, do not pay	\$-516.02	

Your usage snapshot



0

Current electric usage for meter number 0	04397197
Actual reading Previous reading	3098 - 3093
Energy used	5 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

Please return this portion with your payment. Thank you for your business.



Electric

Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

0

\$0.00

Amount due

greater.

No payment is required at this

Amount enclosed

037896 000002077 լիրիլի անականական արգայան արև անական արդան արդարան արդարան արդական արդան արդան

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Duke Energy Payment Processing PO Box 1004

Charlotte, NC 28201-1004



otal Electric Charges		\$15.8
5 KWH @ 0.234c		0.01
ASSET SECURITIZATION CHARGE		
5 KWH @ 3.094c		0.15
FUEL CHARGE		
5 KWH @ 8.674c		0.43
ENERGY CHARGE		
CUSTOMER CHARGE		\$15.25
BILLING PERIOD06-02-21 TO 07-01-21	29 DAYS	
General Service Non-Demand Secondary (GS	S-1)	

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$1.70
STATE AND OTHER TAXES ON ELECTRIC	1.29
GROSS RECEIPTS TAX	\$0.41

Your Energy Bill

page 1 of 3

Service address
A UTILITY INC
37405 RAY DR PUMP,
@RAY DR N. CORNR

Bill date Jun 2, 2021 For service May 3 - Jun 2 30 days

Account number

Pd 6.18, 2021

CK 735 \$516.78

er (manufacture)

Billing summary

Credit amount, do not pay	\$-16.78
Taxes	9.10
Deposit	-2.55
Electric Charges	84.87
Starting balance	\$-108.20

Your usage snapshot



	Current Month	Jun 2020
Electric	19	16

0

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Current electric usage for meter number 004397197

Actual reading 3093
Previous reading - 2513

Energy used 580 kWh

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Total Electric Charges				\$84.87
580 KWH @ 0.234c			1.36	
ASSET SECURITIZATION CHARGE				
580 KWH @ 3.094c			17.95	
FUEL CHARGE				
580 KWH @ 8.674c			50.31	
ENERGY CHARGE				
CUSTOMER CHARGE			\$15.25	
BILLING PERIOD05-03-21 TO 06-02-21	30	DAYS		
General Service Non-Demand Secondary (G	S-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Billing details - Deposit

DEPOSIT INTEREST CREDIT	\$-2.55	
Total Deposit	\$-2.55	

Total Taxes	\$9.:
STATE AND OTHER TAXES ON ELECTRIC	6.92
GROSS RECEIPTS TAX	\$2.18

Your Energy Bill

page 1 of 3

Service address A UTILITY INC 37405 RAY DR PUMP,

@RAY DR N. CORNR

Bill date May 3, 2021 For service Apr 1 - May 3

32 days

Account number

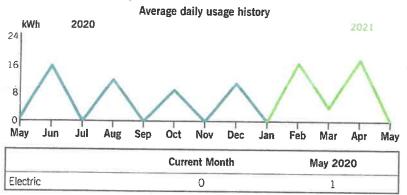


Billing summary

4 444 44
1.64
15.25
\$-125.09

Credit amount, do not pay \$-108.20 Important power line safety reminder. Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 1-800-769-3766.

Your usage snapshot



Current electric usage for meter number 004397197				
Actual reading Previous reading	1	2513 - 2513		
Energy used		0 kWh		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this time.

Amount enclosed

021880 000009811 ելլոն∦Ոհմանելդինքորգ∭նես/ՈՒժՈպերյացներայալիկին հոսան

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Duke Energy Payment Processing PO Box 1004

Charlotte, NC 28201-1004



Total Electric Charges			\$15.25
CUSTOMER CHARGE		\$15.25	
BILLING PERIOD04-01-21 TO 05-03-21	32 DAYS		
General Service Non-Demand Secondary (GS-	1)		

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 10%, Purchased Power 9%, Gas 79%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending March 31, 2021).

Total Taxes	\$1.64
STATE AND OTHER TAXES ON ELECTRIC	1.25
GROSS RECEIPTS TAX	\$0.39



Your Energy Bill

Service address A UTILITY INC 701 TROPICAL DR PUMP

ZEPHYRHILLS FL 33541

For service Mar 3 - Apr 1

Apr 1, 2021

29 days

Billing summary

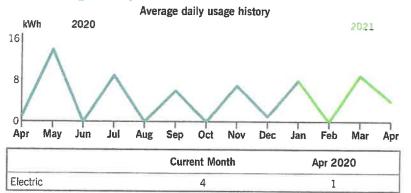
Credit amount, do not pay	\$-426.97
Taxes	3.11
Electric Charges	28.94
Starting balance	\$-459.02

On April 29 the Florida Public Counsel will be conducting an online presentation about the rate changes pending in Duke Energy Florida's rate case settlement. Visit duke-energy.com/settlement to learn more.

Account number

A Utility

Your usage snapshot



Actual reading 1356 Previous reading -1242Energy used 114 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this time.

greater.

Amount enclosed

000415 000005891

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669

Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004





fb.def.duke.bills.20210401215628.84.afp-829-00000589



Total Electric Charges				\$28.94
114 KWH @ 0.234c			0.27	
ASSET SECURITIZATION CHARGE				
114 KWH @ 3.094c			3.53	
FUEL CHARGE				
114 KWH @ 8.674c			9.89	
ENERGY CHARGE				
CUSTOMER CHARGE			\$15.25	
BILLING PERIOD03-03-21 TO 04-01-21	29	DAYS		
General Service Non-Demand Secondary (GS	6-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$3.11
STATE AND OTHER TAXES ON ELECTRIC	2.37
GROSS RECEIPTS TAX	\$0.74



Your Energy Bill

page 1 of 3

Service address A UTILITY INC 37405 RAY DR PUMP, @RAY DR N. CORNR

Bill date Mar 3, 2021 For service Feb 1 - Mar 3

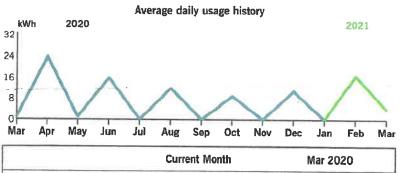
30 days

Account number

Billing summary

Starting balance	\$-243.92
Electric Charges	29.89
Taxes	3.22
Credit amount, do not pay	\$-210.81

Your usage snapshot



4

Important power line safety reminder: Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 1-800-543-5599.

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energysavings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or call 877.426.0009.

Current electric usage for meter number 004397197

Actual reading 1995 Previous reading - 1871 Energy used 124 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

ելվեցչելվերկիքելվքվիկիկաննիր<u></u>Էնշերիայանիրակիրիկըուկին հարձև

No payment is required at this

Please return this portion with your payment. Thank you for your business.



Electric

1

Duke Energy Return Mail PO Box 1090

Account number

\$0.00

Amount enclosed

023126 000009309 վորվիկիչՈւմբիրերիինոկիկիկինիներիներին այլ

A UTILITY INC **PO BOX 669** ZEPHYRHILLS FL 33539-0669

Charlotte, NC 28201-1090



Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004

99000941887109000660000000000000003311000000000

fb.def.duke.bills.20210303220725.71.afp-48251-000009305

Total Electric Charges			\$29.89
124 KWH @ 0.234c		0.29	
ASSET SECURITIZATION CHARGE			
124 KWH @ 3.094c		3.84	
FUEL CHARGE			
124 KWH @ 8.602c		10.67	
ENERGY CHARGE			
CUSTOMER CHARGE		\$15.09	
BILLING PERIOD02-01-21 TO 03-03-21	30 DAYS		
General Service Non-Demand Secondary (G	S-1)		

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$3.22
STATE AND OTHER TAXES ON ELECTRIC	2.45
GROSS RECEIPTS TAX	\$0.77

Your Energy Bill

Service address A UTILITY INC 37405 RAY DR PUMP, @RAY DR N. CORNR

Bill date Feb 1, 2021 For service Dec 30 - Feb 1

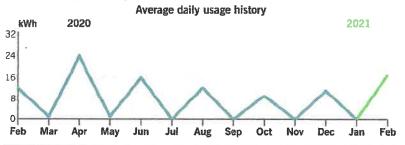
33 days

Account number |

Billing summary

Credit amount, do not pay	\$-243.92
Taxes	8.96
Electric Charges	83.55
Starting balance	\$-336.43

Your usage snapshot



	Current Month	Feb 2020
Electric	17	12

l	Current electric usage for meter number 004397197	
	Actual reading Previous reading	1871 - 1298

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



PO Box 1090

Duke Energy Return Mail

Charlotte, NC 28201-1090

ZEPHYRHILLS FL 33539-0669

Energy used

Account number

573 kWh

No payment is required at this \$0.00 time.

\$ Amount	enclosed

021929 000009843 րկիրունունիկուն հիրդին կիրությունը հուրդունիկիր հետ

Duke Energy Payment Processing

PO Box 1004 Charlotte, NC 28201-1004

A UTILITY INC PO BOX 669





General Service Non-Demand Secondary (GS	S-1)		
BILLING PERIOD12-30-20 TO 02-01-21	33 DAYS		
CUSTOMER CHARGE		\$15.09	
ENERGY CHARGE			
573 KWH @ 8.602c		49.29	
FUEL CHARGE			
573 KWH @ 3.094c		17.73	
ASSET SECURITIZATION CHARGE			
573 KWH @ 0.252c		1.44	
Total Electric Charges		\$83	.55

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 7%, Purchased Power 10%, Gas 81%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending December 31, 2020).

Total Taxes	\$8.96
STATE AND OTHER TAXES ON ELECTRIC	6.82
GROSS RECEIPTS TAX	\$2.14



Your Energy Bill

page 1 of 3

Service address A UTILITY INC 37405 RAY DR PUMP, @RAY DR N. CORNR

Bill date Dec 30, 2020 For service Nov 30 - Dec 30 30 days

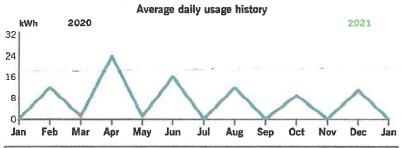
Account number



Billing summary

Credit amount, do not pay	\$-336.43
Taxes	1.67
Electric Charges	15.56
Starting balance	\$-353.66

Your usage snapshot



	Current Month	Jan 2020
Electric	0	0

Current electric usage for meter number 004397197

1298 Actual reading Previous reading - 1294 Energy used 4 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

greater.

No payment is required at this

Amount enclosed

նրինիկնորումիննուկինիուկիուկիիկիկիրիրդինունին

023090 000009522





Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004

PO BOX 669



200000418871090006600000000000001723000000002

Billing details - Electric Charges

Total Elec	tric Charges				\$15.56
	KWH @ 0.252c			0.01	
ASSET	SECURITIZATION CHARGE				
4	KWH @ 3.094c			0.12	
FUEL	CHARGE				
4	KWH @ 8.602c			0.34	
ENER	GY CHARGE				
CUST	OMER CHARGE			\$15.09	
BILLING I	PERIOD11-30-20 TO 12-30-20	30	DAYS		
General S	ervice Non-Demand Secondary (GS	-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

Total Taxes	\$1.67	
STATE AND OTHER TAXES ON ELECTRIC	1.27	
GROSS RECEIPTS TAX	\$0.40	

duke-energy.com 1.877.372.8477

Your Energy Bill

page 1 of 3

Service address A UTILITY INC 37405 RAY DR PUMP, @RAY DR N. CORNR

maintained.

Nov 30, 2020 Bill date For service Oct 29 - Nov 30 32 days

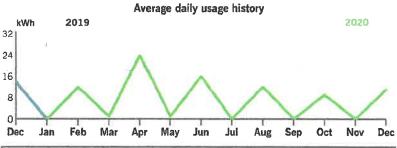
Thank you. Our records indicate that you have been a valued customer. We appreciate the excellent payment record you



Billing summary

Credit amount, do not pay	\$-353.66
Taxes	6.15
Electric Charges	57.36
Starting balance	\$-417.17

Your usage snapshot



	Current Month	Dec 2019
Electric	11	14

Current electric usage for meter num	ber 004397197
Actual reading Previous reading	1294 - 942
Energy used	352 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

<u>Բրուդվումովիրակիկին կորինիկիուկիսիուկինննրըսումոննիրը</u> կ

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this

Amount enclosed

Amount dus

025035 000000871

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004

duke-energy.com 1.877.372.8477

Your Energy Bill

page 1 of 3

Service address

A UTILITY INC. 37405 RAY DR PUMP. @RAY DR N. CORNR

Bill date Oct 29, 2020 For service Sep 30 - Oct 29 29 days

Account number



Billing summary

Credit amount, do not pay	\$-417.17
Taxes	1.55
Electric Charges	14.44
Starting balance	\$-433.16

Your usage snapshot



	Current Month	Nov 2019
Electric	0	0

Current electric usage for meter number 004397197 Actual reading

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is

942 Previous reading - 939 Energy used 3 kWh

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

greater.

\$0.00

No payment is required at this

Amount enclosed

իսկլակակիկակիրակիկակիկականնիկակակիկի

026535 000007805 [╊]╒┸╍┞╍╏╸┃┞┋╒╍╏╒╏╒┞┞┇┧┋┎┋┋┞╏┇┞┋╍╏┇╅┋╍┸╌┖┸╍╏┍╏╘╏┆╅┋[╏]╃╏┆┞┋┸┞[╏]┇┞

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Duke Energy Payment Processing PO Box 1004

Charlotte, NC 28201-1004









Billing details - Electric Charges

ASSET SECURITIZATION CHARGE 3 KWH @ 0.252c	0.01	
3 KWH @ 3.35c	0.10	
3 KWH @ 8.696c FUEL CHARGE	0.26	
CUSTOMER CHARGE ENERGY CHARGE	\$14.07	
General Service Non-Demand Secondary (GS BILLING PERIOD09-30-20 TO 10-29-20		

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

Total Taxes	\$1.55	
STATE AND OTHER TAXES ON ELECTRIC	1.18	
GROSS RECEIPTS TAX	\$0.37	



duke-energy.com 1.877.372.8477

Your Energy Bill

page 1 of 3

Service address 37405 RAY DR PUMP. @RAY DR N. CORNR

877.372.8477.

Bill date Sep 30, 2020 For service Aug 31 - Sep 30 30 days

Account number

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energysavings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck, or call



Billing summary

Starting balance	\$-484.01
Electric Charges	45.92
Taxes	4.93
Credit amount, do not pay	\$-433,16

Your usage snapshot

Average daily usage history 2019 32 24 16 Nov Dec Oct Jan Apr Jul Aug Sep Oct

	Current Month	Oct 2019	
Electric	9	13	

Current electric usage for meter number 0	04397197
Actual reading Previous reading	939 - 680
Energy used	259 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090



No payment is required at this time.

Amount enclosed

036717 000001779

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004

\$0.00



Billing details - Electric Charges

Total Electric Charges				\$45.92
259 KWH @ 0.252c			0.65	
ASSET SECURITIZATION CHARGE				
259 KWH @ 3.35c			8.68	
FUEL CHARGE				
259 KWH @ 8.696c			22.52	
ENERGY CHARGE				
CUSTOMER CHARGE			\$14.07	
BILLING PERIOD08-31-20 TO 09-30-20	30	DAYS		
General Service Non-Demand Secondary (GS	-1)			

Your current rate is General Service Non-Demand Secondary (GS-1). For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Billing details - Taxes

Total Taxes	\$4.93
STATE AND OTHER TAXES ON ELECTRIC	3.75
GROSS RECEIPTS TAX	\$1.18

duke-energy.com 1.877.372.8477

Your Energy Bill

page 1 of 3

Service address 37405 RAY DR PUMP, @RAY DR N. CORNR Bill date Aug 31, 2020 For service Jul 31 - Aug 31 31 days

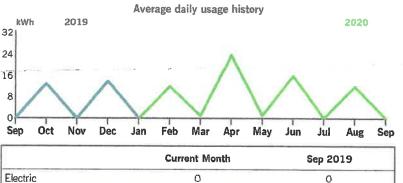
Account number



Billing summary

Previous amount due	\$22.55
Payment received Aug 28	-522.55
Electric Charges	14.44
Taxes	1.55
Credit amount, do not pay	\$-484.01

Your usage snapshot



\$

Thank you for your payment.

Standard billing and payment practices have resumed. Extended payment arrangements are available for customers who need more time to pay. Visit duke-energy.com/extension to set up a payment plan.

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1-800-228-8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information 3. Specific addresses, landmarks and directions work best

Current electric usage for meter number 004397197

Actual reading 680
Previous reading -677

Energy used 3 kWh



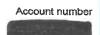
A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090



\$0.00

No payment is required at this time.

\$_____

Amount enclosed

036523 000001944 լեկեցիիիլըընկիլուկերիի իրեկեսեր երենակիրի ուել

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



Duke Energy Payment Processing PO Box 1004

Charlotte, NC 28201-1004



b.def.duke.bills.20200831220721.71.afp-73045-000001944

General Service Non-Demand Secondary (GS	5-1)		
BILLING PERIOD07-31-20 TO 08-31-20	31 DAYS	i	
CUSTOMER CHARGE		\$14.07	
ENERGY CHARGE			
3 KWH @ 8.696c		0.26	
FUEL CHARGE			
3 KWH @ 3.35c		0.10	
ASSET SECURITIZATION CHARGE			
3 KWH @ 0.252c		0.01	

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

Total Taxes	\$1.5!
STATE AND OTHER TAXES ON ELECTRIC	1.18
GROSS RECEIPTS TAX	\$0.37

Account number

Billing summary

Total amount due Aug 24	\$22.55
Taxes	6.15
Electric Charges	57.25
Starting balance	\$-40.85

Your usage snapshot



	Current Month	Aug 2019		
Electric	12	13		

Our standard billing and credit policies are scheduled to resume with your next billing period. If you need additional time to pay, visit dukeenergy.com/extension or call 877.372.8477 to set up a payment

Our simplified energy bill is just one of many steps we are taking to improve your experience. Check out our online tutorial page at duke-energy.com/TourTheBill to explore the enhancements and find answers to all your questions.

Pd 8/26/2020

Current electric usage for meter number 004397197 Actual reading 677





A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Billing details - Electric Charges

Total Electri					\$57.25
352	KWH @ 0.222c			0.78	
ASSET S	ECURITIZATION CHARGE				
352	KWH @ 3.35c			11.79	
FUEL CH	IARGE				
352	KWH @ 8.696c			30.61	
ENERGY	CHARGE				
CUSTON	IER CHARGE			\$14.07	
BILLING PE	RIOD07-01-20 TO 07-31-20	30	DAYS		
General Sen	vice Non-Demand Secondary (GS	5-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8%, Purchased Power 11%, Gas 80%, Oil 0%, Nuclear 0%, Solar 1% (For prior 12 months ending June 30,

Billing details - Taxes

Total Taxes	\$6.15
STATE AND OTHER TAXES ON ELECTRIC	4.68
GROSS RECEIPTS TAX	\$1.47

duke-energy.com 1.877.372.8477

Your Energy Bill

Service address 37405 RAY DR PUMP, @RAY DR N. CORNR

Bill date For service

Jul 1, 2020 Jun 2 - Jul 1

page 1 of 3

29 days

Account number

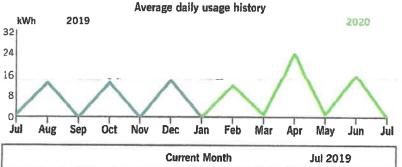
Billing summary

Credit amount, do not pay	\$-40.85
Taxes	1.67
Electric charges	15.54
Starting balance	\$-58.06

Your new bill no longer shows your deposit amount, but don't worry, we are keeping track of it.

Our simplified energy bill is just one of many steps we are taking to improve your experience. Check out our online tutorial page at duke-energy.com/TourTheBIII to explore the enhancements and find answers to all your questions.

Your usage snapshot



441	,,mp	ФСР	OUL	1404	Der	Jan	1 60	(VICI)	whi	iviay	Jun	Jui
					Curr	ent Mo	nth			Jul 20	19	
Electri	С					0				1		

Current electric usage for meter number 004397197

Actual reading 325 Previous reading -313

Energy used

12 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Account number

\$0.00

No payment is required at this time.

Amount enclosed

^{⋧⋬⋫}╍╬<u>╒</u>╟╒╣╍╟┇╝╫╬╝╫╬┇╟╬╃╏╒╬┇╏╫╻╒╬┞╟╬╻╒╍╏┵┍╁╬╻[╻]╬╏╺┋╂┰╬┎

036627 000002068





Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004



Billing details: Electric charges

Total Electric charges				\$15.54
12 KWH @ 0.222c			0.03	
ASSET SECURITIZATION CHARGE				
12 KWH @ 3.35c			0.40	
FUEL CHARGE				
12 KWH @ 8.696c			1.04	
ENERGY CHARGE				
CUSTOMER CHARGE			\$14.07	
BILLING PERIOD06-02-20 TO 07-01-20	29	DAYS		
General Service Non-Demand Secondary (GS	5-1)			

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

Total Taxes	\$1.67
STATE AND OTHER TAXES ON ELECTRIC	1.27
GROSS RECEIPTS TAX	\$0.40

duke-energy.com 1.877.372.8477

Your Energy Bill

Service address 37405 RAY DR PUMP.

@RAY DR N. CORNR

Bill date For service Jun 2, 2020

page 1 of 3

May 1 - Jun 2 32 days

Account number

Billing summary

Credit amount, do not pay	\$-58.06
Taxes	8.24
Deposit	-2.56
Electric charges	76.78
Starting balance	\$-140.52

Your new bill no longer shows your deposit amount, but don't worry, we are keeping track of it.

Our simplified energy bill is just one of many steps we are taking to improve your experience. Check out our online tutorial page at duke-energy.com/TourTheBill to explore the enhancements and find answers to all your questions.

Your usage snapshot



	Current Month	Jun 2019
Electric	16	12

Your usage snapshot

Current electric usage for meter number OLD METER

Actual reading Previous reading

35769 - 35569

Energy used 200 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090



No payment is required at this time.

\$0.00

Amount enclosed

037043 000001839 <u>Ֆրըյ Ով Հիմարդ դին Ումասիսի արիր հետրերեր (Վիրդակիկին հետ Ո</u> A UTILITY INC

PO BOX 669 ZEPHYRHILLS FL 33539-0669



Duke Energy Payment Processing PO Box 1004 Charlotte, NC 28201-1004



Your usage snapshot - continued

Current electric usage for meter number 004397197	
Actual reading Previous reading	313 - 0
Energy used	313 kWh

Billing details - Electric charges

Total Electric charges		\$70	6.78
513 KWH @ 0.222c		1.14	
ASSET SECURITIZATION CHARGE			
513 KWH @ 3.35c		17.19	
FUEL CHARGE			
513 KWH @ 8.665c		44.45	
ENERGY CHARGE			
CUSTOMER CHARGE	angle g.	\$14.00	
BILLING PERIOD05-01-20 TO 06-02-20	32 DAYS		
General Service Non-Demand Secondary (G	3-1)		

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Billing details Deposit

\$-2.56
\$-2.56
φ*/

Billing details Taxes

Total Taxes	\$8.2
STATE AND OTHER TAXES ON ELECTRIC	6.27
GROSS RECEIPTS TAX	\$1.97

duke-energy.com 1.877.372.8477

Your Energy Bill

Service address 37405 RAY DR PUMP, @RAY DR N. CORNR

Bill date For service

May 1, 2020 Apr 1 - May 1

page 1 of 3

30 days Account number



Billing summary

Starting Balance	\$-158.69
Electric charges	16.41
Taxes	1.76
Credit amount, do not pay	\$-140.52

Your new bill no longer shows your deposit amount, but don't worry, we are keeping track of it.

Our simplified energy bill is just one of many steps we are taking to improve your experience. Check out our online tutorial page at duke-energy.com/TourTheBill to explore the enhancements and find answers to all your questions.

Your usage snapshot



	Current Month	May 2019	
Electric	1 .	0	

Current electric usage for meter number 001484835

35569 Actual reading - 35544 Previous reading

Energy used

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business.



PO Box 1090 Charlotte, NC 28201-1090 Account number

25 kWh

\$0.00

Amount due

No payment is required at this time.

Amount enclosed

╀╀┇┩┩╬╃┸╒┦╏┰╒┸╍╍╀╬╂╂┸┧┞┖╬╕┎┦╒╀┵┵╒┦╏┎╻╢╌┥╌┼┸╌╂┦╏╌┦╌╂┰

030905 000015376 ֈութիՈւլելիին[երիլիլին]ՈլիլիլիլինինըՈրլովինելիլը։

A UTILITY INC PO BOX 669 ZEPHYRHILLS FL 33539-0669



PO Box 1004 Charlotte, NC 28201-1004







Billing details - Electric charges

	-		
General Service Non-Demand Secondary (GS	5-1)		
BILLING PERIOD04-01-20 TO 05-01-20	30 DAYS		
CUSTOMER CHARGE		\$14.00	
ENERGY CHARGE			
25 KWH @ 8.665c		2.17	
FUEL CHARGE			
25 KWH @ 0.733c		0.18	
ASSET SECURITIZATION CHARGE			
25 KWH @ 0.222c		0.06	
Total Electric charges		\$1	6.41

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8%, Purchased Power 11%, Gas 80%, Oil 0%, Nuclear 0%, Solar 1% (For prior 12 months ending March 31, 2020).

Billing details - Taxes

STATE AND OTHER TAXES ON ELECTRIC Total Taxes	1.34 \$1.76
GROSS RECEIPTS TAX STATE AND OTHER TAXES ON ELECTRIC	\$0.42 1.34









APRIL 2020

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

A UTILITY INC

PO BOX 669 ZEPHYRHILLS

FL 33539

SERVICE ADDRESS 37405 RAY DR PUMP aRAY DR N. CORNR **DUE DATE** APR 23 2020 TOTAL AMOUNT DUE

NEXT READ DATE ON OR **ABOUT**

DEPOSIT AMOUNT ON ACCOUNT

MAY 04 2020 85.00

PIN: 303338836

METER READINGS

METER NO. 001484835 PRESENT (ACTUAL) 035544 PREVIOUS (ACTUAL) 034834 DIFFERENCE 000710 TOTAL KWH

GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..03-03-20 TO 04-01-20 29 DAYS

CUSTOMER CHARGE 14.00 **ENERGY CHARGE** 710 KWH @ 8.66500¢ 61.52 FUEL CHARGE 710 KWH @ 3.35000¢ 23.79 ASSET SECURITIZATION CHARGE 710 KWH a 0.22200¢ 1.58

*TOTAL ELECTRIC COST GROSS RECEIPTS TAX STATE AND OTHER TAXES ON ELECTRIC

TOTAL CURRENT BILL CREDIT BALANCE

8.23 111.71 270,40CR

100.89

2.59

NONE \$158.69

TOTAL DUE THIS STATEMENT CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS

28. 24 20. Κ 16. DAILY AVG. 12. 8

- ENERGY USE

AMJJASONDJEMA

DAILY AVG. USE -USE ONE YEAR AGO -

24 KWH/DAY 21 KWH/DAY

710

*DAILY AVG. ELECTRIC COST - \$3.48

BF_BL_DEF_20200401_210005_2.CSV-2145-000000529

Have concerns about a possible environmental or regulatory violation involving Duke Energy? You can report it anonymously 24/7 at 1-855-355-7042 or at duke-energy-env.alertline.com

DETACH AND RETURN THIS SECTION

MM 0000007

BILL # 1 OF 2 GRP 5

Make checks payable to: Duke Energy

ACCOUNT NUMBER

002145 000000529

Այդիկարականականիային անականի անակարանին A UTILITY INC

PO BOX 669 ZEPHYRHILLS FL 33539-0669 P.O. BOX 1004 CHARLOTTE, NC 28201-1004

0.00

DUE DATE

APR 23 2020

PLEASE ENTER AMOUNT PAID







MARCH 2020

FOR CUSTOMER SERVICE OR **PAYMENT LOCATIONS CALL:** 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:

1-800-228-8485

A UTILITY INC

PO BOX 669 ZEPHYRHILLS

FL 33539

SERVICE ADDRESS 37405 RAY DR PUMP, aRAY DR N. CORNR **DUE DATE** MAR 25 2020 **TOTAL AMOUNT DUE**

NEXT READ DATE ON OR **DEPOSIT AMOUNT**

ON ACCOUNT **ABOUT**

APR 02 2020 85.00

PIN: 303338836

METER READINGS

METER NO. 001484835 PRESENT (ACTUAL) 034834 **PREVIOUS** (ACTUAL) 034808 DIFFERENCE 000026 TOTAL KWH 26

GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..01-31-20 TO 03-03-20 32 DAYS CUSTOMER CHARGE

13.92 26 KWH a 8.62700¢ ENERGY CHARGE 2.24 FUEL CHARGE .87 26 KWH a 3.35000¢ ASSET SECURITIZATION CHARGE 26 KWH @ 0.22200¢ 0.06

*TOTAL ELECTRIC COST GROSS RECEIPTS TAX

TOTAL CURRENT BTILL CREDIT BALANCE

STATE AND OTHER TAXES ON ELECTRIC

18.93 289.33CR

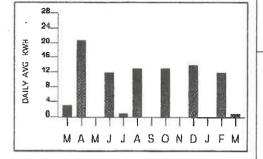
17.09

.44

1.40

TOTAL DUE THIS STATEMENT CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS

NONE \$270.40



ENERGY USE • DAILY AVG. USE -1 KWH/DAY USE ONE YEAR AGO -3 KWH/DAY *DAILY AVG. ELECTRIC COST - \$.53

BF_BL_DEF_20200303_210542_2 CSV-1521-000000526

Learn how to lower your bill with a free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Visit us at duke-energy.com/FreeBizCheck, or call 1-877-372-8477

DETACH AND RETURN THIS SECTION

Make checks payable to: Duke Energy

MM 0000003

BILL #1 OF 2 GRP 2

ACCOUNT NUMBER



001521 000000526

A UTILITY INC

PO BOX 669 ZEPHYRHILLS FL 33539-0669 P.O. BOX 1004 CHARLOTTE, NC 28201-1004 MAR 25 2020

DUE DATE

TOTAL DUE 0.00

> PLEASE ENTER AMOUNT PAID







FEBRUARY 2020

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:

1-800-228-8485

A UTILITY INC

PO BOX 669 ZEPHYRHILLS

FI 33539

SERVICE ADDRESS 37405 RAY DR PUMP, aray or N. CORNR **DUE DATE** FEB 24 2020 TOTAL AMOUNT DUE .00

NEXT READ DATE ON OR

DEPOSIT AMOUNT ON ACCOUNT

ABOUT

MAR 03 2020 85.00

PIN: 303338836

METER READINGS

METER NO. PRESENT

TOTAL KWH

001484835

(ACTUAL) 034808 034430 PREVIOUS (ACTUAL) DIFFERENCE

000378 378

060 GENERAL SERVICE - NON DEMAND SEC GS-1 31 DAYS BILLING PERIOD..12-31-19 TO 01-31-20 13.92 CUSTOMER CHARGE 30.93 378 KWH @ 8.18300¢ ENERGY CHARGE 378 KWH @ 3.35000¢ 12.66 FUEL CHARGE 0.91 378 KWH @ 0.24100¢ ASSET SECURITIZATION CHARGE

*TOTAL ELECTRIC COST

GROSS RECEIPTS TAX STATE AND OTHER TAXES ON ELECTRIC

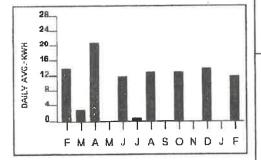
TOTAL CURRENT BILL CREDIT BALANCE

TOTAL DUE THIS STATEMENT CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS 58.42 1.50

4.77

64.69 354.02CR

> NONE \$289.33



- ENERGY USE -

DAILY AVG. USE -USE ONE YEAR AGO -

12 KWH/DAY 14 KWH/DAY *DATLY AVG. ELECTRIC COST -\$1.88

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 10%, Purchased Power 11%, Gas 79%, Oil 0%, Nuclear 0%, Solar 0% (For prior 12 months ending December 31, 2019).

BF_BL_DEF_20200131_211005_2.CSV-1979-000000531

DETACH AND RETURN THIS SECTION

R800000 MM

BILL #1 OF 2 GRP 2

Make checks payable to: Duke Energy

ACCOUNT NUMBER

001979 000000531

A UTILITY INC

PO BOX 669 ZEPHYRHILLS FL 33539-0669 P.O. BOX 1004 CHARLOTTE, NC 28201-1004

TOTAL DUE

DUEDATE

FEB 24 2020

0.00

PLEASE ENTER AMOUNT PAID



We're here to help. Contact us.

Visit <u>duke-energy.com</u> for self-service options, including address and phone number changes, reporting a power or streetlight outage, duplicate bills, account balance and history, e-bill, start, stop or move electric service requests and more.

Our most popular online features are now available for you to use on the go. Use your mobile device to view your account, view and pay your bill, report a power outage or request a streetlight repair, find a payment location and get Twitter updates. To enjoy the ease and convenience of our mobile site, visit duke-energy.com.

Reporting outages: call 800.228.8485 or via the Web at duke-energy.com/outage

For Customer Service: call 800.700.8744. Business hours are 7 a.m. - 7 p.m. Monday through Friday.

For Business customers: call 877.372.8477 from 7 a.m. - 7 p.m. Monday through Friday. Our automated voice response system can address most of your service needs 24 hours a day. Please have your account number available.

Para nuestros clientes que hablan Espanol: Representantes bilingües están disponibles para asistirle de Lunes a Viernes de 7 a.m. - 7 p.m. Para obtener información o reportar problemas con su servicio eléctrico, favor de llamar al 800.700.8744.

Digging in your yard? Whether you are planning to do it yourself or hire a professional call Florida's toll-free underground utility locating service before you dig at 811 or 800.432.4770.

Written inquiries and correspondence (no bill payments please): Duke Energy, PO. Box 14042, St. Petersburg, FL 33733

Payment information

The delinquent date on your bill applies to current charges only. Any unpaid, past due charges are not extended to the new due date and may result in disconnection:

Payment locations

Duke Energy recommends customers use either direct payment options or companyauthorized payment locations. To find a paystation near you, visit us at <u>duke-energy.com</u> or call **888.893.9392**. Payment locations that are not part of the authorized Duke Energy network cannot guarantee timely transfer of payment to Duke Energy, which can result in accounting delays and in some instances disconnections for nonpayment.

Make bill paying easier

- · e-bill: view and pay your electric bill online it's free, fast and secure.
- Budget Bill: take the peaks and valleys out of your residential electric bill.
- Automatic Draft: save time and postage by having your payments automatically drafted from your bank account each month.
- Speedpay allows customers to make a payment (via credit card, debit card or electronic check) at <u>duke-energy.com/progress</u> or by calling 800.700.8744. This service is available 24/7 and includes a convenience charge by a third-party provider.
- Electronic Check: when you mail us a check as payment, you authorize
 us to convert your check into an electronic check payment or to process
 the payment as a check image.

Mail your payments to: Duke Energy PO. Box 1004 Charlotte, NC 28201
For Online Bank Bill Pay Select: Duke Energy Florida P.O. Box 1004 Charlotte,
NC 28201

Save energy and money

Duke Energy offers energy-efficiency programs to help you save money and energy, including a free Home Energy Check available online, via phone or mail, or in your home.

©2013 Duke Energy Corporation 12-1916 04/14

An optional home energy rating Inspection including payback estimates can be conducted by a state certified rater for a fee, if desired. For more information, visit duke-energy.com/save or call 888.302.8348.

Special needs customers

Florida Statutes establish a registration program available through county and municipal emergency management agencies for customers who may need special assistance during emergency evacuations and sheltering. Customers with special needs may contact their local emergency management agency for registration and more information.

Medically Essential Program

Duke Energy's Medically Essential Program identifies residential customers who are dependent on continuously electric-powered medical equipment. Participation in the program does not guarantee uninterrupted electric service. The program does not automatically extend electric bill due dates, nor does it provide priority restoration.

The benefits/guidelines of the Medically Essential Program include:

- Advanced notification of interruption of service due to nonpayment of electric bill and preplanned outages
- Advanced warning of hurricanes/major storms with emphasis on making proper arrangements
- · Customers are required to pay their bills on time or will be subject to disconnection

To qualify, in accordance with Florida Statute Title XXVII Chapter 366.15:

- The patient must reside at the customer of record address
- Annually submit forms completed by Florida liscensed physician. Required forms may be obtained from Duke Energy.
- Be dependent on continuously electric-powered medical equipment to avoid the loss of life or immediate hospitalization

In the event of loss of power, it is the customer's responsibility to have a power backup system for their medical equipment, as well as an action plan for proceeding to the nearest medical facility.

To apply for participation in the Medically Essential Program, please call 800.700.8744.

Important safety reminders

- Stay away from power lines. Keep ladders and other objects at least 10 feet away from all overhead power lines, including service lines into your home.
- Always assume that a power line lying on the ground, on your car after an
 accident or hanging close to the ground is energized and dangerous and stay
 away. To report dangerous lines, call 800.228.8485.
- Activity near power lines can be life-threatening. Please use caution, and hire
 professionals when appropriate. Remember that tree limbs conduct electricity
 when in contact with a power line.

Asset Securitization Charge

A charge to recover the costs associated with nuclear asset-recovery bonds. As approved by the Florida Public Service Commission in a financing order, all rights to the Asset Securitization Charge are owned by a Special Purpose Entity (SPE), and Duke Energy Florida is acting as the collection agent or servicer for the SPE until the bonds have been paid in full or legally discharged. This special low-cost financing reduces the total cost to customers.





JANUARY 2020



FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

A UTILITY INC

PO BOX 669 ZEPHYRHILLS

FL 33539

SERVICE ADDRESS 37405 RAY DR PUMP aRAY DR N. CORNR **DUE DATE** JAN 23 2020 TOTAL AMOUNT DUE

NEXT READ DATE ON OR ABOUT

DEPOSIT AMOUNT ON ACCOUNT

JAN 31 2020

85.00

PIN: 303338836

METER READINGS

METER NO. (ACTUAL) PRESENT **PREVIOUS** (ACTUAL) DIFFERENCE TOTAL KWH

001484835

034430 034430 000000 0

GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..12-02-19 TO 12-31-19 29 DAYS

CUSTOMER CHARGE

13.92

*TOTAL ELECTRIC COST GROSS RECEIPTS TAX

STATE AND OTHER TAXES ON ELECTRIC

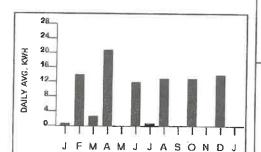
13.92 .36 1.13

TOTAL CURRENT BILL CREDIT BALANCE

15.41 369.43CR

TOTAL DUE THIS STATEMENT CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS

NONE \$354.02



ENERGY USE -

DAILY AVG. USE -USE ONE YEAR AGO -*DAILY AVG. ELECTRIC COST -

0 KWH/DAY 1 KWH/DAY

BF_BL_DEF_20191231_205806_2.CSV-2162-000000506

A new bill design is coming soon. It's simpler, more reader-friendly and easier to navigate. And it's just one more way we're enhancing your experience. Learn more by visiting duke-energy.com.

DETACH AND RETURN THIS SECTION

MM 0000001

BILL # 1 OF 2 GRP 3

Make checks payable to: Duke Energy

ACCOUNT NUMBER

002162 000000506

P.O. BOX 1004 CHARLOTTE, NC 28201-1004

OTAL DUE

DUE DATE

JAN 23 2020

0.00

PLEASE ENTER AMOUNT PAID

ֈովիանինությանիրիկին ինչակում ինչակին անկանության հերականությա A UTILITY INC

PO BOX 669

ZEPHYRHILLS FL 33539-0669

Pools & Things of Pasco

5912 7th Street Zephyrhills, FL. 33542

invoice

Phone #	Date	Invoice #
813-782-7804	7/22/2021	9465

Bill To
A U UTILITIES/TROPICAL PARK
PO BOX 669
ZEPHYRHILLES,FL. 33539

	1	P.O. No.		Terms		Project	t
		JULY	Du	e on receipt			
Quantity	Description			Rate		Amı	ount
27.5	Delivery On 7/22/21 Liquid Chlorine per gallon Sales Tax			,	25.00 2.20 7.00%		25.00 60.50 4.24
få Pelisaren			649 B				
endered de la completa del completa de la completa de la completa del completa de la completa del la completa del la completa de la completa del la completa del la completa de la completa del la c	A UTILITY, INC PO BOX 669 ZEPHYRHILLS, FL 33539-0669	g-18.	206		26		
a me e nam website me Podda Green en pepe	Pay to the POOLS & Things Order of Eighty-nine + 74/100			\$ 89.74	ą.		
emperature project es sua es extreme	CenterState Zephythlis Office			Dollars 10	Photo Sate Deponito Ossili unback		
Months in sife(s)	For Invoice #9465	Beneg a. Z	and	m'Sec"			
100		■ 0741					
100	Paragoni			HI (NC)			
endrament d'er wolde.						E C	
To the state of th					6	S H	
parametrisk flat or					0	for	
				Total	23	NSWERS	\$89.74
					36	151	

Pools & Things of Pasco

5912 7th Street Zephyrhills, FL. 33542

Invoice

Phone #	Date	Invoice #
813-782-7804	1/14/2021	8169

		P.O. No.	Terms	Project	
		January	Due on receipt		
Quantity	Description	Will leavester, Addition - Application by a	Rate	Amount	
30	Delivery On 1/14/21 Liquid Chlorine per gallon Sales Tax				25.00 60.00 4.20
	Pay to the Pools Thinge Cighty - nine + 20/100	1.9.	1505 r	715 3-1403/631 25 CHECK AMARE PROTO Safe Ourposair Ourp	
	CenterState Zeptycialls Office For #8169	Benly 0715		<u></u>	
	Harmoni (Harto)				

Pools & Things of Pasco

5912 7th Street Zephyrhills, FL. 33542

Invoice

Phone #	Date	Invoice #
813-782-7804	5/6/2020	6536

Bill To	
A U UTILITIES/TROPICAL PARK PO BOX 669 ZEPHYRHILLES,FL. 33539	

P.O. No.	Terms	Project
May	Due on receipt	

		3 dinting	1	Rate	Amount
Quantity 1 27.5	Delivery On 5/4 Liquid Chlorine per gallon Sales Tax	Description		25.00 2.00 7.00%	25.00 55.00 3.85
	A UTILITY, INC PO BOX 689 ZEPHYRHILLS, FL 33539-0669 Pay to the Pools & Thing Order of 253 CenterState Zephyrhills Office	5.27.20. 00 Pasco 000 000 000 000 000 000 000 000 000 0	Date & SS S	Photo Safe Doposite Delias onbust	
	.*			and the second s	
		-	T	otal	\$83.8

95



MCL Environmental Services, LLC

7810 Gall Blvd #327 Zephyrhills, FL 33541 License #DWC0021612 * Insured 813-928-5006

mclenviro@gmail.com

RE: Chlorine dosage rate System: Tropical Trailer Park

A) 2

PWS#: 6511859

The chlorine dosage rate for this system averages about 1.33 gallons of chlorine solution per day injected into the system.

4

4--

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type	e or print legibly)
System Name: Tropical Trailer Park	PWS I.D. #: <u>6511859</u>
System Type (check one): X Community Non-transient Non-	community Transient Non-community
Address: 37407 Ray Dr	
City: Zephyrhills, FL	ZIP Code: 33541
Phone # Fax #: N/A	E-Mail Address: housingmanagementinc@yahoo.com
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: <u>35562446001</u> Sample Date: <u>7/13/2020</u>	Sample Time: _5:15 (AM) PM (Circle One)
Sample Location (be specific): C East Well POE	Location Code:
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
DistributionX Routine Comp	pliance with 62-550 Replacement (of Invalidated Sample)
X Entry Point (to Distribution) Confirmation	of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550) Confirmation	of Multiple Sites** Clearance (permitting)
Raw (at well or intake)	
Max Residence Time Sampling Procedu	re Used or Other Comments:
Ave Residence Time	
Near First Customer	
	for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.
SAMPLER CER	TIFICATION
I, Frank Hinchman Lead ope	erator , do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sample collection information is complete and	correct.
Signature:	Date: 7/18/2020
Certified Operator #:0021612_Phone #:	Sampler's Fax #:
Sampler's E-mail: mclenviro@gmail.com	
Reporting Format 62-550.730 Effective January 1995, Revised December 2012 Page 1	of 4 Pgs 97 -116

Answers for #4

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - pleas	se type or print legibly)
Lab Name: Pace Analytical Services, LLC Florida DOH Certification #:	E83079 Certification Expiration Date: 6/30/2021
	ATTACH CURRENT DOH ANALYTE SHEET*
Address: 8 East Tower Circle, Ormond Beach, FL 32174	Phone # (386) 672-5668
Were any analyses subcontracted? Yes X No If yes, please provide DO	OH certification numbers(s):
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Rec	eived: _7/13/2020
PWS ID (From Page1): 6511859 Sample Number (From	m Page1): 35562446001 Lab Assigned Report # or Job ID: 35562446001
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C	Check all that apply):
Inorganics Synthetic Organics Volatile Organics	Disinfection Byproducts Radionuclides Secondaries
All Except Asbestos All 30 All 21	Trihalomethanes Single Sample All 14
X Partial All Except Dioxin Partial	Haloacetic Acids Qtrly Composite** Partial
X Nitrate Partial	Chlorite
X Nitrite Dioxin Only	Bromate
Asbestos	
LAB CER	RTIFICATION
I, Chelsea Gagne	Project Manager , do HEREBY CERTIF
(Print Name)	(Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the	National Environmental Laboratory Accreditation Converence (NELAC).
Signature:	Date:07/15/2020
 * Failure to provide a valid and current Florida DOH lab certification number and a current possible enforcement against the public water system for failture to sample, and may reserved. ** Please provide radiological sample dates & locations for each quarter. 	
	IN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES ALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach not	tes as necessary)
Sample Collection & Analysis Satisfactory:	Replacement Sample or Report Requested (circle or highlight group(s) above)
Person Notified:Date Notified:	DEP/DOH Reviewing Official:
Reporting Format 62-550.730 Effective January 1995, Revised December 2012 Pa	ge 2 of 4

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35562446001

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate as N	10	mg/L	3.9	J.	EPA 353.2	0.025	07/14/2020	06:50	E83079
1041	Nitrite as N	1	mg/L	0.025	U	EPA 353.2	0.025	07/14/2020	06:50	E83079
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L							
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							



10

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

OTHER CONTAMINANTS

Report Number / Job ID: 35562446001

PWS ID (From Page 1): 6511859

(Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Nitrogen, NO2 plus NO3		10	mg/L	3.9		EPA 353.2	0.025	07/14/2020	06:50	E83079

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) System Name: Tropical Trailer Park PWS I.D. #: 6511859 X Community System Type (check one): Non-transient Non-community Transient Non-community Address: 37407 Ray Dr ZIP Code: 33541 City: Zephyrhills, FL Fax #: ______ E-Mail Address: Phone # SAMPLE INFORMATION (to be completed by sampler) PM (Circle One) Sample Number: 35562446002 Sample Date: 7/13/2020 Sample Time: 5:18 Sample Location (be specific): D West Well POE Location Code: Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a And 62-550.512(3) for nitrate or nitrite exceedances. results page for each site. SAMPLER CERTIFICATION Frank Hinchman Lead operator do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Date: 7/18/2020 Signature: 0021612 Phone # Certified Operator #: Sampler's Fax #: Sampler's E-mail: mclenviro@gmail.com

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly) Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: E83079 Certification Expiration Date: 6/30/2021 **ATTACH CURRENT DOH ANALYTE SHEET*** Address: 8 East Tower Circle, Ormond Beach, FL 32174 Phone # (386) 672-5668 Were any analyses subcontracted? Yes X No If yes, please provide DOH certification numbers(s): ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB* Date Sample(s) Received: 7/13/2020 ANALYSIS INFORMATION (to be completed by lab) PWS ID (From Page 1): 6511859 Sample Number (From Page1): 35562446002 Lab Assigned Report # or Job ID: 35562446002 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Inorganics Synthetic Organics Volatile Organics **Disinfection Byproducts** Radionuclides Secondaries All Except Asbestos All 30 Ali 21 Single Sample Tribalomethanes **All 14** Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Dioxin Only Nitrite **Bromate** Asbestos LAB CERTIFICATION Chelsea Gagne Project Manager , do HEREBY CERTIFY (Print Name) (Print Title) that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Converence (NELAC). Childenta Signature: * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failture to sample, and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.) COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary) Replacement Sample or Report Requested (circle or highlight group(s) above) Sample Collection & Analysis Satisfactory: Person Notified: Date Notified: DEP/DOH Reviewing Official:



0

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

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35562446002

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate as N	10	mg/L	4.5		EPA 353.2	0.025	07/14/2020	06:51	E83079
1041	Nitrite as N	1	mg/L	0.025	U	EPA 353.2	0.025	07/14/2020	06:51	E83079
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L							
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL.							

401

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

OTHER CONTAMINANTS

Report Number / Job ID: 35562446002

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Nitrogen, NO2 plus NO3	10	mg/L	4.5		EPA 353.2	0.025	07/14/2020	06:51	E83079

DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

PASCO COUNTY ENVIRONMENTAL LABORATORY

8864 Government Drive Lab Receipt Date & Time: 1 New Port Richey, FL 34654 Analysis Date & Time: (727) 847-8902 Sample Acceptance Criteria: NELAC Certification # E44123 Sample Preservation On Ice Not on Ice This document meets NELAC standards Disinfectant Check Not Detected Contacts: Annamaria Cangialosi, Christopher Childress This sample does not meet the following NELAC requirements. 3995 3956 2952 Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) Coliphage HPC Cother. Public Water System (PWS) Name: PROJUGI MYP PWS I.D. 37407 PWS Address: _ City/Zip Code: PWS or PWS Owner's Phone #: Fax #: Collector's Phone #: Collector: Reason for Sampling: (check all that apply)

All Distribution Routine Distribution Repeat And (triggered or assessment) Raw (triggered or assessment) additional Well Survey Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: Sample Collection Date: To be completed by collector of sample To be completed by lab Analysis Method(s) Total Coliform Analysis Method: SM9223B Disin-E. Coli Analysis Method: SM9223B Sample Point Sample Sample fectant рΗ Sample (Location or Specific Address) Collection Res'd Total * Lab Type E. Coli * Sample # (mg/L) Coliform Qualifier 3955 C 0534 3956 R D 0641 Д 3957 E Hammond 0554 1.01 Average of disinfectant residuals for distribution routine and repeat Unless otherwise noted, all tests are performed in accordance with NELAC 1.01 samples. Free chlorine or Total chlorine (circle one) standards, and the results relate only to the samples listed above. Disinfectant Residual Analysis Method: Date and time PWS notified by lab of positive results; DPD Colonmetric Other: _ Date and time DEP/DOH notified by lab of positive results: Person performing disinfectant analysis is (please see instructions on reverse): A certified operator (# _ Date Report Issued: ■ Supervised by certified operator (#_ Lab Signature Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water DEP/DOH/LAB USE ONLY Name and mailing Address of Person to Receive Report ☐ Satisfactory ☐ Incomplete Collection Information MCL Environmental Services, LLC Repeat Samples Required 78 10 Gall Blvd #327 Unsatisfactory Zephyrhills, FL 33541

For Lab Use Only

Rev. SGD-10092015

* P = Bacteria Present

A = Bacteria Absent

105

DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Report N Analys Public PWS Ad PWS or Collect Type o	PASCO COUNTY ENVIRONMENTAL LABORATORY 8864 Government Drive New Port Richey, FL 34654 (727) 847-8902 NELAC Certification # E44123 This document meets NELAC standards Contacts: Annamaria Cangialosi, Christopher Childress Contacts: Annamaria Cangialosi, Christopher Childress Report Number: 3 94 - 319 Sub-Contract Lab ID: Analysis Requested: (check all that apply) Total Coliform/E. coli									
Sample	Collection Date:	7/20			-					
	To be completed by collect	for of sam	ple			10-1-	1 8 - 4L 1/-3		npleted by	
Sample	Sample Point	Sample		Disin- fectant		Analysis	Method(s)	. Total Coliform E. Coli Analys		thod: SM9223B SM9223B
#	(Location or Specific Address)	Collection Time	Sample Type	Res'd (mg/L)	pН	Total * Coliform	E.	. Coli *	Data Qualifier	Lab Sample #
A	West plh POE 11/14	1900	D	.92		A	A			3794
В	west plh POE 11/17	0520	D	93		A	A			3795
C	west plh raw	0510	R	5		A	A			3796
D	east plh van	0527	R	0		A	A			3797
E	37350 Hammond	0540	D	.90		A	Α			3798
Average	e of disinfectant residuals for distribution routings. Free chlorine or Total chlorine (circle one)	ne and rep	eat	917				sts are performe ate only to the s		nce with NELAC
Disinfe	ctant Residual Analysis Method: Colorimetric Other:				Date a	ind time PV	/S notified by	y lab of positive	results:	
Person A ce	performing disinfectant analysis is (please see tified operator (#	instructio	ns on re)	verse):	Date a	ind time DE Report Issue	P/DOH notified.	ied by lab of po	sitive results:	100
	ervised by certified operator (#						1	/: 3	1	hulh en
☐ Employed by a certified lab ☐ Employed by DEP or DOH ☐ Employed by DEP or DOH										
	orized representative of supplier of water	Decel	(a D						DEDIN	OHI AR HEE ONLY
Name and mailing Address of Person to Receive Report MCL Environmental Services, LLC 7810 Gall Blvd #327 Zephyrhills, FL 33541 DEP/DOH/LAB USE ON Control of Person to Receive Report Incomplete Collection Information Repeat Samples Required Unsatisfactory								OHEAD OSE ORLI		

For Lab Use Only

Rev. SGD-10092015

* P = Bacteria Present A = Bacteria Absent



DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

	AND LABORATORY REPORT	ING FU	KINA			1						
C Report N	PASCO COUNTY ENVIRONMENT 8864 Government D New Port Richey, FL 3 (727) 847-8902 NELAC Certification # E44 This document meets NELAC st ontacts: Annamaria Cangialosi, Ch lumber: 3294-3296 Sub-Contract is Requested: (check all that apply) Coliform/E. coli	Samp Samp Disin	Lab Receipt Date & Time: 10/7/20 0925 Analysis Date & Time: 10/7/20 1120 LF Sample Acceptance Criteria: Sample Preservation 20 n Ice Not on Ice 13.8 °C Disinfectant Check Not Detectedmg/L This sample does not meet the following NELAC requirements.									
Public PWS Ad PWS or		P'	PWS 1.D. 6 5 1 1 8 5 9 City/Zip Code: Zaphyrhills 33542									
Type o ☑Comr □Limite Reasor ☑Distrit	f Supply: (check only one) nunity Water System	communit Well [] Raw (trigge nple being	y Water Swimm	System ing Pool	Tra Ot	nsient No her: Raw (trig	on-commu	nity Water Sy	rstem additional	□Well Survey		
	To be completed by collect		ple					To be co	ompleted by	ab		
				Disin-	1	Analysis	Method(s)		m Analysis Met			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	fectant Res'd (mg/L)	pH	Total *		E. Coli Anal E Coli *	ysis Method: Data Qualifier	SM9223B Lab Sample #		
6	E. WOIL FOR	0525	R	Ø		A	A			3294		
D	W. WEIL YOU	0533	R	8		A	A			3295		
E	37415 Hammond	0540	D	.97		A	A			3296		
Average	e of disinfectant residuals for distribution routin	e and rep	eat		Unless	otherwise	noted, all t	ests are perform	ned in accorda	nce with NELAC		
samples. Free chlorine or Total chlorine (circle one) Disinfectant Residual Analysis Method: Date Date						and time PWS notified by lab of positive results:						
					Date F	Report Issued: 10/08/2020						
☐ Supe	ervised by certified operator (#)		Lab S	ab Signature: The Market						
	☐ Employed by a certified lab ☐ Employed by DEP or DOH ☐ Âuthorized representative of supplier of water ☐ Title:							20 Mag				
Name and mailing Address of Person to Receive Report MCL Environmental Services, LLC 7810 Gall Blvd #327						epeat San	sfactory Indicated the control of th					

For Lab Use Only

A = Bacteria Absent

DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Co Report N Analys STotal Public	PASCO COUNTY ENVIRONMENT 8864 Government [New Port Richey, FL : (727) 847-8902 NELAC Certification # E44 This document meets NELAC s contacts: Annamaria Cangialosi, Cl Number: 2944-2946 Sub-Contract is Requested: (check all that apply) Coliform/E. coli [Total Coliform/Fecal [Water System (PWS) Name: 170016 dress: 37407 Ray Dr. PWS Owner's Phone #: 170016 or: [Total Hinchmen]	An Sai Sai Dis Thi	alysis Date & mple Acceptar mple Preserva infectant Check sample doe	ck XINot Des not meet the	Not on tected following NE	Ice 5.4°c mg/L LAC requirements.				
Collect	or: Frank Hurchman				c	liector's	Phone #:		II a file h	
Type o ∭Comr ∐Limite	f Supply: (check only one) nunity Water System □Non-Transient Non- d Use System □Bottled Water □Private	communit	v Water	Svstem		ansient l	Von-commu	nity Water Sys	tem	
☑Distril ☐Clean	n for Sampling: (check all that apply) pution Routine Distribution Repeat Difference Replacement (also check type of sar Collection Date: 921	npie being	ered or a replace	assessm ed) []	ent) [Boil Wa	⊒Raw (to ater Notic	riggered or a e	ssessment) a	dditional	□Well Survey
	To be completed by sollec		ole		MINERED SO			To be co	npleted by	ab i
Sample	Sample Point	1 1		Disin- fectant	рН	Analys	is Method(s)		Analysis Met	
#	(Location or Specific Address)	Collection Time	Type	Res'd (mg/L)	pη	Total Colifor	- I	. Coli *	Data Qualifier	Lab Sample #
E	E. Well law	0625	R	Ø		A	A			2944
F	W. Well Yaw	0617	R	D		A	A			2945
G	4843 Kint Dr.	0607	D	.94		A	L A			2946
							+			
samples	e of disinfectant residuals for distribution routin s. Free chlorine or Total chlorine (circle one)	e and rep	eat	.94				sts are performe ate only to the s		ce with NELAC above.
DPD	tant Residual Analysis Method: Colorimetric							y lab of positive		
Person A cer	performing disinfectant analysis is (please see tified operator (#	instruction	ns on re	verse):	Date Date	and time ! Report Iss	DEP/DOH notifi sued: <i>OS</i>	ied by lab of po	sitive results:	1 22
Supe	rvised by certified operator (#)		l ah !	Signature	19	lin 3	- 1h	ulher
	oyed by a certified lab	Laly Mer								
Nam	ne and mailing Address of Person to	Receiv	e Rep	ort	DEP/DOH/LAB USE ONLY					
MCL Environmental Services, LLC 7810 Gall Blvd #327 Zephyrhills, FL 33541						☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Unsatisfactory				

For Lab Use Only

Rev. SGD-10092015



For Lab Use Only

DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Co Report N	This ontacts: Annai lumber: <u>2607~2</u>	TY ENVIRONMENT 3864 Government D ew Port Richey, FL 3 (727) 847-8902 NELAC Certification # E44 document meets NELAC st maria Cangialosi, Ch 609 Sub-Contract I		Analys Sampl Sampl Disinfe	is Date & 1 e Acceptan e Preserva ectant Chec	ime: <u>X/10/</u> ce Criteria: tion X On Ice k X Not De	E Not on Ic	9: 18 2			
Total (Coliform/E. coli [heck all that apply) Total Coliform/Fecal						-			
PWS Add PWS or I Collecto Type of	dress: 3740 WS Owner's Phoron: F Supply: (check nunity Water System	PWS) Name: Trapucl Ray Dc. ne #: On Hinchman only one) m	communit	y Water	System	Fax f	City	n-commun	Zephyrl ity Water Sy	stem	8 <u>5 9 </u>
Reason Distrib	for Sampling: (oution Routine I ance	check all that apply) Distribution Repeat Rent (also check type of same:	aw (trioge	ered or a	assessme	ent) 🗀 P	Raw (trigo	ered or a	ssessment) a	additional [Well Survey
		To be completed by collect	or of sam	ple						impleted by lat	
Sample #		mple Point or Specific Address)	Point Sample Sample fectan		Disin- fectant Res'd	ectant pH	Analysis I		E. Coli Analy	n Analysis Metho vsis Method: Data	d: SM9223B SM9223B Lab
	,		Time	Туре	(mg/L)		Coliform	E	. Coli *	Qualifier	Sample #
A	E. 10	l rau	0535	R	Ø		A	А			2607
B	W. W.	W 4602	0544	R	D		A	A			2608
C	4834	a may	0557	D	.48		A	A			21009
				is a regionalization \$					44		
Average	e of disinfectant res	iduals for distribution routin tal chlorine (circle one)	e and rep	eat	- 98	Unless	otherwise	noted, all te	sts are perform	ned in accordanc	e with NELAC
Disinfec	tant Residual Analy	rsis Method: Other:				Date an	d time PV	'S notified b	y lab of positive	e results:	
Person performing disinfectant analysis is (please see instructions on reverse): Certified operator (#									ied by lab of p	ositive results:	hufhe-
Name and mailing Address of Person to Receive Report MCL Environmental Services, LLC 7810 Gall Blvd #327 Zephyrhills, FL 33541						☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Unsatisfactory					

DR	INKING WATER MICROBIAL SA AND LABORATORY REPORT		For Lab Use Only								
Control of Analysis Total of Public of Public of Additional of American of Ame	New Port Richey, FL: (727) 847-8902 NELAC Certification # E44 This document meets NELAC sentacts: Annamaria Cangialosi, Cli umber: 2245-2247 Sub-Contract s Requested: (check all that apply) Coliform/E. coli	AL LAE Drive 34654 123 tandards nristoph Lab ID: Enterocod Communit Well Raw (triggenple being	er Ch	TORY mildress Coliphag System ing Pool	Fax# Collection Other	Analysis Samp Samp Disinform This series Pt. City Steems No.	sis Date & T le Acceptan le Preservat ectant Chec ample does Other: VS I.D. IZip Code: n-commun	ce Criterie: ition On Ice k Not De not meet the to Zaphi ity Water Sys	Not on tected following NEL	11 10 KG	
ampie	To be completed by collect	and the second second	ple		-			To be con	npleted by I		
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disin- fectant Res'd (mg/L)	рΗ	Analysis Total * Coliform	Method(s) E.	Total Coliform E Coli Analys Coli *	Analysis Met sis Method: Data Qualifier	nod: SM92238 SM92238 Lab Sample #	
E	E. Well law	0516	R	Ø		A	Α.			2245	
F	N. WOIL VAN	0520	R	D		А	A			2246	
6	37300 Kinkand	0527	D	.92		A	A			2247	
Samples Disinfed DPD Person A cer Supe	of disinfectant residuals for distribution routing. Free chlorine or Total chlorine (circle one) tant Residual Analysis Method: Colorimetric Other: performing disinfectant analysis is (please see lified operator (#	instructio	ns on re))	.92 everse):	Standard Date and Date and Date Re	ds, and the dime PV distinct DE port Issue mature:	vs notified by	sts are performed ate only to the sign of positive ind by lab of positive ind by lab of po	amples listed results:		
Name and mailing-Address of Person to Receive Report MCL Environmental Services, LLC 7810 Gall Blvd #327							Title:				



DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Collecto	New Port Richey, FL: (727) 847-8902 NELAC Certification # E44 This document meets NELAC s Intacts: Annamaria Cangialosi, Cl umber: 1743-1745 Sub-Contract Sequested: (check all that apply) Coliform/E. coli Total Coliform/Fecal Nater System (PWS) Name: Tropper Iness: 37407 Ray Dr. WS Owner's Phone #: Supply: (check only one)]HPC Other:								
Limited Reason Distribution Cleara	unity Water System	Well E Raw (trigge mple being	Swimm	ing Pool assessm	□Ot ent) □	her: Raw (trìc	gered or a	ssessment)	additional	□Well Survey
zampie	The second secon		-1-					To be no	mentated by	-b
T	To be completed by collec	or or sam	DIE	Disin-		Analysis	Method(s)		mpleted by I m Analysis Met	
Sample	Sample Point	Sample		de stant				E. Coli Analy		SM9223B
#	(Location or Specific Address)	Collection Time	Sample Type	Res'd (mg/L)	pH	Total * Coliform	E	E. Coli *	Data Qualifier	Lab Sample #
C	E. Well vav	0700	R	8		A	A			1793
D.	W. Well You	0455	R	Ø	10	Α	A			1794
E	37402 Hammond	6709	D .	.93		Α	A			1795
samples Disipfect	of disinfectant residuals for distribution routing. Free chlorine or Total chlorine (circle one) tant Residual Analysis Method: Colorimetric	ne and rep	eat	.93	standa	rds, and t	ne results rel	late only to the	samples listed	nce with NELAC I above,
Person p A cert Super	performing disinfectant analysis is (please see lifed operator (#)	verse):	Date a	nd time Di teport Issu	EP/DOH noti	fied by lab of p	ositive results:	
Name and mailing Address of Person to Receive Report MCL Environmental Services, LLC 7810 Gall Blvd #327 Zephyrhills, FL 33541						☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Unsatisfactory				

For Lab Use Only

Rev. SGD-10092015

	HANCING INGTER INCRESS.				B.T	-							
DF	RINKING WATER MICROBIAL SA AND LABORATORY REPORT				For L	ab Use Only							
ı	PASCO COUNTY ENVIRONMENT 8864 Government I New Port Richey, FL (727) 847-8902	Orive 34654	30RA	TORY		1	Analysi	s Date & 1	Time: _5/_(16/20	1223 55 LF		
	NELAC Certification # E44 This document meets NELAC s					1	Sample	Preserva	nce Criteria: tion 🏳 On Id	ce Not on l	lce <u> </u>		
Co	ontacts: Annamaria Cangialosi, Cl	hristoph	ner Ch	nildres	S	- 1	Disinfe	ctant Chec	k XNot [Detected	.AC requirements.		
	lumber: <u>1461 - 1463</u> Sub-Contract	Lab ID: _							www.marenesemens.com				
Apálys (Total	is Requested: (check all that apply) Coliform/E. coli	Enteroco	oci 🗆]Colipha	ge 🗆	HPC	o	ther:					
	Water System (PWS) Name:								65		8 5 9		
WS Ad	dress: 374V7 12ay Dr.			a			City/2	Zip Code:	Zep	hph.115	33512		
	PWS Owner's Phone #.					-		опе #:					
Comn	f Supply: (check only one) nunity Water System	communit	y Water Swimm	System ing Pool		ansier Other:		-commun	ity Water S	ystem			
X Distrit	for Sampling: (check all that apply) pution Routine	Raw (trigge mple being	ered or a	assessm ed) []	ent) [Boil Wa]Raw ater No	(trigge otice	ered or a	ssessment)	additional [Well Survey		
ample	Collection Date: 5/4/2	Yan		2 MeV W. 1	_			at 110 yrs 6 4					
	To be completed by collect	tor of sam	ple	Disin-		Ana	alysis M	ethod(s)		ompleted by Ia m Analysis Meth			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	fectant Res'd (mg/L)	рΗ		ifom	E.	E. Coli Ana Coli *	lysis Method; Data	SM9223B Lab Sample #		
F	west well van	1100	R	W (Mg/L)			7	A		Qualifier	1461		
G	east nell van	1117	R	Ø			4	A			1462		
H	3740L Toppel Dr.	1110	D	,99			A	A			1463		
samples	of disinfectant residuals for distribution routing. Free chlorine or Total chlorine (circle one) tant Residual Analysis Method:	ne and rep	eat	. 99						med in accordant samples listed			
DPD	Colorimetric Other:									re results; positive results; _			
A cer	performing disinfectant analysis is (please see tified operator (#	Instruction))	verse):	Date	Report	Issued	05/	07/2	020	1/1		
	rvised by certified operator (#)			Signat	20	2	2	1/1/1	Me		
	oyed by a certified lab	y DEP OF L			Title:	To	19	11/13	R				
Nan	e and mailing Address of Person-to	#	re Rep	ort		atisfac	etory			DEP/DO	H/LAB USE ONLY		
	MCL Environmental Services, LLC ☐ Inc. 7810 Gall Blvd #327 ☐ Re								☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Unsatisfactory				
	Zepnyrniis, FL 35341	L			-"	.,							

DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Report N Analysi Protal C PWS Add PWS or F Collecto Type of Comm Limited Reason Cleara		Prive 34654 123 tandards ristoph Lab ID: Enterocoo M Communit Well	er Chi	System ing Pool assessmed)	Fax#: Collect Trans	Analysi Sample Sample Disinfe This sa C DO PW City/.	s Date & Ti e Acceptance e Preservati ctant Check mple does ther: S I.D. [(me: 4/4 te Criteria: ton On loa Not Denot meet the 2cply ty Water Sy sessment)	e Not on locatected following NELA	Well Survey
	To be completed by collect	or or sam	ple	Disin-		Analysis M	lethod(s)		ompleted by lab m Analysis Metho	
Sample	Sample Point	Sample	Sample	fectant	pH -			E. Coli Analy	ysis Method:	SM9223B
#	(Location or Specific Address)	Collection Time	Туре	Res'd (mg/L)		Total * Coliform	E.	Coli *	Data Qualifier	Lab Sample #
C	East well faw	0530	R	K		A	A			1358
0	hist well van	0522	R	10		A	A			1229
E	37424 Ray Dr.	0540	0	.97		А	A			०८६।
		*								
samples Disinfec DPD	of disinfectant residuals for distribution routing. Free chlorine or Total chlorine (circle one) tant Residual Analysis Method: Colorimetric				standard Date and	s, and the time PW	results related by	te only to the lab of positiv	ned in accordance samples listed a e resultsositive results:	bove.
☐ Supe	performing disinfectant analysis is (please see lified operator (#)	verse):	Date Rep Lab Sign Title:	ort Issued	1.04/ 1.04/ 1.04/	15/20 2011	120	he
Nam	MCL Environmental Services, I 7810 Gall Blvd #327 Zephyrhills, FL 33541	☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Unsatisfactory								

For Lab Use Only

							\mathcal{M}					
DRI	NKING WATER MICROBIAL SA AND LABORATORY REPORT			_	N		For L	ab Use Only				
P/	ASCO COUNTY ENVIRONMENT 8864 Government I New Port Richey, FL (727) 847-8902	Orive 34654	BORA'	TORY			eceipt Date & Time:		0940 100 LF			
	NELAC Certification # E4 This document meets NELAC:						Sample Acceptance Criteria: Sample Preservation ☑ fon Ice ☐ Not on Ice ☐ 10.8°c					
Con	tacts: Annamaria Cangialosi, C	hristopi	ner Ch	ildres	s	Disinfe	ectant Check	Detected	mg/L			
Report Nu	mber: <u>0171-0173</u> Sub-Contract	Lab ID: _							The state of the s			
Total Co	Requested: (check all that apply) liform/E. coli											
>ublic W	later System (PWS) Name: Woould	Trailer	Pach			PV	vs i.D. 6 5		8 5 9			
WS Addr	ess:	William I	-		Env	City. #:	Zip Code:	7h115 3	19391			
	: Freah Hinchman		1-10-1					The Sun				
Type of \$	Supply: (check only one) nity Water System	-communi	lv Water	System	Пта	nsient Nor	n-community Water S	ystem	:			
☑Distribul ☑Clearan	or Sampling: (check all that apply) ion Routine	mple being	ered or a	assessm	ent) 🏻 Boil Wate	Raw (trigger Notice	ered or assessment)	additional	□Well Survey			
iample C	collection Date:3 3 2	20			_							
	To be completed by collect	tor of sam	ple :			Annhain t		ompleted by				
Sample	Sample Point	Sample	Sample	Disin- fectant	aŭ l	Analysis I		rm Analysis Me lysis Method	thod: SM9223B SM9223B			
#	(Location or Specific Address)	Collection Time	Туре	Res'd (mg/L)	pH .	Total * Coliform	E. Coli*	Data Qualifier	Lab Sample #			
A	East well faw	0540	ß	8		A	A		ורה			
B	West well you	0547	R	В		A	A		שרנט			
C	37249 Tropusal Dr.	0.559	D .	1.04		Α	Α		7773			
-												
samples.	f disinfectant residuals for distribution routil Free chlorine or Total chlorine (circle one) nt Residual Analysis Method:	ne and rep	eat	1.06			noted, all tests are perform e results relate only to the					
DISINIECCA DPD C	olorimetric				Date a	nd time PW	S notified by lab of positi	ve results:				
	rforming disinfectant analysis is (please see	instructio	ns on re	verse):	Date a	nd time DEI	P/DOH notified by lab of I	positive results:				
					Date R	eport Issue	03/04/2	10 20 W	1-111			
							6 / >	1/	11/0			
	sed by certified operator (#				Lab Si	gnature:	maro	11/11/11	yne			
☐ Employ	ed by a certified lab			Ì	Lab Si Title:	m //	MER	11/11	yne			
☐ Employ ☐ Authoriz		oy DEP or (DOH			m //	MER	DEBIS.	OH/LAB USE ONLY			

* P = Bacteria Present A = Bacteria Absent

114

								. 1	1	
DR	INKING WATER MICROBIAL SA AND LABORATORY REPORT				N			For La	b Use Only	
Со	PASCO COUNTY ENVIRONMENT 8864 Government [New Port Richey, FL: (727) 847-8902 NELAC Certification # E44 This document meets NELAC sontacts: Annamaria Cangialosi, Ci	Orive 34654 123 tandards aristoph	er Ch	iildress			Analysi Sample Sample Disinfe	ceipt Date & Time: s Date & Time: Acceptance Criteria Preservation Not Dieservation mple does not meet the	e Not on	ice <u> </u>
Analvei	s Requested: (check all that apply) Coliform/E. coli					-	o	ther:		
PWS Add PWS or I Collecto	Water System (PWS) Name:	od .	myra-silve labba p dilipanis mass		Fa	x#:_	City/	one #:	The San Park	33511
Reason Distrib	for Sampling: (check all that apply) bution Routine Distribution Repeat ance Replacement (also check type of sar Collection Date:	Raw (trigge	ered or a	assessm	ent) []Rav	v (trigg	ered or assessment) :	additional	
	To be completed by collect	tor of sam	ple		مرس الكا				ompleted by I m Analysis Met	
Sample	Sample Point	Sample	Sample	Disin- fectant	рΉ	an All	alysis iv	-	sis Method:	SM9223B
#	(Location or Specific Address)	Collection Time	Туре	Res'd (mg/L)	PΗ		otal * diform	E. Coli *	Data Qualifier	Lab Sample #
C	East well raw	0550	R	8			A	A		0474
0	West mell year	0557	12	2		t	4	A		0475
E	37411 Ray Dr.	0607	D	.୩୮		t	+	A	-	0476
								STATE OF THE STATE OF		
samples	of disinfectant residuals for distribution routing. Free chlorine or Total chlorine (circle one)	ne and rep	eat	.97	Unle stan	ss othe dards,	erwise n	oted, all tests are perform results relate only to the	ned in accordar samples listed	ice with NELAC above.
Person A cer Supe	Colorimetric))	verse):	Date Date Lab	and tii Repoi	me DEF rt Issuer ture	S notified by lab of positive P(DOH notified by lab of p	ositive results:	
Name and mailing Address of Person to Receive Report MCL Environmental Services, LLC 7810 Gall Blvd #327 Zephyrhills, FL 33541					☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Unsatisfactory					

* P = Bacteria Present A = Bacteria Absent

115

DR	INKING WATER MICROBIAL SAI AND LABORATORY REPORT		For Lab Use Only							
Concept Nanalysis Analysis Ana	PASCO COUNTY ENVIRONMENT 8864 Government D New Port Richey, FL 3 (727) 847-8902 NELAC Certification # E44 This document meets NELAC s ontacts: Annamaria Cangialosi, Ch lumber: DOO-DOQ 2 Sub-Contract is Requested: (check all that apply) Coliform/E. coli	communit Well Raw (triggonple being	y Water Swimmi	ildress Coliphag	ge I	Analys Sampl Sampl Disinfe This si HPC	sis Date & Tele Acceptant le Preserva ectant Checample does Other: VS I.D. /Zip Code: n-commun	Le Sephy Zephy ity Water Sy	e Not on etected following NE	13.9°c 13.9°c mg/L LAC requirements.
Sample	Collection Date:		ple		i de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela comp		2011 27 14	To be co	moleculivi	ab
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disin- fectant Res'd (mg/L)	pН	Analysis I Total * Coliform	Method(s)	Total Coliforn E. Coli Analy . Coli *	n Analysis Met vsis Method: Data Qualifier	sM9223B SM9223B Lab Sample #
A	East Well Raw	0530	R	8		A	A			00 90
B	Nest Well Raw	0539	R	Ø		A	A			0091
С	37315 Hammond	0550	D "	1.14		A	A			0099
Sample: Disinfer DPD Person A cer Supe	e of disinfectant residuals for distribution routings. Free chlorine or Total chlorine (circle one) ctant Residual Analysis Method: Colorimetric	instruction by DEP or I	ns on re))		Date : Date : Date : Title:	ards, and th and time PW and time DE	e results religion of the control of	ate only to the by lab of positive field by lab of positive field by lab of positive field by lab of positive formation	e results:	nce with NELAC d above.



Address of Service: Billed to: A Utility, Inc. Billed to: A Utility, Inc. Week of: 11/25/2021-12/1/2021 Date: 11/25/2021 11/26/2021 11/29/2021 11/29/2021 Start: 8:00 AM 8:01 AM 6:00 AM 9:29 AM Stop: 12:00 PM 10:00 AW 9:29 AM 9:29 AM 1:30 PM Start: Stop: 1:30 PM 1:30 P	Invoice #:		PM2021-209		Worked on locating water main and lines									
Billed to:		ervice:			TOTAL OF TOTAL									
Meek of:			•											
Date: 11/25/2021 11/26/2021 11/29/2021 11/30/2021 12/1/2021			="	2021										
Stop: 12:00 PM 10:00 AM 9:29 AM					11/29/2021	11/30/2021	12/1/2021							
Start: 12:45 PM 1:30		Start:	8:00 AM		8:01 AM	6:00 AM								
Start: 12:45 PM 1:30 PM 1:30 PM 1:30 PM		Stop:	12:00 PM		10:00 AM	9:29 AM								
Start: Stop: Start:		Start:			12:45 PM									
Stop: Start: Stop:		Stop:			1:30 PM									
Start: Stop:		Start:												
Stop:		Stop:												
Hours: 4.00 0.00 2.73 3.48 0.00 10.22 21.00 \$214.55 Miles: 15.00 18.00 Total Miles: 33.00 Fuel Econ.: 13.50 Total Gallons: 2.44 Rate: 3.359 Total Fuel: Expenses: Lowes Home Depot Hynes Discount Locksmith Amazon Total Expenses: \$347.96 Home Depot Hynes Discount Locksmith Amazon Total Expenses: \$347.96		Start:												
10.22 21.00 \$214.55 Miles: 15.00 18.00 Total Miles: \$33.00 Fuel Econ.: 13.50 Total Gallons: 2.44 Rate: 3.359 Total Fuel: \$8.21 Expenses: Lowes Home Depot Hynes Discount Locksmith Amazon Total Expenses: \$347.96 ### Total Expenses: \$347.96 ### Total Expenses: \$347.96 ### Total Expenses: \$347.96 ### Total Expenses: \$347.96		Stop:												
Miles: 15.00 18.00 Total Miles: 33.00 Fuel Econ.: 13.50 Total Gallons: 2.44 Rate: 3.359 Total Fuel: \$8.21	Hours:		4.00	0.00	2.73	3.48	0.00							
Miles: 15.00 18.00														
Miles: 15.00 18.00 Total Miles: 33.00 Fuel Econ.: 13.50 Total Gallons: 2.44 Rate: 3.359 Total Fuel: \$8.21 Expenses: Lowes Home Depot \$347.96 Hynes Discount Locksmith Amazon Total Expenses: \$347.96 TOTAL DUE: \$570.72														
Total Miles: 33.00 Fuel Econ.: 13.50 Total Gallons: 2.44 Rate: 3.359 Total Fuel: \$8.21 Expenses: Lowes Home Depot	,	*			10.00			\$214.55						
Fuel Econ.: 13.50 Total Gallons: 2.44 Rate: 3.359 Total Fuel: \$8.21	Miles:		15.00	#" *			Total Bailes	22.00						
Total Gallons: 2.44 Rate: 3.359 Total Fuel: \$8.21														
Rate: 3.359 Total Fuel: \$8.21														
Expenses: Lowes														
Expenses: Lowes														
Home Depot \$347.96 Hynes Discount Locksmith Amazon Total Expenses: \$347.96 TOTAL DUE: \$570.72	Evnonsor	Lowes					Total Fuci.	Y-1ma						
Hynes Discount Locksmith Amazon Total Expenses: \$347.96 TOTAL DUE: \$570.72 Wswers for 4,5,8	Expenses.		\$347.96											
Locksmith Amazon Total Expenses: \$347.96 TOTAL DUE: \$570.72 Was wers for 4,5,8		-												
Amazon Total Expenses: \$347.96 17 - 200 TOTAL DUE: \$570.72 Wswers for 4,5,8		•	•											
Total Expenses: \$347.96 TOTAL DUE: \$570.72 Womers for 4,5,8														
/		Amazon					Total Expense	es: \$347.96						
/	95 117	- 200					TOTAL DUE:	\$570.72						
/	luswers +	Por 4,5,8	7											
				CASH:	OR CH	HECK: 570.72 @	751 SIGNED:	Auth						



32715 EILAND BLVD WESLEY CHAPEL,FL 33545 (813)788-1642

8929 00052 40858 SALE SELF CHECKOUT

11/24/21 07:08 AM

820633976073 1-1/4 UNION <A>
 1-1/4" PVC COMPRESSION COUPLING
 2@11.53
820633976097 PVC COUPLING <A>
 2" PVC COMPRESSION COUPLING
 2@18.68
611942038879 2 PVC EL45 <A>
 2" PVC EL 45D SXS
 6@3.74
611942039494 DWV PIPE <A>
 2" X 10' PVC40-DWV PE PIPE
 14@17.31 23.06 37.36

22.44

242.34

SUBTOTAL SALES TAX TOTAL

325.20 22.76 \$347.96

XXXXXXXXXXXXXX8441 HOME DEPOT

USD\$ 347.96

AUTH CODE 024453/4520004 Chip Read AlD A0000000049999D8400304

THO PLCC CRC



RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
11 365 11/24/2022 A

DID WE NAIL IT?

Take a short survey for a chance TO WIN A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H8B 90934 82057 PASSWORD: 21574 82005

Entries must be completed within 14 days of purchase. Entrants must be 18 or older to enter. See complete rules on website. No purchase necessary.

Invoice #: PM2021-206 Worked on locating water main and lines **Address of Service: Tropical MHP** Billed to: A Utility, Inc. Week of: 11/18/2021-11/24/2021 Date: 11/18/2021 11/19/2021 11/22/2021 11/23/2021 11/24/2021 8:00 AM Start: 9:46 AM 9:20 AM 12:00 PM Stop: 12:00 PM 10:00 AM 2:00 PM 11:20 AM Start: Stop: Start: Stop: Start: Stop: 2.00 Hours: 2.67 2.00 1.57 0.00 8.23 21.00 \$172.90 Miles: 19.00 10.00 15.00 9.00 **Total Miles:** 53.00 Fuel Econ.: 13.50 **Total Gallons:** 3.93 Rate: 3.359 **Total Fuel:** \$13.19 \$193.71 **Expenses:** \$282.38 Lowes Home Depot **Hynes Discount** Locksmith Amazon **Total Expenses:** \$476.09 **TOTAL DUE:** \$662.18

DATE RECEIVED: 11/24/21

CASH: _____ OR CHECK: 662.18 @ 748



LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: \$1854VL1 2081793 TRANS#: 2253317 11-18-21

23090 10-IN X 15-IN RECTANGLE U	48.39
16.98 DISCOUNT EACH	-0.B5
3 0 16.13	*****
79589 3/4IN PUC CHECK ULU SOCKE	26.40
7.48 DISCOUNT EACH	-0.38
4 0 7.10	
209666 3/4IN DBL UNION BALL U 16	29 16
7.68 DISCOUNT EACH	-0.39
4 0 7.29	0.103
26054 10-CT 1/2-IN SCH40 ELBOW	3.73
3.92 DISCOUNT EACH	-0.19
25523 10-CT 1/2-IN SCH40 COUPLI	4.86
5.11 DISCOUNT EACH	-0.25
25532 10-CT 3/4-IN SCH40 COUPLI	3.39
3.57 DISCOUNT EACH	-0.18
26055 10-CT 3/4-IN SCH40 ELBOW	5.59
5.88 DISCOUNT EACH	-0.29
23910 2-IN SCH40 ELBOW 406020	13.32
3.51 DISCOUNT EACH	-0.18
4 @ 3.33	
23908 2-IN SCH40 TEE 401020	14.88
3.91 DISCOUNT EACH	-0.19
4 0 3.72	4112
23902 2-IN SCH40 COUPLING 42902	8.04
1.41 DISCOUNT EACH	-0.07
6 0 1.34	
23003 2-IN SCH40 BUSHING 437248	8.36
	-0.11
4 9 2.09	-+11
	12.92
	-0.16
4 0 3.23	-119
Attaches mar	

	SU	BTOTAL:	181.04
		TAX:	12.67
INVOICE	02347	TOTAL:	193.71
		LCC:	193.71

TOTAL DISCOUNT:

LCC: XXXXXXXXXXXXX6450 AMOUNT:193.71 AUTHCD: 001160 SWIPED REFID:300313 11/18/21 11:34:02

LBA/PO: tropical

TERNINAL: 02 11/18/21 11:35:17 STORE: 1854 # OF ITEMS PURCHASED: EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOHE'S. FOR DETAILS ON OUR RETURN POLICY, VISIT



32715 ETLAND BLVD WESLEY CHAPEL,FL 33545 (813)788-1642

8929 00003 89494 11/22/21 01:01 PM SALE CASHIER ANGEL

611942039494 DWV PIPE <A>
2" X 10' PVC40-DWV PE PIPE
12@17.31 207.72 12#17.31 207.72 038753308845 CEMENT <a> 6.35 80Z PVC CEMENT MEDIUM GRAY 038753307572 PURPL PRIMER <a> 160Z PURPLE PRIMER NSF/UPC 2@11.96 23.92 038753311210 PVC CEMENT <a> 23.92 160Z PVC CEMENT HEAVY DUTY GRAY FAST 2@12.96 25.92 6.35

SUBTOTAL SALES TAX 263.91 18.47 \$282.38 TOTAL

USD\$ 282.38 AUTH CODE 022346/6031496 Chip Read

ATD A000000004999908400304 THD PLCC CRC



RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
11 365 11/22/2022

******************* DID WE NAIL IT?

Take a short survey for a chance TO WIN A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H8B 188206 179280 PASSWORD: 21572 179277

Entries must be completed within 14 days of purchase. Entrants must be 18 or older to enter. See complete rules on website. No purchase necessary.

Invoice #: PM2021-179 Reconnected 37344 Hammond drive and 37433 Ray Drive **Address of Service: Tropical MHP** Billed to: A Utility, Inc. Week of: 10/7/2021-10/13/2021 Date: 10/7/2021 10/8/2021 10/11/2021 10/12/2021 10/13/2021 Start: 7:45 AM Stop: 10:15 AM Start: Stop: Start: Stop: Start: Stop: 0.00 Hours: 2.50 0.00 0.00 0.00 2.50 21.00 \$52.50 Miles: 10.00 **Total Miles:** 10.00 Fuel Econ.: 13.50 **Total Gallons:** 0.74 Rate: 3.259 **Total Fuel:** \$2.41 **Expenses:** Lowes Home Depot **Hynes Discount** Locksmith Amazon **Total Expenses:** \$0.00 **TOTAL DUE:** \$54.91

DATE RECEIVED: 10/13/21

CASH:

OR CHECK: 54.91 @ 746

Invoice #: PM2021-146				Replaced 2" brass check valve in pump house; replaced raw tap faucet in pump house						
Address of Service: West pump house				Replaced chlorine barrel faucet; installed plugs on check valve						
Billed to:		A Utility, Inc.								
Week of:		7/29/2021-8/4/202	21							
Date:		7/29/2021	7/30/2021	8/2/2021	8/3/2021	8/4/2021				
	Start:	7:00 AM		10:00 AM						
	Stop:	11:00 AM		2:00 PM						
	Start:									
	Stop:									
	Start:									
	Stop:									
	Start:									
	Stop:									
Hours:		4.00		4.00						
									8.00	
									20.00	
									\$160.00	
Miles:		14.00		16.00						
							Total Miles:		30.00	
							Fuel Econ.:		13.50	
							Total Gallons:		2.22	
							Rate:		2.899	
							Total Fuel:		\$6.44	
Expenses:	Lowes	\$54.52		\$42.44						
	Home Depot									
	Hynes Discount									
	Locksmith									
	K and K Glass									
							Total Expenses:		\$96.96	
							TOTAL DUE:		\$263.40	

DATE RECEIVED: 8/3/21

CASH: _____

OR CHECK: 263.40 @ 5165



LONE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: \$1854GL1 1426861 TRANS#: 88471799 07-28-21

2385	6 3/4-IN SCH40 ADAPTER 4360	1.04
	0.55 DISCOUNT EACH	
	2 @ 0.52	
2553	4 10-CT 1-IN SCH40 COUPLING	5.22
	5.49 DISCOUNT EACH	-0.27
10021	6 1-IN PUC UNION SOCKET END	14.36
	7.57 DISCOUNT EACH	-0.38
	20 . 7.19	
188228	5 3/4-IN PUC UNION SOCKET E	11.42
	6.01 DISCOUNT EACH	-0.30
	2 @ 5.71	
23858	1-IN SCH40 ADAPTER 438010	1.66
	0.86 DISCOUNT EACH	-0.05
	2 6 0.83	
23913	1-IN X 3/4-IN BUSHING 437	1.82
	0.96 DISCOUNT EACH	-0.05
	2 @ 0.91	
26056		4.47
	4.70 DISCOUNT EACH	
26055	10-CT 3/4-IN 3CH40 ELBOW	4.47
	4.70 DISCOUNT EACH	-0.23
26052	10-CT 3/4-IN SCH40 TEE	6.47
	6.80 DISCOUNT EACH	-0.33
		50.95
	TAX:	3.57
Ih	WOICE 01690 FOTAL:	54.52
		54.52
IAL	DISCOUNT:	2.68

TOTAL DISCOUNT: 2.68
LBA:XXXXXXXXXXXXXXXXXX6450 AHQUNT:54.52 RUTHCD:000908

LBA/PO: 0

STORE: 1054 FERMINAL: 01 07/20/21 07:30:15
OF ITEMS PURCHASED: 14
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.

FOR DETAILS ON OUR RETURN POLICY, DISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: JENNIFER BEAUDOIN

LOWE'S PRICE PROMISE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEPROMISE



LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: \$1854HD1 53983 TRANS#: 2913666 08-02-21

867967 3/4-IN QTR TRN H	OSE BIBB 10.43
10.98 DISCOUN	IT EACH -0.55
367487 3/4-IN BRASS HSE	BIB MIP 9.48
9.98 DISCOUN	IT EACH -0.50
877189 1/4-IN HIP SQUAR	E HEAD PL 3.40
3.58 DISCOUN	T EACH -0.18
877190 3/8-IN HIP SQUAR	E HEAD PL 8.52
4.48 DISCOUN	T EACH -0.22
2 @	4.26
877188 1/8-IN MIP SQUAR	E HEAD PL 5.66
2.98 DISCOUN	T EACH -0.15
2 9	2.83
516071 MMS PB KING SIZE	2.83-02 2.17
2.28 DISCOUNT	T EACH -0.11
- SUBTOTA	AL: 39.66
TA	X: 2.78
INVOICE 02150 TOTA	NL: 42.44
LB	BA: 42.44
TOTAL DISCOUNT	: 2.08
LBA:XXXXXXXXXXXXXXA50 AMOUN	IT:42.44 GHTHCD-DOOGD1

LBA:XXXXXXXXXXXXXX6450 AMOUNT:42.44 AUTHCD:000901 SWIPED REFID:726842 08/02/21 10:14:03

LBA/PO: TROPICAL

STORE: 1854 TERMINAL: 02 08/02/21 10:14:44
OF ITEMS PURCHASED: EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOVE'S.

FOR DETAILS ON OUR RETURN POLICY, VISIT

LOVES.COM/RETURNS

A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE

AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: JENNIFER BEAUDOIN

LOWE'S PRICE PROMISE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEPROMISE

* SHARE YOUR FEEDBACK! *

* ENTER FOR A CHANCE TO BE *

* ONE OF FIVE \$500 WINNERS DRAWN NONTHLY! *

* 1ENTRE EN EL SORTEO MENSUAL *

PARA SER UNO DE LOS CINCO GANADORES DE \$500! *

Invoice #:

PM2021-112

Worked on water system

Address of Service:

Water system

Addicas of activice,		Water System						
Billed to:		A Utility, Inc.						
Week of:		6/3/2021-6/9/2021	_					
Date:		6/3/2021	6/4/2021	6/7/2021	6/8/2021	6/9/2021		
	Start:	7:00 AM	7:00 AM	• •		, ,		
	Stop:	1:00 PM	1:00 PM					
	Start:							
	Stop:							
	Start:							
	Stop:							
	Start:							
	Stop:							
Hours:		6.00	6.00					
								12.0
								20.0
								\$240.0
Miles:								
							Total Miles:	0.0
							Fuel Econ.:	13.5
							Total Gallons:	0.0
							Rate:	2.77
							Total Fuel:	\$0.0
Expenses:	Lowes							
	Home Depot							
	Hynes Discount	t						
	Locksmith							
	K and K Glass							
							Total Expenses:	\$0.0

DATE RECEIVED: 6/9/21

CASH: _____ OR CHECK: 240.00 @ 733

SIGNED:

\$240.00

TOTAL DUE:

Invoice #: PM2021-111 Worked on water system Address of Service: Water system Billed to: A Utility, Inc. Week of: 5/27/2021-6/2/2021 Date: 5/27/2021 5/28/2021 5/31/2021 6/1/2021 6/2/2021 Start: 8:00 AM Stop: 4:00 PM Start: Stop: Start: Stop: Start: Stop: Hours: 8.00 8.00 20.00 \$160.00 Miles: **Total Miles:** 0.00 Fuel Econ.: 13.50 **Total Gallons:** 0.00 Rate: 2.779 **Total Fuel:** \$0.00 **Expenses:** Lowes Home Depot Hynes Discount Locksmith K and K Glass **Total Expenses:** \$0.00 **TOTAL DUE:** \$160.00

DATE RECEIVED: 6/3/21

CASH: _____ OR CHECK: 160.00 @ 731

Invoice #:

PM2021-079

Worked on disconnections

Address of Service:

Tropical MHP

Addiess of service.		iropical with						
Billed to:		A Utility, Inc.						
Week of:		4/22/2021-4/28/20	021					
Date:		4/22/2021	4/23/2021	4/26/2021	4/27/2021	4/28/2021		
	Start:	7:46 AM	9:00 AM		•	•		
	Stop:	10:30 AM	11:00 AM					
	Start:		11:20 AM					
	Stop:		12:00 PM					
	Start:							
	Stop:							
	Start:							
	Stop:							
Hours:		2.73	2.67					
								5.40
								20.00
								\$108.00
Miles:		16.00	15.00					
							Total Miles:	31.00
							Fuel Econ.:	13.50
							Total Gallons:	2.30
							Rate:	2.789
							Total Fuel:	\$6.40
Expenses:	Lowes							
	Home Depot	\$90.16						
	Hynes Discount	:						
	Locksmith							
	Amazon	\$235.10						
							Total Expenses:	\$325.26
							TOTAL DUE:	\$439.66

DATE RECEIVED: 4/28/21

CASH: _____ OR CHECK: 439.66 @ 729



Final Details for Order #111-2215953-9559458

Print this page for your records.

Order Placed: March 31, 2021

Amazon.com order number: 111-2215953-9559458

Order Total: \$49.00

Shipped on April 1, 2021

Items Ordered

1 of: Stenner MCCP202 #2 Santoprene, 0-100 Psi / 0-6.9 Bar, Pack of 5

\$49.00

Sold by: Surplus Electrical Connections (seller profile)

Condition: New

Shipping Address:

Frank Hinchman IV

Dade City, FL 33525 United States

Shipping Speed:

FREE Prime Delivery

Payment information

Payment Method:Item(s) Subtotal: \$49.00Amazon.com Store Card | Last digits: 2581Shipping & Handling: \$0.00

Billing address Total before tax: \$49.00
Frank Hinchman IV Estimated tax to be collected: \$0.00

Dade City, FL 33525 United States

Grand Total: \$49.00

To view the status of your order, return to Order Summary.

Conditions of Use | Privacy Notice © 1996-2021, Amazon.com, Inc. or its affiliates

127



Details for Order #111-7062100-2025850

Print this page for your records.

Order Placed: April 2, 2021

Amazon.com order number: 111-7062100-2025850

Order Total: \$79.96

Not Yet Shipped

Items Ordered Price

4 of: American Valve P200U-40 1 1/4" PVC True Union Ball Valve Socket Ends, 1-1/4- \$19.99

Inch

Sold by: PersonalShopper123 (seller profile)

Condition: New

Shipping Address:

Frank Hinchman IV

Dade City, FL 33525 United States

Shipping Speed:

Two-Day Shipping

Payment information

Payment Method: Item(s) Subtotal: \$79.96

Amazon.com Store Card | Last digits: 2581 Shipping & Handling: \$0.00

Billing address

Total before tax: \$70.06

Frank Hinchman IV

Estimated tax to be collected: \$0.00

Dade City, FL 33525

United States Grand Total:\$79.96

To view the status of your order, return to Order Summary.

Conditions of Use | Privacy Notice © 1996-2021, Amazon.com, Inc. or its affiliates

128





Details for Order #111-4443639-1895401

Print this page for your records.

Order Placed: April 2, 2021

Amazon.com order number: 111-4443639-1895401

Order Total: \$47.06

Not Yet Shipped

Items Ordered Price

1 of: WATER SOURCE CCC-125NL 1-1/4" CNTRL Check Valve

\$43.98

Sold by: BuyBoxer (seller profile)

Condition: New

Shipping Address:

Frank Hinchman IV

Dade City, FL 33525 United States

Shipping Speed:

FREE Prime Delivery

Payment information

Payment Method: Item(s) Subtotal: \$43.98

Amazon.com Store Card | Last digits: 2581 Shipping & Handling: \$0.00

Billing address

Total before tax: \$43.98
Frank Hinchman IV

Estimated tax to be collected: \$3.08

rank Hinchman IV Estimated tax to be collected: \$3.08

gas, and again time and

Dade City, FL 33525
United States

Grand Total: \$47.06

Conditions of Use | Privacy Notice © 1996-2021, Amazon.com, Inc. or its affiliates

To view the status of your order, return to Order Summary.

129

1/1



Final Details for Order #111-3880021-1421025

Print this page for your records.

Order Placed: April 5, 2021

Amazon.com order number: 111-3880021-1421025

Order Total: \$59.08

Shipped on April 6, 2021

Items Ordered Price

4 of: Campbell Snifter Air Valve With Light Spring 1/8 "

\$14.77

Sold by: ADVENTURER'S BAG (seller profile)

Condition: New

Shipping Address:

Frank Hinchman IV

Dade City, FL 33525 United States

Shipping Speed:

FREE Prime Delivery

Payment information

Payment Method: Item(s) Subtotal: \$59.08

Amazon.com Store Card | Last digits: 2581 Shipping & Handling: \$0.00

Billing address

Total before tax: \$59.08
Frank Hinchman IV

Estimated tax to be collected: \$0.00

Dade City, FL 33525

Grand Total:\$59.08

United States

Credit Card transactions AmazonPLCC ending in 2581: April 6, 2021: \$59.08

To view the status of your order, return to Order Summary.

Conditions of Use | Privacy Notice © 1996-2021, Amazon.com, Inc. or its affiliates

130



32715 EILAND BLVD WESLEY CHAPEL,FL 33545 (813)788-1642

8929 00062 87940 04/22/21 09:03 AM SALE SELF CHECKOUT

\$ALES TAX 5.90 TOTAL \$90.16 XXXXXXXXXXXXXXXXX8441 HOME DEPOT USD\$ 90.16

AUTH CODE 022878/0620341 Chip Read AID A0000000049999D8400304 THD F

ÄID A00000000049999D8400304 THD PLCC CRC



RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 11 365 04/22/2022

DID WE NAIL IT?

Take a short survey for a chance TO WIN A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H8B 185098 176231 PASSWORD: 21222 176169

Entries must be completed within 14 days of purchase. Entrants must be 18 or older to enter. See complete rules on website. No purchase necessary.

Invoice #: PM2021-072 Served notices **Address of Service:** Tropical MHP Billed to: **Tropical MHP** Week of: 4/8/2021-4/14/2021 4/9/2021 4/12/2021 Date: 4/8/2021 4/13/2021 4/14/2021 Start: 10:00 AM Stop: 11:30 AM Start: Stop: Start: Stop: Start: Stop: Hours: 1.50 1.50 20.00 ×\$30.00 Miles: 11.00 **Total Miles:** 11.00 Fuel Econ.: 13.50 **Total Gallons:** 0.81 Rate: 2.859 **Total Fuel:** \$2.33 **Expenses:** Lowes Home Depot Hynes Discount Locksmith K and K Glass **Total Expenses:** \$0.00 **TOTAL DUE:** \$32.33

CASH: _____OR CHECK: 726 @ 32.33

SIGNED:

DATE RECEIVED: 4/14/21

Invoice #:		PM2021-063		Worked on collec	tions; cleaned or	ut pump house a	and got system back	online
Address of Se	ervice:	Tropical MHP		The second se				3 2 4
Billed to:		A Utility, Inc.						
Week of:		3/25/2021-3/31/2	021					
Date:		3/25/2021	3/26/2021	3/29/2021	3/30/2021	3/31/2021		
	Start:	10:00 AM		6:00 AM				
	Stop:	10:46 AM		10:30 AM				
	Start:							
	Stop:							
	Start:							
	Stop:							
	Start:							
	Stop:							
Hours:		0.77		4.50				
								5
								20
B.431 e.e.		0.00		45.00				,\$105
Miles:		8.00		15.00				
							Total Miles:	23
							Fuel Econ.:	13
							Total Gallons:	1.
							Rate:	2.8
Expenses:	Lowes						Total Fuel:	\$4
rybenises.	Home Depot							
	Hynes Discount							
	Locksmith							
	K and K Glass							
							Total Expenses:	\$0
							TOTAL DUE:	\$110
								A 11.00
TE RECEIVED:	: 4/1/2021		CASH:	OR CHI	ECK: 110.27 @	725	SIGNED:	1 + 1 Lh

Invoice #: PM2021-047 Worked on collections Address of Service: Tropical MHP Billed to: A Utility, Inc. Week of: 3/4/2021-3/10/2021 Date: 3/4/2021 3/5/2021 3/8/2021 3/9/2021 3/10/2021 Start: 8:30 AM Stop: 9:30 AM Start: Stop: Start: Stop: Start: Stop: Hours: 1.00 1.00 20.00 \$20.00 Miles: 14.00 **Total Miles:** 14.00 Fuel Econ.: 13.50 **Total Gallons:** 1.04 Rate: 2.859 **Total Fuel:** \$2.96 **Expenses:** Lowes **Home Depot Hynes Discount** Locksmith K and K Glass **Total Expenses:** \$0.00 **TOTAL DUE:** \$22.96

34

DATE RECEIVED: 3/10/2021

CASH: ______ OR CHECK: 22.96 @ 723 SIGNED:_____



Customer Service:
homedepot.com/mycard
Account Inquiries:
1-800-677-0232

Account Statement

Send Notice of Billing Errors and Customer Service Inquiries to: HOME DEPOT CREDIT SERVICES PO Box 790328, St. Louis, MO 63179

Account Number:

Summary of Account Activity	,
Previous Balance	\$0.00
Payments	-\$0.00
Other Credits	-\$146.26
Purchases	+\$350.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	\$203.74
Past Due Amount	\$0.00
Credit Limit	\$5,000.00
Available Credit	\$4,796.00
Amount Over Credit Limit	\$0.00
Statement Closing Date	01/29/2021
Next Statement Closing Date	02/26/2021
Days in Billing Cycle	31

Payment Information	
New Balance	\$203.74
Minimum Payment Due	\$29.00
Payment Due Date	February 25, 2021
Late Payment Warning: If we do	not receive your minimum payment by the

date listed above, you may have to pay a late fee up to \$40.

Minimum Payment Warning: If you make only the minimum payment each

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will pay off the balance shown on this statement in about	And you will end up paying an estimated total of
Only the minimum payment	8 months	\$226

If you would like information about credit counseling services, call 1-877-337-8187.

Your Minimum Payment Due is \$29.00. If you paid your non-promotional (revolving) balances and any expiring promotional balances in full on your last statement, you can avoid interest charges on any new non-promotional (revolving) balances and any expiring promotional balances if you pay \$29.00 by 02/25/21. Otherwise, interest will accrue from your statement closing date until we receive your payment. The "How to Avoid Paying Interest on Purchases" section on page 2 has more information.

Pa 2.12.2021

Confirmation 1919

You must pay your promotional balance of \$203.74 in full by 07/25/21 to avoid paying deferred interest charges.

Please see the enclosed privacy notice for important information.

Please see the enclosed deferred interest promotional offer update for important information.

Please note that if we received your pay by phone or online payment between 5 p.m. ET and midnight ET on the last day of your billing period, your payment will not be reflected until your next statement.

Please update your phone number, including cell phone number on the back of the payment coupon.



BREATHE LIFE INTO YOUR HOME

Visit homedopot.com/gardencenter today.



PLEASE SEE IMPORTANT INFORMATION ON PAGE 2.

Page 1 of 6

This Account is Issued by Citibank, N.A.

Please detach and return lower portion with your payment to insure proper credit. Retain upper portion for your records.



Statement Enclosed

00107892 1

Your Account Number is



Save money and time by doing projects yourself.

Join our online workshops, discover how-to videos and explore DIY articles to get doing done.

Learn more at homedepot.com/workshops.



Payment Due Date

February 25, 2021

New Balance

\$203.74

Past Due Amount

\$0.00

Minimum Payment Due

\$29.00

Amount Enclosed: \$



20374

Please print address changes on the reverse side.

Make Checks Payable to

Make Checks Payable to ▼

HOME DEPOT CREDIT SERVICES
PO BOX 900 1010

LOUISVILLE, KY 40290-1010

[HITHIN] [HIT



35106967 DTF 00007892





Account: **** **** ****

Marketing offers included in this statement are intended for residents of the United States and its Territories.

<u>Deferred Interest Promotional Offer Update</u>

From time to time, you may be offered special limited time only deferred interest promotional offers.

Deferred interest promotional offers include the following types of offers:

- No Interest if paid in full within 6 months
- No Interest if paid in full within 12 months
- No Interest if paid In full within 18 months
- No Interest if paid in full within 24 months

If the balance is not paid in full by the end of the promotional period, interest charges will be imposed from the purchase date at the purchase rate on your account which is 25.99% APR.

These offers are not available all the time and may be limited to specific merchandise and/or have minimum payment and purchase requirements as disclosed in the offer.

Your card agreement, the terms of the offer and applicable law govern these transactions including increasing APRs and fees and termination of the promotional period.

If you have any questions, please contact us at 1-866-533-2468. For TTY assistance, please call 1-888-944-2227.

TRANSACTIONS

Trans Date Description	Amo	unt
01/11 THE HOME DEPOT ZEPHYRHILLS FL	\$	350.00
GENERAL SALES PROMOTIONAL PURCHASE: To avoid interest charges, please pay the above in full by 07/25/2021. Monthly payments rec	quired.	
01/12 THE HOME DEPOT ZEPHYRHILLS FL	\$	146.26-
TOOL RENTAL		
FEES	-4	
TOTAL FEES FOR THIS PERIOD	\$	0.00
INTEREST CHARGED		
TOTAL INTEREST FOR THIS PERIOD	\$	0.00

1	2021 Totals Year-to-Date	
	Total Fees Charged in 2021	\$0.00
İ	Total Interest Charged in 2021	\$0.00

ACTIVITY AND PROMOTIONS DETAIL

	Original Promotion Trans Amount	Promotion Trans Date	Previous Balance	Payments & Other Credits	Purchases, Fees & Other Debits	interest Charged	New Balance	Promotion Minimum Payment Due	Deferred Interest Charges	Promotion Expiration Date
PURCHASE	S									
Revolv	ing Balance							4-14 ₋₆		
NO INT	FOR 6MOS-F	MT REQ	an and the same of	المطلب والمحادث	a continue out off or "	and the second of the second of the	Substitute 1		en gel en engelynge de regelijken en erek	
	\$350.00	01/11/21	-	\$146.26-	\$350.00	9 ₄ =	\$203.74	·	\$2.87	07/25/21
TOTAL			\$0.00	\$146.26-	\$350.00	\$0.00	\$203.74	\$0.00	\$2.87	

INTEREST CHARGE CALCULATION	Your Ani	nual Percentage Rate (APR) is the annual inte	erest rate on your account.
Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
PURCHASES	maria seria a a a a a a a a a a a a a a a a a a	V-117 Page 117 Page 1	
Revolving Balance	25.99% (M)	\$0.00	\$0.00
NO INT FOR 6MOS-PMT REQ	25.99% (M)	<u> </u>	-



Invoice #: PM2021-001 Worked on pumps **Address of Service: Tropical MHP** Billed to: A Utility, Inc. Week of: 1/1/2021-1/6/2021 1/1/2021 1/4/2021 1/5/2021 1/6/2021 Date: 8:00 AM Start: Stop: 4:00 PM Start: Stop: Start: Stop: Start: Stop: Hours: 8.00 8.00 20.00 \$160.00 Miles: **Total Miles:** 0.00 Fuel Econ.: 13.50 **Total Gallons:** 0.00 Rate: 2.199 **Total Fuel:** \$0.00 **Expenses:** Lowes **Home Depot** Hynes Discount Locksmith K and K Glass **Total Expenses:** \$0.00 **TOTAL DUE:** \$160.00

DATE RECEIVED: 1/6/2021

CASH: _____ OR CHECK: 160.00 @ 714

Invoice #: PM2020-223 Worked on pumps Address of Service: **Tropical MHP** Billed to: A Utility, Inc. Week of: 12/24/2020-12/31/2020 Date: 12/24/2020 12/25/2020 12/28/2020 12/29/2020 12/30/2020 12/31/2020 8:00 AM Start: 8:00 AM Stop: 12:00 PM 12:00 PM Start: Stop: Start: Stop: Start: Stop: Hours: 4.00 4.00 8.00 18.00 \$144.00 Miles: **Total Miles:** 0.00 Fuel Econ.: 13.50 **Total Gallons:** 0.00 Rate: 2.199 \$0.00 **Total Fuel: Expenses:** Lowes Home Depot **Hynes Discount** Locksmith K and K Glass **Total Expenses:** \$0.00 **TOTAL DUE:** \$144.00

DATE RECEIVED: 12/30/2020

CASH: _____ OR CHECK: 144.00 @ 713

Invoice #: PM2020-215 Address of Service: **Tropical MHP** Billed to: A Utility, Inc. Week of: 12/10/2020-12/16/2020 Date: 12/11/2020 12/10/2020 12/14/2020 12/15/2020 12/16/2020 Start: Stop: Start: Stop: Start: Stop: Start: Stop: Hours: 0.00 19.00 \$0.00 Miles: **Total Miles:** 0.00 Fuel Econ.: 13.50 **Total Gallons:** 0.00 Rate: 2.199 **Total Fuel:** \$0.00 **Expenses:** Lowes \$16.24 **Home Depot Hynes Discount** Locksmith K and K Glass **Total Expenses:** \$16.24 **TOTAL DUE:** \$16.24

DATE RECEIVED: 12/16/2020

CASH: _____ OR CHECK: 16.24 @ 709

LOWE'S HOME CENTERS, LLC 7921 BALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

21580	10-IN ROUND VALUE BOX	12.34
	12.98 DISCOUNT EACH	-0.64
56916	6-IN VALUE BOX REPLACEMEN	2.83
	2.98 DISCOUNT EACH	-0.15

SUBTOTAL: 15.17 TAX: 1.07

INVOICE 01795 TOTAL: 16.24 LBA: 16.24

TOTAL DISCOUNT: 0.79

LBA:XXXXXXXXXXXXX6450 AHOUNT:16.24 AUTHCD:001006 SVIPED REFID:093742 12/10/20 07:02:04

LBA/PO: TROPICAL

STORE: 1854 TERHINAL: 01 12/10/20 07:02:27 # OF ITEMS PURCHASED: 2

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOVE'S.

FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: JENNIFER TYZENHAUS

LOWE'S PRICE MATCH QUARANTEE FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

SHARE YOUR FEEDBACK! ENTER FOR A CHANCE TO BE

ONE OF FIVE \$500 WINNERS DRAWN MONTHLY!

TENTRE EN EL SORTEO MENSUAL

PARA SER UNO DE LOS CINCO GANADORES DE \$500!

ENTER BY COMPLETING A SHORT SURVEY

WITHIN ONE WEEK AT: www.lowes.com/survey

Y O U R I D # 017950 185413 456784

STORE: 1854 | TERMINAL: 01 | 12/10/20 07:02:27

140

Invoice #: Worked on wells PM2020-199 **Address of Service:** Tropical MHP Billed to: A Utility, Inc. Week of: 11/26/2020-12/2/2020 Date: 11/26/2020 11/27/2020 12/1/2020 12/2/2020 11/30/2020 6:00 AM Start: 6:00 AM Stop: 10:00 AM 6:00 PM Start: Stop: Start: Stop: Start: Stop: Hours: 4.00 12.00 16.00 19.00 \$304.00 Miles: **Total Miles:** 0.00 Fuel Econ.: 13.50 **Total Gallons:** 0.00 Rate: 1.939 Total Fuel: \$0.00 **Expenses:** Lowes Home Depot **Hynes Discount** Locksmith K and K Glass **Total Expenses:** \$0.00 **TOTAL DUE:** \$304.00

DATE RECEIVED: 12/2/2020

CASH: _____ OR CHECK: 304.00 @ 708

Invoice #:		PM2020-184		Replaced one bla	dder tank in west	pump house; rep	laced float valve in	tank in east
Address of Se	rvice:	Tropical MHP Pur	np Houses				p house and replace	
Billed to:		A Utility, Inc.		guage in west pu	mp house			
Week of:		11/5/2020-11/11	/2020					
Date:		11/5/2020	11/6/2020	11/9/2020	11/10/2020	11/11/2020		
	Start:			8:30 AM	6:00 AM	6:00 AM		
	Stop:			11:17 AM	8:15 AM	8:00 AM		
	Start:			12:28 PM				
	Stop:			3:15 PM				
	Start:							
	Stop:							
	Start:							
	Stop:							
Hours:				6.57	2.25	2.00		
								10.82
								19.00
								\$205.58
Miles:				66.00	11.00	9.00		
							Total Miles:	86.00
							Fuel Econ.:	13.50
							Total Gallons:	6.37
							Rate:	1.999
							Total Fuel:	\$12.73
Expenses:	Lowes			\$25.28				
	Home Depot							
	Hynes Discount							
	MCL				\$50.00	\$26.00		
	Rite Flo			\$705.78				
							Total Expenses:	\$807.06
							TOTAL DUE:	\$1,025.37

DATE RECEIVED: 11/13/2020

CASH: _____ OR CHECK: 1025.37 @ 705

RITE-FLO SUPPLY, INC.

Branch: 02 P.O. BOX 15512

LAKELAND

P.O. BOX 15512 TAMPA, FL 33684

US

813-884-7535

Bill To:

CASH LAK GENERAL CONTRACTOR

INVOIC	E				
3174380	5				
Invoice Date Page					
11/9/2020 09:41:51	1 of 1				
ORDER NUM	MBER				
1203176	5				

Ship To:

CASH LAK GENERAL CONTRACTOR

Customer ID: 270

PO Number			Term Description	Net Due Date	Net Due Date Disc Due Date			Discount Amount			
ENVIORI	MENTAL		COD	11/9/2020	11/9/2020 11/9/2020		9/2020 0.00				
Order Date Pick Ticket No			Primary Salesrep Name Taker								
11/9/2020 09:32:10	2172592		TAMPA HO	TAMPA HOUSE ACCOUNT CO			CCAMPBELL			CAMPBELL	
Q	Quantities		Item ID		Pricing UOM		Unit	Extended			
Ordered Shipped	Remaining UOM Unit	Size G	Item Description		Unit S	ize	Price	Price			
Carrier:	CUSTOMER PICK	UP	Tracking	#:							
1 1	0 EA	1.0	AOS-PMXP119 A.O. SMITH 119 GA	L DIAPHRAGM TANK	EA 1.000		659.6000	659.60			
Total Lines: 1					S	SUB-TO	TAL:	659.60			
				FL	ORIDA S	STATE	TAX:	39.58			
					POL.	K COU	NTY:	6.60			
				MASTERCA	RD CRE	EDIT C	ARD:	705.78			
					AM	OUNT.	DUE:	0.00			

TRUP WHP WEST PH



LOVE'S HOHE CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: \$1854HD1 53983 TRANS#: 62938108 11-09-20

228558	2MIL 9-12	2 PLASTIC DROPCLO	2.83
	2.98	DISCOUNT EACH	-0.15
188233	1-1/4-IN	PVC UNION SOCKET	15.74
	8.28	DISCOUNT EACH	-0.41
		2 0 7.87	
23982	1-1/4-IN	X 5-FT SCH40 PIP	5.05
	5.32	DISCOUNT EACH	-0.27
			* .

SUBTOTAL: 23.62 TAX: 1.66

INVOICE 62647 TOTAL: 25.28

LBA: 25.2

TOTAL DISCOUNT: 1.24

LBA:XXXXXXXXXXXXX6450 AMOUNT:25.28 AUTHCD:000984 SHIPED REFID:991408 11/09/20 11:07:56

JC: 10.331400 11/03/20 11.

LBA/PO: TROPIAL

STORE: 1854 TERHTNAL: 62 11/09/20 11:08:44 # OF ITEMS PURCHASED: 4

EVOLUBER FORE SERVITORS AND PROCESSI OBDES



THANK YOU FOR SHOPPING LOVE'S.

FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: JENNIFER TYZENHAUS

LOWE'S PRICE MATCH GUARANTEE
FOR MORE DETAILS, UISIT LOWES.COM/PRICEMATCH

144

Invoice #:		PM2020-175		Picked up mater	rials to work on wa	ater tanks in Wes	st pump house; work	ed on painti	ing
Address of Se	ervice:	Tropical MHP		panels in east pu					- O
Billed to:		A Utility, Inc.							
Week of:		10/22/2020-10/28	/2020						
Date:		10/22/2020	10/23/2020	10/26/2020	10/27/2020	10/28/2020			
	Start:	6:00 AM							
	Stop:	9:30 AM							
	Start:	6:45 PM							
	Stop:	8:00 PM							
	Start:								
	Stop:								
	Start:								
	Stop:								
Hours:		4.75							
									4.7
									19.0
			11-1						\$90.2
Miles:		12.00							
							Total Miles:		12.00
							Fuel Econ.:		13.5
							Total Gallons:		0.89
							Rate:		2.10
							Total Fuel:		\$1.8
Expenses:	Lowes	\$54.24							
	Home Depot								
	Hynes Discount								
	Locksmith								
	K and K Glass								
							Total Expenses:		\$54.2
							TOTAL DUE:		\$146.3
								are	

DATE RECEIVED: 10/28/2020

CASH: _____ OR CHECK: 703 @ 146.36

LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYAHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: S1854GL1 1426861 TRANS#: 80270744 10-21-20

854586 12-02 SP GLOSS LAGOON SR 8.32 4.38 DISCOUNT EACH -0.22 2 0 4.16

2511980 AZ N95 DISP FOLD 5 PACK L 18 99 19.98 DISCOUNT EACH -0.99

SUBTOTAL; 27.31

TAX: 1.92
INVOICE 01255 TOTAL: 29.23

LBA: 29.23
TOTAL DISCOUNT: 1.43

LBA:XXXXXXXXXXXXXX6450 AHOUNT:29.23 AUTHCD:000969

SWIPED REFID:057117 10/21/20 07:12:07 LBA/PO: TROPICAL

STORE: 1854 TERHINAL: 01 10/21/20 07:12:42 **
OF ITEMS PURCHASED: 3

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.

FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: JENNIFER TYZENHAUS

LONE'S PRICE MATCH GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

ENTER FOR A CHANCE TO BE

ONE OF FIVE \$500 WINNERS DRAWN MONTHLY!

IENTRE EN EL SORTEO MENSUAL

PARA SER UNO DE LOS CINCO GANADORES DE \$500!

ENTER BY COMPLETING A SHORT SURVEY

WITHIN ONE WEEK AT: www.lowes.com/survey Y O U R I D # 012552 185412 957058

* NO PURCHASE NECESSARY TO ENTER OR WIN. *
* UOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *
* OFFICIAL RULES & WINNERS AT: UNW.lowes.com/survey *

STORE: 1854 TERMINAL: 01 10/21/20 07:12:42



LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: S1854D64 2154129 TRANS#: 62302304 10-21-20

99063 12-02 SMOKE GRAY STOPS RU	8.32
4.38 DISCOUNT EACH	-0.22
2 0 4.16	
590695 SCOTCH BLUE 1.88 ORIGINAL	6.25
6.58 DISCOUNT EACH	-0.33
889561 20-0Z KRUD KUTTER AEROSOL	5.68
5.98 DISCOUNT EACH	-0.30
154751 9-IN X 180-FT BROWN HASKI	3.12
3.28 DISCOUNT EACH	-0.16
SUBTOTAL:	23.37
TAX:	1.64
INVOICE 62512 TOTAL:	25.01
LBA:	25.01

TOTAL DISCOUNT: 1.23
LBA:XXXXXXXXXXXXXXX6450 AHQUNT:25.01 AUTHCD:000965
SWIPED REFID:107284 10/21/20 13:44:35

LBA/PO: TROPICAL

STORE: 1854 TERMINAL: 62 10/21/20 13:45:34

OF ITEMS PURCHASED:

EXCLUDES FEES. SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.

FOR DETAILS ON OUR RETURN POLICY, VISIT LONES.COM/RETURNS

A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: JENNIFER TYZENHAUS

LOWE'S PRICE MATCH GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

Invoice #:		PM2020-173		Picked up mater	rials to work on w	ater tanks in Wes	t pump house; chec	ked on a couple
Address of S	ervice:	Tropical MHP - we	st pump house		SHELL BY THE BROKESE CHEL		the state of the state of the state of	and the same of th
Billed to:		A Utility, Inc.						
Week of:		10/15/2020-10/21	/2020					
Date:		10/15/2020	10/16/2020	10/19/2020	10/20/2020	10/21/2020		
	Start:	9:30 AM						
	Stop:	12:00 PM						
	Start:							
	Stop:							
	Start:							
	Stop:							
	Start:							
	Stop:							
Hours:		2.50						
								2.50
								20.00
								\$50.00
Miles:		10.00						
							Total Miles:	10.00
							Fuel Econ.:	13,50
							Total Gallons:	0.74
							Rate:	2.109
							Total Fuel:	\$1.50
Expenses:	Lowes	\$59.54						
	Home Depot							
	Hynes Discount							
	Locksmith							
	K and K Glass							
							Total Expenses:	\$59.5
							TOTAL DUE:	\$111.1
								La .
							1 11	

CASH: _

DATE RECEIVED: 10/21/2020

OR CHECK: 111.10 @ 702



LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: S1854DG4 2220798 TRANS#: 62771827 10-15-20

84031	15-0Z	PRO RED PRIMER RUST	11.36
	5.98	DISCOUNT EACH	-0.30
		2 6 5.68	
854586	12-02	SP GLOSS LAGOON SR	4.16
	4.38	DISCOUNT EACH	-0.22
98576	12-02	SAIL BLUE STOPS RUS	4.17
	4.38	DISCOUNT EACH	-0.21

SUBTOTAL:	19.69
TRX:	1.38
INVOICE 62437 TOTAL:	21.07
L8á:	21.07
TOTAL DISCOUNT:	1.0

LBA:XXXXXXXXXXXXX6450 AMOUNT:21.07 AUTHCD:000955 SWIPED REFID: 188688 10/15/20 10:23:18

LBA/PO: TROPICAL

STORE: 1854 TERMINAL: 62 10/15/20 10:24:08 # OF ITEMS PURCHASED: EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOUE'S.

FOR DETAILS ON OUR RETURN POLICY. VISIT LOWES.COM/RETURNS A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: JENNIFER TYZENHAUS

LOWE'S PRICE MATCH GUARANTEE FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

SHARE YOUR FEEDBACK! ENTER FOR A CHANCE TO BE ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! TENTRE EN EL SORTEO MENSUAL PARA SER UNO DE LOS CINCO GANADORES DE \$500!

ENTER BY COMPLETING A SHORT SURVEY WITHIN ONE WEEK AT: www.lowes.com/survey YOUR ID # 624371 185472 890836

NO PURCHASE NECESSARY TO ENTER OR WIN.

LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: \$1854GL1 1426861 TRANS#: 88104212 10-19-20

	161408	0 ETN 15	A 125V	VATERTIGHT	P 17.07	
		17.97	DISC	OUNT EACH	-0.90	
	161408	1 ETN 156	1250	WATERTIGHT	C 18.88	
		19.87	DISC	OUNT EACH	-0.99	
			elle	TOTAL:	מב מד	
			QUD	ioide,	35.95	
				TAX:	2.52	
	1	INVOICE O	1951	TOTAL:	38.47	
				LBA:	38.47	
Т	BTAL				1.89	
0	LBA:XXXX	XXXXXXXX	6450 AM	OUNT:38.47	AUTHCD:000976	i
				0 10/19/20		
				TROPICAL		
	STORE:	1854 TE	RMINAL	: 01 10/	19/20 06:43:53	}
#	OF			IRCHAS		2

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

THANK YOU FOR SHOPPING LOVE'S.

FOR DETAILS ON OUR RETURN POLICY, VISIT LOWES.COH/RETURNS A NRITTEN COPY OF THE RETURN POLICY IS AVAILABLE AT DUR CUSTOMER SERVICE DESK

STORE HANAGER: JENNIFER TYZENHAUS

LOWE'S PRICE MATCH GUARANTEE FOR MORE DETAILS, VISIT LONES, COM/PRICENATCH

SHARE YOUR FEEDBACK! ENTER FOR A CHANCE TO BE ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! IENTRE EN EL SORTEO MENSUAL PARA SER UNO DE LOS CINCO GANADORES DE \$500! ENTER BY COMPLETING A SHORT SURVEY WITHIN ONE WEEK AT: www.lowes.com/survey YOUR ID# 019511 185472 930214 NO PURCHASE NECESSARY TO ENTER OR WIN. * VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. * * OFFICIAL RULES & WINNERS AT: www.lowes.com/survey * SYORE: 1854 FERMINAL: 01 10/19/20 06:43:53

Invoice #: PM2020-131 Address of Service: Tropical MHP Billed to: **Tropical MHP** Week of: 7/23/2020-7/29/2020 Date: 7/23/2020 7/24/2020 7/27/2020 7/28/2020 7/29/2020 7:45 PM Start: Stop: 9:30 PM Start: Stop: Start: Stop: Start: Stop: Hours: 1.75 1.75 19.00 \$33.25 Miles: **Total Miles:** 0.00 Fuel Econ.: 13.50 **Total Gallons:** 0.00 Rate: 2.089 **Total Fuel:** \$0.00 **Expenses:** Lowes **Home Depot Hynes Discount** MCL K and K Glass **Total Expenses:** \$0.00 **TOTAL DUE:** \$33.25

DATE RECEIVED: 7/29/2020

CASH: _____ OR CHECK: 33.25 @ 696

SIGNED: The Next here

Invoice #: PM2020-123 Worked on mapping Address of Service: Tropical MHP Billed to: A Utility, Inc. Week of: 7/9/2020-7/15/2020 Date: 7/9/2020 7/10/2020 7/13/2020 7/14/2020 7/15/2020 Start: 6:30 AM 7:30 AM 9:00 PM 7:00 AM Stop: 9:00 AM 10:00 AM 10:30 PM 9:00 AM Start: 7:00 PM Stop: 9:15 PM Start: Stop: Start: Stop: Hours: 2.50 4.75 1.50 2.00 10.75 19.00 \$204.25 Miles: 9.00 **Total Miles:** 9.00 Fuel Econ.: 13.50 **Total Gallons:** 0.67 Rate: 2.089 **Total Fuel:** \$1.39 **Expenses:** Lowes **Home Depot Hynes Discount** MCL K and K Glass **Total Expenses:** \$0.00 **TOTAL DUE:** \$205.64

DATE RECEIVED: 7/15/20

CASH: _____ OR CHECK: 205.64 @ 694

Invoice #: PM2020-121 Worked on mapping Address of Service: Tropical MHP Billed to: A Utility, Inc. Week of: 7/2/2020-7/8/2020 7/2/2020 Date: 7/5/2020 7/6/2020 7/7/2020 7/8/2020 Start: 7:00 PM 1:00 PM 7:00 AM Stop: 3:00 PM 8:30 PM 9:30 AM Start: Stop: Start: Stop: Start: Stop: Hours: 2.00 1.50 2.50 6.00 19.00 \$114.00 Miles: **Total Miles:** 0.00 Fuel Econ.: 13.50 **Total Gallons:** 0.00 Rate: 1.999 **Total Fuel:** \$0.00 **Expenses:** Lowes Home Depot **Hynes Discount** MCL Locksmith **Total Expenses:** \$0.00 **TOTAL DUE:** \$114.00

DATE RECEIVED: 7/8/2020

CASH: _____ OR CHECK: 114.00 @ 693

Invoice #: Started working on paper work for engineering inspection; took and compiled pictures PM2020-113 Address of Service: Tropical MHP of both pump houses Billed to: A Utility, Inc. Week of: 6/25/2020-7/1/2020 Date: 6/25/2020 6/27/2020 6/29/2020 6/30/2020 7/1/2020 Start: 8:00 PM 8:30 AM 7:15 PM Stop: 10:00 PM 11:00 AM 9:30 PM Start: Stop: Start: Stop: Start: Stop: Hours: 2.00 2.50 2.25 6.75 19.00 \$128.25 Miles: **Total Miles:** 0.00 Fuel Econ.: 13.50 **Total Gallons:** 0.00 Rate: 1.999 **Total Fuel:** \$0.00 **Expenses:** Lowes Home Depot **Hynes Discount** MCL K and K Glass **Total Expenses:** \$0.00 **TOTAL DUE:** \$128.25

DATE RECEIVED: 7/1/2020

CASH:

OR CHECK: 128.25 @ 692

Invoice #:

PM2020-073

Picked up materials

Address of Service:

West Pump House

Billed to:

A Utility, Inc.

Rilled to:		A Utility, Inc.						
Week of:		4/16/2020-4/22/	2020					
Date:		4/16/2020	4/17/2020	4/20/2020	4/21/2020	4/22/2020		
	Start:				9:50 AM			
	Stop:				11:30 AM			
	Start:							
	Stop:							
	Start:							
	Stop:							
	Start:							
	Stop:							
Hours:					1.67			
								1.67
								19.00
								\$31.73
Miles:					8.00			
							Total Miles:	8.00
							Fuel Econ.:	13.50
							Total Gallons:	0.59
							Rate:	1.779
							Total Fuel:	\$1.05
Expenses:	Lowes				\$255.55			, , , , , ,
	Home Depot							
	Hynes Discount	t						
	MCL							
	John D.						16	
							Total Expenses:	\$255.55
							TOTAL DUE:	\$288.33

DATE RECEIVED: 4/23/2020

CASH: _____ OR CHECK: 288.33 @ 683

- SALE -

- SALE -	
SALES#: \$1854RG2 2570012 TRANS#: 88	482857 04-21-20
BOOGA 4A THE WAR WILL AND THE WAR IN THE COLUMN TO THE COLUMN THE	an 20
23090 10-IN X 15-IN RECTANBLE U	
	-0.75
3 @ 14.23	00.46
79589 3/4IN PVC CHECK VLV SOCKE	
7.48 DISCOUNT EACH 4 @ 7.10	-0.38
	10.00
317743 1-1/2-IN X 3/4 SCH40 TEE	
2.88 DISCOUNT EACH	-0.15
4 9 2.73	C 04
317748 2-IN X 3/4-IN SCH40 TEE	
3.18 DISCOUNT EACH 2 9 3.02	-0.16
	4 05
48974 1-1/4-IN SCH40 TEE 401167 2.14 DISCOUNT EACH	
	-0.11
2 8 2.03	4 00
23856 3/4-IN SCH40 ADAPTER 4360 0.52 DISCOUNT EACH	-0.03
0.52 DISCOUNT EACH 10 0 0.49	-0.03
	4E 00
23944 1-1/4-IN PUC REPAIR COUPL	-0.41
8.34 DISCOUNT EACH	-0.41
2.0 7.93	10 70
20610 1-1/2-IN PUC REPAIR COUPL	10.70
9.88 DISCOUNT EACH	-0.49
2 0 9.39	06.00
23545 2-IN PUC REPAIR COUPLING	
13.82 DISCOUNT EACH	-0.68
2 0 13,14	15 00
23941 1/2-IN PUC REPAIR COUPLIN	0.00
4.18 DISCOUNT EACH	-0.21
4 0 3.97	7 20
209666 3/4IN DBL UNION BALL V 16	1.30
7.68 DISCOUNT EACH	-0.38
23942 3/4-IN PUC REPAIR COUPLIN 4.98 DISCOUNT EACH	-0.25
4.90 Discipling then 4.90 4.73	-0.25
23878 1-1/4-IN SCH40 TEE 401012	10 60
1.88 DISCOUNT EACH	
1.00 013CUUNI ENCN 6 0 1.78	-0.10
25523 10-CT 1/2-IN SCH40 COUPLI	3 00
3.24 DISCOUNT EACH	
26052 10-CT 3/4-IN SCH40 TEE	12.34
6.48 DISCOUNT EACH	-0,31
2 @ 6.17	-0"r41
26054 10-CT 1/2-IN SCH40 ELBOW	2.18
2.28 DISCOUNT EACH	-0.10
26051 10-CT 1/2-IN SCH40 TEE	3.95
4.14 DISCOUNT EACH	-0.19
25532 10-CT 3/4-IN SCH40 COUPLI	
2.73 DISCOUNT EACH	-0.13
26055 10-CT 3/4-IN SCH40 ELBOW	
4.15 DISCOUNT EACH	-0.19
4.10 Proposit rifett	V. 1.7
SUBTOTAL:	238.83
TAX:	16.72
INVOICE 01789 TOTAL:	255.55
LAMEX:	255.55
TOTAL DISCOUNT:	12.57
LAMEX:XXXXXXXXXXXX1005 ANOUNT:255.55 A	
CHIP REFID: 185401476647 04/21/20	
I AMEY BOT TOODTON	

LAMEX PO: TROPICAL

154

1.75 19.00 **\$33.25**

0.00

13.50

0.00

1.779

\$0.00

\$43.20

\$75.00 \$151.45

Repaired 2' section of 1 1/4" water main that was cut by homeowner while trying to Invoice #: PM2020-072 **Address of Service:** remove a stump from their yard 4825 Kent Drive. Billed to: (two 1 1/4" repair couplings; 2' section of 1 1/4" sch 40 pvc, John assisted) A Utility, Inc. Week of: 4/16/2020-4/22/2020 Date: 4/16/2020 4/17/2020 4/20/2020 4/21/2020 4/22/2020 Start: 6:45 PM Stop: 8:30 PM Start: Stop: Start: Stop: Start: Stop: Hours: 1.75 Miles: **Total Miles:** Fuel Econ.: **Total Gallons:** Rate: **Total Fuel: Expenses:** \$16.95 Lowes Home Depot **Hynes Discount** MCL John D. \$26.25 **Total Expenses:** Service fee:

DATE RECEIVED: 4/23/2020 CASH: ______ OR CHECK: 151.45 @ 4655 SIGNED:

ENED: Juffin

TOTAL DUE:

LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: \$1854RG2 2570012 TRANS#: 88482639 04-21-20

23944 1-1/4-IN PVC REPAIR COUPL 15.84 8.34 DISCOUNT EACH -0.42

2 0 7.92

SUBTOTAL: 15.84

TAX: 1.11

INVOICE 01787 TOTAL: 16.95

LAMEX: 16.95

TOTAL DISCOUNT: 0.84

LAMEX:XXXXXXXXXXXX1005 AMOUNT:16.95 AUTHCD:807020 CHIP REFID:185401476645 04/21/20 11:23:44

LAHEX PO: 4825

APL: AMERICAN EXPRESS TVR: 0000008000 AID: A000000025010801 TSI: E800

STORE: 1854 TERMINAL: 01 04/21/20 11:24:13

OF ITEMS PURCHASED:

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S. SEE REVERSE SIDE FOR RETURN POLICY. STORE MANAGER: JENNIFER TYZENHAUS

LONE'S PRICE MATCH QUARANTEE
FOR MORE DETAILS, VISIT LONES.COM/PRICEMATCH

SHARE YOUR FEEDBACK!

ENTER FOR A CHANCE TO BE

ONE OF FIVE \$500 WINNERS DRAWN MONTHLY!

TENTRE EN EL SORTEO MENSUAL

PARA SER UNO DE LOS CINCO GANADORES DE \$500!

ENTER BY COMPLETING A SHORT SURVEY WITHIN ONE WEEK AT: www.lowes.com/survey

YOUR ID# 017879 185421 121311

NO PURCHASE NECESSARY TO ENTER OR WIN.

* WOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *

* OFFICIAL RULES & WINNERS AT: unw.loues.com/survey *

STORE: 1854 TERMINAL: 01 04/21/20 11:24:13

156

.

Invoice #: Replaced valves and installed water boxes at 37303 Kinkaid, 37302 Burdock, and 37444 PM2020-066 Address of Service: **Tropical MHP** Hammond Billed to: A Utility, Inc. Week of: 4/2/2020-4/8/2020 Date: 4/2/2020 4/3/2020 4/6/2020 4/7/2020 4/8/2020 Start: 9:30 AM Stop: 11:05 AM Start: 11:20 AM Stop: 1:15 PM Start: Stop: Start: Stop: Hours: 3.50 3.50 19.00 \$66.50 Miles: 19.00 **Total Miles:** 19.00 Fuel Econ.: 13.50 **Total Gallons:** 1.41 Rate: 1.909 **Total Fuel:** \$2.69 **Expenses:** Lowes **Home Depot Hynes Discount** MCL Locksmith **Total Expenses:** \$0.00 \$69.19 **TOTAL DUE:**

DATE RECEIVED: 4/9/2020

CASH: ____

OR CHECK: 69.19 @ 679

SIGNED: Juffin

Invoice #: Replaced #2 tube in chlorinator in west pump house; serviced chlorinator: picked up PM2020-048 **Address of Service:** West Pump House stock material for maintenance Billed to: A Utility, Inc. Week of: 2/27/2020-3/4/2020 Date: 2/27/2020 2/28/2020 3/2/2020 3/3/2020 3/4/2020 Start: 12:16 PM Stop: 1:00 PM Start: Stop: Start: Stop: Start: Stop: Hours: 0.73 **Total Hours:** 0.73 Rate: 19.00 **Total Labor:** \$13.87 Miles: 5.00 **Total Miles:** 5.00 Fuel Econ.: 13.50 **Total Gallons:** 0.37 Rate: 2.309 **Total Fuel:** \$0.86 Lowes \$346.15 **Expenses: Home Depot Hynes Discount** MCL Locksmith **Total Expenses:** \$346.15 **TOTAL DUE:**

DATE RECEIVED: 3/5/2020

OR CHECK: 360.88 @ 671 CASH:

SIGNED:

\$360.88

LONE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: \$18548\$4 2043401 TRANS#: 88833381 02-27-20

23903 1-1/2-IN SCH40 ADPTR 4360 10.88 1.44 DISCOUNT EACH -0.08 8 @ 1.96

TOTAL DISCOUNT: 0.64
LAMEX:XXXXXXXXXXXXXX1005 RMOUNT:11.65 AUTHCD:887851

CHIP REFID: 185401465486 02/27/20 14:56:05

LAMEX PO: TROPICAL

APL: AMERICAN EXPRESS TUR: 0000008000 AID: A000000025010881 TSI: E800

M

STORE: 1854 TERMINAL: 01 02/27/20 14:56:31

OF ITEMS PURCHASED: 8



LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

HLEAR: 3	1034131 33	1037 IMMNOW. 2010	7343 02-21-20
23832	2-IN X 10)-FT SCH40 PIPE	14.44
	7.60	DISCOUNT EACH	-0.38
		2 @ 7.22	
23830	1-1/2-IN	X 10-FT SCH40 PI DISCOUNT EACH	10.46
	5.51	DISCOUNT EACH	-0.28
****	4 4 4 6 90	2 8 5.23	44.00
23909	1-1/2-IN	SCH40 ELBOW 4060	14.08 -0.10
	1.00	DISCOUNT EACH 8 0 1.76	-U. IU
1144124	1 1/2_TN	DI PUC S40 POOL	34 00
1177147	4.48	DISCOUNT EACH	-0.23
		8 @ 4,25	
1144125	2-IN. DI	A PUC S40 POOL SW DISCOUNT EACH	36.40
	5.48	DISCOUNT EACH	-0.28
		7 6 5.20	
23908		40 TEE 401020	
	2.98	DISCOUNT EACH	-0.15
20000	4 4 40 711	4 @ 2.83	0.12
23907	0 4D	SCH40 TEE 401015 DISCOUNT EACH	9.12 _0.12
		4 0 2.28	-0.12
23910	2-IN SCH	40 ELBOW 406020	25.40
	2.68	DISCOUNT EACH	-0.14
		10 @ 2.54	
23904		40 ADAPTER 436020	
	1.44	DISCOUNT EACH	-0.07
		2 0 1.37	
23906	2-IN SCH	2 8 1.37 40 ADAPTER 435020 DISCOUNT FACH	3.18 -0.08
	1.67	DISCOUNT EACH 2 0 1.59	****
22022	2_TN Y 1	-1/2-IN SCH40	
23322		DISCOUNT EACH	-0.10
		4 0 1.98	
188223	1-1/2-IN	PUC UNION SOCKET	32.44
	8.53	DISCOUNT EACH	-0.42
		4 @ 8.11	
209665	1-1/2-IN	DBL UNION BALL V DISCOUNT EACH	48.45
	16.98	DISCOUNT EACH	-0.83
F4001	OATEU 46	3 0 16.15	11 40
51004		-OZ PURPLE PRIMER DISCOUNT EACH	-0.58
452386		L PURPOSE CEMENT-	
454000	11.28	DISCOUNT EACH	-0.54
24465		TO 2-IN DRN RBBR	4.74
	4.98	DISCOUNT EACH	-0.24
51220		I KB CLEAR 2.8-0Z	24.42
	4.28	DISCOUNT EACH	-0.21
		6 9 4.07	44.00
60096		WHITE SQUARE STON	11.36 -0.14
	2.98	DISCOUNT EACH	"U+ M
		7 0 4.97	
		SUBTOTAL:	312.61
		TAX:	21.89
1	NUOTCE 02	487 TOTAL:	334.50
		LANEX:	334.50

TOTAL DISCOUNT:

159

MCL Environmental Services

7810 Gall Blvd. #327 Zephyrhills, FL 33541

Invoice #: Finished locating main valve PM2020-039 **Address of Service:** 37432 Ray Drive Billed to: A Utility, Inc. Week of: 2/13/2020-2/19/2020 Date: 2/13/2020 2/14/2020 2/17/2020 2/18/2020 2/19/2020 Start: 7:45 AM Stop: 9:00 AM Start: 10:00 AM Stop: 11:00 AM Start: Stop: Start: Stop: Hours: 2.25 **Total Hours:** 2.25 Rate: 19.00 **Total Labor:** \$42.75 Miles: 11.00 **Total Miles:** 11.00 Fuel Econ.: 13.50 **Total Gallons:** 0.81 Rate: 2.409 \$1.96 Total Fuel: **Expenses:** Lowes Home Depot **Hynes Discount** MCL Locksmith

> \$44.71 **TOTAL DUE:**

\$0.00

DATE RECEIVED: 2/21/2020

CASH: _____ OR CHECK: 44.71 @ 667

SIGNED:

Total Expenses:

Attempted to locate water main and main valve to home; temporarily stopped water Invoice #: PM2020-038 Address of Service: 37432 Ray Drive Billed to: A Utility, Inc. 2/6/2020-2/12/2020 Week of: Date: 2/6/2020 2/7/2020 2/10/2020 2/11/2020 2/12/2020 Start: 2:01 PM Stop: 3:46 PM Start: Stop: Start: Stop: Start: Stop: 1.75 Hours: **Total Hours:** 1.75 Rate: 19.00 **Total Labor:** \$33.25 Miles: 14.00 **Total Miles:** 14.00 Fuel Econ.: 13.50 **Total Gallons:** 1.04 2.409 Rate: **Total Fuel:** \$2.50 **Expenses:** Lowes Home Depot **Hynes Discount** MCL Locksmith **Total Expenses:** \$0.00 Service fee: \$25.00 **TOTAL DUE:** \$60.75

DATE RECEIVED: 2/13/2020

CASH:

OR CHECK: 60.75 @ 664

Invoice #: PM2020-030 Checked out broken faucet in west pump house; picked up materials to repair Address of Service: **Tropical MHP West Pump House** Billed to: A Utility, Inc. Week of: 1/30/2020-2/5/2020 Date: 1/30/2020 1/31/2020 2/3/2020 2/4/2020 2/5/2020 Start: 10:01 AM Stop: 12:01 PM Start: Stop: Start: Stop: Start: Stop: Hours: 2.00 **Total Hours:** 2.00 Rate: 19.00 \$38.00 **Total Labor:** Miles: 10.00 **Total Miles:** 10.00 Fuel Econ.: 13.50 **Total Gallons:** 0.74 Rate: 2.409 **Total Fuel:** \$1.78 **Expenses:** \$90.70 Lowes Home Depot **Hynes Discount** MCL Locksmith **Total Expenses:** \$90.70 \$130.48

DATE RECEIVED: 2/6/20

OR CHECK: 130,48 @ 663 CASH:

SIGNED:

TOTAL DUE:



LONE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

23906	2-IN SCH40 ADAPTER 435020	3.16
	1.67 DISCOUNT EACH	-0.09
	2 9 1.58	
23904	2-IN SCH40 ADAPTER 436020	2.74
	1.44 DISCOUNT EACH	-0.07
	2 0 1.37	
23833	2-IN X 5-FT SCH40 PIPE	6.14
	6.46 DISCOUNT EACH	-0.32
141566	2-IN SCH40 UNION 458-020	22.76
	11.98 DISCOUNT EACH	-0.60
	2 8 11.38	

SUBTOTAL: 34.80 TAX: 2.44 INVOICE 06098 TOTAL: 37.24 LAMEX: 37.24

TOTAL DISCOUNT: 1.84

LAMEX:XXXXXXXXXXXXXXX1005 ANOUNT:37.24 AUTHCD:845964 CHIP REFID:185406398937 01/31/20 12:45:56 LAMEX PO: TROPICAL

APL: AMERICAN EXPRESS TUR: 0800008000 AID: A000000025010801 TSI: E800

STORE: 1854 TERNINAL: 06 01/31/20 12:46:42

OF ITEMS PURCHASED: 7

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LONE'S. SEE REVERSE SIDE FOR RETURN POLICY. STORE MANAGER: JENNIFER TYZENHAUS

LOWE'S PRICE HATCH GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

SHARE YOUR FEEDBACK!

ENTER FOR A CHANCE TO BE

ONE OF FIVE \$500 WINNERS DRAWN WONTHLY!

1ENTRE EN EL SORTEO MENSUAL

PARA SER UND DE LOS CINCO GANADORES DE \$500!

ENTER BY COMPLETING A SHORT SURVEY
WITHIN ONE WEEK AT: www.lowes.com/survey
Y O U R I D # 060982 185470 317640

STORE: 1854 TERMINAL: 06 01/31/20 12:46:42



LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: \$1854GL1 1426861 TRANS#: 2485309 01-31~20

797872 HERCULES TAPE	3.88
4.08 DISCOUNT EACH	-0.20
369196 3/8-IN LEAD FREE BALL VAL	8.72
9.18 DISCOUNT EACH	-0.46
877257 3/8-IN NIPPLE 4-IN	8.25
8.68 DISCOUNT EACH	
877205 3/4-IN MIP X 1/2-IN FIP B	6.54
6.88 DISCOUNT EACH	-0.34
877236 3/8-IN FIP ELBOW	7.01
7.38 DISCOUNT EACH	-0.37
877204 1/2-IN MIP X 3/8-IN FIP B	5.02
5.28 DISCOUNT EACH	-0.26
877071 3/8-IN BARB X NIP ADAPTOR	4.01
4.22 DISCOUNT EACH	-0.21
877255 3/8-IN MIP X 2-1/2-IN NIP	6.53
6.88 DISCOUNT EACH	-0.35
SUBTOTAL:	49.95
TAX:	3.50
INVOICE 02360 TOTAL:	53.46
LAMEX:	53.46
TOTAL DISCOUNT:	2.62
LAMEX:XXXXXXXXXXXX1005 ANOUNT:53.46	AUTHCD: 828628

LAMEX:XXXXXXXXXXXXX1005 AMOUNT:53.46 AUTHCD:82862 CHIP REFID:185402163664 01/31/20 10:40:45

LAMEX PO: TROPICAL

APL: AMERICAN EXPRESS TVR: 0800008000 AID: A000000025010801 TSI: E800

STORE: 1854 TERNINAL: 02 01/31/20 10:42:10
OF ITEMS PURCHASED:
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S. SEE REVERSE SIDE FOR RETURN POLICY. STORE MANAGER: JENNIFER TYZENHAUS

LONE'S PRICE MATCH GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEHATCH

ENTER FOR A CHANCE TO BE

ONE OF FIVE \$500 WINNERS DRAWN MONTHLY!

IENTRE EN EL SORTEO MENSUAL

PARA SER UNO DE LOS CINCO GANADORES DE \$500!

ENTER BY COMPLETING A SHORT SURVEY
WITHIN ONE WEEK AT: www.lowes.com/survey
Y D U R I D # 023606 185490 317657

431

Invoice #: Replaced 2" check valve in west pump house PM2020-024 Address of Service: Tropical MHP Billed to: A Utility, Inc. Week of: 1/23/2020-1/29/2020 Date: 1/23/2020 1/24/2020 1/27/2020 1/28/2020 1/29/2020 Start: 8:15 AM Stop: 12:00 PM Start: Stop: Start: Stop: Start: Stop: Hours: 3.75 **Total Hours:** 3.75 Rate: 19.00 **Total Labor:** \$71.25 Miles: 10.00 **Total Miles:** 10.00 Fuel Econ.: 13.50 **Total Gallons:** 0.74 Rate: 2.409 **Total Fuel:** \$1.78 **Expenses:** Lowes \$13.52 **Home Depot Hynes Discount Complete Plumbing Source** \$190.90 Locksmith **Total Expenses:** \$204.42 **TOTAL DUE:** \$277.45

DATE RECEIVED: 1/30/2020

CASH: _____ OR CHECK: 277.45 @ 661

SIGNED: THE



LOWE'S HOME CENTERS, LLC 7921 GALL BOULEVARD ZEPHYRHILLS, FL 33541 (813) 838-9000

- SALE -

SALES#: \$1854GL1 1426861 TRANS#: 2225786 01-28-20

236772 HM 3-IN RED COMBO REFLECT 5.96

2 @ 2.98

552328 4-4-8 TREATED #2 GRADE TI 6.67

SUBTOTAL: 12.63

TAX: 0.89

INVOICE 02816 TOTAL: 13.52

VISA: 13.52

UISA:XXXXXXXXXXXXX1242 AMBUNT:13.52 AUTHCD:094896

CHIP REFID:185402162937 01/28/20 10:36:11

CUSTOMER CODE: Tropical

APL: CAPITAL ONE UISA TUR: 0880008000

AID: A0000000031010 TSI: E800

STORE: 1854 TERMINAL: 02 01/28/20 10:36:50

OF ITEMS PURCHASED: 3

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S. SEE REVERSE SIDE FOR RETURN POLICY. STORE MANAGER: JENNIFER TYZENHAUS

LOWE'S PRICE MATCH GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

SHARE YOUR FEEDBACK!

ENTER FOR A CHANCE TO BE

ONE OF FIVE \$500 WINNERS DRAWN WONTHLY!

ientre en el sorteo mensual

PARA SER UNO DE LOS CINCO GANADORES DE \$500!

ENTER BY COMPLETING A SHORT SURVEY

WITHIN ONE WEEK AT: www.lowes.com/survey

YOUR ID# 028167 185470 285023

NO PURCHASE NECESSARY TO ENTER OR WIN.

* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *

* OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *



MCL Environmental <mclenviro@gmail.com>

Your CompletePlumbingSource order confirmation

1 message

Sales <mat@completeplumbingsource.com> To: Frank Hinchman <mclenviro@gmail.com> Tue, Jan 28, 2020 at 7:10 PM



Frank Hinchman,

Thank you for your order from CompletePlumbingSource. Once your package ships we will send an email with a link to track your order. If you have questions about your order, you can email us at mat@completeplumbingsource.com or call us at 8553735623. Our hours are 8:00 to 4:30 EST.

Your Order #000033852

Placed on Jan 28, 2020, 7:09:58 PM

Billing Info

Frank Hinchman MCL Environmental Services

Dade City, Florida, 33525-1799

United States

Shipping Info

Frank Hinchman MCL Environmental Services

Dade City, Florida, 33525-1799

United States



Credit Card

Shipping Method

UPS - UPS® Ground Delivers: 2/3/2020

Additional Information:	The state of the s
Comments	Tropical MHP
Items	Qty Price

Subtotal \$168.04

Shipping & Handling \$22.86

> **Grand Total** \$190.90

Items	Qty	Price
2" Simmons 545-SB Silicon Bronze Lead Free Spring Check Valve with 1/8" and 1/4" NPT Tap	2	\$168.04
SKU: 79210		
SI	ubtotal	\$168.04
Shipping & Ha	ndling	\$22.86
Grand	l Total	\$190.90

Thank you, CompletePlumbingSource!

	1	Н

Address of Service: Tropical MHP Billed to: A Utility Week of: 7/29/2021-8/4/2021 Date: 7/29/2021 7/30/2021 8/2/2021 8/3/2021 8/4/2021 Start: 7:00 AM Stop: 10:00 AM Start: Stop: Start: Stop: Start: Stop: 3.00 lours: **Total hours** 3.00 Pay \$45.00 Rent \$0.00 **Overall total** \$45.00

Worked on replacing a couple parts on the water system with Frank

1605-4-8021

CASH: OR CHECK:

Address Of Service: Tropical MHP

Billed to:

Week Of: 01/23/2020-01/29/2020

	1/23/19	1/24/19	1/27/19	1/28/19	1/29/19
Start:			8:15AM	1:15PM	10:30AM
Stop:			11:45AM	2:30PM	12:15PM
Start:					
Stop:					
Start:					
Stop:					
Start:					
Stop:					
			3.50	1.25	1.75

Total Hours: 6.50 Labor Rate: 12.00

Rent Rate:

Total Labor: 78.00 Total Rent: 0.00

Total: 78.00

Helped replace bad check valve helped turn pipe located shutoff box for tenant and reset box went to Lowes picked up 4x4's

Paid On: 1/29/2020

Check # or Cash:_

F1800

Signed:

Address Of Service: Tropical MHP

Billed to:

Week Of: 02/06/2020-02/12/2020

	2/6/20	2/7/20	2/10/20	2/11/20	2/12/20
Start:					2:45PM
Stop:					5:45PM
Start:					
Stop:					
Start:					
Stop:					
Start:					
Stop:					
_					3.00

Total Hours: 3.00 Labor Rate: 12.00

Rent Rate:

Total Labor: 36.00 **Total Rent:** 0.00 Total: 36.00

went to job went on locating water box but ended up for the day putting a dresser coupling on the broken pipe with a cap to stop water leak for the day

Paid On: 2 | 13 | 2020

Address Of Service: Tropical MHP

Billed to:

Week Of: 02/13/2020-02/19/2020

	2/13/20	2/14/20	2/17/20	2/18/20	2/19/20
Start:	8:00AM	9:00AM			
Stop:	1:30PM	10:45AM			
Start:					
Stop:					
Start:					
Stop:					
Start:					
Stop:					
	5.50	1.75			

Total Hours: 7.25 **Labor Rate:** 12.00

Rent Rate:

Total Labor: 87.00

Total Rent: 0.00 Total: 87.00

Worked on locating shutoff ended up finding main and just following it until we found and filled everything in it took time to locate but got it done and cleaned up debris.

Paid On: 2 20 20

Address Of Service: Tropical MHP

Billed to:

Week Of: 04/02/2020-04/08/2020

	4/2/20	4/3/20	4/6/20	4/7/20	4/8/20	
Start:			10:00AM			
Stop:			5:30PM			
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						
			7.50			

Total Hours: 7.50 **Labor Rate:** 12.00

Rent Rate:

Total Labor:

Total Rent: 0.00 Total: 90.00

90.00

met Frankie at job dug trenches back to where they needed to be helped glue pipe together helped cut pipe and get old pipe out and new pipe in and put dresser couplings on once everything was secured proper with no leaks I filled in and set water boxes plus replanted 15 plants loaded up and hauled off trash and debris

90°00

Check# or Cash:

Address Of Service: Tropical MHP

Billed to:

Week Of: 7/09/2020-7/15/2020

	7/9/15	7/10/15	7/13/20	7/14/20	7/15/20	
Start:		7:15AM				
Stop:		10:15AM				
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						
		3.00				

Total Hours: 3.00 Labor Rate: 15.00

Rent Rate:

 Total Labor:
 45.00

 Total Rent:
 0.00

 Total:
 45.00

Went to job helped Frankie pull measurements of the whole park had to work between the rain.

Paid On: 7 -15 2020

Check # or Cash:

\$ 45,00

Signed:

ce						328	3875
Ame	FARRCY		SHIP TO	3-0-1			ę
TROP.	1696		ADDRESS				
מוי		211	CITY, STATE, ZIP				
ORDER NO.	SOLD BY	TERMS		F.O.B.		DATE	
SHIPPED	DESCRIPTI	ON			PRICE	UNIT	AMOUNT
9.	4				Cf.		
9	1				4		
19	Ŋ				41		
19	1230				31/2		
19	100				2/		
	Pa 1	C-1. C	160				
							7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	19500						
	CK 745						W W W
		22.6	2 Rec	eiots			4 b
							10
					19 1/2	110	195 00
	PMEPPED 9.	PMES EARROY ROPICAL PHERHIIS EL 335 PRIER NO. SOLD BY SHIPPED DESCRIPTI 9 1 9 1 19 1230 19 100 Pa 1	PMES EARROU REPICAL PROPICAL PARKHIIIS EL 335211 DRDER NO. SOLD BY TERMS SHIPPED DESCRIPTION 9 1 9 1 19 1230 19 100 Pa 13.1-3 CK 745	ADDRESS PROPICAL CITY, STATE, ZIP CITY, STATE	Mes EARCU Replace R	ADDRESS PROPICAL ADDRESS CITY, STATE, ZIP CI	SHIPTO SHIPTO ADDRESS PROPICAL ADDRESS PROPICAL ADDRESS PROPICAL CITY, STATE, ZIP PROPICE CITY, STATE, ZIP PROPICE UNIT CITY, STATE, ZIP CITY, STATE, ZIP

Invoi	ce						8	91539
SOLD TO	Ame) FARRO	211	SHIP TO				
ADDEESS C	PICA	1		ADDRESS				
CITY, STATE, Z	HeR r	15115	37541	CITY, STATE,	ZIP			
CUSTOMER ()	RDER NO.	SOLD BY	TERM		F.O.B.		DATE	
ORDERED	SHIPPED		CESCRIPTION			PRICE	I UNIT I	ATROHIN
1-18-21	1000	1200				2,	UNIE	AMOUNT
118-21	130	430				U	6	
19021	10 00	1230				21/2	7	
2-18-21	100	730				31/3	6	
The second secon	1100	300				2/	61	450
1-2221	100	500				1	11	, #
123	a	12				3	7	
			Pd 11-	24-20	21	3		
				749	<i>y</i>			
			\$ 171	0.00				and the second s
Andervae 5840						17	X'IO	170 00

Invoice				8	91508	}
SOLD TO JAMES FARREll	SHIP TO					
TROPICAL MHP.	ADDRESS					
CUSTOMER ORDER NO. SOLD BY	CITY, STATI	E, ZIP				
CUSTOMER ORDER NO. SOLD BY	TERMS	F.O.B.		DAT	Ē	
ORDERED SHIPPED DESCRIPT	TION		PRICE	UNIT	AMOUNT	
1-22-211297 100 37433 R.	AY DR	M	^			
	54 4	1/	86		100	
1.22.21 10 UV 1100 37 422 Ha	~	1/	1			
1-27-21900 1601 37344 491	n mond PI	PI			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1-22-21900 90037338 HAY	nmont DI	PI	-	100		
1-22-21 37438 NAA	MADA DA		1 3	10	1	
100 11 11 11 11 11	Will I V	1170	1	p		6
deal atent	22 1	dr	h			
dig water Lin	VE 5	1 145	12.	-		
BURY WATERLI	wpg od					_
	1		= \	1		2
edema 8840			2 X	10-	50	0

Invoice SOLDTO JAMES FIARRCII SHIP TO ADDRESS TROPICAL M.H.P. CITY, STATE, ZIP CUSTOMER ORDER NO. | SOLD BY 339211 TERMS F.O.B. DATE PRDERED SHIPPED DESCRIPTION PRICE UNIT **AMOUNT** 37 4614 80 1006 37 302 BURCLECK 37303 KINKAID 1-3-20 1100 1200 2 x10 = 20 admin 5840

MCL Environmental Services, LLC

7810 Gall Blvd #327 Zephyrhills, FL 33541

mclenviro@gmail.com License #DWC0021612 * Insured

Bill to: A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

Invoice #: W\$2021-095 Invoice date: 12/1/2021

Service location: Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 11/1/2021 thru 11/30/2021

Monthly well operation fee:

Chlorine cost (gal):

0 \$2.50 @ **BACT** @

12/1/21 full amount #750

\$7.00 \$ \$21.00 Lab fees: \$75.00 Valve exercising:

Total amount due upon receipt:

\$217.50

\$0.00

MCL Environmental Services Please make check or money order payable to:

7810 Gall Blvd #327 Mail to: Or hand in person to: Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:

MCL Environmental Services, LLC

7810 Gall Blvd #327 Zephyrhills, FL 33541 mclenviro@gmail.com License #DWC0021612 * Insured

Bill to:

A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

Invoice #:

WS2021-080

Invoice date:

11/1/2021

Service location:

Tropical Mobile Home Park

Service dates: 10/1/2021 thru 10/31/2021

PWS: 6511859

Zephyrhills, FL 33542

Monthly well operation fee:

Chlorine cost (gal):

Lab fees:

BACT

\$217.50

\$2.50

\$0.00

\$7.00

\$21.00

\$ 238 50

Total amount due upon receipt:

\$238.50

Please make check or money order payable to:

Mail to:

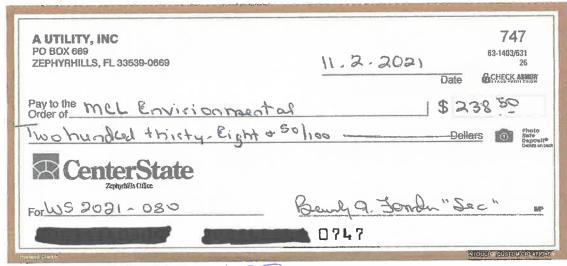
Or hand in person to:

MCL Environmental Services

7810 Gall Blvd #327 Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:



7810 Gall Blvd #327
Zephyrhills, FL 33541
mclenviro@gmail.com
License #DWC0021612 * Insured

Bill to: A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

Invoice #: WS2021-072 Invoice date: 9/21/2021

Service location: Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

RECEIVED 9/22/21 CHECK #745 FULL AMOUNT

Service dates: 9/1/2021 thru 9/30/2021

Monthly well operation fee: \$217.50 Chlorine cost (gal): 0 @ \$2.50

Lab fees: BACT 3 @ \$7.00 **\$21.00**

 ${\tt East well-VOC's, secondaries, primaries, TTHMs, DBPs}$

radium(s)

West well - VOC's, secondaries, primaries, TTHMs, DBPs

radium(s)

\$1,405.00

\$1,405.00

Total amount due upon receipt: \$3,048.50

Please make check or money order payable to: MCL Environmental Services

Mail to:7810 Gall Blvd #327Or hand in person to:Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:

7810 Gall Blvd #327 Zephyrhills, FL 33541 mclenviro@gmail.com License #DWC0021612 * Insured

Bill to:

A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

Invoice #:

WS2021-065

Invoice date:

8/31/2021

Service location:

Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

received 8/25/21 ck743

full amount,

Service dates: 8/1/2021 thru 8/31/2021

Monthly well operation fee:

Chlorine cost (gal):

0 @

\$217.50 \$2.50

\$0.00

\$400.00

Lab fees:

BACT

3

\$7.00 \$21.00

Additional testing fees:

VOCs (2 sets), SOCs (2 Sets), Primaries (2 sets)

Lead and copper (5 sets), radium (2 sets-both types)

TTHMs (2 sets), haloacetics (2 sets)

Total of 65 bottles

Lead and copper (5 sets) Lab fees:

\$109.00

Total amount due upon receipt:

\$747.50

Please make check or money order payable to:

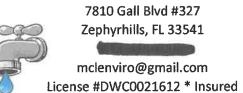
Mail to:

Or hand in person to:

MCL Environmental Services

7810 Gall Blvd #327 Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.



Bill to:	A Utility, Inc. P.O. Box 669 Zephyrhills, FL 33539-0669	7/29/21	full amo	ount check	
Invoice #: Invoice date:	WS2021-054 7/31/2021				
Service location:	Tropical Mobile Home Park PWS: 6511859 Zephyrhills, FL 33542	Service date	s: 7/1/202	21 thru 7/31/	2021
Monthly well operation	on fee:				\$217.50
Chlorine cost (gal):		0	@	\$2.50	\$0.00
Lab fees:	BACT	3	@	\$7.00	\$21.00
Tetal amount due une	on receipt:				\$238.50
Total amount due upo	on receipt:				\$256.50
Please make check or	money order payable to:	MCL Enviror	mental Se	ervices	
Mail to:		7810 Gall Bly			
Or hand in person to:		Zephyrhills, I	rL 33541		
If you would like to pa credit card payments.	ay by credit card, please contact	me by phone. Th	ere will be	e a 3% charge	e for

Notes/Comments:

7810 Gall Blvd #327 Zephyrhills, FL 33541 mclenviro@gmail.com License #DWC0021612 * Insured

Bill	to:	Α	Utility,	Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

WS2021-046 Invoice #: Invoice date: 6/30/2021

Service location: Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 6/1/2021 thru 6/30/2021

@

MCL Environmental Services

0

received 6/30/21 check #737 full amount

Monthly well operation fee:

\$2.50

\$0.00

Chlorine cost (gal): Lab fees:

BACT

\$7.00 3 @

\$21.00

\$217.50

Total amount due upon receipt:

\$238.50

Please make check or money order payable to:

Mail to: 7810 Gall Blvd #327

Zephyrhills, FL 33541 Or hand in person to:

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

7810 Gall Blvd #327 Zephyrhills, FL 33541 mclenviro@gmail.com License #DWC0021612 * Insured

A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

Received full amount 6/3/21

Juffin

ck #732

Invoice #:

WS2021-034

Invoice date:

5/31/2021

Service location:

Tropical Mobile Home Park

BACT

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 5/1/2021 thru 5/31/2021

Monthly well operation fee:

Chlorine cost (gal):

@

\$217.50 \$0.00

Lab fees:

0 3 @ \$2.50 \$7.00

\$21.00

CCR:

Preparation and delivery

\$125.00

Total amount due upon receipt:

\$363.50

Please make check or money order payable to:

Mail to:

Or hand in person to:

MCL Environmental Services

7810 Gall Blvd #327 Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:

7810 Gall Blvd #327 Zephyrhills, FL 33541 mclenviro@gmail.com License #DWC0021612 * Insured

P.O. Box 669

Zephyrhills, FL 33539-0669

WS2021-021 Invoice #: 4/28/2021 Invoice date:

Service location: **Tropical Mobile Home Park**

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 4/1/2021 thru 4/30/2021

Received 4/28/21 ck #728

Monthly well operation fee:

\$217.50 \$2.50 \$0.00 0 @ Chlorine cost (gal): 3 \$21.00 Lab fees: **BACT** @ \$7.00

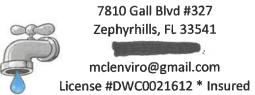
Total amount due upon receipt:

\$238.50

MCL Environmental Services Please make check or money order payable to:

Mail to: 7810 Gall Blvd #327 Zephyrhills, FL 33541 Or hand in person to:

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.



Bill to: A Utility, Inc. RECEIVED 4/1/202 P.O. Box 669 Zephyrhills, FL 33539-0669	21	
Invoice #: WS2021-015 Invoice date: 3/31/2021		
Service location: Tropical Mobile Home Park Service dates: 3/1/2021 the PWS: 6511859 Zephyrhills, FL 33542	nru 3/31/	'2021
Monthly well operation fee:		\$217.50
Chlorine cost (gal): 0 @ Lab fees: BACT 3 @	\$2.50 \$7.00	\$0.00 \$21.00
Total amount due upon receipt:	ı	\$238.50
Please make check or money order payable to: MCL Environmental Service MCL Environmental Service	ces	
Mail to:7810 Gall Blvd #327Or hand in person to:Zephyrhills, FL 33541		

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:

7810 Gall Blvd #327 Zephyrhills, FL 33541



mclenviro@gmail.com License #DWC0021612 * Insured

Bill to:	A Utility, Inc.
----------	-----------------

P.O. Box 669

Zephyrhills, FL 33539-0669

Invoice #: WS2021-009
Invoice date: 2/28/2021

Service location: Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 2/1/2021 thru 2/28/2021

Monthly well operation fee:

Chlorine cost (gal):
Lab fees:
BACT

\$217.50 0 @ \$2.50 3 @ \$7.00 \$21.00

Total amount due upon receipt:

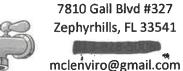
\$238.50

Please make check or money order payable to: MCL Environmental Services

Mail to:7810 Gall Blvd #327Or hand in person to:Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:



www.mclenviro.com
License #DWC0021612 * Insured

Bill to:	A Utility, Inc.
----------	-----------------

P.O. Box 669

Zephyrhills, FL 33539-0669

Invoice #: W52021-001 Invoice date: 1/31/2021

Service location: Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 1/1/2021 thru 1/31/2021

full amount received 2/3/21 ck #716

Monthly well operation fee:

Chlorine cost (gal):

BACT

0

@

13

0

Total amount due upon receipt:

\$238.50

\$217.50

\$0.00

\$21.00

\$2.50

\$7.00

Please make check or money order payable to: MCL Environmental Services

Mail to:7810 Gall Blvd #327Or hand in person to:Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.





License #DWC0021612 * Insured

Bill to: A	Utility,	Inc.
------------	----------	------

P.O. Box 669

Zephyrhills, FL 33539-0669 CHECK

RECEIVED 12/30/2020 CHECK #713 FULL AMOUNT

Invoice #: WS2020-082 Invoice date: 12/29/2020

Service location: Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 12/1/2020 thru 12/31/2020

@

@

0

3

Monthly well operation fee:

Total amount due upon receipt:

Chlorine cost (gal):

\$217.50

\$2.50

\$7.00

\$0.00 \$21.00

Lab fees: BACT

\$238.50

Please make check or money order payable to: MCL Environmental Services

Mail to:7810 Gall Blvd #327Or hand in person to:Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:

7810 Gall Blvd #327 Zephyrhills, FL 33541



Bill to:

A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

Invoice #:

WS2020-077

Invoice date:

11/30/2020

Service location:

Tropical Mobile Home Park

Service dates: 11/1/2020 thru 11/30/2020

PWS: 6511859

Zephyrhills, FL 33542

Monthly well operation fee:

Chlorine cost (gal):

Lab fees:

BACT

@ 0 5 @

\$217.50 \$2.50

\$7.00

\$0.00 \$35.00

\$75.00 \$125.00

Valve exercising:

Tank clearance testing:

Total amount due upon receipt:

\$452.50

Please make check or money order payable to:

Mail to:

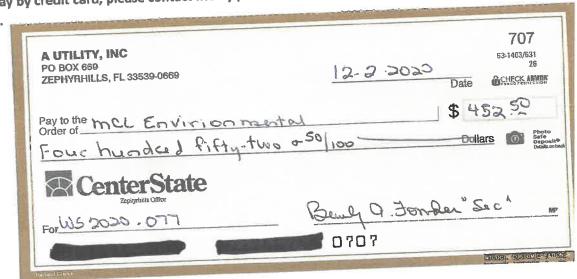
Or hand in person to:

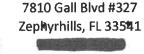
MCL Environmental Services

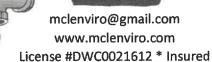
7810 Gall Blvd #327 Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for

credit card payments.







Bill to:	A Utility, Inc. P.O. Box 669 Zephyrhills, FL 33539-0669	RECEIVED 10/28/2020 CHECK #704 FOR FULL AMOUNT
	2cpily/111113, 1 2 3 3 3 3 5 0 0 0 3	י אירוייי י

Invoice #: WS2020-065 Invoice date: 10/28/2020

Service location: Tropical Mobile Home Park Service dates: 10/1/2020 thru 10/31/2020

PWS: 6511859

Zephyrhills, FL 33542

 Monthly well operation fee:
 \$217.50

 Chlorine cost (gal):
 0 @ \$2.50

 Lab fees:
 BACT

 3 @ \$7.00

Valve exercising:

Total amount due upon receipt: \$238.50

Please make check or money order payable to: MCL Environmental Services

Mail to:7810 Gall Blvd #327Or hand in person to:Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:



License #DWC0021612 * Insured

Bill to:	A Utility, Inc. P.O. Box 669 Zephyrhills, FL 33539-0669	RECEIVED 9/30	0/2020 CHEC	K #700
Invoice #: Invoice date:	WS2020-059 9/30/2020			
Service location:	Tropical Mobile Home Park PWS: 6511859 Zephyrhills, FL 33542	Service dates: 9/1,	/2020 thru 9/30,	/2020
Monthly well opera	tion fee:			\$217.50
Chlorine cost (gal):		0 @		\$0.00
Lab fees:	BACT	3 @	\$7.00	\$21.00
Total amount due u	pon receipt:			\$238.50
Please make check o	or money order payable to:	MCL Environment	al Services	
Mail to:		7810 Gall Blvd #32	7	
Or hand in person to):	Zephyrhills, FL 335	41	

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:

7810 Gall Blvd #327 Zephyrhills, FL 33541



mclenviro@gmail.com www.mclenviro.com

License #DWC0021612 * Insured

Bill to:

A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

Invoice #:

WS2020-055

Invoice date:

8/26/2020

Service location:

Tropical Mobile Home Park

Service dates: 8/1/2020 thru 8/31/2020

PWS: 6511859

Zephyrhills, FL 33542

Monthly well operation fee:

Chlorine cost (gal):

Lab fees:

BACT

\$2.50

\$217.50 \$0.00

\$7.00

\$21.00

Pd 8-26-2020 CHC 699

\$238SO

Total amount due upon receipt:

\$238.50

Please make check or money order payable to:

Mail to:

Or hand in person to:

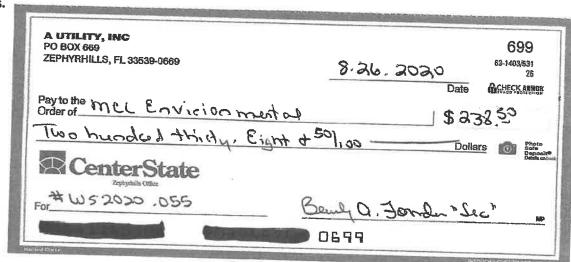
MCL Environmental Services

7810 Gall Blvd #327

Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for

credit card payments.





Bil	to:
DIII	LU.

A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

received 7/29/2020 full amount

check #697

Invoice #:

WS2020-045

Invoice date:

7/28/2020

Service location:

Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 7/1/2020 thru 7/31/2020

Monthly well operation fee:

Chlorine cost (gal):

BACT

Nitrate/Nitrite

0 @ \$2.50

\$217.50 \$0.00 \$21.00

Lab fees:

3 @ 2 @

\$7.00 \$39.00

\$78.00 -\$9.00

Additional testing fee:

\$100.00

Total amount due upon receipt:

\$407.50

Please make check or money order payable to:

Mail to:

Or hand in person to:

MCL Environmental Services

7810 Gall Blvd #327 Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.



License #DWC0021612 * Insured

Bill to:	A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

RECEIVED 7/1/2020 CHECK #691 FOR FULL AMOUNT

Invoice #: WS2020-040 Invoice date: 6/30/2020

Service location: Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 6/1/2020 thru 6/30/2020

0

Monthly well operation fee:

Chlorine cost (gal):

\$2.50 @

\$217.50 \$0.00

\$30.00 **BACT** 3 @ \$10.00 Lab fees:

Total amount due upon receipt:

\$247.50

Please make check or money order payable to: MCL Environmental Services

7810 Gall Blvd #327 Mail to: Zephyrhills, FL 33541 Or hand in person to:

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.



Bill to: A Utility, Inc. RECEIVED 6/4/2020 CHECK #689

P.O. Box 669

Zephyrhills, FL 33539-0669

Invoice #: WS2020-034 Invoice date: 5/31/2020

Service location: Tropical Mobile Home Park Service dates: 5/1/2020 thru 5/31/2020

PWS: 6511859

Zephyrhills, FL 33542

 Monthly well operation fee:
 \$217.50

 Chlorine cost (gal):
 0 @ \$2.50

 Lab fees:
 BACT
 3 @ \$10.00

 \$30.00
 \$30.00

Total amount due upon receipt: \$247.50

Please make check or money order payable to: MCL Environmental Services

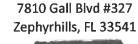
Mail to:7810 Gall Blvd #327Or hand in person to:Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.



License #DWC0021612 * Insured

Bill to:	A Utility, Inc. P.O. Box 669 Zephyrhills, FL 33539-0669	RECEIVED CHECK #68		?O FULL AN	MOUNT
Invoice #: Invoice date:	WS2020-023 4/29/2020				
Service location:	Tropical Mobile Home Park PWS: 6511859 Zephyrhills, FL 33542	Service date	s: 4/1/20	20 thru 4/30/	2020
Monthly well operation Chlorine cost (gal): Lab fees:	on fee: BACT	0	@ @	\$2.50 \$10.00	\$217.5 \$0.0 \$30.0
Total amount due upo	on receipt:			1	\$247.50
Please make check or Mail to: Or hand in person to:	money order payable to:	MCL Enviror 7810 Gall Blo Zephyrhills,	vd #327	ervices	
If you would like to pa credit card payments.	ny by credit card, please contact m	e by phone. Th	ere will b	e a 3% charge	e for



License #DWC0021612 * Insured



Bill to: A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

RECEIVED 4/2/2020 CHECK #678

FOR FULL AMOUNT

Invoice #: WS2020-015
Invoice date: 3/31/2020

Service location: Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 3/1/2020 thru 3/31/2020

Monthly well operation fee:

@

\$217.50

0 @

\$2.50 \$0.00

\$10.00

Lab fees:

Chlorine cost (gal):

BACT

@

\$30.00 \$125.00

CCR:

Preparation and delivery

\$26.00

Parts:

#2 tube and duckbill for chlorinating system in

East pump house

Total amount due upon receipt:

\$398.50

Please make check or money order payable to:

MCL Environmental Services

Mail to:

7810 Gall Blvd #327

Or hand in person to:

Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:



www.mclenviro.com License #DWC0021612 * Insured

Bill to:

A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

RECEIVED 2/27/2020 FULL AMOUNT CHECK #669

Invoice #:

WS2020-010

Invoice date:

2/27/2020

Service location:

Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 2/1/2020 thru 2/29/2020

Monthly well operation fee:

Chlorine cost (gal):

Lab fees:

BACT

0 @

@

3

\$2.50

\$217.50 \$0.00

\$10.00 \$30.00

Total amount due upon receipt:

\$247.50

Please make check or money order payable to:

Mail to:

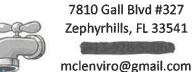
Or hand in person to:

MCL Environmental Services

7810 Gall Blvd #327 Zephyrhills, FL 33541

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.

Notes/Comments:



www.mclenviro.com License #DWC0021612 * Insured

Bill to: A Utility, Inc.

P.O. Box 669

Zephyrhills, FL 33539-0669

RECEIVED 1/30/2020 FULL AMOUNT

CHECK #3237

Invoice #: WS2020-001 Invoice date: 1/31/2020

Service location: Tropical Mobile Home Park

PWS: 6511859

Zephyrhills, FL 33542

Service dates: 1/1/20 thru 1/31/20

Monthly well operation fee:

Chlorine cost (gal):

@

\$217.50 \$0.00

0 \$2.50 3 \$10.00 \$30.00 Lab fees: **BACT** @

Total amount due upon receipt:

\$247.50

MCL Environmental Services Please make check or money order payable to:

7810 Gall Blvd #327 Mail to: Zephyrhills, FL 33541 Or hand in person to:

If you would like to pay by credit card, please contact me by phone. There will be a 3% charge for credit card payments.



PUBLIC WATER SYSTEM INFORMATION (to be completed by sar	npler - please type or print legibly)	
System Name: Tropical Trailer Park		PWS I.D. #: 6511859
System Type (check one): X Community	on-transient Non-community	Transient Non-community
Address: 37407 Ray Dr		
City: Zephyrhills, FL	ZIP Code:	33541
Phone # Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number: 35652147001 Sample Dat	e: <u>8/3/2021</u> Sample	e Time: 7:20 AM PM (Circle One)
Sample Location (be specific): West Well POE		Location Code:
Disinfectant Residual (Required when reporting results for trihalomethanes and	haloacetic acids): mg/L Field pH	-
Sample Type (Check Only One)	Reason(s) for Sample	(Check all that apply)
Distribution	X Routine Compliance with 62-550	Replacement (of Invalidated Sample)
X Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comm	nents:
Ave Residence Time	*	
Near First Customer		
	*See 62-550,500(6) for requirements and restrict And 62-550,512(3) for nitrate or nitrite exceeds	
SA	AMPLER CERTIFICATION	
, Frank Hinchman, MCL Environmental Services, LLC	Lead operator	, do HEREBY CERTIFY
(Print Name)	(Print	
that the above public water system and sample collection information	n is complete and correct.	
Signature:	Date: 9/4/20	021
Certified Operator #: 0021612 Phone #:	Sampler's Fax	c #:
Sampler's E-mail: mclenviro@gmail.com		
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Page 1 of 10 Page 3	201 - 226 ers to # 7

LABORATORY CERTIFICATION INFORMATION (to be completed by lab	- please type or print legibly)
Lab Name: Pace Analytical Services, LLC Florida DOH Certification	on#: E84129 Certification Expiration Date: 6/30/2022
	ATTACH CURRENT DOH ANALYTE SHEET*
Address: 5460 Beaumont Center Blvd, Tampa, FL 33634	Phone # <u>(813) 881-9401</u>
Were any analyses subcontracted? X Yes No If yes, please prov	vide DOH certification numbers(s): _E87683, E83079
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s	s) Received: 8/3/2021
PWS ID (From Page1): 6511859 Sample Numb	per (From Page1): 35652147001 Lab Assigned Report # or Job ID: 35652147001
Group(s) Analyzed & Results attached for compliance with Chapter 62-550,	, F.A.C. (Check all that apply):
Inorganics Synthetic Organics Volatile Organics	Disinfection Byproducts Radionuclides Secondaries
X All Except Asbestos All 30 X All 21	X Trihalomethanes X Single Sample X All 14
Partial X All Except Dioxin Partial	Haloacetic Acids Qtrly Composite** Partial
Nitrate Partial	Chlorite
Nitrite Dioxin Only	Bromate
Asbestos	
LAB	CERTIFICATION
I,Chelsea Gagne	
(Print Name)	(Print Title)
that all attached analytical data are correct and unless noted meet all requirements	of the National Environmental Laboratory Accreditation Converence (NELAC).
Signature: Chilled to	Date: 08/31/2021
possible enforcement against the public water system for failture to sample, and i	current Analyte Sheet for the attached analysis results will result in rejection of the report, may result in notification of the DOH Bureau of Laboratory Services.
** Please provide radiological sample dates & locations for each quarter.	
	O WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "	U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH atta	ich notes as necessary)
Sample Collection & Analysis Satisfactory: Yes No	Replacement Sample or Report Requested (circle or highlight group(s) above)
Person Notified:Date Notified:	DEP/DOH Reviewing Official:
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Page 2 of 10

Effective January 1995, Revised December 2012

20

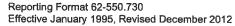
Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35652147001

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate as N	10	mg/L	4.1		EPA 353.2	0.025	08/04/2021	09:52	E83079
1041	Nitrite as N	1	mg/L	0.025	U,J(M1)	EPA 353.2	0.025	08/04/2021	09:52	E83079
1005	Arsenic	0.010	mg/L	0.00050	U	EPA 200.8	0.00050	08/10/2021	09:49	E83079
1010	Barium	2	mg/L	0.0062	U	EPA 200.7	0.0062	08/10/2021	01:54	E83079
1015	Cadmium	0.005	mg/L	0.00067	U	EPA 200.7	0.00067	08/10/2021	01:54	E83079
1020	Chromium	0.1	mg/L	0.0026	U	EPA 200.7	0.0026	08/10/2021	01:54	E83079
1024	Cyanide	0.2	mg/L	0.0050	U,J(M1)	EPA 335.4	0.0050	08/15/2021	13:32	E83079
1025	Fluoride	4.0	mg/L	0.086		EPA 300.0	0.015	08/20/2021	20:20	E83079
1030	Lead	0.015	mg/L	0.00030	1	EPA 200.8	0.00022	08/10/2021	09:49	E83079
1035	Mercury	0.002	mg/L	0.000090	U	EPA 245.1	0.000090	08/19/2021	13:21	E83079
1036	Nickel	0.1	mg/L	0.0020	U	EPA 200.7	0.0020	08/10/2021	01:54	E83079
1045	Selenium	0.05	mg/L	0.00083	U	EPA 200.8	0.00083	08/10/2021	09:49	E83079
1052	Sodium	160	mg/L	9.06		EPA 200.7	0.59	08/10/2021	01:54	E83079
1074	Antimony	0.006	mg/L	0.00021	U	EPA 200.8	0.00021	08/10/2021	09:49	E83079
1075	Beryllium	0.004	mg/L	0.00058	U	EPA 200.7	0.00058	08/10/2021	01:54	E83079
1085	Thallium	0.002	mg/L	0.00050	U	EPA 200.8	0.00050	08/10/2021	09:49	E83079
1094	Asbestos	7 MFL	MFL							



LOE

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

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35652147001

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.0072	U	EPA 200.8	0.0072	08/10/2021	09:49	E83079
1017	Chloride	250	mg/L	11.6		EPA 300.0	2.5	08/20/2021	20:20	E83079
1022	Copper	1	mg/L	0.0059		EPA 200.8	0.00093	08/10/2021	09:49	E83079
1025	Fluoride	2.0	mg/L	0.086		EPA 300.0	0.015	08/20/2021	20:20	E83079
1028	Iron	0.3	mg/L	0.0580		EPA 200.7	0.016	08/10/2021	01:54	E83079
1032	Manganese	0.05	mg/L	0.0027	U	EPA 200.7	0.0027	08/10/2021	01:54	E83079
1050	Silver	0.1	mg/L	0.0033	U	EPA 200.7	0.0033	08/10/2021	01:54	E83079
1055	Sulfate	250	mg/L	5.8		EPA 300.0	2.5	08/20/2021	20:20	E83079
1095	Zinc	5	mg/L	0.0481		EPA 200.7	0.0076	08/10/2021	01:54	E83079
1905	Color	15	units	5.0	U	SM2120B-01	5.0	08/04/2021	18:14	E83079
1920	Odor	3	TON	1		SM 2150B	1.0	08/03/2021	11:30	E84129
1925	рН	6.5 - 8.5	Std. Units	6.5	Q	EPA 150.1	0.10	08/23/2021	14:19	E84129
1930	Total Dissolved Solids	500	mg/L	193		SM 2540C	5.0	08/09/2021	10:29	E84129
2905	Foaming Agents	0.5	mg/L	0.099	U	SM 5540C	0.099	08/04/2021	08:45	E83079

DISINFECTION BYPRODUCTS 62-550.310(3)

Report Number / Job ID: 35652147001

Disinfect Residual (mg/L): .89

PWS ID (From Page 1): 6511859

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

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					2.0			
2451	Dichloroacetic Acid	N/A	ug/L					1.0			
2452	Trichloroacetic Acid	N/A	ug/L					1.0			
2453	Monobromoacetic Acid	N/A	ug/L					1.0			
2454	Dibromoacetic Acid	N/A	ug/L					1.0			
2456	Total Haloacetic Acids (HAA5)	60	ug/L								

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	0.37	U	EPA 524.2	0.37	1.0	08/13/2021	13:41	E83079
2942	Bromoform	N/A	ug/L	0.35	U	EPA 524.2	0.35	1.0	08/13/2021	13:41	E83079
2943	Bromodichloromethane	N/A	ug/L	0.37	U	EPA 524.2	0.37	1.0	08/13/2021	13:41	E83079
2944	Dibromochloromethane	N/A	ug/L	0.47	U	EPA 524.2	0.47	1.0	08/13/2021	13:41	E83079
2950	Total Trihalomethanes (ттнм)	80	ug/L	0.47	U	EPA 524.2	0.47		08/13/2021	13:41	E83079

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

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

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

Page 5 of 10



^{***} 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.

^{*}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.

RADIONUCLIDES 62-550.310(6)

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

Report Number / Job ID: <u>35652147001</u>

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15	pCi/L					3				
4002	Gross Alpha (Incl Uranium)	***	pCi/L	2.86	U	EPA 900.0	2.86	3	1.20	08/20/2021	17:40	E87683
4006	Combined Uranium****	20	pCi/L					.67				
4000	(U-234, U-235, & U-238)	30	ug/L	0.30 I		EPA 200.8	0.19	1		08/10/2021	09:49	E83079
4020	Radium-226	5	nCi/I	0.660		EPA 903.1	0.347	1	0.369	08/19/2021	12:18	E87683
4030	Radium-228	3	pCi/L	0.702	U	EPA 904.0	0.702	1	0.278	08/18/2021	14:18	E87683

- ** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- *** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15pCi/L. If the result for ID 4002 Gross Alpha (Including Uranium) does not exceed 15pCi/L, Combined Uranium need not be measured nor reported.
- **** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.



207

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

VOLATILE ORGANICS 62-550.310(4)(a)

Report Number / Job ID: 35652147001

PWS ID (From Page 1): 6511859

Contam	Contam	NO	1.1.14	Analysis		Analytical	Lab		Analysis	Analysis	DOH Lab
ID	Name	MCL	Units	Result	Qualifier*	Method	MDL	RDL	Date	Time	Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.35	U	EPA 524.2	0.35	0.5	08/13/2021	13:41	E83079
2380	cis-1,2-Dichloroethylene	70	ug/L	0.33	U	EPA 524.2	0.33	0.5	08/13/2021	13:41	E83079
2955	Xylenes (total)	10,000	ug/L	0.11	U	EPA 524.2	0.11	0.5	08/13/2021	13:41	E83079
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	08/13/2021	13:41	E83079
2968	o-Dichlorobenzene	600	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/13/2021	13:41	E83079
2969	para-Dichlorobenzene	75	ug/L	0.30	U	EPA 524.2	0.30	0.5	08/13/2021	13:41	E83079
2976	Vinyl chloride	1	ug/L	0.12	U	EPA 524.2	0.12	0.5	08/13/2021	13:41	E83079
2977	1,1-Dichloroethylene	7	ug/L	0.29	U	EPA 524.2	0.29	0.5	08/13/2021	13:41	E83079
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	08/13/2021	13:41	E83079
2980	1,2-Dichloroethane	3	ug/L	0.30	U	EPA 524.2	0.30	0.5	08/13/2021	13:41	E83079
2981	1,1,1-Trichloroethane	200	ug/L	0.27	U	EPA 524.2	0.27	0.5	08/13/2021	13:41	E83079
2982	Carbon tetrachloride	3	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/13/2021	13:41	E83079
2983	1,2-Dichloropropane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	08/13/2021	13:41	E83079
2984	Trichloroethylene	3	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/13/2021	13:41	E83079
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/13/2021	13:41	E83079
2987	Tetrachloroethylene	3	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/13/2021	13:41	E83079
2989	Monochlorobenzene	100	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/13/2021	13:41	E83079
2990	Benzene	1	ug/L	0.40	U	EPA 524.2	0.40	0.5	08/13/2021	13:41	E83079
2991	Toluene	1,000	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/13/2021	13:41	E83079
2992	Ethylbenzene	700	ug/L	0.23	U	EPA 524.2	0.23	0.5	08/13/2021	13:41	E83079
2996	Styrene	100	ug/L	0.20	U	EPA 524.2	0.20	0.5	08/13/2021	13:41	E83079

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

SYNTHETIC ORGANICS 62-550.310(4)(b)

Report Number / Job ID: 35652147001 PWS ID (From Page 1): 6511859

December Color C									,				
2015 Methoxychlor			MCL	Units		Qualifier*			RDL				DOH Lab Certification #
2015 Lindane 0.2 ug/L 0.0027 U EPA 525.3 0.0027 0.02 0.8/10/2021 0.8/11/2021 19:37 E83079	2005	Endrin	2	ug/L	0.0024	U	EPA 525.3	0.0024	0.01	08/10/2021	08/11/2021	19:37	E83079
2020 Toxaphene 3 ug/L 0.024 U EPA 525.3 0.024 0.1 08/10/2021 08/11/2021 19:37 E83079	2010	Lindane	0.2	ug/L	0.0027	U	EPA 525.3	0.0027	0.02	08/10/2021	08/11/2021		E83079
Dalapon 200	2015			ug/L	0.024	U	EPA 525.3	0.024	0.1	08/10/2021	08/11/2021		E83079
Diquet Quart Qua	2020	Toxaphene		ug/L	0.70	U	EPA 505	0.70	1	08/11/2021	08/12/2021	04:07	E83079
2033 Endothall 100 ug/L 3.3 U EPA 548.1 3.3 9 08/03/2021 08/04/2021 18:40 E83079 2034 Glyphosate 700 ug/L 4.2 U EPA 547 4.2 6 08/12/2021 08/12/2021 22:27 E83079 2036 Di(2-ethylhexyl)adipate 400 ug/L 0.36 U EPA 525.3 0.36 0.6 08/10/2021 08/11/2021 19:37 E83079 2036 Oxamyl (vydate) 200 ug/L 0.46 U EPA 525.3 0.36 0.6 08/10/2021 08/11/2021 19:37 E83079 2037 Simazine 4 ug/L 0.040 U EPA 525.3 0.040 0.07 08/10/2021 08/11/2021 19:37 E83079 2039 Di(2-ethylhexyl)phthalate 6 ug/L 0.047 U EPA 525.3 0.040 0.07 08/10/2021 08/11/2021 19:37 E83079 2039 Di(2-ethylhexyl)phthalate 6 ug/L 0.040 U EPA 515.3 0.040 0.1 08/10/2021 08/11/2021 19:37 E83079 2040 Pictoram 500 ug/L 0.040 U EPA 515.3 0.040 0.1 08/10/2021 08/15/2021 02:41 E83079 2041 Dinoseb 7 ug/L 0.16 U EPA 515.3 0.040 0.1 08/10/2021 08/15/2021 02:41 E83079 2042 Hexachlorocyclopentadinene 50 ug/L 0.025 U EPA 531.2 0.59 0.9 08/11/2021 08/11/2021 19:37 E83079 2044 E83079 2044 E83079 2045 Atrazine 3 ug/L 0.015 U EPA 525.3 0.025 0.1 08/10/2021 08/11/2021 19:37 E83079 2050 Atrazine 3 ug/L 0.015 U EPA 525.3 0.025 0.1 08/10/2021 08/11/2021 19:37 E83079 2050 Atrazine 3 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2050 Atrazine 3 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2050 Atrazine 3 ug/L 0.003 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2050 Atrazine 3 ug/L 0.005 U EPA 525.3 0.005		Dalapon		ug/L	0.23	U	EPA 515.3	0.23	1	08/10/2021	08/15/2021	02:41	E83079
2034 Glyphosate 700 ug/L 4.2 U EPA 547 4.2 6 08/12/2021 08/12/2021 22:27 E83079	2032	Diquat		ug/L	0.16	U	EPA 549.2	0.16	0.4	08/06/2021	08/07/2021	00:04	E83079
2035 Di(2-ethylhexyl)adipate 400 ug/L 0.36 U EPA 525.3 0.36 0.6 0.8/10/2021 0.8/11/2021 19:37 E83079	2033	Endothall	100	ug/L	3.3	U	EPA 548.1	3.3	9	08/03/2021	08/04/2021	18:40	E83079
2036 Oxamyl (vydate) 200 ug/L 0.46 U EPA 531.2 0.46 2 0.8/11/2021 0.8/11/2021 19:24 E83079	2034	Glyphosate	700	ug/L	4.2	U	EPA 547	4.2	6	08/12/2021	08/12/2021	22:27	E83079
2037 Simazine 4 ug/L 0.040 U EPA 525.3 0.040 0.07 08/10/2021 08/11/2021 19:37 E83079	2035	Di(2-ethylhexyl)adipate		ug/L	0.36	U	EPA 525.3	0.36	0.6	08/10/2021	08/11/2021	19:37	E83079
2037 Simazine	2036	Oxamyl (Vydate)	200	ug/L	0.46	U	EPA 531.2	0.46	2	08/11/2021	08/11/2021	19:24	E83079
2040 Pictoram 500 ug/L 0.040 U EPA 515.3 0.040 0.1 08/10/2021 08/15/2021 02:41 E83079 2041 Dinoseb 7 ug/L 0.16 U EPA 515.3 0.16 0.2 08/10/2021 08/15/2021 02:41 E83079 2042 Hexachlorocyclopentadinene 50 ug/L 0.025 U EPA 525.3 0.025 0.1 08/10/2021 08/11/2021 19:37 E83079 2046 Carbofuran 40 ug/L 0.59 U EPA 531.2 0.59 0.9 08/11/2021 08/11/2021 19:24 E83079 2050 Atrazine 3 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2051 Alachlor 2 ug/L 0.029 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2063 2,3,7,8-TCDD (Dioxin) <td< td=""><td>2037</td><td>Simazine</td><td>4</td><td>ug/L</td><td>0.040</td><td>U</td><td>EPA 525.3</td><td>0.040</td><td>0.07</td><td>08/10/2021</td><td>08/11/2021</td><td>19:37</td><td>E83079</td></td<>	2037	Simazine	4	ug/L	0.040	U	EPA 525.3	0.040	0.07	08/10/2021	08/11/2021	19:37	E83079
2041 Dinoseb 7 ug/L 0.16 U EPA 515.3 0.16 0.2 08/10/2021 08/15/2021 02:41 E83079 2042 Hexachlorocyclopentadinene 50 ug/L 0.025 U EPA 525.3 0.025 0.1 08/10/2021 08/11/2021 19:37 E83079 2046 Carbofuran 40 ug/L 0.59 U EPA 531.2 0.59 0.9 08/11/2021 08/11/2021 19:24 E83079 2050 Atrazine 3 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2051 Alachlor 2 ug/L 0.029 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2063 2,3,7,8-TCDD (Dioxin) 0.03 ng/L 0.014 U EPA 525.3 0.014 0.04 08/10/2021 08/11/2021 19:37 E83079 2067 Heptachlor pexide	2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.47	U	EPA 525.3	0.47	0.6	08/10/2021	08/11/2021	19:37	E83079
2042 Hexachlorocyclopentadinene 50 ug/L 0.025 U EPA 525.3 0.025 0.1 08/10/2021 08/11/2021 19:37 E83079 2046 Carbofuran 40 ug/L 0.59 U EPA 531.2 0.59 0.9 08/11/2021 08/11/2021 19:24 E83079 2050 Atrazine 3 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2051 Alachlor 2 ug/L 0.029 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2063 2,3,7,8-TCDD (Dioxin) 0.03 ug/L 0.014 U EPA 525.3 0.029 0.2 08/10/2021 08/11/2021 19:37 E83079 2065 Heptachlor 0.4 ug/L 0.014 U EPA 525.3 0.014 0.04 08/10/2021 08/11/2021 19:37 E83079 2105 2,4-D	2040	Picloram	500	ug/L	0.040	U	EPA 515.3	0.040	0.1	08/10/2021	08/15/2021	02:41	E83079
2046 Carbofuran 40 ug/L 0.59 U EPA 531.2 0.59 0.9 08/11/2021 08/11/2021 19:24 E83079 2050 Atrazine 3 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2051 Alachlor 2 ug/L 0.029 U EPA 525.3 0.029 0.2 08/10/2021 08/11/2021 19:37 E83079 2063 2,3,7,8-TCDD (Dioxin) 0.03 ng/L 0.014 U EPA 525.3 0.014 0.04 08/10/2021 08/11/2021 19:37 E83079 2065 Heptachlor epoxide 0.2 ug/L 0.0030 U EPA 525.3 0.014 0.04 08/10/2021 08/11/2021 19:37 E83079 2105 2,4-D 70 ug/L 0.096 U EPA 515.3 0.0030 0.02 08/10/2021 08/11/2021 19:37 E83079 2105 2,4-D 70	2041	Dinoseb	7	ug/L	0.16	U	EPA 515.3	0.16	0.2	08/10/2021	08/15/2021	02:41	E83079
2050 Atrazine 3 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2051 Alachlor 2 ug/L 0.029 U EPA 525.3 0.029 0.2 08/10/2021 08/11/2021 19:37 E83079 2063 2,3,7,8-TCDD (Dioxin) 0.03 ng/L 0.014 U EPA 525.3 0.014 0.04 08/10/2021 08/11/2021 19:37 E83079 2067 Heptachlor epoxide 0.2 ug/L 0.0030 U EPA 525.3 0.0030 0.02 08/10/2021 08/11/2021 19:37 E83079 2105 2,4-D 70 ug/L 0.096 U EPA 515.3 0.096 0.1 08/10/2021 08/11/2021 19:37 E83079 2110 2,4,5-TP (Silvex) 50 ug/L 0.053 U EPA 515.3 0.053 0.2 08/10/2021 08/15/2021 02:41 E83079 2306 Benzo(a)pyrene <td>2042</td> <td>Hexachlorocyclopentadinene</td> <td>50</td> <td>ug/L</td> <td>0.025</td> <td>U</td> <td>EPA 525.3</td> <td>0.025</td> <td>0.1</td> <td>08/10/2021</td> <td>08/11/2021</td> <td>19:37</td> <td>E83079</td>	2042	Hexachlorocyclopentadinene	50	ug/L	0.025	U	EPA 525.3	0.025	0.1	08/10/2021	08/11/2021	19:37	E83079
2051 Alachlor 2 ug/L 0.029 U EPA 525.3 0.029 0.2 08/10/2021 08/11/2021 19:37 E83079 2063 2,3,7,8-TCDD (Dioxin) 0.03 ng/L 0.014 U EPA 525.3 0.014 0.04 08/10/2021 08/11/2021 19:37 E83079 2067 Heptachlor epoxide 0.2 ug/L 0.0030 U EPA 525.3 0.0030 0.02 08/10/2021 08/11/2021 19:37 E83079 2105 2,4-D 70 ug/L 0.096 U EPA 515.3 0.096 0.1 08/10/2021 08/15/2021 02:41 E83079 2110 2,4,5-TP (Silvex) 50 ug/L 0.053 U EPA 515.3 0.096 0.1 08/10/2021 08/15/2021 02:41 E83079 2274 Hexachlorobenzene 1 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2306 Benzo(a)	2046	Carbofuran	40	ug/L	0.59	U	EPA 531.2	0.59	0.9	08/11/2021	08/11/2021	19:24	E83079
2063 2,3,7,8-TCDD (Dioxin) 0.03 ng/L 0.014 U EPA 525.3 0.014 0.04 08/10/2021 08/11/2021 19:37 E83079 2067 Heptachlor epoxide 0.2 ug/L 0.0030 U EPA 525.3 0.0030 0.02 08/10/2021 08/11/2021 19:37 E83079 2105 2,4-D 70 ug/L 0.096 U EPA 515.3 0.096 0.1 08/10/2021 08/15/2021 02:41 E83079 2110 2,4,5-TP (Silvex) 50 ug/L 0.053 U EPA 515.3 0.053 0.2 08/10/2021 08/15/2021 02:41 E83079 2274 Hexachlorobenzene 1 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2306 Benzo(a)pyrene 0.2 ug/L 0.020 U EPA 525.3 0.020 0.02 08/10/2021 08/11/2021 19:37 E83079 2326 <td< td=""><td>2050</td><td>Atrazine</td><td>3</td><td>ug/L</td><td>0.015</td><td>U</td><td>EPA 525.3</td><td>0.015</td><td>0.1</td><td>08/10/2021</td><td>08/11/2021</td><td>19:37</td><td>E83079</td></td<>	2050	Atrazine	3	ug/L	0.015	U	EPA 525.3	0.015	0.1	08/10/2021	08/11/2021	19:37	E83079
2065 Heptachlor 0.4 ug/L 0.014 U EPA 525.3 0.014 0.04 08/10/2021 08/11/2021 19:37 E83079 2067 Heptachlor epoxide 0.2 ug/L 0.0030 U EPA 525.3 0.0030 0.02 08/10/2021 08/11/2021 19:37 E83079 2105 2,4-D 70 ug/L 0.096 U EPA 515.3 0.096 0.1 08/10/2021 08/15/2021 02:41 E83079 2110 2,4,5-TP (Silvex) 50 ug/L 0.053 U EPA 515.3 0.096 0.1 08/10/2021 08/15/2021 02:41 E83079 2274 Hexachlorobenzene 1 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2306 Benzo(a)pyrene 0.2 ug/L 0.020 U EPA 525.3 0.020 0.02 08/10/2021 08/11/2021 19:37 E83079 2326 Pentachloro	2051	Alachlor		ug/L	0.029	U	EPA 525.3	0.029	0.2	08/10/2021	08/11/2021	19:37	E83079
2067 Heptachlor epoxide 0.2 ug/L 0.0030 U EPA 525.3 0.0030 0.02 08/10/2021 08/11/2021 19:37 E83079 2105 2,4-D 70 ug/L 0.096 U EPA 515.3 0.096 0.1 08/10/2021 08/15/2021 02:41 E83079 2110 2,4,5-TP (silvex) 50 ug/L 0.053 U EPA 515.3 0.053 0.2 08/10/2021 08/15/2021 02:41 E83079 2274 Hexachlorobenzene 1 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2306 Benzo(a)pyrene 0.2 ug/L 0.020 U EPA 525.3 0.020 0.02 08/10/2021 08/11/2021 19:37 E83079 2326 Pentachlorophenol 1 ug/L 0.014 U EPA 515.3 0.014 0.04 08/10/2021 08/15/2021 02:41 E83079 2383 Polych	2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L					0.005				
2105 2,4-D 70 ug/L 0.096 U EPA 515.3 0.096 0.1 08/10/2021 08/15/2021 02:41 E83079 2110 2,4,5-TP (Silvex) 50 ug/L 0.053 U EPA 515.3 0.053 0.2 08/10/2021 08/15/2021 02:41 E83079 2274 Hexachlorobenzene 1 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2306 Benzo(a)pyrene 0.2 ug/L 0.020 U EPA 525.3 0.020 0.02 08/10/2021 08/11/2021 19:37 E83079 2326 Pentachlorophenol 1 ug/L 0.014 U EPA 515.3 0.014 0.04 08/10/2021 08/15/2021 02:41 E83079 2383 Polychlorinated biphenyls (PCBs) 0.5 ug/L 0.045 U EPA 504.1 0.0065 0.0 08/16/2021 08/17/2021 04:07 E83079 2931	2065	Heptachlor	0.4	ug/L	0.014	U	EPA 525.3	0.014	0.04	08/10/2021	08/11/2021	19:37	E83079
2110 2,4,5-TP (Silvex) 50 ug/L 0.053 U EPA 515.3 0.053 0.2 08/10/2021 08/15/2021 02:41 E83079 2274 Hexachlorobenzene 1 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2306 Benzo(a)pyrene 0.2 ug/L 0.020 U EPA 525.3 0.020 0.02 08/10/2021 08/11/2021 19:37 E83079 2326 Pentachlorophenol 1 ug/L 0.014 U EPA 515.3 0.014 0.04 08/10/2021 08/15/2021 02:41 E83079 2383 Polychlorinated biphenyls (PCBs) 0.5 ug/L 0.045 U EPA 505 0.045 0.1 08/11/2021 08/12/2021 04:07 E83079 2931 Dibromochloropropane 0.2 ug/L 0.0065 U EPA 504.1 0.0065 0.01 08/16/2021 08/17/2021 01:00 E83079 2946 Ethylene Dibromide (EDB) 0.02 ug/L 0.0076 U EPA 504.1	2067	Heptachlor epoxide		ug/L	0.0030	U	EPA 525.3	0.0030	0.02	08/10/2021	08/11/2021	19:37	E83079
2274 Hexachlorobenzene 1 ug/L 0.015 U EPA 525.3 0.015 0.1 08/10/2021 08/11/2021 19:37 E83079 2306 Benzo(a)pyrene 0.2 ug/L 0.020 U EPA 525.3 0.020 0.02 08/10/2021 08/11/2021 19:37 E83079 2326 Pentachlorophenol 1 ug/L 0.014 U EPA 515.3 0.014 0.04 08/10/2021 08/15/2021 02:41 E83079 2383 Polychlorinated biphenyls (PCBs) 0.5 ug/L 0.045 U EPA 505 0.045 0.1 08/11/2021 08/12/2021 04:07 E83079 2931 Dibromochloropropane 0.2 ug/L 0.0065 U EPA 504.1 0.0065 0.02 08/16/2021 08/17/2021 01:00 E83079 2946 Ethylene Dibromide (EDB) 0.02 ug/L 0.0076 U EPA 504.1 0.0076 0.01 08/16/2021 08/17/2021 01:00 E83079	2105			ug/L	0.096	U	EPA 515.3	0.096	0.1	08/10/2021	08/15/2021	02:41	E83079
2306 Benzo(a)pyrene 0.2 ug/L 0.020 U EPA 525.3 0.020 0.02 08/10/2021 08/11/2021 19:37 E83079 2326 Pentachlorophenol 1 ug/L 0.014 U EPA 515.3 0.014 0.04 08/10/2021 08/15/2021 02:41 E83079 2383 Polychlorinated biphenyls (PCBs) 0.5 ug/L 0.045 U EPA 505 0.045 0.1 08/11/2021 08/12/2021 04:07 E83079 2931 Dibromochloropropane 0.2 ug/L 0.0065 U EPA 504.1 0.0065 0.02 08/16/2021 08/17/2021 01:00 E83079 2946 Ethylene Dibromide (EDB) 0.02 ug/L 0.0076 U EPA 504.1 0.0076 0.01 08/16/2021 08/17/2021 01:00 E83079	2110	2,4,5-TP (Silvex)	50	ug/L	0.053	U	EPA 515.3	0.053	0.2	08/10/2021	08/15/2021	02:41	E83079
2326 Pentachlorophenol 1 ug/L 0.014 U EPA 515.3 0.014 0.04 08/10/2021 08/15/2021 02:41 E83079 2383 Polychlorinated biphenyls (PCBs) 0.5 ug/L 0.045 U EPA 505 0.045 0.1 08/11/2021 08/12/2021 04:07 E83079 2931 Dibromochloropropane 0.2 ug/L 0.0065 U EPA 504.1 0.0065 0.02 08/16/2021 08/17/2021 01:00 E83079 2946 Ethylene Dibromide (EDB) 0.02 ug/L 0.0076 U EPA 504.1 0.0076 0.01 08/16/2021 08/17/2021 01:00 E83079	2274	Hexachlorobenzene	<u> </u>	ug/L	0.015	U	EPA 525.3	0.015	0.1	08/10/2021	08/11/2021	19:37	E83079
2326 Pentachlorophenol 1 ug/L 0.014 U EPA 515.3 0.014 0.04 08/10/2021 08/15/2021 02:41 E83079 2383 Polychlorinated biphenyls (PCBs) 0.5 ug/L 0.045 U EPA 505 0.045 0.1 08/11/2021 08/12/2021 04:07 E83079 2931 Dibromochloropropane 0.2 ug/L 0.0065 U EPA 504.1 0.0065 0.02 08/16/2021 08/17/2021 01:00 E83079 2946 Ethylene Dibromide (EDB) 0.02 ug/L 0.0076 U EPA 504.1 0.0076 0.01 08/16/2021 08/17/2021 01:00 E83079	2306	Benzo(a)pyrene	0.2	ug/L	0.020	U	EPA 525.3	0.020	0.02	08/10/2021	08/11/2021	19:37	E83079
2383 Polychlorinated biphenyls (PCBs) 0.5 ug/L 0.045 U EPA 505 0.045 0.1 08/11/2021 08/12/2021 04:07 E83079 2931 Dibromochloropropane 0.2 ug/L 0.0065 U EPA 504.1 0.0065 0.02 08/16/2021 08/17/2021 01:00 E83079 2946 Ethylene Dibromide (EDB) 0.02 ug/L 0.0076 U EPA 504.1 0.0076 0.01 08/16/2021 08/17/2021 01:00 E83079	2326	Pentachlorophenol		ug/L	0.014	U	EPA 515.3	0.014	0.04	08/10/2021	08/15/2021	02:41	E83079
2931 Dibromochloropropane 0.2 ug/L 0.0065 U EPA 504.1 0.0065 0.02 08/16/2021 08/17/2021 01:00 E83079 2946 Ethylene Dibromide (EDB) 0.02 ug/L 0.0076 U EPA 504.1 0.0076 0.01 08/16/2021 08/17/2021 01:00 E83079	2383	Polychlorinated biphenyls (PCBs)		ug/L	0.045	U	EPA 505	0.045	0.1	08/11/2021	08/12/2021	04:07	E83079
2946 Ethylene Dibromide (EDB) 0.02 ug/L 0.0076 U EPA 504.1 0.0076 0.01 08/16/2021 08/17/2021 01:00 E83079	2931	Dibromochloropropane	0.2	ug/L	0.0065	U	EPA 504.1	0.0065	0.02	08/16/2021	08/17/2021	01:00	E83079
	2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0076	U	EPA 504.1	0.0076	0.01	08/16/2021	08/17/2021		E83079
	2959	Chlordane	2	ug/L	0.036	U	EPA 505	0.036	0.2	08/11/2021	08/12/2021	04:07	E83079

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

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

Page 8 of 10

^{*}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.

OTHER CONTAMINANTS

Report Number / Job ID: 35652147001

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Nitrogen, NO2 plus NO3	10	mg/L	4.1	J(M1)	EPA 353.2	0.015	08/04/2021	09:52	E83079
	PCB-1016 (Aroclor 1016)		ug/L	0.044	U	EPA 505	0.044	08/12/2021	04:07	E83079
	PCB-1221 (Aroclor 1221)		ug/L	0.033	U	EPA 505	0.033	08/12/2021	04:07	E83079
	PCB-1232 (Aroclor 1232)		ug/L	0.045	U	EPA 505	0.045	08/12/2021	04:07	E83079
	PCB-1242 (Aroclor 1242)		ug/L	0.015	U	EPA 505	0.015	08/12/2021	04:07	E83079
	PCB-1248 (Aroclor 1248)		ug/L	0.012	U	EPA 505	0.012	08/12/2021	04:07	E83079
	PCB-1254 (Aroclor 1254)		ug/L	0.037	U	EPA 505	0.037	08/12/2021	04:07	E83079
	PCB-1260 (Aroclor 1260)		ug/L	0.030	U	EPA 505	0.030	08/12/2021	04:07	E83079
	pH		units	6.9		SM2120B-01		08/04/2021	18:14	E83079



QUALIFIER DEFINITIONS Report Number / Job ID: 35652147001

PWS ID (From Page 1): 6511859

J(M1): Estimated Value. Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

Q: Sample held beyond the accepted holding time. Analysis initiated more than 15 minutes after sample collection.



PUBLIC WATER SYSTEM INFORMATION (to be completed by sa	mpler - please type or print legibly)	
System Name: Tropical Mobile Home Park		PWS I.D. #: _ 6511859
System Type (check one):	Non-transient Non-community	ansient Non-community
Address: 37407 Tropical Drive (PO Box 669, Zephyrhills, FL 3	33539)	
City: Zephyrhills	ZIP Code: 3354	12
Phone # Fax #:	E-Mail Address: housingn	managementinc@yahoo.com
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number: 35652147002 Sample Date Sam	te: <u>8/3/2021</u> Sample Time:	7:39 (AM) PM (Circle One)
Sample Location (be specific): N 37330 Kinkaid Dr.		Location Code:
Disinfectant Residual (Required when reporting results for trihalomethanes and	haloacetic acids): mg/L Field pH:	_
Sample Type (Check Only One)	Reason(s) for Sample (Check	(all that apply)
Distribution	X Routine Compliance with 62-550	Replacement (of Invalidated Sample)
X Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
S	AMPLER CERTIFICATION	
I, Frank Hinchman, MCL Environmental Services, LLC	, Lead operator	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collection information	on is complete and correct.	
Signature:	Date: 9/4/21	
Certified Operator #: 0021612 Phone #:	Sampler's Fax #:	
Sampler's E-mail: mclenviro@gmail.com		

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly) Certification Expiration Date: 6/30/2022 Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: E84129 **ATTACH CURRENT DOH ANALYTE SHEET*** Address: 5460 Beaumont Center Blvd, Tampa, FL 33634 Phone # (813) 881-9401 Were any analyses subcontracted? Yes X No If yes, please provide DOH certification numbers(s): ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB* ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/3/2021 PWS ID (From Page1): 6511859 Sample Number (From Page 1): 35652147002 Lab Assigned Report # or Job ID: 35652147002 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Inorganics **Synthetic Organics** Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Nitrite Dioxin Only **Bromate** Asbestos LAB CERTIFICATION Chelsea Gagne Project Manager , do HEREBY CERTIFY (Print Name) (Print Title) that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Converence (NELAC). Signature: 08/31/2021 * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failture to sample, and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.) **COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary) Sample Collection & Analysis Satisfactory: Sample Collection & Analysis Satisfactory: Replacement Sample or Report Requested (circle or highlight group(s) above) DEP/DOH Reviewing Official: Person Notified: Date Notified:

DISINFECTION BYPRODUCTS 62-550.310(3)

Report Number / Job ID: 35652147002

Disinfect Residual (mg/L): .89

PWS ID (From Page 1): . 6511859

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

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	0.90	U	EPA 552.3	0.90	2.0	08/12/2021	08:01	E83079
2451	Dichloroacetic Acid	N/A	ug/L	0.93		EPA 552.3	0.24	1.0	08/12/2021	08:01	E83079
2452	Trichloroacetic Acid	N/A	ug/L	0.26	U	EPA 552.3	0.26	1.0	08/12/2021	08:01	E83079
2453	Monobromoacetic Acid	N/A	ug/L	0.29	U	EPA 552.3	0.29	1.0	08/12/2021	08:01	E83079
2454	Dibromoacetic Acid	N/A	ug/L	0.43	U	EPA 552.3	0.43	1.0	08/12/2021	08:01	E83079
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.93	Ī	EPA 552.3	0.90	nor are life	08/12/2021	08:01	E83079

	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					1.0			
	2942	Bromoform	N/A	ug/L					1.0			
	2943	Bromodichloromethane	N/A	ug/L					1.0			
	2944	Dibromochloromethane	N/A	ug/L					1.0			
	2950	Total Trihalomethanes (ТТНМ)	80	ug/L								

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

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

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

Page 3 of 3

*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.

^{***} 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.

PUBLIC WATER STSTEM INFORMATION (to be completed by Sa	ripler - please type or print legibly)
System Name: Tropical Trailer Park	PWS I.D. #: 6511859
System Type (check one): X Community	Non-transient Non-community Transient Non-community
Address: 37407 Ray Dr	
City: Zephyrhills, FL	ZIP Code: <u>33541</u>
Phone # Fax #:	
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: 35652154001 Sample Da	te: 8/3/2021 Sample Time: 8:20 AM PM (Circle One)
Sample Location (be specific): East Well POE	Location Code:
Disinfectant Residual (Required when reporting results for trihalomethanes and	haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	X Routine Compliance with 62-550 Replacement (of Invalidated Sample)
X Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site.
S	AMPLER CERTIFICATION
I, Frank Hinchman, MCL Environmental Services, LLC	Lead Operator , do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sample collection information	on is complete and correct.
Signature July 1	Date: 9/4/21
Certified Operator #: 0021612 Phone #:	Sampler's Fax #:
Sampler's E-mail: mclenviro@gmail.com	

Reporting Format 62-550.730
Effective January 1995, Revised December 2012

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)								
Lab Name: Pace Analytical Services, LLC Florida DOH Certification #:	<u>E84129</u> Ce	rtification Expiration Date:	6/30/2022					
	ATTACH CURRENT DOH ANAL	YTE SHEET*						
Address: 5460 Beaumont Center Blvd, Tampa, FL 33634	Phone # (813) 881-9401							
Were any analyses subcontracted? X Yes No If yes, please provide Do	OH certification numbers(s):	E87683, E83079						
¢ *	ATTACH DOH ANALYTE SHEE	T FOR EACH SUBCONTRACT	TED LAB*					
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Rec	eived: <u>8/3/2021</u>							
PWS ID (From Page1): 6511859 Sample Number (Fro	m Page1): <u>35652154001</u> Lab A	ssigned Report # or Job ID:	35652154001					
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C	C. (Check all that apply):							
Inorganics Synthetic Organics Volatile Organics	Disinfection Byproducts Ra	adionuclides Sec	<u>ondaries</u>					
X All Except Asbestos All 30 X All 21	X Trihalomethanes	Single Sample X	All 14					
Partial X All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	Partial					
Nitrate Partial	Chlorite							
Nitrite Dioxin Only	Bromate							
Asbestos								
LAB CER	TIFICATION							
I,, Chelsea Gagne,	Project Manage	r, do ⊦	EREBY CERTIFY					
(Print Name)	(Print Title)							
that all attached analytical data are correct and unless noted meet all requirements of the	National Environmental Laboratory	Accreditation Converence (NEL	AC).					
Signature:	Date:	09/03/2021						
* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failture to sample, and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates & locations for each quarter.								
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)								
COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach not	tes as necessary)							
Sample Collection & Analysis Satisfactory: Yes No	Replacement Sample or R	eport Requested (circle or highl	ight group(s) above)					
Person Notified:Date Notified:	DEP/DOH Reviewing	Official:						

3/6

216

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

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35652154001

PWS ID (From Page 1): 6511859

0	0					A 1 () .				
Contam	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate as N	10	mg/L	4.1		EPA 353.2	0.025	08/04/2021	09:57	E83079
1041	Nitrite as N	1	mg/L	0.025	U	EPA 353.2	0.025	08/04/2021	09:57	E83079
1005	Arsenic	0.010	mg/L	0.00050	U	EPA 200.8	0.00050	08/10/2021	09:51	E83079
1010	Barium	2	mg/L	0.0062	U	EPA 200.7	0.0062	08/10/2021	18:03	E83079
1015	Cadmium	0.005	mg/L	0.00067	U	EPA 200.7	0.00067	08/10/2021	01:57	E83079
1020	Chromium	0.1	mg/L	0.0026	U	EPA 200.7	0.0026	08/10/2021	18:03	E83079
1024	Cyanide	0.2	mg/L	0.0050	U	EPA 335.4	0.0050	08/15/2021	13:40	E83079
1025	Fluoride	4.0	mg/L	0.080		EPA 300.0	0.015	08/20/2021	20:42	E83079
1030	Lead	0.015	mg/L	0.00046	1	EPA 200.8	0.00022	08/10/2021	09:51	E83079
1035	Mercury	0.002	mg/L	0.000090	U	EPA 245.1	0.000090	08/19/2021	13:23	E83079
1036	Nickel	0.1	mg/L	0.0020	U	EPA 200.7	0.0020	08/10/2021	18:03	E83079
1045	Selenium	0.05	mg/L	0.00083	U	EPA 200.8	0.00083	08/10/2021	09:51	E83079
1052	Sodium	160	mg/L	8.17		EPA 200.7	0.59	08/10/2021	18:03	E83079
1074	Antimony	0.006	mg/L	0.00021	U	EPA 200.8	0.00021	08/10/2021	09:51	E83079
1075	Beryllium	0.004	mg/L	0.00058	U	EPA 200.7	0.00058	08/10/2021	18:03	E83079
1085	Thallium	0.002	mg/L	0.00050	U	EPA 200.8	0.00050	08/10/2021	09:51	E83079
1094	Asbestos	7 MFL	MFL							

21

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

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35652154001

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.0072	U	EPA 200.8	0.0072	08/10/2021	09:51	E83079
1017	Chloride	250	mg/L	11.7		EPA 300.0	2.5	08/20/2021	20:42	E83079
1022	Copper	1	mg/L	0.0122		EPA 200.8	0.00093	08/10/2021	09:51	E83079
1025	Fluoride	2.0	mg/L	0.080		EPA 300.0	0.015	08/20/2021	20:42	E83079
1028	Iron	0.3	mg/L	0.0363	I	EPA 200.7	0.016	08/10/2021	18:03	E83079
1032	Manganese	0.05	mg/L	0.0027	U	EPA 200.7	0.0027	08/10/2021	18:03	E83079
1050	Silver	0.1	mg/L	0.0033	U	EPA 200.7	0.0033	08/10/2021	18:03	E83079
1055	Sulfate	250	mg/L	5.8		EPA 300.0	2.5	08/20/2021	20:42	E83079
1095	Zinc	5	mg/L	0.0153	1	EPA 200.7	0.0076	08/10/2021	18:03	E83079
1905	Color	15	units	5.0	U	SM2120B-01	5.0	08/04/2021	18:15	E83079
1920	Odor	3	TON	2.0		SM 2150B	1.0	08/03/2021	11:30	E84129
1925	рН	6.5 - 8.5	Std. Units	6.7	Q	EPA 150.1	0.10	08/23/2021	14:21	E84129
1930	Total Dissolved Solids	500	mg/L	177		SM 2540C	5.0	08/05/2021	14:43	E84129
2905	Foaming Agents	0.5	mg/L	0.099	U	SM 5540C	0.099	08/04/2021	08:45	E83079



DISINFECTION BYPRODUCTS 62-550.310(3)

Report Number / Job ID: <u>35652154001</u>

Disinfect Residual (mg/L): .89

PWS ID (From Page 1): 6511859

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

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					2.0			
2451	Dichloroacetic Acid	N/A	ug/L					1.0			
2452	Trichloroacetic Acid	N/A	ug/L					1.0			
2453	Monobromoacetic Acid	N/A	ug/L					1.0			
2454	Dibromoacetic Acid	N/A	ug/L					1.0			
2456	Total Haloacetic Acids (HAA5)	60	ug/L								

	Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
] ۱	2941	Chloroform	N/A	ug/L	0.37	U	EPA 524.2	0.37	1.0	08/13/2021	14:05	E83079
	2942	Bromoform	N/A	ug/L	0.35	U	EPA 524.2	0.35	1.0	08/13/2021	14:05	E83079
) [2943	Bromodichloromethane	N/A	ug/L	0.37	U	EPA 524.2	0.37	1.0	08/13/2021	14:05	E83079
	2944	Dibromochloromethane	N/A	ug/L	0.47	U	EPA 524.2	0.47	1.0	08/13/2021	14:05	E83079
	2950	Total Trihalomethanes (ттнм)	80	ug/L	0.47	U	EPA 524.2	0.47		08/13/2021	14:05	E83079

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

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

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

Page 5 of 10

*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.



^{***} 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.

RADIONUCLIDES 62-550.310(6)

Report Number / Job ID: 35652154001

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15	pCi/L					3				
4002	Gross Alpha (Incl Uranium)	***	pCi/L	2.90	U	EPA 900.0	2.90	3	1.42	08/20/2021	17:40	E87683
4006	Combined Uranium****	20	pCi/L					.67				
4000	(U-234, U-235, & U-238)	30	ug/L	0.28		EPA 200.8	0.19	1		08/10/2021	09:51	E83079
4020	Radium-226	5	pCi/L	0.705	U	EPA 903.1	0.705	1	0.514	08/19/2021	12:18	E87683
4030	Radium-228	3	POIL	0.710	U	EPA 904.0	0.710	1	0.320	08/18/2021	14:18	E87683

- If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15pCi/L. If the result for ID 4002 Gross Alpha (Including Uranium) does not exceed 15pCi/L, Combined Uranium need not be measured nor reported.
- **** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

VOLATILE ORGANICS 62-550.310(4)(a)

Report Number / Job ID: 35652154001

PWS ID (From Page 1): 6511859

	F W3 ID (From Page 1). 0311039										
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.35	U	EPA 524.2	0.35	0.5	08/13/2021	14:05	E83079
2380	cis-1,2-Dichloroethylene	70	ug/L	0.33	U	EPA 524.2	0.33	0.5	08/13/2021	14:05	E83079
2955	Xylenes (total)	10,000	ug/L	0.11	U	EPA 524.2	0.11	0.5	08/13/2021	14:05	E83079
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	08/13/2021	14:05	E83079
2968	o-Dichlorobenzene	600	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/13/2021	14:05	E83079
2969	para-Dichlorobenzene	75	ug/L	0.30	U	EPA 524.2	0.30	0.5	08/13/2021	14:05	E83079
2976	Vinyl chloride	1	ug/L	0.12	U	EPA 524.2	0.12	0.5	08/13/2021	14:05	E83079
2977	1,1-Dichloroethylene	7	ug/L	0.29	U	EPA 524.2	0.29	0.5	08/13/2021	14:05	E83079
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	08/13/2021	14:05	E83079
2980	1,2-Dichloroethane	3	ug/L	0.30	U	EPA 524.2	0.30	0.5	08/13/2021	14:05	E83079
2981	1,1,1-Trichloroethane	200	ug/L	0.27	U	EPA 524.2	0.27	0.5	08/13/2021	14:05	E83079
2982	Carbon tetrachloride	3	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/13/2021	14:05	E83079
2983	1,2-Dichloropropane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	08/13/2021	14:05	E83079
2984	Trichloroethylene	3	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/13/2021	14:05	E83079
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/13/2021	14:05	E83079
2987	Tetrachloroethylene	3	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/13/2021	14:05	E83079
2989	Monochlorobenzene	100	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/13/2021	14:05	E83079
2990	Benzene	1	ug/L	0.40	U	EPA 524.2	0.40	0.5	08/13/2021	14:05	E83079
2991	Toluene	1,000	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/13/2021	14:05	E83079
2992	Ethylbenzene	700	ug/L	0.23	U	EPA 524.2	0.23	0.5	08/13/2021	14:05	E83079
2996	Styrene	100	ug/L	0.20	U	EPA 524.2	0.20	0.5	08/13/2021	14:05	E83079

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



SYNTHETIC ORGANICS 62-550.310(4)(b)

Report Number / Job ID: 35652154001

PWS ID (From Page 1): 6511859

0	0 1											
Contam	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical	Lab	RDL	Extraction	Analysis	Analysis	DOH Lab
						Method	MDL		Date	Date	Time	Certification #
2005	Endrin	2	ug/L	0.0024	U	EPA 525.3	0.0024	0.01	08/10/2021	08/11/2021	20:05	E83079
2010	Lindane	0.2	ug/L	0.0028	U	EPA 525.3	0.0028	0.02	08/10/2021	08/11/2021	20:05	E83079
2015	Methoxychlor	40	ug/L	0.024	U	EPA 525.3	0.024	0.1	08/10/2021	08/11/2021	20:05	E83079
2020	Toxaphene	3	ug/L	0.70	U	EPA 505	0.70	_ 1	08/11/2021	08/12/2021	04:25	E83079
2031	Dalapon	200	ug/L	0.23	U	EPA 515.3	0.23	1	08/10/2021	08/15/2021	03:10	E83079
2032	Diquat	20	ug/L	0.16	U	EPA 549.2	0.16	0.4	08/06/2021	08/07/2021	00:19	E83079
2033	Endothall	100	ug/L	3.3	U	EPA 548.1	3.3	9	08/03/2021	08/04/2021	19:27	E83079
2034	Glyphosate	700	ug/L	4.2	U	EPA 547	4.2	6	08/12/2021	08/12/2021	23:05	E83079
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.36	U	EPA 525.3	0.36	0.6	08/10/2021	08/11/2021	20:05	E83079
2036	Oxamyl (Vydate)	200	ug/L	0.46	U	EPA 531.2	0.46	2	08/11/2021	08/11/2021	19:47	E83079
2037	Simazine	4	ug/L	0.040	U	EPA 525.3	0.040	0.07	08/10/2021	08/11/2021	20:05	E83079
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.47	U	EPA 525.3	0.47	0.6	08/10/2021	08/11/2021	20:05	E83079
2040	Picloram	500	ug/L	0.040	U	EPA 515.3	0.040	0.1	08/10/2021	08/15/2021	03:10	E83079
2041	Dinoseb	7	ug/L	0.16	U	EPA 515.3	0.16	0.2	08/10/2021	08/15/2021	03:10	E83079
2042	Hexachlorocyclopentadinene	50	ug/L	0.025	U	EPA 525.3	0.025	0.1	08/10/2021	08/11/2021	20:05	E83079
2046	Carbofuran	40	ug/L	0.59	U	EPA 531.2	0.59	0.9	08/11/2021	08/11/2021	19:47	E83079
2050	Atrazine	3	ug/L	0.015	U	EPA 525.3	0.015	0.1	08/10/2021	08/11/2021	20:05	E83079
2051	Alachlor	2	ug/L	0.030	U	EPA 525.3	0.030	0.2	08/10/2021	08/11/2021	20:05	E83079
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L					0.005				
2065	Heptachlor	0.4	ug/L	0.014	U	EPA 525.3	0.014	0.04	08/10/2021	08/11/2021	20:05	E83079
2067	Heptachlor epoxide	0.2	ug/L	0.0031	U	EPA 525.3	0.0031	0.02	08/10/2021	08/11/2021	20:05	E83079
2105	2,4-D	70	ug/L	0.096	U	EPA 515.3	0.096	0.1	08/10/2021	08/15/2021	03:10	E83079
2110	2,4,5-TP (Silvex)	50	ug/L	0.053	U	EPA 515.3	0.053	0.2	08/10/2021	08/15/2021	03:10	E83079
2274	Hexachlorobenzene	1	ug/L	0.015	U	EPA 525.3	0.015	0.1	08/10/2021	08/11/2021	20:05	E83079
2306	Benzo(a)pyrene	0.2	ug/L	0.020	U	EPA 525.3	0.020	0.02	08/10/2021	08/11/2021	20:05	E83079
2326	Pentachlorophenol	1	ug/L	0.014	U	EPA 515.3	0.014	0.04	08/10/2021	08/15/2021	03:10	E83079
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.045	U	EPA 505	0.045	0.1	08/11/2021	08/12/2021	04:25	E83079
2931	Dibromochloropropane	0.2	ug/L	0.0065	U	EPA 504.1	0.0065	0.02	08/16/2021	08/17/2021	01:30	E83079
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0076	U	EPA 504.1	0.0076	0.01	08/16/2021	08/17/2021	01:30	E83079
2959	Chlordane	2	ug/L	0.036	U	EPA 505	0.036	0.2	08/11/2021	08/12/2021	04:25	E83079

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

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

Page 8 of 10

*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.



OTHER CONTAMINANTS

Report Number / Job ID: 35652154001

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Nitrogen, NO2 plus NO3	10	mg/L	4.1		EPA 353.2	0.015	08/04/2021	09:57	E83079
	PCB-1016 (Aroclor 1016)		ug/L	0.044	U	EPA 505	0.044	08/12/2021	04:25	E83079
	PCB-1221 (Aroclor 1221)		ug/L	0.033	U	EPA 505	0.033	08/12/2021	04:25	E83079
	PCB-1232 (Aroclor 1232)		ug/L	0.045	U	EPA 505	0.045	08/12/2021	04:25	E83079
	PCB-1242 (Aroclor 1242)		ug/L	0.015	U	EPA 505	0.015	08/12/2021	04:25	E83079
	PCB-1248 (Aroclor 1248)		ug/L	0.012	U	EPA 505	0.012	08/12/2021	04:25	E83079
	PCB-1254 (Aroclor 1254)		ug/L	0.037	U	EPA 505	0.037	08/12/2021	04:25	E83079
	PCB-1260 (Aroclor 1260)		ug/L	0.030	U	EPA 505	0.030	08/12/2021	04:25	E83079
	Hq		units	7.0		SM2120B-01		08/04/2021	18:15	E83079



OI.	IAI	IFI	FR	DEF	MITI	ONS

Report Number / Job ID:	35652154001
PWS ID (From Page 1):	6511859

Q: Sample held beyond the accepted holding time. Analysis initiated more than 15 minutes after sample collection.



PUBLIC WATER SYSTEM INFORMATION (to be completed by sa	
System Name: Tropical Trailer Park	.898989 PWS I.D. #: <u>6511859</u>
System Type (check one): X Community	Non-transient Non-community Transient Non-community
Address: 37407 Ray Dr	
City: Zephyrhills, FL	ZIP Code: 33541
Phone # Fax #:	
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: 35652154002 Sample Da	te: 8/3/2021 Sample Time: 8:37 AM PM (Circle One)
Sample Location (be specific): AQ 37330 Kinkaid Dr.	Location Code:
Disinfectant Residual (Required when reporting results for trihalomethanes and	haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	X Routine Compliance with 62-550 Replacement (of Invalidated Sample)
X Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site.
s	AMPLER CERTIFICATION
I, Frank Hinchman, MCL Environmental Services, LLC	Lead Operator , do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sample collection information	on is complete and correct.
Signature:	Date: 9/4/21
Certified Operator #: 0021612 Phone #:	Sampler's Fax #:
Sampler's E-mail: mclenviro@gmail.com	



Ab Name: Pace Analytical Services, LLC Florida DOH Certification #: E84128		
Lab Name: Pace Analytical Services, LLC Florida DOH Certification #:	E84129 Certification Expiration Date: 6/30/2022	
	ATTACH CURRENT DOH ANALYTE SHEET*	
Address: 5460 Beaumont Center Blvd, Tampa, FL 33634	Phone # <u>(813) 881-9401</u>	
Were any analyses subcontracted? Yes X No If yes, please provide De	OH certification numbers(s):	
b Name: Pace Analytical Services, LLC Florida DOH Certification #: E84129		
Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: E84129 Certification Expiration Date: 6/30/2022 ATTACH CURRENT DOH ANALYTE SHEET* Address: 5460 Beaumont Center Bivd, Tampa, FL 33634 Phone # (813) 881-9401 Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers(s):		
PWS ID (From Page1): 6511859 Sample Number (Fro	m Page1): <u>35652154002</u> Lab Assigned Report # or Job ID: <u>35652154002</u>	
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C	C. (Check all that apply):	
Address: 5460 Beaumont Center Blvd, Tampa, FL 33634 Phone # (813) 881-9401 Were any analyses subcontracted? Yes X No If yes, please provide DOH certification numbers(s): ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB* ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/3/2021 PWS ID (From Page1): 6511859 Sample Number (From Page1): 35652154002 Lab Assigned Report # or Job ID: 35652154002 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Inorganics Synthetic Organics Volatile Organics Disinfaction Ryproducts Radionuclides Secondaries All 30 All 21 Trihalomethanes Single Sample All 14 Partial All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Nitrate Partial All Except Dioxin Partial Chiorite Partial Chiorite Nitrate Partial Chiorite Dioxin Only Bromate Asbestos LAB CERTIFICATION I, Chelsea Gagne Project Manager do HEREBY CERT (Print Title) that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Converence (NELAC). Signature: Date: 09/03/2021 * Fallure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for fallure to sample, and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates & locations for each quarter. COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necessary) Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested (circle or highlight group(s) above		
All Except Asbestos All 30 All 21	Trihalomethanes Single Sample All 14	
Partial All Except Dioxin Partial	X Haloacetic Acids	
Nitrate Partial	Chlorite	
Nitrite Dioxin Only	Bromate	
Asbestos		
LAB CER	TIFICATION	
Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: E84129 Certification Expiration Date: 6/30/2022 ATTACH CURRENT DOH ANALYTE SHEET* Address: 5460 Beaumont Center Blvd, Tampa, FL 33634 Phone #: (813) 881-9401 Were any analyses subcontracted? Yes No. if yes, please provide DOH certification numbers(s): ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB* ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/3/2021 PWS ID (From Page1): 6511859 Sample Number (From Page1): 35652154002 Lab Assigned Report # or Job ID: 36652154002 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Inorganics Synthetic Organics Volatile Organics Disinfaction Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Partial All Except Dioxin Partial Chlorite Nitrate Partial All Except Dioxin Partial Chlorite Nitrate Partial Chlorite Bromate Asbestos LAB CERTIFICATION I, Chelsea Gagne Project Manager do HEREBY CERTIFICATION I, Project Manager do HEREBY CERTIFICATION I, Chelsea Gagne Project Manager do Hereby Certification number and a current Analyte Sheet for the attached analysis results will result in repiction of the project Manager do Hereby Certification number and a current Analyte Sheet for the attached analysis results will result in repiction of the Poort possible enforcement ag		
(Print Name)	(Print Title)	
that all attached analytical data are correct and unless noted meet all requirements of the	National Environmental Laboratory Accreditation Converence (NELAC).	
Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: E84129 Certification Expiration Date: 6/30/2022 ATTACH CURRENT DOH ANALYTE SHEET* Address: 5460 Beaumont Center Blvd, Tampa, FL 33634 Phone #: (813) 881-9401 Were any analyses subcontracted? Yes X No If yes, please provide DOH certification numbers(s): ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED Lab* ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/3/2021 PWS ID (From Page1): 6511859 Sample Number (From Page1): 35652154002 Lab Assigned Report # or Job ID: 3565215 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Inorganics Synthetic Organics Voisile Organics Disinfaction Exproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Thielomethanes Single Sample All 14 Partial All Except Dioxin Partial Chlorite Nitrate Partial Chlorite Bromate Asbestos LAB CERTIFICATION In Chelsea Gegne Project Manager do HEREBY C (Print Name) Project Manager do HEREBY C (Print Name) In Chelsea Gegne Project Manager do HEREBY C (Print Name) P		
possible enforcement against the public water system for failture to sample, and may re	t Analyte Sheet for the attached analysis results will result in rejection of the report,	
Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: E84129 Certification Expiration Date: 6/30/2022 ATTACH CURRENT DOH ANALYTE SHEET* Address: 5460 Beaumont Center Blvd, Tampa, FL 33634 Phone #: (813) 881-9401 Were any analyses subcontracted? Yes X No If yes, please provide DOH certification numbers(s): ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED Lab* ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/3/2021 PWS ID (From Page1): 6511859 Sample Number (From Page1): 35652154002 Lab Assigned Report # or Job ID: 3565215 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Inorganics Synthetic Organics Voisile Organics Disinfaction Exproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Thielomethanes Single Sample All 14 Partial All Except Dioxin Partial Chlorite Nitrate Partial Chlorite Bromate Asbestos LAB CERTIFICATION In Chelsea Gegne Project Manager do HEREBY C (Print Name) Project Manager do HEREBY C (Print Name) In Chelsea Gegne Project Manager do HEREBY C (Print Name) P		
Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: E84129		
Person Notified: Date Notified:	DEP/DOH Reviewing Official:	

325

DISINFECTION BYPRODUCTS 62-550.310(3)

Report Number / Job ID: 35652154002

Disinfect Residual (mg/L): .89

PWS ID (From Page 1): 6511859

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

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	0.90	U	EPA 552.3	0.90	2.0	08/12/2021	08:21	E83079
2451	Dichloroacetic Acid	N/A	ug/L	1.4		EPA 552.3	0.24	1.0	08/12/2021	08:21	E83079
2452	Trichloroacetic Acid	N/A	ug/L	0.26	U	EPA 552.3	0.26	1.0	08/12/2021	08:21	E83079
2453	Monobromoacetic Acid	N/A	ug/L	0.29	U	EPA 552.3	0.29	1.0	08/12/2021	08:21	E83079
2454	Dibromoacetic Acid	N/A	ug/L	0.43	U	EPA 552.3	0.43	1.0	08/12/2021	08:21	E83079
2456 Total Haloacetic Acids (HAA5		60	ug/L	1.4		EPA 552.3	0.90		08/12/2021	08:21	E83079

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					1.0			
2942	Bromoform	N/A	ug/L					1.0			
2943	Bromodichloromethane	N/A	ug/L					1.0			
2944	Dibromochloromethane	N/A	ug/L					1.0			
2950	Total Trihalomethanes (ттнм)	80	ug/L								

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

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

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

Page 3 of 3

*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.

^{***} 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.

UTILITY NAME:

n fir

A Utility INC

YEAR OF REPORT DECEMBER 31, 2020

SYSTEM NAME:

PUMPING AND PURCHASED WATER STATISTICS

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 600's)
January_February_ March April May_ June_ July_ August September October_ November December_ Total for Year_		248570 3 84,924 465,806 421,000 305,917 245,643 218,240 176,493 156,220 229,810 229,810 246,950 3,345,703	8		248570 384,924 465,306 421,000 305,917 245,643 218,240 196,493 156,220 226,130 246,950
If water is purchased f Vendor Point of delivery If water is sold to othe		\sim	mes of such utilities	below:	

MAINS (FEET)

Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
	of	of First of	of First of Added	of First of Added or

W-4

Answers 70 #8



See page 4 for instructions.

			/Year of: December 202	20												
A.	Public Water System (P															
	PWS Name: Tropical 1	Park Water Sys					PWS I	dentification N	umber: 6511859							
	The state of the s	Community	Non-Transient Non-C	ommunity	Transie	nt Non-Community	Consecutive	7e								
	Number of Service Co	nnections at E	nd of Month: 118			Total Population Se	rved at End of M	onth: 236								
	PWS Owner: A Utility	, Inc.														
	Contact Person: Troy l	Fonder				Contact Person's Tit	le: Asst. Manage	r HMI								
	Contact Person's Maili	ng Address: P.	.O. Box 669			City: Zephyrhills		State: F1	Zip Code: 33539-0669							
	Contact Person's Teler	hone Number	: 813-780-8503			Contact Person's Fa	x Number: N/A	1	1							
	Contact Person's E-Ma	il Address: ho	usingmanagementinc@yah	ioo.com												
B.	Water Treatment Plant I	nformation	7.													
	Plant Name: Tropical	Park Water Sy	stem - West Well				Plant T	relephone Num	ber: 813-780-8503							
	Plant Address: 37407	Ray Drive				City: Zephyrhills	State:		Zip Code: 33542							
	Type of Water Treated	l by Plant:	Raw Ground Water	Purchased	Finished V		1									
	Permitted Maximum I	Day Operating	Capacity of Plant, gallons p	per day: N/A												
	Plant Category (per su					Plant Class (per sub	section 62-699.3	10(4), F.A.C.):	D							
	Licensed Operators		Plant Class (per subsection 62-699.310(4), F.A.C.): D Name License Class License Number Day(s)/Shift(s) Worked													
	Lead/Chief Operator:	Frank Hinchman	1		С	0021612	2 days per week		ninutes to 20 mintues per each day							
	Other Operators:						Jopes	, approximately of it	initials to 20 manage per vacar day							
	Omor Operators.															
								-								
	I. Certification by Lea															
I, t	he undersigned water tre	atment plant o	perator licensed in Florida,	am the lead/chi	ief operator	r of the water treatme	nt plant identifie	d in Part I of thi	is report. I certify that the							
inf	ormation provided in this	s report is true	and accurate to the best of	my knowledge	and belief.	I certify that all drin	king water treatn	nent chemicals	used at this plant conform to							
NS	F International Standard	60 or other ap	plicable standards reference	ed in subsection	n 62-555,3	20(3), F.A.C. I also o	ertify that the fol	llowing addition	nal operations records for this							
pla	nt were prepared each da	ry that a licens	ed operator staffed or visite	ed this plant dur	ring the mo	nth indicated above:	(1) records of am	ounts of chemic	cals used and chemical feed							
rate	es; and (2) if applicable,	appropriate tre	atment process performanc	e records. Furt	thermore, I	agree to provide thes	se additional oper	rations records t	to the PWS owner so the PWS							
ow	ner can retain them, toge	einer with copi	es of this report, at a conver	nient location fo	or at least t	en years.										
	/ 1/ h		10.00.00	Emanda III.				0001610								
-	TWANT		12/31/2020	Frank Hinchm				0021612								
2	ignature and Date			Printed or Typ	ed Name			License N	umber							



PWS	Identifi	cation N	ımber: 65118	859		Plant Na	me: Tropi	cal Par	k Water S	ystem - V	Vest Wel	1		
III. I	aily Da	ta for th	e Month/Ye	ar of: Dece	ember 2020									
Mean	s of Ach	ieving F	our-Log Viru	s Inactivation	on/Removal: *	Free	Chlorine		Chlorine	Dioxide	ПС)zone	Combin	ed Chlorine (Chloramines)
🗌 VI	traviolet	Radiatio	on 🗌 Otl	her (Describ	e):									ou smarme (omorammos)
Туре	of Disin	fectant R	esidual Mair		istribution Syst		Free Chle	orine	Con	nbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
				C	T Calculations, or	UV Dose, to De	monstrate Fe	our-Log	Virus Inactiv	ation, if Ap	plicable*			
	Days				_	CT Calcul					UV	Dose		
= =	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided			"			Lowest Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First		1	Minimum		Minimum	Concentration	
D 0	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		CT	Operating		at Remote	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if		UV Dose, mW-		Point in	Conditions; Repair or Maintenance Work that
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	oC water,	Applicable	mg- min/L	sec/cm ²	mW- sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
1		24	8066							21111112	See on	Booretti	Gysteric ing L	Out of operation
2		24	8067											
3	X	24	8067										1.00	
4		24	7535											
5		24	7535 7535	ļ				-						
7	X	24	7535					-					1.04	
8	- 1	24	7046			 							1.04	
9		24	7047											
10	X	24	7047										.99	
11		24	7140											
12		24	7140											
13		24	7140											
14	X	24	7140					-					1.00	
16		24	7260 7260					-						
17	X	24	7260										.76	
18	- 11	24	7605					 					.76	
19		24	7605											
20		24	7605											
21	X	24	7605										.80	
22		24	8346											
23	37	24	8347											
24	X	24	8347 7947								-		.86	
26		24	7947					-						
27		24	7948											
28	X	24	7948										.90	
29		24	11293											
30		24	11293											
31	X	24	11294										.90	
Total			246950	4										
Avera	е		7966.13											



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

230

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

P	PWS Identification Number: 6511859 Plant Name: Tropical Park Water System	
Г	V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2020	
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, % [†] =	
В.	mmary of Use of Polymer Containing Aerylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2020 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 vs: mer Dose, ppm = Acrylamide Level, %† = polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the mer are as follows: mer Dose, ppm = Epichlorohydrin Level, %† = viron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: of Sequestrant (polyphosphate or sodium silicate):	
	polymer are as follows:	
C.		
	Type of Sequestrant (polyphosphate or sodium silicate):	
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =	

DEP Form 62-555.900(3)Alternate

^{*} 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.

25

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are <u>not</u> considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555,900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							N	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.



DEP Form 62-555,900(3)Alternate Page 5

(N)

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

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)					2-01	
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							V,	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30



See page 4 for instructions.

_	1 0						
		for the Month/Year of: December 202	20				
A. I	Public Water System (PV	WS) Information					
	PWS Name: Tropical I	Park Water System			PWS Identi	fication Nun	nber: 6511859
	PWS Type:	Community Non-Transient Non-C	ommunity Transie	nt Non-Community	Consecutive		
	Number of Service Con	nnections at End of Month: 118		Total Population Se	erved at End of Month:	236	
	PWS Owner: A Utility	Inc.		***************************************			
	Contact Person: Troy I	Fonder		Contact Person's Ti	tle: Asst. Manager, A	Utility, Inc.	
	Contact Person's Maili	ng Address: P.O. Box 669		City: Zephyrhills		ate: Fl	Zip Code: 33539-0669
	Contact Person's Telep	ohone Number: 813-780-8503		Contact Person's Fa	x Number: N/A		
	Contact Person's E-Ma	ail Address: housingmanagementinc@yah	oo.com				
В. У	Water Treatment Plant I	nformation					
	Plant Name: Tropical I	Park Water System - East Well		· · · · · · · · · · · · · · · · · · ·	Plant Telep	hone Numbe	er: 813-780-8503
	Plant Address: 37407]	Ray Drive		City: Zephyrhills	State: F1		Zip Code: 33542
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished				-
	Permitted Maximum D	Day Operating Capacity of Plant, gallons p	per day: N/A				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per sul	osection 62-699.310(4)	, F.A.C.): D	
	Licensed Operators	Name	License Class	License Number		ay(s)/Shift(s)	
	Lead/Chief Operator:	Frank Hinchman	С	0021612			utes to 20 minutes per each day
	Other Operators:						▲
	оши оришин						
		V611 4 6					
	. Certification by Lead				1 2 2 2 2 2 2	and the	
I, th	e undersigned water tre	atment plant operator licensed in Florida,	am the lead/chief operator	r of the water treatme	ent plant identified in F	Part I of this i	report. I certify that the
info	rmation provided in this	s report is true and accurate to the best of	my knowledge and belief.	I certify that all dri	nking water treatment	chemicals us	ed at this plant conform to
NSI	International Standard	60 or other applicable standards reference	ed in subsection 62-555.3	20(3), F.A.C. I also	certify that the follows	ng additional	operations records for this
plar	it were prepared each da	ay that a licensed operator staffed or visite	ed this plant during the mo	nth indicated above:	(1) records of amount	s of chemical	Is used and chemical feed
rate	s; and (2) if applicable,	appropriate treatment process performance	ce records. Furthermore, 1	agree to provide the	se additional operation	is records to	the PWS owner so the PWS
owi	lei can retain them, toge	ether with copies of this report, at a conve	ment location for at least t	en years.			
	(11/2)	4848	Frank Hinchman			0021612	
-	gnature and Date	12/31/2020					
31	gnature and Date		Printed or Typed Name			License Nur	nber

DEP Form 62-555.900(3)Alternate Page 1

PWS	Identifi	cation N	umber: 65118	359		Plant Na	me: Tropi	cal Par	k Water S	System - E	East Well			
			e Month/Ye											
		ieving Fo		s Inactivation her (Describ	on/Removal: * oe):	Free	Chlorine		Chlorine	Dioxide		Ozone	Combin	ed Chlorine (Chloramines)
Type	of Disin	fectant R	esidual Main	tained in D	istribution Syst	em:	Free Chk	orine	Co	mbined C	hlorine (Chlorami	ines)	Chlorine Dioxide
					T Calculations, or				Virus Inacti	vation, if A	pplicable*			Sincial Biolago
	Days					CT Calcui	lations					Dose		
the Month	Plant Staffed or Visited by Operator (Place "X")	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	mg-	Operating	Minimum UV Dose Required, mW- sec/cm ²	at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	0					_						
2	37	24	0					-				-		
3	X	24	0							_		-	1.00	
5	-	24	0		-			-	-	-		-		
6		24	0			<u> </u>		-		-		-		
7	X	24	0					-				-	1.04	
8	- 1	24	0							-	-	-	1.04	
9		24	0					+		1	 	-		
10	X	24	0					-			1		.99	
11		24	0							1				
12		24	0								1			
13		24	0											
14	X	24	0										1.00	
15		24	0											
16		24	0											
17	X	24	0										.76	
18		24	0										4	
19		24	0											
20		24	0							-				
21	X	24	0		1			-					.80	
22		24	0			 				-	-	-		
24	X	24	0		+	-	-	-		-		-	00	
25		24	0					1		_	-	-	.86	
26	-	24	0		+	 		+	-	-		-		
27		24	0		†	 		 		!			-	
28	X	24	0			l		1		+			.90	
29	1	24	0					1					1.00	
30		24	0											
31	X	24	0										.90	
Total	2011		0			110					,	*		,
Avera	ge		0.0											



Maximum 0

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

PWS Identification Number: 6511859	Plant Name: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Po	olymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2020
A. Is any polymer containing the monomer acrylamide used at the	te 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 treatm	ent plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silic	
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.

2

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555.900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							W	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							N	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30



DEP Form 62-555.900(3)Alternate Page 6





See page 4 for instructions.

	1-8								
			/Year of: November 20	020					
A.]	Public Water System (P	WS) Informati	on						
	PWS Name: Tropical I	Park Water Sy					PWS	Identification Nu	ımber: 6511859
	PWS Type:	Community	Non-Transient Non-	Community	☐ Transie	nt Non-Community	☐ Consecuti	ve	
	Number of Service Co	nnections at E	nd of Month: 118			Total Population S	erved at End of N	Month: 236	
	PWS Owner: A Utility	, Inc.							
	Contact Person: Troy 1	Fonder				Contact Person's T:	itle: Asst. Manag	er HMI	
	Contact Person's Maili	ng Address: P	O. Box 669			City: Zephyrhills		State: F1	Zip Code: 33539-0669
	Contact Person's Telep	hone Number	813-780-8503			Contact Person's Fa	ax Number: N/A		
	Contact Person's E-Ma	il Address: ho	usingmanagementinc@ya	hoo.com					
В.	Water Treatment Plant I	nformation							
	Plant Name: Tropical	Park Water Sy	stem - West Well				Plant	Telephone Num	ber: 813-780-8503
	Plant Address: 37407	Ray Drive				City: Zephyrhills	State:	: F1	Zip Code: 33542
	Type of Water Treated	by Plant:	Raw Ground Water	Purch	nased Finished V	Water			
	Permitted Maximum I	Day Operating	Capacity of Plant, gallons	per day: N/	/A				
	Plant Category (per su					Plant Class (per su	bsection 62-699.3	310(4), F.A.C.): 1	D
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift(
	Lead/Chief Operator:	Frank Hinchman			С	0021612	2 days per weel	k, approximately 5 m	inutes to 20 mintues per each day
	Other Operators:								
		-							
	I. Certification by Lea								
NS plan rate	ormation provided in this F International Standard nt were prepared each da es; and (2) if applicable,	s report is true 60 or other ap ay that a licens appropriate tre	plicable standards referen ed operator staffed or visi	f my knowle ced in subse ted this plan ice records.	edge and belief. ection 62-555.33 at during the mo Furthermore, I ion for at least t	I certify that all dri 20(3), F.A.C. I also onth indicated above agree to provide the	nking water treat certify that the fo (1) records of ar	ment chemicals of ollowing addition mounts of chemic	s report. I certify that the used at this plant conform to nal operations records for this cals used and chemical feed the PWS owner so the PWS
0	ignature and Date								1
3	ignature and Date			Printed of	r Typed Name			License N	umber

LPWS	Identifi	cauon Ni	umber: 65113	839		Plant Na	me: Tropi	cal Par	k Water S	ystem - V	Vest Wel			
III. I	Daily Da	ita for th	e Month/Ye	ar of: Nov	ember 2020									
					on/Removal: *	Free	Chlorine		Chlorine	Diovide	По	zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ			Omornio	_	Cinorine	DIOXIGO		2.0110		ed Chlorine (Chloranines)
					istribution Syst	am: 🗸	Free Chle			mbined C	1-1 amin a //	Oh Lamana i		Chlorine Dioxide
1,470	OI 1718III	T CCIAIT IX	esiduai iviaii		T Calculations, or				Vieno In action	nomed C	morme (Uniorami	nes)	Chionne Dioxide
	Days				1 Carculations, Of	CT Calcul		Jui-Log	viius macur	vation, it At		Dose		
	Plant					C r Cutcu	Lowest CT				ÇV.	Dose	Lowest	
-1 -	Staffed				Lowest Residual	Disinfectant	Provided			3 11 11 11		1	Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited		No. Committee		Concentration	(T) at C	at First			Minimum			Concentration	
Day of	Operator Description	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	CT Required,	UV Dose,	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable		sec/cm ²		System, mg/L	Out of Operation
1		24	7110											
2	X	24	7110										.91	
3		24	0											
4		24	0											
5	X	24	0										.93	
6		24	0											
7		24	0											
9	X	24	0		-			_			-		00	Pol III II I
10		24	0							 		-	.96	Replaced bladder tank due to leak
11		24	0			 								
12	Х	24	640					_		1			.89	
13		24	0					-						
14		24	0											
15		24	0											
16	X	24	0										.93	
17		24	50											
18		24	0											
19	X	24	0							-			.95	
20		24	0											
22		24	0		-			-	-	-	-			
23	X	24	0									-	.97	
24		24	0							 			.37	
25		24	0					1		1				
26		24	0							1				
27	X	24	0										1.01	
28		24	0											
29		24	0											
30	X	24	0								1		1.02	
31	L	24	0											
Total		-	14910											
Averag			480.97	-										

Page 2

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

PWS Identification Number: 6511859	Plant Name: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Po	lymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * November 2020
A. Is any polymer containing the monomer acrylamide used at the	e 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 treatme	nt plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silica	
If sodium silicate is used, the amount of added plus naturally of	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.

24

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555.900(3)Alternate Page 4

end of these instructions lists appropriate T_{10}/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T_{10}/T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0

DEP Form 62-555.900(3)Alternate Page 5

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

		0.7					N	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

			Water Temperature (°C)													
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

	F **G* * * **** ***********************						
	General Information for the Month/Year of: Nov	ember 2020					
	Public Water System (PWS) Information						
	PWS Name: Tropical Park Water System				PWS Id	lentification N	umber: 6511859
	PWS Type: Community Non-Transie	nt Non-Community	☐ Transier	nt Non-Community	Consecutive	e	
	Number of Service Connections at End of Month: 118			Total Population Se	rved at End of Mo	onth: 236	
	PWS Owner: A Utility, Inc.			*			
	Contact Person: Troy Fonder			Contact Person's Ti	tle: Asst. Manager	, A Utility, Inc).
	Contact Person's Mailing Address: P.O. Box 669			City: Zephyrhills		State: F1	Zip Code: 33539-0669
	Contact Person's Telephone Number: 813-780-8503			Contact Person's Fa	x Number: N/A		
	Contact Person's E-Mail Address: housingmanagemen	tinc@yahoo.com					
B. W	Water Treatment Plant Information						
[Plant Name: Tropical Park Water System - East Well				Plant T	elephone Num	ber: 813-780-8503
ſ	Plant Address: 37407 Ray Drive			City: Zephyrhills	State: F		Zip Code: 33542
	Type of Water Treated by Plant: Raw Ground	Water Purch	ased Finished V	Vater			
	Permitted Maximum Day Operating Capacity of Plant	gallons per day: N/	'A				
	Plant Category (per subsection 62-699.310(4), F.A.C.)	: V		Plant Class (per sul	section 62-699.31	0(4), F.A.C.):	D
	Licensed Operators Name		License Class	License Number		Day(s)/Shift	
	Lead/Chief Operator: Frank Hinchman		С	0021612	2 days per week.		ninutes to 20 minutes per each day
	Other Operators:					11	,
- 1	The state of the s						
- 1							
- 1							
- 1							
- 1							
- 1							
11	C I'm C LI LOUI CO						
	Certification by Lead/Chief Operator						
1, the	e undersigned water treatment plant operator licensed in	i Florida, am the lea	d/chief operator	of the water treatme	ent plant identified	in Part I of thi	s report. I certify that the
MOD							
Nor	rmation provided in this report is true and accurate to the	e best of my knowle	edge and belief.	I certify that all dri	iking water treatm	ent chemicals	used at this plant conform to
	Finternational Standard 60 or other applicable standards	referenced in subse	ection 62-555.32	20(3), F.A.C. I also	certify that the foll	lowing addition	nal operations records for this
plane	Finternational Standard 60 or other applicable standards at were prepared each day that a licensed operator staffe	s referenced in subse d or visited this plan	ection 62-555.32 It during the mo	20(3), F.A.C. I also nth indicated above:	certify that the foll (1) records of amo	lowing addition ounts of chemic	nal operations records for this cals used and chemical feed
rates	Finternational Standard 60 or other applicable standards at were prepared each day that a licensed operator staffe s, and (2) if applicable, appropriate treatment process pe	s referenced in subset d or visited this plan erformance records.	ection 62-555.32 at during the more Furthermore, I	20(3), F.A.C. I also nth indicated above: agree to provide the	certify that the foll (1) records of amo	lowing addition ounts of chemic	nal operations records for this cals used and chemical feed
rates	Finternational Standard 60 or other applicable standards at were prepared each day that a licensed operator staffe	s referenced in subset d or visited this plan erformance records.	ection 62-555.32 at during the more Furthermore, I	20(3), F.A.C. I also nth indicated above: agree to provide the	certify that the foll (1) records of amo	lowing addition ounts of chemic	nal operations records for this cals used and chemical feed
rates	Finternational Standard 60 or other applicable standards at were prepared each day that a licensed operator staffe s, and (2) if applicable, appropriate treatment process pe	s referenced in subset d or visited this plan erformance records. t a convenient locati	ection 62-555.32 at during the more Furthermore, I ion for at least to	20(3), F.A.C. I also nth indicated above: agree to provide the	certify that the foll (1) records of amo	lowing addition ounts of chemic	nal operations records for this cals used and chemical feed

348

176

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

PWS	Identifi	cation N	umber: 65118	359		Plant Na	me: Tropi	cal Par	k Water S	y <mark>stem - E</mark>	East Well			
III. I	Daily Da	ita for th	e Month/Ye	ar of: Nov	ember 2020									
Mean	s of Ach	ieving F	our-Log Viru	s Inactivation	on/Removal: *	Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ										
Type	of Disin	fectant R	esidual Main		istribution Syst		Free Chle				hlorine (Chlorami	nes)	Chlorine Dioxide
				С	T Calculations, or			our-Log	Virus Inacti	vation, if A	pplicable*			
	Days					CT Calcul				,	UV	Dose		
the Month	Plant Staffed or Visited by Operator (Place "X")		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.	pH of Water, if Applicable	CT Required, mg-	Lowest Operating UV Dose, mW- sec/cm²	UV Dose	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	0											
3	X	24	7156										.91	
4		24	7157		-			-						
5	X	24	7157					-		-	-		.93	
6	Α	24	7992										.55	
7		24	7992											
8		24	7993											
9	X	24	7993										.96	
10		24	6433											
11		24	6433											
12	X	24	6434										.89	
13		24	7025		-									
14		24	7025					-			-			
16	X	24	7025 7025		-			-					00	
17		24	7143					-		-	1		.93	
18		24	7143		1	-	-	-			-		-	
19	X	24	7144										.95	
20		24	7252											
21		24	7252											
22		24	7253											
23	X	24	7253										.97	
24		24	8190											
25		24	8190											
26		24	8190					-						
27	X	24	8190		-			-					1.01	
28	-	24	9060		ļ			-			-	-		
30	X	24	9060 9060		-	-		+		-	-	-	1.02	
31	_^	24	0		-			+					1.02	
Total			211220										1	
Averag	e		6813.55	1										
			0010100	1										

DEP Form 62-555.900(3)Alternate

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

PWS Identification Number: 6511859 Plant Na	nme: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Polymer Co	ontaining Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * November 2020
A. Is any polymer containing the monomer acrylamide used at the water tre	eatment 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 war	ter treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
polymer are as follows:	
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
C. Is any iron or manganese sequestrant used at the water treatment plant?	No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO	
If sodium silicate is used, the amount of added plus naturally occurring	silicate, in mg/L as $SiO_2 =$



DEP Form 62-555.900(3)Alternate

Page 3

^{*} 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.

64E

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are <u>not</u> considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T_{10}/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555.900(3)Atternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

Inactivation (Log)	Water Temperature (°C)															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20,6	19.2	17.8	16.4	15.0



Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

		for the Month/Year of: October 2020											
A. I	Public Water System (P												
	PWS Name: Tropical I				PWS Ident	ification Nur	nber: 6511859						
		Community Non-Transient Non-C	Community	ient Non-Community	Consecutive								
	Number of Service Co	nnections at End of Month: 118		Total Population Se	erved at End of Month	: 236							
	PWS Owner: A Utility	Inc.											
	Contact Person: Troy I	Fonder		Contact Person's Ti	tle: Asst. Manager HN	ΜI							
	Contact Person's Maili	ing Address: P.O. Box 669		City: Zephyrhills		ate: Fl	Zip Code: 33539-0669						
	Contact Person's Telep	phone Number: 813-780-8503		Contact Person's Fa	x Number: N/A		-1-1						
	Contact Person's E-Ma	ail Address: housingmanagementinc@yah	noo.com										
В. У	Water Treatment Plant I												
	Plant Name: Tropical 1	Park Water System - West Well			Plant Teler	phone Numbe	er: 813-780-8503						
	Plant Address: 37407	ay Drive City: Zephyrhills State: Fl Zip Code: 33542											
	Type of Water Treated	by Plant: Raw Ground Water Purchased Finished Water											
	Permitted Maximum [Day Operating Capacity of Plant, gallons	per day: N/A										
	Plant Category (per su	egory (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 Clas			Day(s)/Shift(s							
	Lead/Chief Operator:	Frank Hinchman	С	0021612			nutes to 20 mintues per each day						
	Other Operators:				= may o per meets, uppr	Charles of S Hills	take to 20 minutes per each day						
	Onior Operators.												
							-						
_													
	. Certification by Lead	d/Chief Operator											
I, th	e undersigned water trea	ed water 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											
info	rmation provided in this	ation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to ternational Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this											
NSI	International Standard	60 or other applicable standards reference	ed in subsection 62-555	.320(3), F.A.C. I also	certify that the follow	ing additiona	l operations records for this						
plar	it were prepared each da	ay that a licensed operator staffed or visite	ed this plant during the r	nonth indicated above:	(1) records of amount	ts of chemica	lls used and chemical feed						
rate	s; and (2) if applicable,	appropriate treatment process performance	ce records. Furthermore	, I agree to provide the	se additional operation	ns records to	the PWS owner so the PWS						
owr	er can retain them, toge	ether with copies of this report, at a conve	nient location for at leas	t ten years.									
	14/2	44/0/200	T 1 TT 1										
	1 JON HY	11/2/2020	Frank Hinchman			0021612							
Si	gnature and Date		Printed or Typed Name	•		License Nur	mber						



PWS	Identifi	cation N	umber: 65118	359		Plant Na	me: Tropi	cal Par	k Water S	ystem - V	Vest Wel	1		
III. I	aily Da	ta for th	e Month/Ye	ar of: Octo	ober 2020									
Mean	s of Ach	ieving Fo	our-Log Viru	s Inactivation	on/Removal: *	Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
					istribution Syst	em. X	Free Chle	orine	Co	mbined C	hloring (Chloremi	nec)	Chlorine Dioxide
1,00	OI DISHI	rootarje re	Cstddai iviaii		T Calculations, or							Ciliorallii	nes)	Cinorine Dioxide
	Days					CT Calcul		-	,		1*	Dose		
Day of the Month	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	mg-		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	5712											
2		24	5712											
3		24	5712		-									
5	x	24	5712 5712		-					-			.96	
6	Λ	24	5946		<u> </u>								.90	
7		24	5947											
8	X	24	5947										.90	
9		24	7512											
10		24	7512											
11		24	7513											
12	X	24	7513										.91	
13		24	7213											
14		24	7213		-									
15 16	X	24	7214							-	-		.78	
17		24	6915 6915					-			-			
18		24	6915		-							-		
19	Х	24	6915							 			.80	
20		24	5856										1	
21		24	5857											
22	X	24	5857										.96	
23		24	11068											
24		24	11068											
25		24	11068											
26		24	11068											
27	X	24	11068		+			-		-	-	-	.87	
29		24	8013 8013		-		-			-	-			
30	X	24	8013					-				-	.88	
31	Λ	24	7110											
Total			229810			1	1			1		1		
Averag	e		7413.23											
Marin			11060	1										



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

PWS Identification Number: 6511859 Plant Name: Tropic	al Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing E	pichlorohydrin, and Iron or Manganese Sequestrant for the Year: * October 2020
A. Is any polymer containing the monomer acrylamide used at the water treatment plan	nt? No Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	
Polymer Dose, ppm =	Acrylamide Level, $\%^{\dagger}$ =
B. Is any polymer containing the monomer epichlorohydrin used at the water treatment	t 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? \(\begin{aligned} \text{No} \end{aligned}\)	Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	
If sodium silicate is used, the amount of added plus naturally occurring silicate, in	mg/L as SiO ₂ =



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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month; and enter the maximum day net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the



end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Tem	perature	(°C)						7.5
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W	ater Tem	perature	(°C)		- 2				
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

				Mail W			V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30



DEP Form 62-555.900(3)Alternate Page 6



See page 4 for instructions.

I. General Information	for the Month/Year of: October 2020										
A. Public Water System (PV											
PWS Name: Tropical I				PWS Identification N	Jumber: 6511859						
PWS Type:	Community Non-Transient Non-C	Community Trans	sient Non-Community	Consecutive							
Number of Service Co	nnections at End of Month: 118			erved at End of Month: 236							
PWS Owner: A Utility	, Inc.										
Contact Person: Troy I	Fonder		Contact Person's T	itle: Asst. Manager, A Utility, In	c.						
Contact Person's Maili	ng Address: P.O. Box 669		City: Zephyrhills	State: Fl	Zip Code: 33539-0669						
Contact Person's Telep	phone Number: 813-780-8503		Contact Person's Fa	ax Number: N/A							
Contact Person's E-Ma	il Address: housingmanagementinc@yah	100.com									
B. Water Treatment Plant In	nformation										
Plant Name: Tropical l	Park Water System - East Well			Plant Telephone Nun	nber: 813-780-8503						
Plant Address: 37407			City: Zephyrhills	State: FI	Zip Code: 33542						
Type of Water Treated	ter Treated by Plant: 🛛 Raw Ground Water 🔲 Purchased Finished Water										
Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: N/A									
Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 62-699.310(4), F.A.C.):	D						
Licensed Operators	Name	License Cla		Day(s)/Shif							
Lead/Chief Operator:	Frank Hinchman	С	0021612	2 days per week, approximately 5							
Other Operators:											
II. Certification by Lead/Chief Operator the undersigned water 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 ates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. 11/2/2020 Frank Hinchman 0021612											
Signature and Date	1 17 007 00 0 00	Printed or Typed Nam	е	License N	Jumber						

PWS	Identific	cation N	umber: 65118	359		Plant Na	me: Tropi	cal Par	k Water S	ystem - E	East Well			
III. I	aily Da	ita for th	e Month/Ye	ar of: Oct	ber 2020									-
		ieving F t Radiatio		ıs Inactivati her (Describ	on/Removal: * oe):	Free	Chlorine		Chlorine	Dioxide		Ozone	Combin	ed Chlorine (Chloramines)
			esidual Mair	tained in D	istribution Syst	em: 🛛	Free Chl	orine	ПСо	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
					T Calculations, or									
	Days					CT Calcu					ÜV	Dose		
Day of the Month	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	at First	Temp. of Water, °C	pH of Water, if Applicable	mg-	Operating	Minimum UV Dose Required, mW- sec/cm ²	at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work tha Involves Taking Water System Components Out of Operation
1		24	0											
2		24	0											
3		24	0											
4	37	24	0									-		
5	X	24	0		-	-		-		_	_	-	.96	
7		24	0					-		-		-		
8	v	24	0		-			-			-		-00	
9	X	24	0					+			-	-	.90	
10		24	0					+		-	-	+		
11		24	0		-			-			-	-		
12	Х	24	0				_	\vdash		1	-	 	.91	
13		24	0							1			.01	
14		24	0											
15	X	24	0										.78	
16		24	0											
17		24	0											
18		24	0											
19	X	24	0										.80	
20		24	0											
21		24	0							1				
22	X	24	0								-		.96	
23		24	0		-			-						
24	_	24	0					+				ļ		
25		24	0			-		-		-				
26 27	X	24	0				-	-	-	1			.91	
28	_^	24	0					+		1			.31	
29		24	0					+					-	
30	X	24	0					1		1			.88	
31		24	0	-				1						
Total			0					-	-		-	-		
Avera	e		0.0	1										

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

PWS Identification Number: 6511859	Plant Name: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Po	lymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * October 2020
A. Is any polymer containing the monomer <u>acrylamide</u> used at the	e water treatment plant? 🛛 No 🔲 Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	
Polymer Dose, ppm =	Acrylamide Level, % [†] =
	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 treatme	ent plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silica	
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.

26/

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555.900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0

DEP Form 62-555,900(3)Alternate Page 5

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

Inactivation (Log)							W	ater Tem	perature	(°C)						
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	35
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	49

Table 6: CT Values for Inactivation of Viruses by Ozone

							N	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30







See page 4 for instructions.

-	F-0					
		for the Month/Year of: September 20)20			
A. I	Public Water System (PV	WS) Information				
	PWS Name: Tropical I	Park Water System			PWS Identification N	umber: 6511859
	PWS Type:	Community Non-Transient Non-C	Community Transie	nt Non-Community	Consecutive	
	Number of Service Con	nnections at End of Month: 118		Total Population Se	rved at End of Month: 236	
	PWS Owner: A Utility	Inc.				
	Contact Person: Troy I	Fonder		Contact Person's Ti	tle: Asst. Manager HMI	
	Contact Person's Maili	ng Address: P.O. Box 669		City: Zephyrhills	State: Fl	Zip Code: 33539-0669
	Contact Person's Telep	phone Number: 813-780-8503		Contact Person's Fa	x Number: N/A	
	Contact Person's E-Ma	nil Address: housingmanagementinc@yal	noo.com	***************************************		
В. У	Water Treatment Plant In	nformation				
	Plant Name: Tropical I	Park Water System - West Well			Plant Telephone Num	nber: 813-780-8503
	Plant Address: 37407]	Ray Drive		City: Zephyrhills	State: Fl	Zip Code: 33542
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished	Water		
	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: N/A			
	Plant Category (per sul	bsection 62-699.310(4), F.A.C.): V	•	Plant Class (per sub	osection 62-699.310(4), F.A.C.):	D
	Licensed Operators	Name	License Class		Day(s)/Shift	
	Lead/Chief Operator:	Frank Hinchman	С	0021612	2 days per week, approximately 5 r	**
	Other Operators:					*
	o and o permitted					
·						
	. Certification by Lead				DESCRIPTION OF THE PARTY OF THE	
		atment plant operator licensed in Florida,				
		s report is true and accurate to the best of				
		60 or other applicable standards reference				
		my that a licensed operator staffed or visit				
		appropriate treatment process performand			se additional operations records	to the PWS owner so the PWS
owi	ner can retain them, toge	ther with copies of this report, at a conve	ensent location for at least	en years.		
	/ / /h	A /C - 17 - C - C - C - C - C - C - C - C - C -	T 1 TT' 1		0001710	
-	TURN	9/30/2020	Frank Hinchman		0021612	
Si	gnature and Date		Printed or Typed Name		License N	lumber

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

PWS	Identifi	cation N	umber: 6511	859		Plant Na	me: Tropi	cal Par	k Water S	System - V	West Wel	1		
					tember 2020	-								
		iieving F t Radiatio		ıs Inactivati her (Descril	on/Removal: * oe):	Free	Chlorine	<u>_</u>	Chlorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
Type	of Disin	fectant R	esidual Mair	ntained in D	istribution Syst	tem:	Free Chl	orine	Co	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
					T Calculations, or	UV Dose, to De	monstrate F	our-Log						
	Days					CT Calcui	lations				UV	Dose		
Day of the Month	Plant Staffed or Visited by Operator (Place "X")		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	mg-	Operating	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 tha Involves Taking Water System Components Out of Operation
1		24	0											
2		24	40											
3	X	24	0										.92	
4		24	0											
5		24	0					-			-			
7	X	24	0		 	-		-		-	-		21	
8	^_	24	0		-			-		-	-	-	.94	
9		24	0		-	-	_	-		-	-	-		
10	X	24	0					+		+	-	-	.94	
11	Λ	24	0		-	-		-		-	 	-	.54	
12		24	0					+			_	-		
13		24	0							-	 		-	
14	X	24	0					1					.99	
15		24	0					 		1				
16		24	0			ļ		1		†				
17	X	24	0										.98	
18		24	0											
19		24	0											
20		24	0											
21	X	24	0										1.00	
22		24	0											
23		24	0											
24	X	24	0										1.03	
2.5		24	0											
26		24	0											
27		24	0											
28	X	24	0										1.00	
29		24	0											
30	X	24	0										1.09	
31		24	0											
Total			40	-										
Avera	e		1.29	-										

Page 2

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

PWS Identification Number: 6511859	Plant Name: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Po	olymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * September 2020
A. Is any polymer containing the monomer <u>acrylamide</u> used at th follows:	e water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as
Polymer Dose, ppm =	Acrylamide Level, % [†] =
B. Is any polymer containing the monomer <u>epichlorohydrin</u> used polymer are as follows:	at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
C. Is any iron or manganese sequestrant used at the water treatme	ent plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silic	
If sodium silicate is used, the amount of added plus naturally	occurring silicate, in mg/L as SiO_2 =

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

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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are <u>not</u> considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555,900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



DEP Form 62-555.900(3)Alternate Page 5

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						70
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

		for the Month/Year of: September 20)20			
A .]	Public Water System (PV					
	PWS Name: Tropical I				PWS Identification N	Tumber: 6511859
		Community Non-Transient Non-C	Community 🔲 Transie	nt Non-Community	Consecutive	
	Number of Service Con	nnections at End of Month: 118		Total Population Se	rved at End of Month: 236	
	PWS Owner: A Utility	, Inc.				
	Contact Person: Troy I	Ponder		Contact Person's Ti	tle: Asst. Manager, A Utility, In-	c.
	Contact Person's Maili	ng Address: P.O. Box 669		City: Zephyrhills	State: Fl	Zip Code: 33539-0669
	Contact Person's Telep	hone Number: 813-780-8503		Contact Person's Fa	x Number: N/A	
	Contact Person's E-Ma	il Address: housingmanagementinc@yal	hoo.com	****		
В. Т	Water Treatment Plant In	nformation				
	Plant Name: Tropical I	Park Water System - East Well			Plant Telephone Nun	aber: 813-780-8503
	Plant Address: 37407 I	Ray Drive		City: Zephyrhills	State: Fl	Zip Code: 33542
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished			
	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: N/A			
	Plant Category (per sui	bsection 62-699.310(4), F.A.C.): V	•	Plant Class (per sub	section 62-699.310(4), F.A.C.):	D
	Licensed Operators	Name	License Class	License Number	Day(s)/Shif	
	Lead/Chief Operator:	Frank Hinchman	С	0021612	2 days per week, approximately 5 i	
	Other Operators:					
		1.00				
Щ	. Certification by Lead	//Chief Operator				
I, th	ie undersigned water trea	atment plant operator licensed in Florida,	, am the lead/chief operato	r of the water treatme	nt plant identified in Part I of th	is report. I certify that the
info	ormation provided in this	s report is true and accurate to the best of	my knowledge and belief.	I certify that all drin	king water treatment chemicals	used at this plant conform to
NS.	International Standard	60 or other applicable standards reference	sed in subsection 62-555.3	20(3), F.A.C. I also	certify that the following addition	nal operations records for this
plai	it were prepared each da	y that a licensed operator staffed or visite	ed this plant during the mo	onth indicated above:	(1) records of amounts of chemi	cals used and chemical feed
		appropriate treatment process performand			se additional operations records	to the PWS owner so the PWS
OWI	ner can retain them, toge	ther with copies of this report, at a conve	mient location for at least t	en years.		
7=	/ to fin	9/30/2020_	Frank Hinchman		0021612	
S	gnature and Date	-	Printed or Typed Name		License N	lumber

PWS	Identific	cation N	umber: 65118	359		Plant Na	me: Tropi	cal Par	k Water S	ystem - E	East Well			
III. I	Daily Da	ta for th	e Month/Ye	ar of: Sent	tember 2020									
Mean	s of Ach	ieving F	our-Log Viru	s Inactivati	on/Removal: *	Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		ner (Descrit										
Type	of Disin	fectant R	esidual Main		istribution Syst		Free Chle	orine	Co1	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
				С	T Calculations, or			our-Log	Virus Inactiv	vation, if Ap	pplicable*			
	Days				The second	CT Calcul					UV	Dose		
V	Plant					2110	Lowest CT						Lowest	
	Staffed				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
	Visited				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Disinfectant Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		CT		UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of		UV Dose,	Required,		Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24	5776											
2	37	24	5777											
3	X	24	5777										.92	
5		24	5492		+						-			
6		24	5492 5493		+									
7	Х	24	5493		-			-					04	
8	Α	24	5493			-		_			-	-	.94	
9		24	5493					-						
10	X	24	5494		1								.94	
11	- 12	24	5182		+					 		-	.54	
12		24	5182											
13		24	5183											
14	X	24	5183										.99	
15		24	4890											
16		24	4890											
17	X	24	4890										.98	
18		24	4910											
19		24	4910											
20	***	24	4910		-									
21	X	24	4910		-			-					1.00	
22		24	6113											
24	X	24	6114			-					-			
25	_^	24	4555					_				-	1.03	
26	_	24	4555		1			-			_			
27		24	4555		1			-						
28	X	24	4555							1	 		1.00	
29		24	4400										1	
30	X	24	4400										1.09	
31		24	0											
Total			156180				"						*	
Avera	e		5038.06											
Maxin	num		6114	1										



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

P	WS Identification Number: 6511859 Plant Name: Tropical Park Water System
11	7. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * September 2020
	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, % [†] =
	Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
	polymer are as follows:
	Polymer Dose, ppm = Epichlorohydrin Level, % [†] =
C,	Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
	Type of Sequestrant (polyphosphate or sodium silicate):
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =



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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month; and enter the maximum day net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T 10/T factor based upon baffling conditions in the tank, etc. Table 1 at the

Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

	1						V	ater Tem	perature	(°C)						-
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



DEP Form 62-555.900(3)Atternate Page 5

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						100
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6,4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							V	ater Ten	perature	(°C)		11 EV				
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	2.1	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

Dec	page 4 for mistractions.						
I.	General Information t	for the Month/Year of: August 2020					
A. 1	Public Water System (PV	WS) Information					
	PWS Name: Tropical F	ark Water System			PWS Ident	tification Nu	mber: 6511859
	PWS Type:	Community Non-Transient Non-C	Community Transier	nt Non-Community	Consecutive		
		nnections at End of Month: 118			erved at End of Month	n: 236	
	PWS Owner: A Utility						
	Contact Person: Troy F			Contact Person's T	itle: Asst. Manager H	ΜI	
	Contact Person's Mailin	ng Address: P.O. Box 669		City: Zephyrhills		tate: Fl	Zip Code: 33539-0669
		hone Number: 813-780-8503		Contact Person's F	ax Number: N/A		
	Contact Person's E-Ma	il Address: housingmanagementinc@yal	noo.com				
В. Ъ	Water Treatment Plant In	nformation					
	Plant Name: Tropical I	Park Water System - West Well			Plant Tele	phone Numb	er: 813-780-8503
	Plant Address: 37407 I	Ray Drive		City: Zephyrhills	State: F1		Zip Code: 33542
	Type of Water Treated		Purchased Finished V				
	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: N/A				
		bsection 62-699.310(4), F.A.C.): V	·	Plant Class (per su	bsection 62-699.310(4), F.A.C.): E)
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	
	Lead/Chief Operator:	Frank Hinchman	С	0021612			nutes to 20 mintues per each day
	Other Operators:				* * * * * * * * * * * * * * * * * * * *		•
		96.					
	C1 11	1/631 1 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1					
	. Certification by Lead				A ST COLUMN TWO		
I, th	ie undersigned water trea	atment plant operator licensed in Florida,	, am the lead/chief operator	of the water treatm	ent plant identified in	Part I of this	report. I certify that the
info	ormation provided in this	report is true and accurate to the best of	my knowledge and belief.	I certify that all dri	nking water treatment	chemicals u	sed at this plant conform to
NS	International Standard	60 or other applicable standards reference	ged in subsection 62-555.32	20(3), F.A.C. 1 also	certify that the follow	ing additions	al operations records for this
piai	nt were prepared each da	y that a licensed operator staffed or visite	ed this plant during the mo	nth indicated above	(1) records of amoun	ts of chemica	als used and chemical feed
rate	s; and (2) if applicable, a	appropriate treatment process performand ther with copies of this report, at a conve	ce records. Furthermore, 1	agree to provide the	ese additional operation	ns records to	the PWS owner so the PWS
OWI	A L	ther with copies of this report, at a conve	ment location for at least to	en years.			
1	11/1/2	9/24/2020	Frank Hinchman			0021612	
6	ignature and Date	8/31/2020				0021612	,
3	gnature and Date		Printed or Typed Name			License Nu	mber

DEP Form 62-555.900(3)Atternate Page 1

PWS	Identifi	cation N	umber: 65118	859		Plant Na	ıme: Tropi	cal Par	k Water S	ystem - V	West Wel	1		
III. I	Daily Da	ta for th	e Month/Ye	ar of: Aug	ust 2020									
					on/Removal: *	Free	Chlorine		Chlorine	Dioxide		Ozone	Combin	ed Chlorine (Chloramines)
		Radiatio		her (Describ										
Туре	of Disin	fectant R	esidual Mair		istribution Syst		Free Chl			mbined C		Chlorami	nes)	Chlorine Dioxide
				C	T Calculations, or			our-Log	Virus Inacti	vation, if Ap				
	Days				r	CT Calcu		1		-	UV	Dose		
Day of the Month	Plant Staffed or Visited by Operator (Place "X")		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.	pH of Water, if Applicable	mg-	Operating	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
2		24	6207 6208											
3	X	24	6208		-		-			-			.94	
4	Λ	24	6820		1		-	1		-		-	.94	
5		24	6820					+			-			
6	X	24	6820										.96	
7		24	7425											
8		24	7425											
9		24	7425											
10	X	24	7425										.92	
11		24	8480											
12		24	8480											
13	X	24	8480										1.00	
14		24	5896											
15		24	5896		-			_						
16		24	5896				-	-		-				
17 18	X	24	5896 5896		<u> </u>	-	-	-		-		-	1 00	
19	_ A_	24	5630		-		-	-		+		-	.92	
20	X	24	5630				-	+	-	-	-	-		
21	_ A	24	5562			1		_			_	-	.92	
22		24	5562		 	<u> </u>	 	_	 	+	-	 	-	
23		24	5563			 		+-		1	-			
24	X	24	5563			1				1		1	.94	
25		24	5706									1		
26		24	5707											
27	X	24	5707										.92	
28		24	5540											
29		24	5540											
30		24	5540											
31	X	24	5540										.95	
Total			196493											
Averag	ge		6338.48	1										



^{*}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: 6511859 Plant Name: Tropical Park Water System IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * August 2020 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? Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate): Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

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

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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555.900(3)Atternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							W	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2,6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0

08 E

DEP Form 62-555.900(3)Atternate Page 5

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							V	ater Ten	perature	(°C)						100
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							X	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30



DEP Form 62-555,900(3)Alternate



See page 4 for instructions

bee page 4 for instructions.					
I. General Information for the Month/Year of: August 2020					
A. Public Water System (PWS) Information					
PWS Name: Tropical Park Water System			PWS Iden	tification No	ımber: 6511859
PWS Type: Community Non-Transient Non-C	ommunity Transier	nt Non-Community	Consecutive		
Number of Service Connections at End of Month: 118			erved at End of Mont	h: 236	
PWS Owner: A Utility, Inc.					
Contact Person: Troy Fonder		Contact Person's T:	itle: Asst. Manager, A	Utility, Inc	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills		tate: Fl	Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fa	ax Number: N/A		
Contact Person's E-Mail Address: housingmanagementinc@yah	oo.com				
B. Water Treatment Plant Information					
Plant Name: Tropical Park Water System - East Well			Plant Tele	phone Num	ber: 813-780-8503
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: F1		Zip Code: 33542
Type of Water Treated by Plant: Raw Ground Water	Purchased Finished V				
Permitted Maximum Day Operating Capacity of Plant, gallons p	per day: N/A				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	***************************************	Plant Class (per sul	bsection 62-699.310(4	4), F.A.C.):]	D
Licensed Operators Name	License Class	License Number		Day(s)/Shift(
Lead/Chief Operator: Frank Hinchman	С	0021612			inutes to 20 minutes per each day
Other Operators:			V 1 7 11		put their surj
Outer operators.					
H C CC C L L L LCC LAC					
II. Certification by Lead/Chief Operator	1 1 1/1:0				
I, the undersigned water treatment plant operator licensed in Florida,	am the lead/chief operator	of the water treatm	ent plant identified in	Part I of this	s report. I certify that the
information provided in this report is true and accurate to the best of	my knowledge and belief.	I certify that all dri	nking water treatmen	t chemicals i	used at this plant conform to
NSF International Standard 60 or other applicable standards reference plant were prepared each day that a licensed operator staffed or visite	ed in subsection 62-555.52	20(3), F.A.C. 1 also	certify that the follow	ving addition	al operations records for this
rates; and (2) if applicable, appropriate treatment process performance	so uns plant during the mo	nun indicated above:	(1) records of amour	its of chemic	cals used and chemical feed
owner can retain them, together with copies of this report, at a conver	nient location for at least to	agree to provide the	se additional operation	ms records a	o me Pws owner so the Pws
1 11.	mone tookiton for at least to	on yours.			
/ tur fun 8/31/2020	Frank Hinchman			0021612	



PWS Identification Number: 6511

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

III. I	aily Da	ta for th	e Month/Ye	ar of: Aug	ust 2020									
Mean	s of Ach	ieving F	our-Log Viru	s Inactivati	on/Removal: *	Free	Chlorine		Chlorine	Dioxide		zone	Combin	ned Chlorine (Chloramines)
		t Radiation fectant R		her (Describ	oe): istribution Syst	em: 🛛	Free Chle	orine	Co	mhined C	hlorine (Chlorami	nes)	Chlorine Dioxide
		The state of the s			T Calculations, or							Omorani	nes)	Chloring Dioxide
	Days					CT Calcu		Jul-Log	· Hus Huvu	auton, il 11		Dose		
	Plant Staffed or Visited by		Net Quantity		Lowest Residual Disinfectant Concentration (C) Before or at	Disinfectant Contact Time (T) at C Measurement	Lowest CT Provided Before or at First Customer	Temp.		Minimum CT	Lowest Operating	Minimum UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	n 1 m	First Customer	Point During	During	of	pH of		UV Dose,			Conditions; Repair or Maintenance Work th
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	mg-	mW-	mW-	Distribution	Involves Taking Water System Component
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2		24	0							-				
3	X	24	0				_				-			
4		24	0				_						.94	
5		24	0					-			-			
6	X	24	0		-		-				-		.96	
7		24	0		+								.90	
8		24	0					-		-				
9		24	0							 				
10	X	24	0							<u> </u>			.92	
11	- 11	24	0									-		
12		24	0							1				
13	X	24	0										1.00	
14		24	0											
15		24	0											
16		24	0											
17		24	0											
18	X	24	0										.92	
19		24	0											
20	X	24	0										.92	
21		24	0											
22		24	0											
23		24	0											
24	X	24	0										.94	
25	-	24	0				-							
26	77	24	0				-							
27	X	24	0		-				-				.92	
28		24	0				_		-			-		
30		24	0		-				-	-	-	-		
3.1	X	24	0		+		1		-		-	-	OF	
Total		44	0	-			1		1	1			.95	
Averag	re.		0.0	1										
Mourie			0.0	1										



DEP Form 62-555.900(3)Atternate

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

E	PWS Identification Number: 6511859 Plant Name: Tropical Park Water System
I	V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * August 2020
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, % [†] =
В.	Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
	polymer are as follows:
~	Polymer Dose, ppm = Epichlorohydrin Level, % [†] =
C.	Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
	Type of Sequestrant (polyphosphate or sodium silicate):
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =



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

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

28E

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555,900(3)Atternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0

DEP Form 62-555.900(3)Alternate Page 5

	MONTHLY OPERATION REPORT FOR PWSS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER
T	able 4: CT Values for Inactivation of Viruses by Chlorine Dioxide
- 1	WY, O

Inactivation (Log)	Water Temperature (°C)															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

566	page 4 for instructions.						
		for the Month/Year of: July 2020					
A.]	Public Water System (PV	WS) Information					
	PWS Name: Tropical I	Park Water System			PWS Identif	ication Number:	6511859
	PWS Type:	Community Non-Transient Non-Co	ommunity Transier	nt Non-Community	Consecutive		
	Number of Service Co	nnections at End of Month: 118		Total Population S	erved at End of Month:	236	
	PWS Owner: A Utility	Inc.					
	Contact Person: Troy I	Conder		Contact Person's T	itle: Asst. Manager HM	I	
	Contact Person's Maili	ng Address: P.O. Box 669		City: Zephyrhills			ip Code: 33539-0669
	Contact Person's Telep	hone Number: 813-780-8503		Contact Person's Fa	ax Number: N/A	-	^
	Contact Person's E-Ma	il Address: housingmanagementinc@yah	oo.com				
В.	Water Treatment Plant I	nformation					
	Plant Name: Tropical 1	Park Water System - West Well			Plant Teleph	none Number: 81	3-780-8503
	Plant Address: 37407	Ray Drive		City: Zephyrhills	State: F1		ip Code: 33542
	Type of Water Treated	by Plant: X Raw Ground Water	Purchased Finished V				
	Permitted Maximum I	Day Operating Capacity of Plant, gallons p	er day: N/A				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 62-699.310(4),	F.A.C.); D	
	Licensed Operators	Name	License Class	License Number		y(s)/Shift(s) Wo	rked
	Lead/Chief Operator:	Frank Hinchman	С	0021612			20 mintues per each day
	Other Operators:				2 1 7 11		
	Outer operators.						
1	C -4'C -4' 1 1	UCL! fo					
	. Certification by Lead		1 1 1/1 0	Cal			
1, U	ie undersigned water tre	atment plant operator licensed in Florida,	am the lead/chief operator	of the water treatm	ent plant identified in Pa	art I of this repor	t. I certify that the
MIC	onnation provided in this E International Standard	s report is true and accurate to the best of a 60 or other applicable standards reference	my knowledge and belief.	I certify that all dri	nking water treatment cl	hemicals used at	this plant conform to
าไลเ	r mermanonai Standard et were prepared each de	by that a licensed operator staffed or visite	d this plant during the me	th indicated charge	(1) manufacture rollowin	g additional ope	rations records for this
rate	s and (2) if applicable	appropriate treatment process performance	e records Eurthermore I	agree to provide the	(1) records of amounts	or chemicals use	W/S owner so the DW/S
ow	ner can retain them, toge	ther with copies of this report, at a conver	pient location for at least t	en vears	se additional operations	s records to die r	MP OMITEL SO THE L MP
-,1	1 11.	The separate of the separate at a control	TOTAL TOTAL OF THE THREE LE	on yours.			
_/	tofon	7/31/2020	Frank Hinchman		C	0021612	
S	ignature and Date		Printed or Typed Name		T	icense Number	



PWS	Identifi	cation N	umber: 6511	859		Plant Na	me: Tropi	cal Par	k Water S	ystem - V	West Wel	1		
III. I	Daily Da	ita for th	e Month/Ye	ar of: July	2020									
Mean	s of Ach	iieving F t Radiatio	our-Log Viru	ıs Inactivati her (Descril	on/Removal: *	Free	Chlorine		Chlorine	Dioxide		Dzone	Combin	ned Chlorine (Chloramines)
				tained in D	istribution Syst	tem:	Free Chl	orine	Co	mbined C	hlorine (Chlorami	ines)	Chlorine Dioxide
	Carlotte Print			C	T Calculations, or	UV Dose, to De	emonstrate F	our-Log	Virus Inacti	vation, if A	pplicable*			
	Days.					CT Calcu	lations	10 7				Dose		
Day of	Plant Staffed or Visited by Operator (Place	Hours Plant in	Net Quantity of Finished Water	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	at First	Temp.	pH of Water, if	Minimum CT Required, mg-	Operating	Minimum UV Dose Required, mW-	at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month			Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm²	System, mg/L	Out of Operation
1		24	0											
2	X	24	0										.99	
3		24	0											
4	-	24	0					_						
5.	37	24	0											
7	X	24	0		-		-	-		-			1.02	
8	-	24	0		-			-		-	-	-		
9	_	24	0					-		+	-		-	
10	X	24	0			<u> </u>		1		1	 		.99	
11	- "	24	0					-		1	1		.55	
12		24	0											
13	X	24	0										1.02	
14		24	0											
15		24	0											
16	X	24	0										.96	
17		24	0											
18		24	0											
19	X	24	0				-	-			-			
21	_ A	24	0		-		-	-		-	-		.95	
22		24	0			ļ	+	+-	-		-	-		
23	X	24	0	 	 			_		-	-	_	.98	
24	_ A	24	0		!	1		+	-	-			.86	
25		24	0					1		+				
26		24	0		†		1	1		1			 	
27	X	24	0										.98	
28		24	0					1						
29		24	0											
30		24	0											
31	X	24	0										.98	
Total			0											
Averag	ge	Maria Santa	0.0											



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

PWS Identification Number: 6511859 Plant Name: Tropical	Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epi	chlorohydrin, and Iron or Manganese Sequestrant for the Year: * July 2020
A. Is any polymer containing the monomer <u>acrylamide</u> used at the water treatment plant?	No Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	
	Acrylamide Level, % [†] =
B. Is any polymer containing the monomer epichlorohydrin used at the water treatment p	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? \(\bigcap\) No \(\bigcap\)	Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	
If sodium silicate is used, the amount of added plus naturally occurring silicate, in my	g/L as SiO₂ =



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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

166

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T_{10}/T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



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

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W.	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30



See page 4 for instructions.

~00	page 1 for moducations.					
I.	General Information	for the Month/Year of: July 2020				
A.]	Public Water System (PV	WS) Information				
	PWS Name: Tropical I	Park Water System			PWS Identification	Number: 6511859
	PWS Type:	Community Non-Transient Non-Community	Community Transier	nt Non-Community	Consecutive	
	Number of Service Co	nnections at End of Month: 118		Total Population S	erved at End of Month: 236	
	PWS Owner: A Utility	, Inc.				
	Contact Person: Troy I	Fonder		Contact Person's T	itle: Asst. Manager, A Utility,	Inc.
	Contact Person's Maili	ng Address: P.O. Box 669		City: Zephyrhills	State: F1	Zip Code: 33539-0669
	Contact Person's Telep	hone Number: 813-780-8503		Contact Person's F	ax Number: N/A	
	Contact Person's E-Ma	il Address: housingmanagementinc@ya	hoo.com			
В.	Water Treatment Plant In	nformation				
	Plant Name: Tropical 1	Park Water System - East Well			Plant Telephone N	umber: 813-780-8503
	Plant Address: 37407 l	Ray Drive		City: Zephyrhills	State: F1	Zip Code: 33542
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V	Water		1 1
	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: N/A			
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 62-699.310(4), F.A.C	.): D
	Licensed Operators	Name	License Class	License Number		nift(s) Worked
	Lead/Chief Operator:	Frank Hinchman	С	0021612		5 minutes to 20 minutes per each day
	Other Operators:					
	- IIII - F					
	C ('C' (' IN I	1/61: 60				- 1 - 1 - 1
	. Certification by Lead		1 1 1/1:0			
1, 11	ie undersigned water trea	atment plant operator licensed in Florida	, am the lead/chief operator	r of the water treatm	ent plant identified in Part I of	this report. I certify that the
		s report is true and accurate to the best of				
		60 or other applicable standards referency that a licensed operator staffed or visit				
pia	in were prepared each da	appropriate treatment process performan	see this plant during the mo	nun indicated above	(1) records of amounts of the	micals used and chemical feed
		ether with copies of this report, at a conve			ese additional operations record	is to the PWS owner so the PWS
010	1 1	and with copies of this report, at a conv	entent location for at least t	on years.		
	torston	7/31/2020	Frank Hinchman		002161	2
S	ignature and Date		Printed or Typed Name		License	Number

DEP Form 62-556.900(3)Alternate Page 1

PWS	PWS Identification Number: 6511859 Plant Name: Tropical Park Water System - East Well													
	II. Daily Data for the Month/Year of: July 2020 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
						Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
U	traviolet	Radiatio	on 🔲 Oth	ner (Describ	oe):								_	` ,
Type	of Disin	fectant R	esidual Main		istribution Syst		Free Chlo	orine	Cor	nbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
				C	Γ Calculations, or l	JV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*			
	Days					CT Calcul	ations				UV	Dose	1 9 = 1	
	Plant		. 2				Lowest CT						Lowest	
	Staffed		1		Lowest Residual	Disinfectant	Provided			. 1 13			Residual	
	or Visited		j A		Disinfectant Concentration	Contact Time (T) at C	Before or at First			Minimum	Lavrant	Minimum	Disinfectant Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.			Operating		at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	Required.	UV Dose,	Required	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²		System, mg/L	Out of Operation
1		24	15305											
2	X	24	15305										.99	
3		24	14160											
4		24	14160											
6	X	24 24	14160 14160										4.00	
7	Λ	24	4990										1.02	
8		24	4990											
9		24	4990											
10	X	24	4990		İ								.99	
11		24	6393							 			.55	
12		24	6393									-		
13	Х	24	6394										1.02	
14		24	5940											
15		24	5940											
16	X	24	5940										.96	
17		24	4910											
18		24	4910											
19		24	4910											
20	X	24	4910										.95	
21		24	5540											
22		24	5540											
23	X	24	5540										.98	
24		24	4805											
25 26		24	4805 4805			-				-				
27	X	24	4805									Gr.	00	
28		24	4637		-					-			.98	
29		24	4637					-						
30		24	4638					-						
31	X	24	4638		†					-		-	.98	
Total			218240		-					1			1.50	
Averag	e		7040											



DEP Form 62-555.900(3)Alternate

Page 2

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

PWS Identification Number: 6511859	Plant Name: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Po	lymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * July 2020
A. Is any polymer containing the monomer <u>acrylamide</u> used at the	e 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	ent plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silication	
If sodium silicate is used, the amount of added plus naturally	occurring silicate, in mg/L as SiO ₂ =



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

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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555.900(3)Atternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T_{10}/T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Ten	perature	(°C)				100		
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Ten	perature	(°C)		1181				
Inactivation (Log)	10	11	12	13	14	1.5	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0

DEP Form 62-555.900(3)Alternate Page 5



Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

I.	General Information	for the Month/Year of: June 2020						
	Public Water System (P)							
1	PWS Name: Tropical					DW/S I	dentification Nu	mbor: 6511950
		Community Non-Transient Non-	Community T	rancia	nt Non-Community	Consecutiv		uniber. 0311839
		onnections at End of Month: 118	Community 1	Tansici	Total Population Ser			
	PWS Owner: A Utility				Total Topulation Sci	ved at End of ivi	OHH. 230	
	Contact Person: Troy				Contact Person's Tit	las Acat Manage	TBAT	
		ing Address: P.O. Box 669			City: Zephyrhills	ie. Asst. Manage	State: Fl	7:- 0-1-, 22520 000
		phone Number: 813-780-8503			Contact Person's Fax	- NT1 NT/A	State, FI	Zip Code: 33539-0669
		ail Address: housingmanagementinc@ya			Contact Person's Fax	Number: N/A		
7 G	Water Treatment Plant I		moo.com					
Б. \		Park Water System - West Well				D14-7	F.1. 1. NT 1	014 700 0704
	Plant Address: 37407				Cit., 7, 1, 1,111			ber: 813-780-8503
	Type of Water Treated		Purchased Fin	1.1 1 T	City: Zephyrhills	State:	FI	Zip Code: 33542
		Day Operating Capacity of Plant, gallons		isned v	water			
		bsection 62-699.310(4), F.A.C.): V	per day: N/A		D1 + C1 / 1		10/4) E 4 (2)	
	Licensed Operators		Υ	Ci	Plant Class (per subs	section 62-699.3		
		Name	License		License Number		Day(s)/Shift(
		Frank Hinchman	c		0021612	2 days per week,	, approximately 5 m	inutes to 20 mintues per each day
	Other Operators:							
11.	. Certification by Lea	d/Chief Operator			27 - J. O. F A.	17.7	N	
		atment plant operator licensed in Florida	am the lead/chief o	nerator	of the water treatmen	nt plant identifie	d in Part I of this	report I cartify that the
info	rmation provided in this	s report is true and accurate to the best of	f my knowledge and	helief	I certify that all drin	king water treatn	nent chemicals 1	sed at this plant conform to
NSF	International Standard	60 or other applicable standards referen	ced in subsection 62	-555 32	20(3) FAC Lalso c	ertify that the fol	llowing addition	al operations records for this
plan	it were prepared each da	ay that a licensed operator staffed or visit	ted this plant during	the mo	nth indicated above: (1) records of am	ounts of chemic	als used and chemical feed
rate	s; and (2) if applicable,	appropriate treatment process performan	nce records. Furthern	nore, I	agree to provide thes	e additional oper	rations records to	the PWS owner so the PWS
own	er can retain them, toge	ether with copies of this report, at a conve	enient location for at	least to	en years.	1		
	11.							
	1 to 600	6/30/20	Frank Hinchman				0021612	
Si	gnature and Date		Printed or Typed N	Vame			License N	umber

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

PWS	Identific	cation Nu	ımber: 65118	359		Plant Na	me: Tropi	cal Parl	k Water S	ystem - V	Vest Wel			
III. I	aily Da	ta for th	e Month/Ye	ar of: June	2020									
Mean	of Ach		our-Log Viru		on/Removal: *	Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
					stribution Syst	em:	Free Chle	orine	ПСот	nbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
					Γ Calculations, or		monstrate F	our-Log						January Brown
100	Days					CT Calcul					UV	Dose		677
Day of the	Plant Staffed or Visited by Operator (Place	Hours Plant in	Net Quantity of Finished Water	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp. of Water,	pH of Water, if	Minimum CT Required, mg-	Operating	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24	7095										1.01	
2		24	7095											
3	~ .	24	7095											
4	X	24	7095										1.00	
5		24	6945 6945											
7	-	24	6945					-				-		
8	X	24	6945										1.01	
9	- ^	24	8276										1.01	
10		24	8277											
11	X	24	8277										1.00	
12		24	7462										1.00	
13		24	7462											
14		24	7463											
15	X	24	7463										1.01	
16		24	7516											
17		24	7517											
18	X	24	7517										1.02	
19		24	7140			_		-						
20		24	7140					-						
21 22	X	24	7140 7140					-					4.00	
23	Α	24	7450			-		-		-	-	-	1.03	
24		24	7450					_		-		-	-	
25	X	24	7450					1		-			1.07	
26	- 11	24	10824										1.07	
27		24	10824											
28		24	10824											
29		24	10824											
30	X	24	10824										1.08	
31		24	0											
Total			238420											
Averag			7690.97											

DEP Form 62-555,900(3)Atternate

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

I	PWS Identification Number: 6511859 Plant Name: Tropical Park Water System
Γ	V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * June 2020
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, % [†] =
В.	Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
	polymer are as follows:
_	Polymer Dose, ppm = Epichlorohydrin Level, % [†] =
C.	Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
	Type of Sequestrant (polyphosphate or sodium silicate):
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =



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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T_{10}/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555,900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28,6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0

MONTHLY OPERATION REPORT FOR PWSs Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

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

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1,7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5,6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W	ater Tem	perature	(°C)	4 000			S = W L = 2		
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							N	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30







See page 4 for instructions.

I.	General Information	for the Month/Year of: June 2020				
	Public Water System (P					
	PWS Name: Tropical 1				PWS Identification N	umber: 6511850
		Community Non-Transient Non-C	Community	ent Non-Community	Consecutive	umber: 0311639
		nnections at End of Month: 118	11011010		erved at End of Month: 236	
	PWS Owner: A Utility			T T T T T T T T T T T T T T T T T T T	Trocket Bild of Hittidi, 250	
	Contact Person: Troy I			Contact Person's Ti	tle: Asst. Manager, A Utility, Inc	·
		ng Address: P.O. Box 669		City: Zephyrhills	State: Fl	Zip Code: 33539-0669
		phone Number: 813-780-8503		Contact Person's Fa		
		nil Address: housingmanagementinc@yal	hoo.com		2 2 1000000 42 1 2 17 2 2	
В. ч	Water Treatment Plant I	The second secon				
	Plant Name: Tropical	Park Water System - East Well			Plant Telephone Num	ber: 813-780-8503
	Plant Address: 37407	Ray Drive		City: Zephyrhills	State: Fl	Zip Code: 33542
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished			
	Permitted Maximum I	Day Operating Capacity of Plant, gallons	per day: N/A			
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per sul	osection 62-699.310(4), F.A.C.):	D
	Licensed Operators	Name	License Class		Day(s)/Shift	
	Lead/Chief Operator:	Frank Hinchman	С	0021612	2 days per week, approximately 5 n	Statement of the statem
	Other Operators:					
I, the info	rmation provided in this Finternational Standard at were prepared each days; and (2) if applicable, her can retain them, together the standard at the standard	d/Chief Operator atment plant operator licensed in Florida, sereport is true and accurate to the best of 60 or other applicable standards reference by that a licensed operator staffed or visit appropriate treatment process performance ther with copies of this report, at a converse formula converse converse formula and the copies of the	my knowledge and belief ced in subsection 62-555.3 ed this plant during the mo ce records. Furthermore, I enient location for at least Frank Hinchman	I certify that all drig 20(3), F.A.C. I also onth indicated above: agree to provide the	aking water treatment chemicals certify that the following addition (1) records of amounts of chemi	used at this plant conform to nal operations records for this cals used and chemical feed
S	gnature and Date		Printed or Typed Name		License N	umber

			e Month/Ye		on/Removal: *	□ 17	Chlorine		OL1'	D:11			□ a 1:	1011 : (011 : :
		Radiatio		her (Describ		☐ Fiee	Chiorine		Chlorine	Dioxide	ПС	zone	Combin	ed Chlorine (Chloramines)
					istribution Syst	em:	Free Chlo	orine	ПСо	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
					T Calculations, or		monstrate Fo	our-Log	Virus Inactiv	vation, if Ar	pplicable*			
	Days					CT Calcul	ations					Dose		
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or Visited				Disinfectant	Contact Time	Before or			2.61	7 .	3.61	Disinfectant	
	by		Net Quantity		(C) Before or at	(T) at C Measurement	at First Customer	Temp.		CT	Lowest	UV Dose	Concentration at Remote	
Day of	Operator.	Hours	of Finished		First Customer	Point During	During	of	pH of		UV Dose,	Required	Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work th
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	Involves Taking Water System Component
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²		System, mg/L	Out of Operation
1	X	24	7163										1.01	
2		24	0											
3		24	0											
4	X	24	0										1.00	
5		24	0											
6		24	0											
7		24	0											
8	X	24	0										1.01	
9		24	60											
10		24	0											
11	X	24	0							-			1.00	
12		24	0		-			-						
13		24	0							-	_			
15	X	24	0		-	-		-		-	-		4.04	
16	Α	24	0							-	-		101	
17	-	24	0		1					-				
18	X	24	0					-		-	-		1.02	
19	21	24	0					1			 		1.02	
20		24	0								 			
21		24	0											
22	X	24	0										1.03	
23		24	0							1				
24		24	0											
25	X	24	0										1.07	
26		24	0											
27	4	24	0											
28		24	0											
29		24	0											
30	X	24	0										1.08	
31		24	0											
Total		01-41	7223											
Averag			233											
Maxim	um		7163											

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

-		RAW GROUND WATER OR PURCHASED FINISHED WATER
[]	PWS Identification Number: 6511859 Plant Name: Tropical	Park Water System
		*
1	V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Ep	ichlorohydrin, and Iron or Manganese Sequestrant for the Year: * June 2020
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, % [†] =
В.	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?	Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
	Type of Sequestrant (polyphosphate or sodium silicate):	
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in m	g/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.

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							N	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Tem	perature	(°C)					Her William	THE STATE OF
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



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

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30



See page 4 for instructions.

		for the Month/Year of: May 2020													
A. F	Public Water System (PV														
	PWS Name: Tropical I							umber: 6511859							
	- Bennett	Community Non-Transient Non-C	Community	Transier	nt Non-Community	Consecutive									
		nnections at End of Month: 118			Total Population Se	rved at End of M	onth: 236								
	PWS Owner: A Utility				× 12										
	Contact Person: Troy I	Ponder Ponder			Contact Person's Tit	le: Asst. Manage	r HMI								
	Contact Person's Maili	ng Address: P.O. Box 669			City: Zephyrhills		State: F1	Zip Code: 33539-0669							
		hone Number: 813-780-8503			Contact Person's Far	x Number: N/A									
	Contact Person's E-Ma	il Address: housingmanagementinc@yal	hoo.com												
B. V	Water Treatment Plant I:	nformation													
	Plant Name: Tropical I	Park Water System - West Well				Plant T	elephone Num	ber: 813-780-8503							
	Plant Address: 37407 I				City: Zephyrhills	State:	FI	Zip Code: 33542							
	Type of Water Treated	by Plant: Raw Ground Water	Purchased	Finished V	Vater										
	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: N/A												
	Plant Category (per sul	bsection 62-699.310(4), F.A.C.): V			Plant Class (per sub	section 62-699.3	10(4), F.A.C.):	D							
	Licensed Operators														
	Lead/Chief Operator:	Frank Hinchman		С	0021612	2 days per week.		ninutes to 20 mintues per each day							
	Other Operators:					, , , , , , , , , , , , , , , , , , ,	11	p = 1000							
	Other Operators.														
								-							
		V.G.1. 4.0													
	. Certification by Lead						1 18 25								
l, th	e undersigned water trea	atment plant operator licensed in Florida,	, am the lead/chie	ef operator	of the water treatme	nt plant identified	l in Part I of thi	s report. I certify that the							
info	rmation provided in this	s report is true and accurate to the best of	my knowledge a	ind belief.	I certify that all drin	king water treatn	nent chemicals	used at this plant conform to							
NSI	International Standard	60 or other applicable standards reference	ced in subsection	62-555.32	20(3), F.A.C. I also c	certify that the fol	lowing addition	nal operations records for this							
plan	it were prepared each da	y that a licensed operator staffed or visite	ed this plant duri	ng the mo	nth indicated above:	(1) records of am	ounts of chemic	cals used and chemical feed							
rate	s; and (2) if applicable, a	appropriate treatment process performance	ce records. Furth	nermore, I	agree to provide thes	se additional oper	ations records t	to the PWS owner so the PWS							
OWI	can retain them, toge	ther with copies of this report, at a conve	ement location to	r at least to	en years.										
	11/1/2	6/1/2020	Frank Hinchma				0001610								
<u>a:</u>	77000	0/1/2020					0021612								
51	gnature and Date		Printed or Type	ed Name			License N	umber							



3/3

					on/Removal: *	Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
		Radiatio		her (Describ	e): istribution Syst		Free Chlo		По	1.1	1.1	01.1		O11 ' D' '1
Lype	OI DISIL	lociani K	esiduai iviaii		T Calculations, or		riee Cnic	orine	COI	mbined C	niorine (Chiorami	nes)	Chlorine Dioxide
	Days			C	1 Calculations, or	CT Calcul		our-Log	Virus Inactiv	ration, if Ap		Dose		
Day of	Plant Staffed or Visited by Operator	Hours	Net Quantity of Finished		Lowest Residual Disinfectant Concentration (C) Before or at First Customer	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During	Temp.	pH of	Minimum CT Required,	Lowest Operating UV Dose,			Emergency or Abnormal Operating Conditions; Repair or Maintenance Work the
the	(Place	Plant in	Water	Peak Flow	During Peak				Water, if	mg-	mW-	mW-	Distribution	Involves Taking Water System Component
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24	0											
3		24 24	0											
4	Х	24	0							-				
5	Λ	24	0										.90	
6		24	0							-				
7	X	24	80		-					 			4.00	
8	Λ	24	0		-								1.06	
9	-	24	0							-				
10		24	0							-				
11	X	24	0		 					-			1.00	
12	- 11	24	0							1			1.00	
13		24	0											
14	X	24	0										.92	
15		24	0											
16		24	0											
17		24	0											
18	X	24	0										.93	
19		24	0								Ĭ			
20		24	0											
21	X	24	0										.96	
22		24	0											
23		24	0											
24		24	0											
25	X	24	0										.99	
26		24	0											
27	77	24	0											
28	X	24	0		-								1.00	
29		24	0		-									
30	-	24	0					-						
					1	1	1	1	L	1			I	I .
31		24												
			80 2.58											

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

PWS Identification Number: 6511859 Plant Name	e: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Polymer Cont	aining Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * May 2020
A. Is any polymer containing the monomer acrylamide used at the water treats	ment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	
Polymer Dose, ppm =	Acrylamide Level, % [†] =
B. Is any polymer containing the monomer epichlorohydrin used at the water	treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
polymer are as follows:	
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
C. Is any iron or manganese sequestrant used at the water treatment plant?	No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	
If sodium silicate is used, the amount of added plus naturally occurring sil	icate, in mg/L as SiO ₂ =



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

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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555,900(3)Alternate Page 4

CV

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

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Ten	perature	(°C)	10					
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0

DEP Form 62-565.900(3)Atternate Page 5

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

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)	X					
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W	ater Tem	perature	(°C)					- 11 - 11 - 12 - 12	
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.13
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.23
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30



366	page 4 for instructions.												
		for the Month/Year of: May 2020											
	Public Water System (PV												
	PWS Name: Tropical I	Park Water System			PWS Ident	tification No	umber: 6511859						
		Community Non-Transient Non-C	Community Transie	nt Non-Community	Consecutive		1, 50 11003						
	Number of Service Con	nnections at End of Month: 118			erved at End of Month	1: 236							
	PWS Owner: A Utility	Inc.											
	Contact Person: Troy I	Fonder		Contact Person's T	itle: Asst. Manager, A	Utility, Inc							
	Contact Person's Maili	ng Address: P.O. Box 669		City: Zephyrhills	Si	tate: Fl	Zip Code: 33539-0669						
		hone Number: 813-780-8503		Contact Person's F									
	Contact Person's E-Ma	nil Address: housingmanagementinc@yah	noo.com										
B.	Water Treatment Plant In												
	Plant Name: Tropical I	Park Water System - East Well			Plant Tele	phone Num	ber: 813-780-8503						
	Plant Address: 37407 I			City: Zephyrhills	State: F1		Zip Code: 33542						
	Type of Water Treated by Plant:												
	Permitted Maximum D	Day Operating Capacity of Plant, gallons 1	per day: N/A										
	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:	Frank Hinchman	С	0021612			ninutes to 20 minutes per each day						
	Other Operators:												
-													
7	C. ee e la la l	UCL: CO		1000									
	I. Certification by Lead					A PART OF							
1, U	the undersigned water 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												
NIC	information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to USF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this												
nla	ant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed												
rate	es: and (2) if applicable a	appropriate treatment process performance	co uns plant during the mo	agree to provide the	(1) records of amount	ts of chemic	cals used and chemical feed						
ow	ner can retain them toge	ther with copies of this report, at a conve	nient location for at least t	en vears	se additional operation	iis iccolus u	o the FWS owner so the FWS						
- / /	1 11.	The sopres of the report, at a conve	in iounition at least t	on yours.									
_	1 to Ash	6/1/2020	Frank Hinchman			0021612							
S	ignature and Date		Printed or Typed Name			License N	umber						

PWS	Identifi	cation N	umber: 65118	859		Plant Na	me: Tropi	cal Par	k Water S	ystem - F	ast Well			
III. I	Daily Da	ta for th	e Month/Ye	ar of: May	2020									
Mean	s of Ach	ieving F	our-Log Viru	s Inactivati	on/Removal: *	☐ Free	Chlorine		Chlorine	Dioxide	ПС	Ozone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ				-	,	2011101				on one (one tunines)
					istribution Syst	em:	Free Chle	orine	ПСо	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
					T Calculations, or				Virus Inactiv	vation, if Ar	plicable*			Francisco de la constante de l
	Days	72.0				CT Calcul					UV	Dose		
	Plant					2110	Lowest CT						Lowest	
	Staffed or		7-1		Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual Disinfectant	
	Visited				Concentration	(T) at C	at First			Minimum	Lowest	Minimum		
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		CT	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished	D 1 D	First Customer	Point During	During	of	pH of		UV Dose,		Point in	Conditions; Repair or Maintenance Work that
the Month	(Place	Plant in	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow,	Peak Flow, mg-min/L	Water,	Water, if Applicable	mg- min/L	mW- sec/cm ²	mW- sec/cm ²	Distribution	Involves Taking Water System Components
1	A	24	11095	reate, gpc	TAOW, ING.L.	inmuics	mig-mint		Applicable	mart	sec/cm	Sec/cin-	System, mg/L	Out of Operation
2		24	11095											
3		24	11095											
4	X	24	11095										.90	
5		24	15030											
6		24	15030											
7	X	24	15030						1				1.06	
8		24	9582 9582		-			-				-		
10	1	24	9583		 			-				-		
11	X	24	9583					-		-			1.00	
12		24	12346										1.55	
13		24	12347											
14	X	24	12347										.92	
15		24	9937											
16		24	9937											
17	V	24	9938					-						
18	X	24	9938 8600		+								.93	
20	-	24	8600					-		-	-	-		
21	X	24	8600										.96	
22		24	8417										.50	
23		24	8417											
24		24	8418											
25	X	24	8418										.99	
26		24	6763											
27		24	6763		-									
28	X	24	6764 7162		-							-	1.00	
30		24	7162		+	-						-		
31		24	7162		†									
Total			305837			1		1			1	1		
Avera	ge		9865.71											
Mavin			15030	1										•



DEP Form 62-555.900(3)Alternate

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

PWS Identification Number: 6511859 Plant Name: Tropi	cal Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing	Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: # May 2020
A. Is any polymer containing the monomer acrylamide used at the water treatment pla	ant? No Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	Week Control
Polymer Dose, ppm =	Acrylamide Level, % [†] =
	nt 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?	Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	
If sodium silicate is used, the amount of added plus naturally occurring silicate, in	mg/L as $SiO_2 =$



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

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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is <u>not</u> staffed during some hours it is in operation and if the plant does <u>not</u> have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555,900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average 0.5		Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow), perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

Inactivation (Log)	Water Temperature (°C)															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



DEP Form 62-555.900(3)Alternate Page 5

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

Inactivation (Log)	Water Temperature (°C)															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

Inactivation (Log)	Water Temperature (°C)															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

Inactivation (Log)	Water Temperature (°C)															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

	F8-						
		for the Month/Year of: April 2020					
A. I	Public Water System (P						
	PWS Name: Tropical				PWS Identifi	ication Number: 6	6511859
		Community Non-Transient Non-	Community Transier	nt Non-Community	Consecutive		
	Number of Service Co	nnections at End of Month: 118		Total Population S	erved at End of Month:	236	
	PWS Owner: A Utility	, Inc.		***			
	Contact Person: Troy	Fonder		Contact Person's T	itle: Asst. Manager HMI	[
	Contact Person's Maili	ing Address: P.O. Box 669		City: Zephyrhills			Code: 33539-0669
	Contact Person's Telep	hone Number: 813-780-8503		Contact Person's F	ax Number: N/A		
	Contact Person's E-Ma	ail Address: housingmanagementinc@ya	ahoo.com				
В. У	Water Treatment Plant I	nformation					
	Plant Name: Tropical	Park Water System - West Well			Plant Teleph	one Number: 813	3-780-8503
	Plant Address: 37407	Ray Drive		City: Zephyrhills	State: F1		o Code: 33542
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V	Water			
	Permitted Maximum I	Day Operating Capacity of Plant, gallons	s per day: N/A				
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 62-699.310(4),	F.A.C.); D	
	Licensed Operators	Name	License Class	License Number		y(s)/Shift(s) Worl	ked
	Lead/Chief Operator:	Frank Hinchman	С	0021612	2 days per week, approx		
	Other Operators:						
11	C. C. C. ISI	1/61: 60		O STATE OF THE OWNER OWNER			
	. Certification by Lea		4 1 1/1:6	6.1			
ı, ın	e undersigned water tre	atment plant operator licensed in Florida	a, am the lead/chief operator	of the water treatm	ent plant identified in Pa	art I of this report.	. I certify that the
MIGI	Tinauon provideu in un: Tintarnational Standard	s report is true and accurate to the best of 60 or other applicable standards referen	of my knowledge and belief.	1 certify that all dri	nking water treatment of	hemicals used at t	his plant conform to
ular Mor	ot were prepared each de	ay that a licensed operator staffed or visi	ited this plant during the ma	20(3), F.A.C. 1 also	(1) records of amounts	g additional opera	ations records for this
rate	s: and (2) if annlicable	appropriate treatment process performan	nce records Furthermore I	agree to provide the	(1) records of amounts	records to the DV	I and chemical feed
owr	er can retain them toge	ether with copies of this report, at a conv	renient location for at least to	agree to provide tite	se additional operations	records to the Pv	vs owner so the Pws
5 F1 A	1 11		official robustoff for at roast t	ori y ours.			
	/ tulh	4/30/2020	Frank Hinchman		Λ	0021612	
Si	gnature and Date	717012020	Printed or Typed Name			icense Number	

PWS	Identifi	cation N	umber: 65118	859		Plant Na	me: Tropi	cal Par	k Water S	ystem - V	Vest Wel	ł .		
ПІ. І	Daily Da	ta for th	e Month/Ye	ar of: Apr	il 2020									
Mean	s of Ach	ieving F	our-Log Viru	s Inactivati	on/Removal: *	☐ Free	Chlorine		Chlorine	Dioxide	ПС	Dzone	Combin	ed Chlorine (Chloramines)
U	traviolet	t Radiatio	on 🖺 Oti	her (Describ	oe);			_	,	27011144	~ لبيا			od Chloride (Chloridaninos)
					istribution Syst	em: 🛛	Free Chl	orine	Cor	mbined C	hlorine (Chlorami	ines)	Chlorine Dioxide
					T Calculations, or				Virus Inactiv	vation, if Ar	pplicable*	CITICITATI	LICS/	Cinornic Bloade
	Days					CT Calcu		i i o i			7	Dose		
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
	Visited				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Disinfectant Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		CT		UV Dose	at Remote	Emergency or Abnormal Operating
Day of		Hours	of Finished		First Customer	Point During	During	of	pH of	Required,	UV Dose,	Required,		Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	mg-	mW-	mW-	Distribution	Involves Taking Water System Components
Month 1	"X")	24	Produced, gal 13285	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	X	24	13285										.90	
3	- 11	24	18102					—	-				.50	
4		24	18102											
5		24	18103											
6	X	24	18103										.97	
7		24	15343											
8		24	15343											
9	X	24	15344										.96	
10		24	17687 17687		-			-		-				
12		24	17688					-					-	
13	X	24	17688		1			1					1.01	
14		24	13466					1					1.01	
15		24	13467											
16	X	24	13467										1.02	
17		24	11960											Y
18		24	11960											
19	77	24	11960		ļ			-						
20	X	24	11960 11660		-			-		-	-	-	1.02	
21		24	11660		-	-		+			-			
23	X	24	11660			-		+ -		_			1.00	
24	- 12	24	9842							 			1.00	
25		24	9842											
26		24	9843							1				
27	X	24	9843										.98	
28		24	12386											
29	10	24	12387											
30	X	24	12387		-			-		-		-	.91	
Total		24	415510					1		1		_	1	
Averag	e		13403.55											
			15 (05.55	1										



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

PWS Identification Number: 6511859	Plant Name: Tropical Park Water System
	Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * April 2020
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 use	ed at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
polymer are as follows:	- Newson
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
C. Is any iron or manganese sequestrant used at the water treatr	nent plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of sil	icate as SiO ₂ =
If sodium silicate is used, the amount of added plus naturall	y occurring silicate, in mg/L as SiO ₂ =



DEP Form 62-555.900(3)Alternate

Page 3

^{*} 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.

327

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month; and enter the maximum day net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555,900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							N	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	1.5	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.



Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							V	ater Ten	perature	(°C)	A 11					
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

	1 0						
		for the Month/Year of: April 2020					
A .]	Public Water System (PV	WS) Information					
	PWS Name: Tropical I	Park Water System			PWS Id	lentification Nu	ımber: 6511859
	PWS Type:	Community Non-Transient Non-C	Community Transier	at Non-Community	Consecutive		
	Number of Service Cor	nnections at End of Month: 118		Total Population Se			
	PWS Owner: A Utility	Inc.					
	Contact Person: Troy I	Fonder		Contact Person's Ti	tle: Asst. Manager	. A Utility, Inc.	
	Contact Person's Maili	ng Address: P.O. Box 669		City: Zephyrhills		State: F1	Zip Code: 33539-0669
	Contact Person's Telep	hone Number: 813-780-8503		Contact Person's Fa	x Number: N/A		
	Contact Person's E-Ma	il Address: housingmanagementinc@yah	100.com				
В.	Water Treatment Plant Is	nformation					
	Plant Name: Tropical I	Park Water System - East Well			Plant T	elephone Numl	ber: 813-780-8503
	Plant Address: 37407 I	Ray Drive		City: Zephyrhills	State: F		Zip Code: 33542
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V				
	Permitted Maximum D	Day Operating Capacity of Plant, gallons r	per day: N/A				
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per sul	section 62-699.31	0(4), F.A.C.): I	
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(
	Lead/Chief Operator:	Frank Hinchman	C	0021612	2 days per week		inutes to 20 minutes per each day
	Other Operators:					wpp. viiiiiiiiiiiii j	made to 20 minutes per cuon day
	Outer Operators.						
	Market St.						
	. Certification by Lead						
I, th	ne undersigned water trea	atment plant operator licensed in Florida,	am the lead/chief operator	of the water treatme	ent plant identified	in Part I of this	report. I certify that the
info	rmation provided in this	report is true and accurate to the best of	my knowledge and belief.	I certify that all drin	iking water treatm	ent chemicals u	used at this plant conform to
NS.	F International Standard	60 or other applicable standards reference	ed in subsection 62-555.32	20(3), F.A.C. I also	certify that the foll	owing addition	al operations records for this
pla	nt were prepared each da	y that a licensed operator staffed or visite	ed this plant during the mo	nth indicated above:	(1) records of amo	ounts of chemic	als used and chemical feed
rate	s; and (2) if applicable,	appropriate treatment process performanc	e records. Furthermore, I	agree to provide the	se additional opera	ations records to	the PWS owner so the PWS
owi	ner can retain them, toge	ther with copies of this report, at a conver	nient location for at least to	en years.	-		
	11.						
_	1 total	4/30/2020	Frank Hinchman			0021612	
S	ignature and Date		Printed or Typed Name			License Nu	ımber

DEP Form 62-555.900(3)Atternate Page 1

PWS	Identific	cation Nu	ımber: 65118	859		Plant Na	me: Tropi	cal Par	k Water S	ystem - E	East Well			
III. I	aily Da	ta for th	e Month/Ye	ar of: Apr	il 2020									
Mean	s of Ach	ieving Fo	our-Log Viru	s Inactivation	on/Removal: *	Free	Chlorine		Chlorine	Dioxide	По	zone	Combin	ed Chlorine (Chloramines)
U	traviolet	Radiatio	on 📋 Ot	her (Describ	oe);				,					(emoraminos)
Type	of Disint	fectant R	esidual Mair		istribution Syst		Free Chle		Con	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
				C	T Calculations, or			our-Log	Virus Inactiv	vation, if Ap	pplicable*			
	Days			S		CT Calcul					UV:	Dose		
1 8 7	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest	
	or				Disinfectant	Contact Time	Before or						Residual Disinfectant	
	Visited				Concentration	(T) at C	at First			Minimum		Minimum	Concentration	
-	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		CT	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During	During	of	pH of		UV Dose,		Point in	Conditions; Repair or Maintenance Work that
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, °C	Water, if Applicable	mg- min/L	mW- sec/cm ²	mW- sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
1		24	0	5,5	2 10 11, 1129 12	12111140005	mg,mipt		лартсанс	1111,117	Boolom	Secrett	bystem, mg L	Out of Operation
2	X	24	0										.90	
3		24	0											
4		24	0											
5	37	24	0											
7	X	24	0										.97	
8		24	0					-		-				
9	X	24	0							1	-	-	.96	
10		24	0							†	 			
11		24	0											
12		24	0											
13	X	24	0										1.01	
14		24	0											
15 16	Х	24	0					-					4.00	
17	Λ	24	0								-		1.02	
18		24	0					-			-			
19		24	0											
20	X	24	5490										1.02	
21		24	0											
22		24	0											
23	X	24 24	0							9			1.00	
25		24	0								-		-	
26		24	0		1						-			
27	X	24	0										.98	
28		24	0											
29		24	0											
30	X	24	0										.91	
31		24	0											
Total Averas	10		5490 177.1											
Maxin			5490	1										



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

PWS Identification Number: 6511859	Plant Name: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, P	olymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * April 2020
A. Is any polymer containing the monomer acrylamide used at the	ne 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 treatm	ent plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silic	
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.

733

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are <u>not</u> considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555.900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



DEP Form 62-555.900(3)Atternate Page 5

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							V	ater Tem	perature	(°C)				7 7 7		
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W	ater Tem	perature	(°C)	-70 500					
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

Inactivation (Log)							V	ater Tem	perature	(°C)						
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

500	page 4 for misuructions.					
		for the Month/Year of: March 2020				
A.]	Public Water System (P	WS) Information				
	PWS Name: Tropical I	Park Water System			PWS Identification 1	Number: 6511859
	PWS Type:	Community Non-Transient Non-	Community Transie	nt Non-Community	Consecutive	
	Number of Service Co	nnections at End of Month: 118		Total Population S	erved at End of Month: 236	
	PWS Owner: A Utility	. Inc.		'		
	Contact Person: Troy 1	Fonder		Contact Person's T	itle: Asst. Manager HMI	
	Contact Person's Maili	ng Address: P.O. Box 669		City: Zephyrhills	State: F1	Zip Code: 33539-0669
	Contact Person's Teler	hone Number: 813-780-8503		Contact Person's F	ax Number: N/A	
		il Address: housingmanagementinc@ya	ahoo.com			
В.	Water Treatment Plant I					
	Plant Name: Tropical	Park Water System - West Well			Plant Telephone Nur	nher: 813-780-8503
	Plant Address: 37407			City: Zephyrhills	State: Fl	Zip Code: 33542
	Type of Water Treated		Purchased Finished V		Date: 11	21p 00d0, 33342
		Day Operating Capacity of Plant, gallons		,,		
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 62-699.310(4), F.A.C.)	·D
	Licensed Operators	Name	License Class	License Number	371	Ct(s) Worked
		Frank Hinchman	C	0021612		minutes to 20 minutes per each day
	Other Operators:			0021012	2 days per wook, approximately 5	minutes to 20 minutes per each day
	Other Operators.					
	. Certification by Lead			# 7 P F G	ELECTRICAL STREET	
I, th	e undersigned water tre	atment plant operator licensed in Florida	a, am the lead/chief operator	of the water treatm	ent plant identified in Part I of the	nis report. I certify that the
info	ormation provided in this	s report is true and accurate to the best of	of my knowledge and belief.	I certify that all dri	nking water treatment chemicals	s used at this plant conform to
NS.	F International Standard	60 or other applicable standards referen	nced in subsection 62-555.3	20(3), F.A.C. I also	certify that the following addition	onal operations records for this
plan	nt were prepared each da	y that a licensed operator staffed or vis-	ited this plant during the mo	nth indicated above	: (1) records of amounts of chem	icals used and chemical feed
rate	s; and (2) if applicable,	appropriate treatment process performa	nce records. Furthermore, I	agree to provide the	ese additional operations records	to the PWS owner so the PWS
		ther with copies of this report, at a conv			•	
	11:4					
	1 to for	3/31/2020	Frank Hinchman		0021612	
S	ignature and Date		Printed or Typed Name		License 1	Number

DEP Form 62-555.900(3)Alternate

337

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

JU	traviolet	t Radiatio	on 🗌 Otl	her (Describ			Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
ype	of Disin	fectant R	esidual Main	tained in D	istribution Syst	em:	Free Chlo	orine	Con	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
					T Calculations, or									
	Days					CT Calcul					ÜV	Dose		
Day of the Month	Plant Staffed or Visited by Operator (Place "X")		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	mg-		UV Dose	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work the Involves Taking Water System Components Out of Operation
1		24	15408											***************************************
2	X	24	15408										1,04	
3		24	0		-									
5	X	24	0								-		1.01	
6	Λ_	24	0							-	-		1.01	
7		24	0		-									
8		24	0								-			
9	X	24	0										1.00	
10		24	0										1.00	
11		24	0											
12	X	24	0										.98	
13		24	0											
14		24	0											
15		24	0											
16	X	24	140										.99	
17		24	0											
18	37	24	0					-						
19 20	X	24	0		-								1.00	1
21		24	0		+									
22		24	0		-									
23	X	24	0									-	.98	
24		24	0										.00	
25		24	0											
26	X	24	0										1.01	
27		24	0											
28		24	0											
29		24	0											
30		24	0											
31	X	24	0						Ų.				1.00	
Total Averas	ie		30956 998.58											
Marin		1	15/08	1										

DEP Form 62-555.900(3)Alternate

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

PWS Identification Number: 6511859 Plan	nt Name: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Polyme	er Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * March 2020
A. Is any polymer containing the monomer acrylamide used at the water	er treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	27 April Net C
Polymer Dose, ppm =	Acrylamide Level, % [†] =
	e 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 pla	ant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as	
If sodium silicate is used, the amount of added plus naturally occur	ring 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.

339

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month; and enter the maximum day net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555,900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							N/	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W	ater Ten	perature	(°C)				THE STATE OF		
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30



DEP Form 62-555.900(3)Alternate Page 6



See page 4 for instructions.

	1 6					
		for the Month/Year of: March 2020				
A. I	Public Water System (P	WS) Information				
	PWS Name: Tropical 1	Park Water System			PWS Identification	on Number: 6511859
	PWS Type:	Community Non-Transient Non-C	Community Transie	nt Non-Community	Consecutive	
	Number of Service Co	nnections at End of Month: 118		Total Population Se	rved at End of Month: 236	
	PWS Owner: A Utility	, Inc.				
	Contact Person: Troy 1	Fonder		Contact Person's Ti	tle: Asst. Manager, A Utility	, Inc.
	Contact Person's Maili	ing Address: P.O. Box 669		City: Zephyrhills	State: F1	
	Contact Person's Teler	hone Number: 813-780-8503		Contact Person's Fa	x Number: N/A	-
	Contact Person's E-Ma	ail Address: housingmanagementinc@yal	hoo.com			
В. Ъ	Water Treatment Plant I	nformation				
	Plant Name: Tropical	Park Water System - East Well			Plant Telephone 1	Number: 813-780-8503
	Plant Address: 37407	Ray Drive		City: Zephyrhills	State: F1	Zip Code: 33542
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V			
	Permitted Maximum I	Day Operating Capacity of Plant, gallons	per day: N/A			
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per sul	section 62-699.310(4), F.A.	C.): D
	Licensed Operators	Name	License Class	License Number		Shift(s) Worked
	Lead/Chief Operator:	Frank Hinchman	С	0021612		ly 5 minutes to 20 minutes per each day
	Other Operators:				,- Fee approxime	y a made to 20 mm and per dual day
	other operators.					
		ALC A PARK THE PARK T				
	. Certification by Lea				医自己性病 化二醇酚酚酚	Article State of the State of t
I, th	e undersigned water tre	atment plant operator licensed in Florida,	, am the lead/chief operator	of the water treatme	ent plant identified in Part I c	of this report. I certify that the
info	rmation provided in this	s report is true and accurate to the best of	my knowledge and belief.	I certify that all drir	king water treatment chemic	cals used at this plant conform to
NSI	International Standard	60 or other applicable standards reference	ced in subsection 62-555.3	20(3), F.A.C. I also	certify that the following add	litional operations records for this
plar	nt were prepared each da	ay that a licensed operator staffed or visite	ed this plant during the mo	nth indicated above:	(1) records of amounts of ch	nemicals used and chemical feed
rate	s; and (2) if applicable,	appropriate treatment process performand	ce records. Furthermore, I	agree to provide the	se additional operations reco	rds to the PWS owner so the PWS
owi	der can retain them, toge	ether with copies of this report, at a conve	mient location for at least t	en years.		
	/ L./LM	3/31/2020	Emonts I Linches on		00016	112
G .	TVAC	3/3/1/20/20	Frank Hinchman		00216	
21	ignature and Date		Printed or Typed Name		Licen	se Number



343

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

PWS	Identifi	cation N	umber: 65113	859		Plant Na	me: Tropi	cal Par	k Water S	ystem - E	East Well			
			e Month/Ye											
		ieving Fo t Radiatio		ıs Inactivati her (Describ	on/Removal: * oe):	Free	Chlorine		Chlorine	Dioxide		Dzone	Combin	ed Chlorine (Chloramines)
Type	of Disin	fectant R	esidual Mair	tained in D	istribution Syst	em: 🗵	Free Chl	orine	Con	mbined C	hlorine (Chloram	ines)	Chlorine Dioxide
					T Calculations or		monstrate Fo	our-Log	Virus Inactiv	vation, if A	pplicable*			
	Days					CT Calcul	ations					Dose		
Day of the Month	Plant Staffed or Visited by Operator (Place "X")	_	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	mg-	Operating	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 tha Involves Taking Water System Components Out of Operation
1		24	0											
2	X	24	9927										1.04	
3		24	9927											
5	37	24	9928 9928					-					4.04	
6	X	24	13485							-		-	1.01	
7		24	13485					-				-		
8		24	13485					-		-		-	-	
9	X	24	13485		 			-				-	1.00	
10	- 1	24	12030		+			1		_	_	_	1.00	
11		24	12030		<u> </u>			_		1		-		
12	X	24	12030		+			_				-	.98	
13		24	16312		1								.00	
14		24	16312											
15		24	16313											
16	X	24	16313										.99	
17		24	12853				1							
18		24	12853											
19	X	24	12854										1.00	
20		24	14750											
21		24	14750		-									
22		24	14750											
23	X	24	14750		-			_					.98	
24		24	20620					-		-	-			
25 26	v	24	20620		 			-	-	-	-		1.01	
27	X	24	20620 16088			-		-		-			1.01	
28		24	16088					+	-	-		-	-	
29		24	16088					+	-	-	-	-		
30		24	16088					1		_		-	 	
31	X	24	16088					-	+	-	-	+	1.00	
Total	- 13		434850					1					1.00	
Avera	e		14027.42	1										
Maxin			20620	1										

DEP Form 62-555.900(3)Alternate

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

I	PWS Identification Number: 6511859 Plant Name: Tropical Park Water System
1	V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * March 2020
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, % [†] =
В.	Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
	polymer are as follows:
	Polymer Dose, ppm = Epichlorohydrin Level, % [†] =
C.	Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
	Type of Sequestrant (polyphosphate or sodium silicate):
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =



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

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

345

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are <u>not</u> considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555.900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							N	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0

DEP Form 62-555.900(3)Atternate Page 5

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9,2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	350
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	49

Table 6: CT Values for Inactivation of Viruses by Ozone

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30







See page 4 for instructions.

I. General Information	for the Month/Year of: February 20)20						
A. Public Water System (P	WS) Information							
PWS Name: Tropical	Park Water System			PWS Identification N	Jumber: 6511859			
PWS Type:	Community Non-Transient Non-	-Community Transier	nt Non-Community	Consecutive				
Number of Service Co	onnections at End of Month: 118	, , , , , , , , , , , , , , , , , , ,	Total Population Se	rved at End of Month: 236				
PWS Owner: A Utility	/. Inc.							
Contact Person: Troy	Fonder		Contact Person's Ti	tle: Asst. Manager HMI				
Contact Person's Mail	ing Address: P.O. Box 669		City: Zephyrhills	State: F1	Zip Code: 33539-0669			
	hone Number: 813-780-8503		Contact Person's Fa		210 00001 0000			
	ail Address: housingmanagementinc@ya	ahoo.com		2 1 10222 0 2 1 2 11 1 2				
B. Water Treatment Plant I								
Plant Name: Tropical	Park Water System - West Well			Plant Telephone Nun	aber: 813-780-8503			
Plant Address: 37407			City: Zephyrhills	State: Fl	Zip Code: 33542			
Type of Water Treated		Purchased Finished V		Dute. 11	251p Code: 55542			
	Day Operating Capacity of Plant, gallons		7 41.01					
	absection 62-699.310(4), F.A.C.): V	per day. Titl	Plant Class (ner sub	section 62-699.310(4), F.A.C.):	D			
Licensed Operators	Name	License Class	License Number	Day(s)/Shif				
Lead/Chief Operator:		C	0021612		minutes to 20 mintues per each day			
Other Operators:			0021012	2 days per week, approximatery 3	minutes to 20 minutes per each day			
Other Operators.								
			<u> </u>					
II. Certification by Lea	d/Chief Operator				and the same of			
	atment plant operator licensed in Florida	a, am the lead/chief operator	of the water treatme	nt plant identified in Part I of th	is report. I certify that the			
information provided in thi	s report is true and accurate to the best o	of my knowledge and belief.	I certify that all drir	king water treatment chemicals	used at this plant conform to			
NSF International Standard	l 60 or other applicable standards referen	nced in subsection 62-555.32	20(3), F.A.C. I also	certify that the following addition	nal operations records for this			
plant were prepared each da	ay that a licensed operator staffed or visi	ited this plant during the mo-	nth indicated above:	(1) records of amounts of chem	icals used and chemical feed			
rates; and (2) if applicable,	appropriate treatment process performan	nce records. Furthermore, I	agree to provide the	se additional operations records	to the PWS owner so the PWS			
owner can retain them, toge	ether with copies of this report, at a conv	venient location for at least to	en years.	•				
1 11.			-					
1 to the	3/2/20	Frank Hinchman		0021612				
Signature and Date		Printed or Typed Name License Number						

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER S Identification Number: 6511859 Plant Name: Tronical Park Water System - West Well

PWS	Identifi	cation N	umber: 6511	859		Plant Na	me: Tropi	ical Par	k Water S	ystem - V	West Wel	1		
III. I	aily Da	ita for th	ne Month/Ye	ar of: Feb	ruary 2020									
Mean	s of Ach traviolet	iieving F t Radiatio	our-Log Viru on 🔲 Ot	ıs Inactivati her (Descril	on/Removal: * be):		Chlorine		Chlorine	Dioxide		Ozone	Combin	ed Chlorine (Chloramines)
Type	of Disin	fectant R	Residual Mair		istribution Syst		Free Chl	orine	Co:	mbined C	hlorine (Chlorami	ines)	Chlorine Dioxide
				C	T Calculations, or	UV Dose, to De	emonstrate F	our-Log	Virus Inacti	vation, if A	pplicable*		The T	
	Days				7	CT Calcu		7			UV	Dose		
the Month	Plant Staffed or Visited by Operator (Place "X")		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	mg-		Minimum UV Dose Required, mW- sec/cm ²	at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	8900											
3	X	24	8900 8900					-	-	-				
4	Λ	24	9586		+			-		-			1.13	
5		24	9587											
6	X	24	9587		1					1			1.09	
7		24	14342											
8		24	14342											
9		24	14343											
10	X	24	14343										1.10	
11		24	13266 13267		 			-		 				
13	X	24	13267		 		-	-		-			1.00	
14		24	13875							-	-	-	1.09	
15		24	13875					1		1				
16		24	13875							1				
17	X	24	13875										1.00	
18		24	15156											
19		24	15157											
20	X	24	15157										1.04	
21		24	13907											
22		24	13907		-	-		-						
23	X	24	13908 13908					-	-	-		-		
25	_^	24	14940					-	-	-	-	-	1.06	
26		24	14940					-			-			
27	X	24	14940								-	-	1.07	
28		24	15407											
29		24	15407											
3.0		24	0											
31		24	0											
Total			384864											
Averag	e		12414 97	I										

249

15407

Maximum

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

T AA IT	Identification Number: 6511859 Plant Name: Tropical Park Water System
IV.	Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * February 2020
A. Is ε	my 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
	ows:
	lymer Dose, ppm = Acrylamide Level, $\%^{\dagger}$ =
B. Is a	my polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
pol	ymer are as follows:
_	lymer Dose, ppm = Epichlorohydrin Level, % [†] =
	my iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
	pe of Sequestrant (polyphosphate or sodium silicate):
	questrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
If	sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =



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

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalimity and process effluent pH and alkalimity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read.

For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the



end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T10/T Factors for Various Baffling Conditions

Baffling Condition	T_{10}/T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

					Later Stevens		V	ater Tem	perature	(°C)						476
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0





Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Terr	perature	(°C)						-
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							V	ater Tem	perature	(°C)			1100			
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							V	ater Terr	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

	General Information		February 2020)					
A. F	Public Water System (P	WS) Information							
	PWS Name: Tropical l						PWS	Identification Nu	umber: 6511859
	PWS Type:	Community Nor	n-Transient Non-C	ommunity	Transier	nt Non-Community	☐ Consecuti	ve	
		nnections at End of Mo	onth: 118			Total Population S	erved at End of M	fonth: 236	
	PWS Owner: A Utility	Inc.				×			
	Contact Person: Troy	Fonder				Contact Person's T	itle: Asst. Manag	er, A Utility, Inc	
	Contact Person's Maili	ing Address: P.O. Box 6	569			City: Zephyrhills		State: F1	Zip Code: 33539-0669
	Contact Person's Teler	hone Number: 813-780)-8503			Contact Person's Fa	ax Number: N/A		
	Contact Person's E-Ma	ail Address: housingman	nagementinc@yah	oo.com					
В. У	Water Treatment Plant I	nformation							
	Plant Name: Tropical	Park Water System - Ea	ıst Well				Plant	Telephone Num	ber: 813-780-8503
	Plant Address: 37407	Ray Drive				City: Zephyrhills	State:	F1	Zip Code: 33542
	Type of Water Treated	l by Plant: 🛛 Raw	Ground Water	Purcha	ased Finished V	Vater			1
	Permitted Maximum I	Day Operating Capacity	of Plant, gallons p	er day: N/A	Α				
	Plant Category (per su	bsection 62-699.310(4)	, F.A.C.): V			Plant Class (per su	bsection 62-699.3	310(4), F.A.C.):	D
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift((s) Worked
	Lead/Chief Operator:	Frank Hinchman			С	0021612	2 days per weel	c, approximately 5 m	ninutes to 20 minutes per each day
	Other Operators:								
	•								
TT	. Certification by Lea	J/Chiaf On austan	1000	S V S A	0.00		1 7/1 1 7/2 11		
			agneed in Florida	nm the lead	Valsiaf amounts	. of the restor treature		d in Dark Lafeth	s report. I certify that the
info	e undersigned water the	aunem plant operator in	rete to the best of	am the lead	dae and belief	To the water treatm	ent plant identifie	ed in Part I of thi	s report. I certify that the used at this plant conform to
									used at this plant conform to hal operations records for this
nlar	it were prepared each da	av that a licensed operat	tor staffed or visite	ed this plant	during the mo	nth indicated above	(1) records of ar	nounts of chemic	cals used and chemical feed
rate	s: and (2) if applicable	appropriate treatment p	rocess performanc	e records	Furthermore I	agree to provide the	se additional one	rations records to	o the PWS owner so the PWS
owr	er can retain them, toge	ether with copies of this	report, at a conve	nient locatio	on for at least to	en vears	so additional ope	racions rootids b	o the 1 w 5 owner so the 1 w 5
0	1 11	The state of the s	F 3- 0, w/ w - 5 11 (v)			on your			
/	tothe		3/2/2020	Frank Hine	chman			0021612	
Si	gnature and Date			Printed or	Typed Name		License Number		



PWS	Identific	cation Nu	ımber: 65118	359		Plant Na	те: Тгорі	cal Par	k Water S	ystem - E	ast Well			
III. I	Daily Da	ta for th	e Month/Ye	ar of: Feb	ruary 2020									
Mean	s of Ach	ieving Fo	our-Log Viru	s Inactivationer (Describ	on/Removal: *	Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
					istribution Syst	am: 🕅	Free Chlo	anim o	ПС	nbined C	hloning (Ola Lamana :	- Anna	Chlorine Dioxide
Турс	OI DISH	icciain ic	Csiduai Iviani		T Calculations, or				Vinus Inactiv	ration if Ar	morme (Chioranni	nes)	Chionne Dioxide
	Days					CT Calcul	ations	Zu Zug	THE LINE I	deton, it is		Dose		
Day of the Month	Plant Staffed or Visited by Operator (Place "X")		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	Operating	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 24	0											
3	X	24	0										1.40	
4	Α	24	0										1.13	
5		24	0											
6	X	24	0										1.09	
7		24	0											
8		24	0											
9		24	0											
10	X	24	0										1.10	
11		24	60											
12	X	24 24	0										1.00	
14	Λ.	24	0					-					1.09	
15		24	0		1									
16		24	0											
17	X	24	0										1.00	
18		24	0											
19		24	0											
20	X	24	0										1.04	
21		24	0											
22		24	0											
23	X	24	0		 			_		-	-			
25	Α	24	0					-					1.06	
26		24	0					 						
27	X	24	0										1.07	
28		24	0											
29		24	0											
30		24	0											
31		24	0											
Total	-	4	60											
Avera	e		1.94											



Maximum 60

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

F	PWS Identification Number: 6511859 Plant Name: Tropical Park Water System
Γ	V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * February 2020
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, % [†] =
В.	Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
	polymer are as follows:
	Polymer Dose, ppm = Epichlorohydrin Level, % [†] =
C.	Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
	Type of Sequestrant (polyphosphate or sodium silicate):
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =



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

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

357

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

Inactivation (Log)	Water Temperature (°C)															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



DEP Form 62-555.900(3)Atternate Page 5

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

Inactivation (Log)	Water Temperature (°C)															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

Inactivation (Log)	Water Temperature (°C)															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30

Page 6







See page 4 for instructions.

	General Information : Public Water System (P	for the Month/Year of: January 2020				
1 2. 2	PWS Name: Tropical I				PWS Identification N	Jumber: 6511850
		Community Non-Transient Non-C	Ommunity Transie	nt Non-Community	Consecutive	uniber: 0311839
		nnections at End of Month: 118	otherwise I ransic		rved at End of Month: 236	
	PWS Owner: A Utility			1 Total I opulation Sc	ived at End of World. 250	
	Contact Person: Troy I			Contact Person's Ti	tle: Asst. Manager HMI	
		ng Address: P.O. Box 669		City: Zephyrhills	State: F1	Zip Code: 33539-0669
		whone Number: 813-780-8503		Contact Person's Fa		Zip code. 33339-0009
		ail Address: housingmanagementinc@yal	200 com	Contact I cison's I'd	A INUITIDEL. IN/A	
B '	Water Treatment Plant I		100.00111			
Δ.		Park Water System - West Well			Plant Telephone Nun	aber: 913-790-9503
	Plant Address: 37407			City: Zephyrhills	State: Fl	Zip Code: 33542
	Type of Water Treated		Purchased Finished		Btate. 11	Z.Ip Code, 33342
		Day Operating Capacity of Plant, gallons		Trutoi		
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V	por day, 1971	Plant Class (per sub	section 62-699.310(4), F.A.C.):	D
	Licensed Operators	Name	License Class	License Number	Day(s)/Shif	
	Lead/Chief Operator:		C	0021612	2 days per week, approximately 5	
	Other Operators:			0021012	2 days per week, approximately 2 i	imittes to 20 limites per each day
	Other Operators.					
7.7		1/01:40				
	. Certification by Lead				KENTER OF MERCHAN	
1, th	e undersigned water tre	atment plant operator licensed in Florida	am the lead/chief operato	r of the water treatme	nt plant identified in Part I of th	is report. I certify that the
MIC	rmation provided in this	s report is true and accurate to the best of	my knowledge and belief.	I certify that all drir	king water treatment chemicals	used at this plant conform to
1/01	r miemanonai Standard	60 or other applicable standards reference by that a licensed operator staffed or visite	ed this plant during the ma	20(3), F.A.C. 1 also	certify that the following addition	nal operations records for this
Piai	s: and (2) if applicable	appropriate treatment process performance	se records Eurthermore	narea to provide the	(1) records of amounts of chemical and additional apparations records	to the DWG the DWG
OTAT	er can retain them toge	ether with copies of this report, at a conve	mient location for at least	agree to provide the	se additional operations records	to the PWS owner so the PWS
0 441	A 11	while write sopies of this report, at a conve	mont location for at least	on years.		
	(+ 1 hm	1/31/2020	Frank Hinchman		0021612	
S	ignature and Date		Printed or Typed Name		License N	Jumber

36/

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

PWS	Identific	cation Nu	umber: 65118	359		Plant Na	me: Tropi	cal Par	k Water S	ystem - V	West Wel	1		
III. I	Daily Da	ta for th	e Month/Ye	ar of: Janu	uary 2020									
Mean	s of Ach traviolet	ieving Fo	our-Log Viru on [] Otl	s Inactivation her (Describ	on/Removal: * oe):	Free	Chlorine		Chlorine	Dioxide		Dzone	Combin	ed Chlorine (Chloramines)
Type	of Disin	fectant R	esidual Main	tained in D	istribution Syst	em: 🛛	Free Chlo	orine	Co	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
0.00				С	T Calculations, or	UV Dose, to De		our-Log	Virus Inactiv	vation, if Ap	plicable*			
	Days					CT Calcul					UV	Dose	E F a T	
the Month	Plant Staffed or Visited by Operator (Place "X")		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	CT Required, mg-	Operating	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	7700											
3	X	24 24	7700 7700		-									
4	Λ	24	0		-								1.00	
5	-	24	0											
6	X	24	0									-	1.00	
7		24	0										1.00	
8		24	0											
9	X	24	0										1.01	
10		24	0											
11		24	0											
12		24	0											
13	X	24	0										1.02	
14		24	170											
15		24	0		ļ				,					
16	X	24	0										1.03	
17		24	0		-									
19		24	0					-			-	-		
20	X	24	0								-		1.04	
21	Λ	24	0					-					1.04	
22		24	0								1			
23	X	24	0										1.00	
24		24	0											
25		24	0											
26		24	0											
27	X	24	0										.99	
28		24	0											
29		24	0											
30		24	0											
31	X	24	0									-	.90	
Total			23270											
Avera			750.65											

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

PWS Identification Number: 6511859 Plant Name: Tropica	Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Ep	ichlorohydrin, and Iron or Manganese Sequestrant for the Year: * January 2020
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:	45-W 20 3 Earl
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?	Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	
If sodium silicate is used, the amount of added plus naturally occurring silicate, in m	g/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.

363

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T₁₀/T factor based upon baffling conditions in the tank, etc. Table 1 at the

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T ₁₀ /T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

							V	ater Ten	perature	(°C)		11-51	-			
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20,8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0

DEP Form 62-555.900(3)Alternate Page 5

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

							Ŋ	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30





See page 4 for instructions.

	1-0-										
		for the Month/Year of: January 2020									
A.]	Public Water System (P	WS) Information									
	PWS Name: Tropical I	Park Water System			PWS Identification N	umber: 6511859					
		Community Non-Transient Non-C	Community Transier	nt Non-Community	Consecutive						
	Number of Service Co	nnections at End of Month: 118		Total Population Se	rved at End of Month: 236						
	PWS Owner: A Utility	Inc.									
	Contact Person: Troy I	Fonder		Contact Person's Ti	tle: Asst. Manager, A Utility, Inc	D					
	Contact Person's Maili	ing Address: P.O. Box 669		City: Zephyrhills	State: F1	Zip Code: 33539-0669					
	Contact Person's Telep	phone Number: 813-780-8503		Contact Person's Fa	x Number: N/A						
	Contact Person's E-Ma	ail Address: housingmanagementinc@yal	hoo.com								
B.	Water Treatment Plant I	nformation									
	Plant Name: Tropical 1	Park Water System - East Well			Plant Telephone Num	nber: 813-780-8503					
	Plant Address: 37407	Ray Drive		City: Zephyrhills	State: F1	Zip Code: 33542					
	Type of Water Treated	l by Plant: Raw Ground Water	Purchased Finished \			1					
	Permitted Maximum I	Day Operating Capacity of Plant, gallons	per day: N/A								
		bsection 62-699.310(4), F.A,C.): V		Plant Class (per sub	section 62-699.310(4), F.A.C.):	D					
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift						
	Lead/Chief Operator:	Frank Hinchman	C	0021612	2 days per week, approximately 5 n	3.7.					
	Other Operators:										
	Other operators.										
100											
	. Certification by Lea			FIRST CONTRACTOR							
I, th	ne undersigned water tre	atment plant operator licensed in Florida,	, am the lead/chief operator	r of the water treatme	ent plant identified in Part I of the	is report. I certify that the					
info	ormation provided in this	s report is true and accurate to the best of	my knowledge and belief.	I certify that all drir	king water treatment chemicals	used at this plant conform to					
NS.	SF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this										
pla	ant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed es; 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										
rate	es; and (2) if applicable,	appropriate treatment process performan	ce records. Furthermore, I	agree to provide the	se additional operations records	to the PWS owner so the PWS					
ow	ner can retain them, toge	ether with copies of this report, at a conve	enient location for at least t	en years.							
	/ / / h	4/04/0000	F 1 II' 1								
-	TURN	1/31/2020_	Frank Hinchman		0021612						
S	ignature and Date		Printed or Typed Name		License N	fumber					

367

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

PWS	Identific	cation N	umber: 65118	859		Plant Na	me: Tropi	cal Par	k Water S	ystem - F	East Well			
III. I	aily Da	ta for th	e Month/Ye	ar of: Jan	uary 2020									,
					on/Removal: *	Free	Chlorine		Chlorine	Dioxide)zone	Combin	ed Chlorine (Chloramines)
UI	traviolet	t Radiatio	on 🔲 Otl	her (Descril	be):								_	,
Туре	of Disin	fectant R	esidual Main		istribution Syst		Free Chlo	orine		mbined C		Chlorami	nes)	Chlorine Dioxide
				C	T Calculations, or			our-Log	Virus Inactiv	vation, if Ap				
	Days				_	CT Calcul					UV	Dose		
Day of the Month	Plant Staffed or Visited by Operator (Place "X")		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,	pH of Water, if Applicable	CT Required, mg-	Operating	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	0											
3	X	24 24	0		-								1.00	
4	Α	24	6440							-		-	1.00	
5		24	6440							h	-			
6	X	24	6440										1.00	
7		24	7636											
8		24	7637											
9	X	24	7637										1.01	
10		24	7907											
11		24	7907											
12		24	7908											
13	X	24	7908		-								1.02	
14		24	8960											
15	v	24	8960 8930							-			4.00	
16 17	X	24	8315		-			-					1.03	
18		24	8315		-		-		-	-	-	-		
19		24	8315							1	 			
20	Х	24	8315									 	1.07	
21		24	7830										1.01	
22		24	7830											
23	X	24	7830										1.00	
24		24	8927											
25		24	8727											
26		24	8928					_						
27	X	24	8928					-		-		-	.99	
28		24	8082 8082					-		-	-	-		
30		24	8082		-			_			+	-		
31	Х	24	8083		1		-					-	.90	
Total			225300							1			1.00	
Averag	e		7267.74	1										
37			00/0	1										

DEP Form 62-555.900(3)Alternate

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

PWS Identification Number: 6511859	Plant Name: Tropical Park Water System
IV. Summary of Use of Polymer Containing Acrylamide, Po	lymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * January 2020
A. Is any polymer containing the monomer acrylamide used at the	e 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 treatme	ent plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silication	
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.

369

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

INSTRUCTIONS: This report shall be completed and submitted by all public water systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that treat raw ground water or purchased finished water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink. Complete and submit Parts I through III of this report every month; complete and submit Part IV of this report only with the monthly operation report for December of each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant. NOTE THAT A SEPARATE MONTHLY OPERATION REPORT IS REQUIRED FOR EACH PLANT TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER.

The following specific instructions are for Part II of this report.

Process performance records shall be kept for the following treatment processes: coagulation/flocculation, sedimentation, filtration, lime-soda ash softening, ion exchange softening, nanofiltration and reverse osmosis, and electrodialysis. Coagulation/flocculation records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates. Sedimentation records should include process effluent turbidity and sludge volume produced. Filtration records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates. Lime-soda ash softening records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration. Ion exchange softening records should include feed and bypass flows, blend rate, and salt and brine used. Nanofiltration and reverse osmosis records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity. Electrodialysis records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.

The following specific instructions are for the table in Part III of this report.

HOURS PLANT IN OPERATION. For each day the plant is in operation, enter the number of hours that the plant is in operation, or on-line, to serve water to the public.

DAYS PLANT STAFFED OR VISITED BY OPERATOR. Enter an "X" for each day the plant was staffed or visited by an appropriately licensed water treatment plant operator.

NET QUANTITY OF FINISHED WATER PRODUCED. Enter the net quantity of finished water, excluding any filter backwash water, produced by the plant for each day the plant is in operation; compute and enter the total net quantity of finished water produced for the month; compute and enter the average daily net quantity of finished water produced for the month. If the plant is staffed during every hour it is in operation or if the plant has flow recording equipment, enter the net quantity of finished water produced between 12:00 midnight and 12:00 midnight for each day the plant is in operation. If the plant is not staffed during some hours it is in operation and if the plant does not have flow recording equipment, read the totalizing flow meter(s) (or the elapsed time clock[s]) at approximately the same time each day the plant is staffed or visited by a licensed operator and enter the net quantity of finished water produced since the meter(s) (or the elapsed time clock[s]) was(were) last read. For each reading that represents the net quantity of finished water produced during two or more calendar days, divide the reading evenly between those calendar days.

CT CALCULATIONS, OR UV DOSE, TO DEMONSTRATE FOUR-LOG VIRUS INACTIVATION, IF APPLICABLE. Provide this information if the plant is treating raw ground water from wells considered microbially contaminated or susceptible to microbial contamination per paragraph 62-555.315(6)(b) or (f), F.A.C, and beginning no later than January 1, 2006, provide this information if the plant is treating water in a manner that exposes the water during treatment to the open atmosphere and possible microbial contamination. (Aerators and other facilities that are protected from contamination by birds, insects, wind-borne debris, rainfall, and water drainage are not considered to be exposing water to the open atmosphere and possible microbial contamination.)

For each day water is served to the public from a plant that includes chemical disinfection for virus inactivation, enter the lowest residual disinfectant concentration (C) measured before or at the first customer during peak flow, the corresponding disinfectant contact time (T) at the C measurement point during peak flow, and the resulting lowest CT provided before or at the first customer during peak flow. (Disinfectant contact time in pipelines flowing full shall be calculated by dividing the internal volume of the pipeline by the flow rate through the pipeline, and disinfectant contact time in tanks, etc., shall be the time it takes for ten percent of the water to pass through the tank, etc., and shall be determined by tracer studies or by multiplying the theoretical detention time by an appropriate T_{10}/T factor based upon baffling conditions in the tank, etc. Table 1 at the

DEP Form 62-555.900(3)Alternate Page 4

end of these instructions lists appropriate T₁₀/T factors for various baffling conditions.) In addition, for each day water is served to the public from the plant, enter the temperature of the water at the point where C is measured; enter the pH of the water at the point where C is measured if free chlorine is being used for virus inactivation; and with this temperature and pH information, determine and enter the minimum CT required. (Required minimum CT values are listed in Appendix E of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Tables 2 through 6 at the end of these instructions present the values from Appendix E.)

For each day water is served to the public from a plant that includes ultraviolet (UV) disinfection for virus inactivation, enter the lowest operational UV dose measured and the minimum UV dose required.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Table 1: T₁₀/T Factors for Various Baffling Conditions

Baffling Condition	T_{10}/T	Baffling Description
Unbaffled (mixed flow)	0.1	No baffling, agitated basin, very low length-to-width ratio, high inlet and outlet velocities
Poor	0.3	Single or multiple unbaffled inlets and outlets, no intrabasin baffles
Average	0.5	Baffled inlet or outlet with some intrabasin baffles
Superior	0.7	Perforated inlet baffle, serpentine or perforated intrabasin baffles, outlet weir or perforated launders
Perfect (plug flow)	1.0	Very high length-to-width ratio (pipeline flow); perforated inlet, outlet, and intrabasin baffles

Table 2: CT Values for Inactivation of Viruses by Free Chlorine, pH 6-9

	Water Temperature (°C)															
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

Table 3: CT Values for Inactivation of Viruses by Free Chlorine, pH 10

							V	ater Tem	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	22.0	20.6	19.2	17.8	16.4	15.0	14.2	13.4	12.6	11.8	11.0	10.2	9.4	8.6	7.8	7.0
3	33.0	30.8	28.6	26.4	24.2	22.0	20.8	19.6	18.4	17.2	16.0	15.0	14.0	13.0	12.0	11.0
4	45.0	42.0	39.0	36.0	33.0	30.0	28.4	26.8	25.2	23.6	22.0	20.6	19.2	17.8	16.4	15.0



37/

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

Table 4: CT Values for Inactivation of Viruses by Chlorine Dioxide

							W	ater Tem	perature	(°C)						11025
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	4.2	3.9	3.6	3.4	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	12.8	12.0	11.1	10.3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	25.1	23.4	21.7	20.1	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

Table 5: CT Values for Inactivation of Viruses by Chloramines if Chlorine Is Added Prior to Ammonia

							W	ater Ten	perature	(°C)						
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	643	600	557	514	471	428	407	385	364	342	321	300	278	257	235	214
3	1,067	996	925	854	783	712	676	641	605	570	534	498	463	427	392	356
4	1,491	1,392	1,292	1,193	1,093	994	944	895	845	796	746	696	646	597	547	497

Table 6: CT Values for Inactivation of Viruses by Ozone

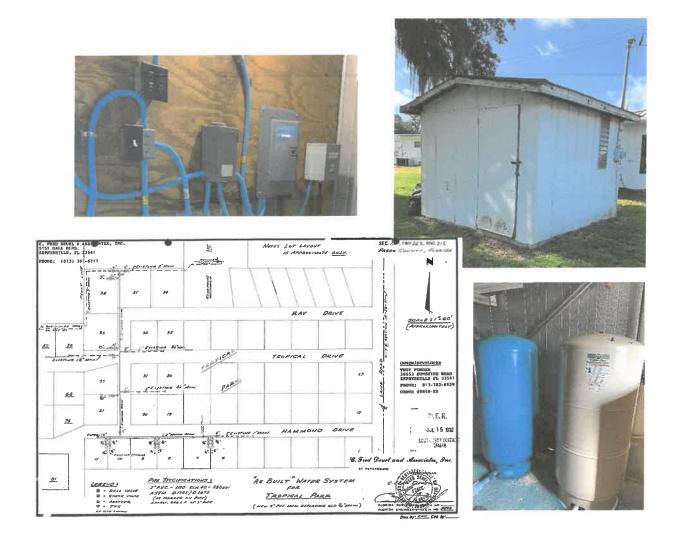
						75	V	ater Ten	perature	(°C)						LIT-T
Inactivation (Log)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0.50	0.46	0.42	0.38	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.80	0.74	0.68	0.62	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	1.00	0.92	0.84	0.76	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30

A Utility Inc. FPSC Balance Sheet

As of December 9, 2050

	Dec 9, 50
ASSETS	
Current Assets	
Other Current Assets	
Depreciable Assets	
Distribution Reservoirs and sta	20.00
2021 Depreciation	-20.00 20.00
Distribution Reservoirs and sta - Other	20.00
Total Distribution Reservoirs and sta	0.00
Pumping Equipment	
2021 Depreciation	-76.00
Pumping Equipment - Other	76.00
Total Pumping Equipment	0.00
Supply Mains	
2021 Depreciation	-765.76
2022 Depreciation	-765.76
2023 Depreciation	-765.76
2024 Depreciation	-765.76
2025 Depreciation	-765.76
2026 Depreciation	-765.76
2027 Depreciation	-765.76
2028 Depreciation	-765.76
2029 Depreciation	-765.76
2030 Depreciation	-765.76
2031 Depreciation	-472.40
Supply Mains - Other	8,130.00
Total Supply Mains	0.00
Total Depreciable Assets	0.00
Total Other Current Assets	0.00
Total Current Assets	0.00
Fixed Assets	
Land	333.34
Lot # 39 Lot # 40	333.33
Lot # 40 Lot # 41	333.33
Total Land	1,000.00
Total Fixed Assets	1,000.00
TOTAL ASSETS	1,000.00
LIABILITIES & EQUITY Equity Opening Balance Equity	9,367.00
Retained Earnings	-8,367.00
Total Equity	1,000.00
TOTAL LIABILITIES & EQUITY	1,000.00

195 372-395 Answers for # 13415



Tropical Trailer Park Water System

Public Water System - ID # 6511859

Zephyrhills, Florida

Water System Valuation

Florida Rural Water Association

November 15, 2020 (amended 2-4-2021)

Tropical Trailer Park Water System

Public Water System - ID # 6511859

Zephyrhills, Florida

Water System Valuation

Florida Rural Water Association November 15, 2020 (amended 2-4-21)

> Professional Services include a valuation of the drinking water assets only, within the Tropical Trailer Park

FOREWORD

The purpose of this review is to provide an independent valuation opinion of the Tropical Trailer Park Drinking Water Infrastructure, located in Zephyrhills, Florida, owned by "A" Utility, Inc. The utility is operated and maintained by MCL Environmental Services, LLC., and is managed by Housing Management, Inc. This report only provides a high-level opinion of the remaining life and an estimated probable cost of the major elements of the drinking water production infrastructure; no consideration was given to any financial, legal, managerial, staffing, personnel, customers, service area, capacity to serve, etc., matters. This report is based on data provided by the utility staff, monthly operating report (MOR), system map/s, sanitary report, and photos. The analyses' and resulting opinion of probable cost assumes data provided by the utility is accurate.

An inventory of major water infrastructure elements was developed and assigned an expected industry standard useful life and a newly constructed value. Major elements of the system include, pipes, pumps, valves, tanks, machinery, instrumentation, measurements and controls, above ground structures, water meters, and distribution piping.

An expected remaining useful life was estimated for each of these major elements under review, based on the time in service compared to the industry standard life. The current remaining value of the infrastructure was calculated by multiplying the assigned percent remaining life by an estimated current constructed value. Certain pre and post construction activities (planning, design, permits, inspection, etc.) were calculated separately and are assumed to be common and applicable to a new and/or existing water production system.



Tropical Trailer Park Water Facility FRWA	November 15, 2020 amended 2-54-21

TABLE OF CONTENTS

F	OREW	ORE	D	3
Ε	XECUTI	Ι V E	SUMMARY	7
1	INT	ROE	DUCTION	10
	1.1	ВА	CKGROUND	. 10
	1.2	NE	ED	. 10
	1.3	SC	OPE OF STUDY	. 10
2	INF	₹AS	TRUCTURE	11
	2.1	СО	NDITION OF FACILITIES	. 11
	2.1.1	L '	Water Meter	. 11
	2.1.2	2	Backflow Device	. 11
	2.1.3	} '	Well, Pump and Electric Controls	. 11
	2.1.4	ļ 1	Hydropneumatics Tank/s	. 12
	2.1.5	5 5	Standby Electric Generators	. 12
	2.1.6	; (Chemical Feed	. 12
	2.1.7	, ,	Vertical Structures (pump house, storage room, chlorine room)	. 13
	2.1.8	} 1	Water Meter	. 13
	2.1.9) j	Backflow Device	. 13
	2.1.1	.0	Well, Pump and Electric Controls	. 13
	2.1.1	.1	Hydropneumatics Tank/s	. 14
	2.1.1	.2	Standby Electric Generators	. 14
	2.1.1	.3	Chemical Feed	. 15
	2.1.1	.4	Vertical Structures (pump house, storage room, chlorine room)	. 15
	2.2	US	EFUL LIFE OF EQUIPMENT	. 16
	25-30.1	140	Depreciation.	.16
3	OPI	ΝIO	N OF PROBABLE COST	19
	3.1	PR	OCESS	. 19

November	10	າດາດ	200000		2 6/ 21
Nuvember	1.3	ZUZU	anieni	ıeu.	Z-J4-ZJ

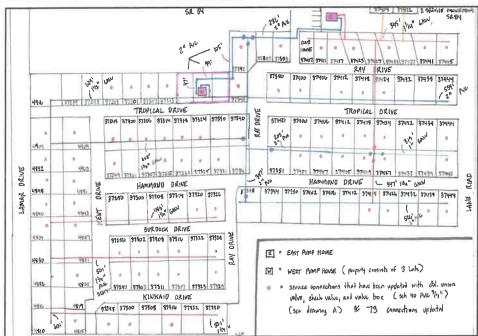
Tropical Trailer Park Water Facility | FRWA

3.2	SUMMARY	
APPEND	OIX A – OCULUS REPORTS (36 FILE SUMMARY) 20

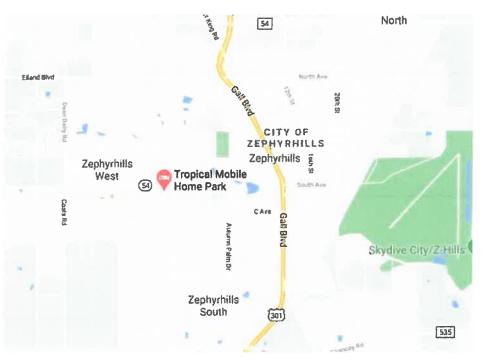
EXECUTIVE SUMMARY

<u>Study Area:</u> This valuation includes the Tropical Trailer Park Drinking Water Facility within the service area shown below.





Location Map



Site Map

Legal Description of Territory Served:

In Section 15, Township 26 South, Range 21 East:

Commence at the Northeast comer of the Northwest 1/4 of said Section 15, thence run West along said North Section line 300 feet for a Point of Beginning; thence South 230 feet more or less; thence East 300 feet more or less to the East line of said Northwest '14; thence South along said East line of the Northwest 1/4 400 feet; thence West 650 feet; thence South 350 feet more or less; thence West 650 feet to the West line of the Northeast 1/4 of the Northwest 1/4; thence North along said line 650 feet; thence East 650 feet; thence North 100 feet; thence East 200 feet; thence North 230 feet more or less to the North line of said section 15; thence East along said section line 150 feet more or less to the point of Beginning.

Common Street Names within this review – valuation: Ray Drive, Tropical Drive, Hammond Drive, Burdock Drive, Kinkaid Drive, Kent Drive and the North East end of Lamar Road

Population for Tropical Trailer Park is approximately 117 homes and approximately 250 persons as of 10/17/2017.

The Public Water System (PWS) number is 6511859. Plant Storage Capacity includes a 220-gallon hydropneumatic tank at the east pump house and two 119-gallon bladder tanks at the west pump house, as provided by a 10-17-2017 Sanitary Survey Report and the owner. The system operation requires a type "C" drinking water license.

<u>Infrastructure Opinion of Probable Cost:</u> For the Tropical Trailer Park drinking water infrastructure within this review, the system's total *renewal and replacement opinion of probable cost is* \$346,508. This equates to \$2,962 per connection. Considering the age and condition of the

current infrastructure, the *infrastructure's remaining life, opinion of probable cost is \$225,287*. This equates to \$1,926 per connection.

The existing system is estimated to be 35% less than the cost of a new system if constructed using today cost. Costs associated with a new system and the existing system infrastructure, beyond the current replacement value, includes pre and post construction services (planning, engineering, testing, permits, procurement, inspections, as-built drawings, closeout, etc.).

1 Introduction

1.1 BACKGROUND

"A" Utility, Inc. own the Tropical Trailer Park drinking water system and is responsible for the management, operations and fiduciary matters of the Water System. Frank Hinchman, Operator/Owner of MCL Environmental Services, LLC is the Florida licensed operator for the system. The system serves approximately 117 residential customers.

1.2 NEED

"A" Utility, Inc. engaged Florida Rural Water Association (FRWA) to provide a high-level valuation opinion of the Water System in its current condition. The system's major elements are in various stages of design life.

1.3 SCOPE OF STUDY

The scope of the study includes the following sequence of tasks:

- 1. Coordination with the Owner and Licensed Operator
- 2. Data gathering
- 3. Data review and analysis
- 4. Inventory existing major water infrastructure elements.
- 5. Establish an equipment condition assessment.
- 6. Provide for an estimated useful life of each major infrastructure element.
- 7. Provide for an estimated remaining useful life of each major infrastructure element.
- 8. Develop an opinion of each major infrastructure elements *replacement value*.
- 9. Develop an opinion of the existing major infrastructure elements *remaining value*.
- 10. Evaluate pre and post construction support services (engineering, surveying, legal, financial, etc.) *value to facilitate construction of new infrastructure*

382

2 INFRASTRUCTURE

2.1 CONDITION OF FACILITIES

The existing water infrastructure was constructed and placed in service in circa 1961. Renewal, replacement and upgrades of various system elements have occurred periodically. The following major elements of the drinking water system are divided between the East and West water wells.

East Water Production Facilities

2.1.1 Water Meter

The production water meter was tested on October 11, 2017, by Frank Hinchman and passed.



2.1.2 Backflow Device

No backflow device/s exists within the distribution system.

2.1.3 Well, Pump and Electric Controls

Wells AAC0183 and AAC0183 were developed in 1961; neither the FDEP nor the SWWMD has data for the two wells. Frank Hinchman identified the East well as having a 4" diameter casing. Frank also identified the east well as having a 1.5 horsepower motor. Condition of the pump and motor, water well casing, pressure piping and service wiring is not visible and therefore unknown. The well casing is less than 12" above the floor. The owner stated that the electric breaker (not housing) was installed on 12/03/2018 and the electric pump motor controller on 11/01/2019.







2.1.4 Hydropneumatics Tank/s.

The system includes three water storage tanks, one hydropneumatics (air over water) at the East plant and two hydropneumatics (bladder) at the West plant. All tanks are in service at this time.





2.1.5 Standby Electric Generators

No generator exists.

2.1.6 Chemical Feed.

Sodium Hypochlorite is used to meet FDEP disinfection requirements. CI solution strength is 10.5%.



2.1.7 Vertical Structures (pump house, storage room, chlorine room)

The East structure (enclosure, building) is wood construction with a tin roof; overall it is in fair condition.





West Water Production Facilities

2.1.8 Water Meter

The production water meter was tested on October 11, 2017, by Frank Hinchman and passed.





2.1.9 Backflow Device

No backflow device/s exists within the distribution system.

2.1.10 Well, Pump and Electric Controls

Wells AAC0183 and AAC0183 were developed in 1961; neither the FDEP nor the SWWMD has data for the two wells. Frank Hinchman identified the West well as having a 4" diameter casing. Frank also identified the West well as having a 2-horsepower motor. Condition of the pump and motor, water well casing, pressure piping and service wiring is not visible and therefore unknown. The well casing is less than 12" above the floor. The pump controller and electric breaker looks to be new.



2.1.11 Hydropneumatics Tank/s.

The system includes two hydropneumatics (bladder) tanks at the West plant. All tanks are in service at this time.



2.1.12 Standby Electric Generators

No generator exists within the water distribution system

2.1.13 Chemical Feed.

Sodium Hypochlorite is used to meet FDEP disinfection requirements. Cl solution strength is 10.5%. The dosing equipment appears to be in good condition.





2.1.14 Vertical Structures (pump house, storage room, chlorine room)

The West structure (enclosure, building) is wood construction with a tin roof; overall it is in fair condition.



2.2 USEFUL LIFE OF EQUIPMENT.

Water system infrastructure elements usually have a design life provided by the manufacturer; however, for this evaluation, the use of a general "Useful Life" table/s is assumed to be adequate for the overall valuation. Florida Administrative Code (FAC) 25-30-140 (Equipment Life) (CtlClk to view) provides for the Depreciation of assets and provides a table of infrastructure elements with associated asset life.

25-30.140 Depreciation.

- (c) Asset Any owned physical object (tangible) or right (intangible) having economic value to its owner.
- (d) Average Remaining Life The future expected service in years of the surviving plant at a given age.
- (e) Average Service Life The period of service that can be reasonably expected from the plant type in question. It is measured by the period of time the subject plant and its associated investment is included on the company's books as in service to the public. The average service life will typically be less than the potential physical life due to factors such as governmental requirements, growth or adverse operating conditions.

or adverse operating v	onditions.	Large Utility (Class	Small Utility (Class	Small Utility Function
Account	Description	A&B)	C)	Composite
1. Intangible Plant				
351	Organization	40	40	
352	Franchise Cost	40 ⁵	40 ⁵	
2. Source of Supply				28
304	Structures & Improvements	32 ¹	27 ¹	
	Wood	28	25	
	Masonry	30	27	
	Reinforced Concrete	40	37	
	Steel Building	40	35	
	Tanks or Sheds	25	20	
	Fiberglass	20	18	
305	Collecting and Impounding Resevoirs	50	40	
306	Lake, River and Other Intakes	40	40	
307	Wells and Springs			
	Drilled & Cased Well (Floridan or Non-Corrosive)	30	27	
	Shallow Well (Sand Aquifer or Corrosive Water)	20	18	
308	Infiltration Galleries and Tunnels	40	N/A	
309	Supply Mains	35	32	
310	Power Generation Equipment	20	17	
311	Pumping Equipment	20^{1}	17^{1}	
	Pumping Equipment Electric	20	15	
	Pumping Equipment Chemical	8	6	
339	Other Miscellaneous Equipment	18	15	
3. Water Treatment P	l			21
304	Structures and			
	Improvements (see			
	"Source of Supply"			
	for subcategory lives)	32¹	27¹	
310	Power Generation Equipment	20	17	
311	Pumping Equipment	20^{1}	17¹	
	Pumping Equipment-Electric	20	15	
	Pumping Equipment-Chemical	8	6	
320	Water Treatment Equipment	221	17^{1}	
	Chlorination Equipment	10	7	

388

Tropical Trailer Park	Water Facility FRWA	Novem	ber 15, 2020) amended 2-4-21
	Membrane Elements	5	5	
	Other Mechanical Equipment	25	20	
339	Other Miscellaneous Equipment	18	15	
4.Transmission &	-11			36
304	Structures &			
50.	Improvements (See			
	"Source of Supply"			
	for subcategory lives)	321	27^{1}	
310	Power Generation Equipment	20	17	
311	Pumping Equipment	20 ¹	17^{1}	
	Pumping Equipment – Electric	20	15	
	Pumping Equipment - Chemical	8	6	
330	Distribution			
	Reservoirs & Stand Pipe	37 ¹	33^{1}	
	Steel Pneumatic Tank	35	30	
	Concrete Ground Storage Reservoir	40	37	
331	Transmission & Distribution Mains	43 ¹	38 ¹	
	Galvanized Steel pipe & Fittings	35	33	
	Black Steel Pipe	20	18	
	Plastic Pipe ²	45	40	
	Asbestos – Cement	40	35	
	Cast Iron or Ductile Iron	40	35	
	Valves & Valve Boxes	25	20	
	Fire Mains	33	30	
333	Services ²	40	35	
334	Meters and Meter Installations	20	17	
335	Hydrants	45	40	
336	Backflow Prevention Devices	15	10	
339	Other Plant and Miscellaneous Equipment	25	20	
5. General Plant				
304	Structures & Improvements	40 ¹	35^{1}	
	Wood Building	35	30	
	Masonry Building	40	35	
	Reinforced Concrete Building	40	37	
	Steel Building	40	35	
	Tanks or Sheds	25	20	
340	Office Furniture & Equipment	15	15	
	Computers	6	6	
341	Transportation Equipment	6	6	
342	Stores Equipment	18	N/A	14 (342-348)
343	Tools, Shop & Garage Equipment	16	15	
344	Laboratory Equipment	15	N/A	
345	Power Operated Equipment	12	10	
346	Communication Equipment	10	N/A	
347	Miscellaneous Equipment	15	N/A	
348	Other Tangible Plant	10	10	
/ \ m	C t - (2)(-) and (b) the fallowing apply			

(c) For the purposes of paragraphs (2)(a) and (b), the following apply:

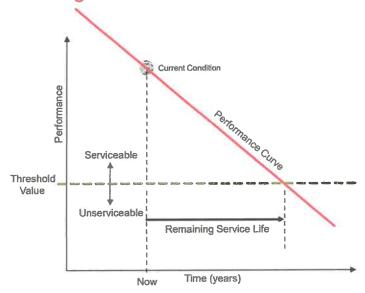
- 1. Denotes composite life.
- 2. ² Plastic pipe footnote assumes use of AWWA standard pipe only. Assumes AWWA DR18 used for all mains of 6" or more.
- 3. To be used only when acceptable company plant balances are not available for developing composites using account lives.
- 4. ⁴ Net Salvage zero except as indicated.
- 5. ⁵ Franchise costs shall be amortized over a period of 40 years unless a specific time period is designated in the utility franchise

Secondary source of Expected Equipment Life.

USEPA high level planning summary of expected useful life of water assets.

Expected Useful Asset Life (in years)	
Intake Structures	35-45
Wells and Springs	25-35
Galleries and Tunnels	30-40
Chlorination Equipment	10
Other Treatment Equipment	20
Storage Tanks	30-60
Pumps	20
Buildings	30-60
Electrical Systems	20
Transmission Mains	35-40
Distribution Pipes	35-40
Valves	35-40
Blow-off Valves	35-40
Backflow Prevention	35-40
Meters	15
Service Lines	30-50
Hydrants	40-60
Lab/Monitoring Equipment	15
Tools and Shop Equipment	15
Landscaping/Grading	40-60
Office Furniture/Supplies	10
Computers	5
Transportation Equipment	10

Determining Residual Life



3 OPINION OF PROBABLE COST

3.1 PROCESS

An inventory of major drinking water infrastructure elements was developed and assigned an expected industry standard *useful life* and a *newly constructed value* from recent bids in Florida. Major elements of the system include: distribution piping, production piping, well (casing, pump, motor, controls), valves, tanks, machinery, instrumentation, measurement and controls, above ground structures, water meter, motor and motor controller, land, and other appurtenances as necessary to receive a FDEP Operations Permit.

An expected **remaining useful life** was estimated for each of these major infrastructure elements under review, based on the time in service (provided by the water system owner and the operator) compared to the industry standard life. The current remaining value of the infrastructure was calculated by multiplying the assigned percent remaining life by an estimated recently constructed value. Certain **pre and post construction elements** (planning, design, permits, inspection, etc.) were calculated separately and are assumed to be applicable to a new and existing system value.

3.2 SUMMARY

In summary, the infrastructure's overall probable costs* are as follow:

\$ 339,062	Renewal & Replacement Value (newly constructed)
\$ 213,183	Remaining Value as of 2020
\$2,898	Overall New System Cost per Service
\$1,822	Overall Remaining Value System Cost per Service

^{*}Summary Table updated on 2-4-2021

soroka_k

10-11-2017

APPENDIX A – OCULUS REPORTS (36 FILE SUMMARY)

Files on FDEP OCULUS (sign in as a "PUPLIC OCULUS LOGIN" to view any of the files 36 files on the Tropical Trailer Park DW system). Files include construction permits, MOR, Sanitary Reports, etc. Oculus Reports

File Type (Click to view)	Profile	Document Date	Creator	
View Document (.MSG)	Administrative	12-01-2010	watson_e	
View Document (.pdf)	Administrative	04-15-2019	graves_p	
		Document		
File Type (Click to view)	Profile	Document Date	Creator	
File Type (Click to view)			Creator soroka_k	

O Construction_Operation Mgmt

		Document	
File Type (Click to view)	Profile	Date	Created
View Document (.pdf)	Discovery_Compliance	12-20-2011	12-20-2011
View Document (.pdf)	Discovery_Compliance	07-01-2011	08-11-2011
View Document (.pdf)	Discovery_Compliance	04-09-2013	04-10-2013
View Link	Discovery_Compliance	08-21-2017	08-28-2017
View Document (.pdf)	Discovery_Compliance	08-22-2013	10-28-2013
View Document (.doc)	Discovery_Compliance	05-20-2014	11-12-2014
View Document (.pdf)	Discovery_Compliance	08-05-2015	08-15-2015
View Document (.pdf)	Discovery_Compliance	01-05-2016	01-05-2016
View Document (.pdf)	Discovery_Compliance	01-17-2003	06-15-2016
View Document (.pdf)	Discovery_Compliance	06-27-2002	06-16-2016
View Document (.pdf)	Discovery_Compliance	09-25-2007	06-15-2016
View Document (.pdf)	Discovery_Compliance	07-01-2016	08-05-2016
View Document (.pdf)	Discovery_Compliance	08-09-2016	08-10-2016
View Document (.pdf)	Discovery_Compliance	04-06-2017	04-21-2017
View Document (.pdf)	Discovery_Compliance	03-13-2018	03-14-2018
View Document (.PDF)	Discovery_Compliance	06-28-2010	07-28-2010
View Document (.pdf)	Discovery_Compliance	05-03-2010	06-08-2010
View Document (.pdf)	Discovery_Compliance	07-23-2010	09-21-2010
View Document (.PDF)	Discovery_Compliance	01-18-2012	01-20-2012
View Document (.pdf)	Discovery_Compliance	08-02-2012	08-06-2012
View Document (.pdf)	Discovery_Compliance	06-30-2012	08-14-2012
View Document (.pdf)	Discovery_Compliance	10-19-2017	10-19-2017
View Document (.pdf)	Discovery_Compliance	08-09-2013	08-22-2013
View Document (.pdf)	Discovery_Compliance	11-01-2013	11-04-2013

Tropical Trailer Park FRWA	ovember 15, 2020 amended 2-4-21
------------------------------	---------------------------------

View Document (.pdf)	Discovery_Compliance	07-01-2013	05-23-2014
View Document (.pdf)	Discovery_Compliance	06-10-2014	10-14-2014
View Link	Discovery_Compliance	06-24-2015	06-30-2015
View Document (.pdf)	Discovery_Compliance	11-04-2015	11-04-2015
View Document (.pdf)	Discovery_Compliance	09-04-2019	09-05-2019
View Document (.pdf)	Discovery_Compliance	09-04-2019	09-05-2019
View Document (.pdf)	Discovery_Compliance	12-13-2019	12-13-2019
View Document (.pdf)	Discovery_Compliance	03-03-2020	03-03-2020

Tropical Mobile Home Park (PWS Number 6511859 - Type C Permit) (amended 2-4-2021)

NARUC	item	Description	Quantity	Units	Unit Price	Totals	Estimated Age *	Expected Life (blend**)	Remaining Value
Preconstruct	ion Cost								
	<u>Profess</u>	sional Services							
N/A	1	Survey	0.5	% const.	\$250,698	\$1,253	N/A		\$1,253
N/A	2	Planning	1.5	% const.	\$250,698	\$3,760	N/A		\$3,760
N/A	3	Design	8	% const.	\$250,698	\$20,056	N/A		\$20,056
N/A	4	Permitting	1	% const.	\$250,698	\$2,507	N/A		\$2,507
N/A	5	Construction Procurement	0.5	% const.	\$250,698	\$1,253	N/A		\$1,253
N/A	6	Construction Oversight	3.5	% const.	\$250,698	\$8,774	N/A		\$8,774
N/A	7	FDEP Acceptance, Activation and Closeout	0.5	% const.	\$250,698	\$1,253	N/A		\$1,253
	Proper	<u>ty</u>							
N/A	28	Lots for use by West Pump	3	EA	\$11,655	\$34,965	N/A		\$34,965
N/A	29	Lots for use by East Pump (HOA Leased Property)	1	EA	\$0	\$0	N/A		\$0
Construction	Cost								
	Genera	<u>al</u>							
N/A	3	Mobilization /Demobilization (Max 5% of Bid)	2	% of const.	\$250,698	\$5,014	N/A		\$5,014
N/A	4	Bonding, General Liability, Permits, Indemnification	2	% of const.	\$250,698	\$5,014	N/A		\$5,014
N/A	5	Testing and Laboratory Services (Allowance)	1	% of const.	\$250,698	\$2,507	N/A		\$2,507
N/A	6	Building Permit Fees (Allowance)	0.5	% of const.	\$250,698	\$1,253	N/A		\$1,253
N/A	7	Initial Operations Testing - Lubricants, Fuel, Power (Allowance).	0.2	% of const.	\$250,698	\$501	N/A		\$501
N/A	8	Process Chemicals (Allowance)	0.1	% of const.	\$250,698	\$251	N/A		\$251
	Site W	<u>ork</u>							
N/A	9	All sitework at water wells and distribution system, to include tree clearing, trimming, erosion & sedimentation control, earthwork, driveways, fencing, gate, grassing, landscaping.	2	AC	\$6,200	\$12,400	10	40	\$9,300
	Transr	nission and Distribution Piping and Fittings							
331	10	1" Galvanized Pipe	319	ŁF	\$20	\$6,380	60	33	\$ \$0
331	11	1-1/4" Galvanized Pipe	1180	LF	\$24	\$28,320		33	
331	12	1-1/4" PVC Pipe	1002	LF	\$14	\$14,028		40	•
331	13	1-1/2" PVC Pipe	1833	LF	\$16	\$29,328		40	
331	14	2" PVC Sch. 40 Pipe	2174	LF	\$19	\$41,306		40	
331	15	1-1/4" Sch 40 PVC DBL Union Ball Valve	2	EA	\$230	\$460		20	
331	16	2" Sch. 40 PVC DBL Union Ball Valves	6		\$270	\$1,620		20	
333	17	3/4" Service Lateral (water main to home)	117		\$250	\$29,250		35	
333	18	3/4" Sch 40 PVC DBL Union Ball Valve	73	EA	\$95	\$6,935		35	·

468

Tropical Mobile Home Park (PWS Number 6511859 - Type C Permit) (amended 2-4-2021)

NARUC	ltem .	Description	Quantity	Units	Unit Price	Totals	Estimated	Expected	Remaining
			Quarterly	O.I.I.C	ome i nec	Totals	Age *	Life	Value
							Age	(blend**)	value
333	19	3/4" Sch 40 PVC Check Valve	73	EΑ	\$90	\$6,570	7	35	\$5,256
331	20	Roadway Crossing	13	EA	\$1,500	\$19,500	12	35	\$12,814
334	25	Water Meters	2	EA	\$700	\$1,400	20	15	\$12,614
330	25	Hydropneumatics (225 gal air/water)	1	EA	\$2,100	\$2,100	10	30	\$1,400
330	26	Bladder (119 gal diaphragm)	1	EA	\$1,950	\$1,950	4	30	\$1,690
330	27	Bladder (119 gal diaphragm) *installed on 11-10-2020	1	EA	\$1,951	\$1,951	0	30	\$1,951
	Source	Water Supply							
307	21	West Water well with 4" casing and concrete slab	1	LS	\$9,500	\$9,500	27	27	\$0
307	22	East Water well with 4" casing and concrete slab	1	LS	\$9,500	\$9,500	27	27	\$0
	Water	Treatement Plant							
311	21	West Submersible pump, motor, controller, piping and valves (Pump &	1	LS	¢2.000	ć2 000	r	477	Ć4 07C
311	21	Motor new as of 12/28/2018).	1	LS	\$2,800	\$2,800	5	17	\$1,976
311	22	East Submersible pump, motor, controller, piping and valves	1	LS	\$2,800	\$2,800	12	17	\$824
311	23	West Well AAC0182 (structure, plumbing, electrical, mechanical) 4" casing.	1	LS	\$8,000	\$9,500	21	17	\$0
		2HP (composit life of 17 years)			,	¥-/			4-5
311	24	East Well AACO183 (structure, plumbing, electrical, mechanical) 4" casing,	1	LS	\$6,500	\$9,500	21	17	\$0
		1.5HP (composit life of 17 years							
320	26	Chlorinators (East and West Plants)	2	EA	\$1,800	\$3,600	4	7	\$1,543
						5250;698			
		al Notes:		Te	otal new value	\$339,062	Total ren	naining value	\$213,183
	-	fall infrastructure provided by Owner and Owner's Operator			Total homes	117			
	** Flor	ida Administrative Code (FAC) 25-30-140 (Equipment Life)	Co	ost per serv	rice connection	\$2,898			\$1,822

Percentage reduction in cost from new

37%