

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 *WK* ✓

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

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

Enclosure

RECEIVED-FPSC  
2022 JAN -4 AM 11:55  
COMMISSION  
CLERK

**REDACTED**

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

STATE OF FLORIDA



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

# Public Service Commission

July 7, 2021

*Attached ANSWERS To This Request*

Mr. Troy Fonder (813) 788-0665  
A Utility Inc.  
P.O. Box 669  
Zephyrhills, FL 33539  
Housingmanagementinc@yahoo.com

STAFF'S FIRST DATA REQUEST  
VIA EMAIL

**REDACTED**

**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.  
*See pgs 4 - 7*
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*
3. A list of all chemicals used in the treatment of water, amounts purchased, quantity purchased, unit prices paid and dosage rates utilized.  
*See pgs 93 - 96*
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.  
*See pgs 117 - 200*
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 pgs 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)  
*See Pgs 372 - 395*
14. Number of customers classified as to meter size and class (commercial or residential) for the following points in time:  
*119 - UNMETERED RESIDENTIAL CUSTOMERS (CONNECTIONS) FIAT 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.
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.  
*See Pgs 372 - 395*  
*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](mailto:eknoblau@psc.state.fl.us).

Sincerely,

*/s/Emily Knoblauch*

Emily Knoblauch  
Engineering Specialist

Enclosure

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



10:53 AM  
11/29/21  
Accrual Basis

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
37248 Tropical Dr.	177.53
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
37300 Kinkaid Dr. (2)	177.53
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
37307 Tropical Dr.	177.53
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.	177.53
37316 Burdock Dr.	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
37322 Burdock Dr.	177.53
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
37330 Kinkaid Dr. (2)	177.53
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.	177.53
37344 Hammond Dr.	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
37400 Tropical Dr.	177.53
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

pgs 4 - 11  
Answers for #1

10:53 AM  
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
37426 Hammond Dr.	177.53
37427 Hammond Dr.	177.53
37427 Ray Dr. (2)	177.53
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
4848 Lamar Rd.	177.53
4851 Kent Dr.	177.53
4852 Lamar Rd.	177.53
4903 Kent Dr.	177.53
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
<b>TOTAL</b>	<b>22,264.46</b>

10:51 AM  
11/29/21  
Accrual Basis

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
37248 Tropical Dr.	175.92
37249 Hammond Dr.	175.92
37249 Tropical Dr.	175.92
37250 Burdock Dr. Lot	84.72
37250 Hammond Dr.	175.92
37251 Kinkaid Dr.	175.92
37300 Hammond Dr.	175.92
37300 Kinkaid Dr. (1)	175.92
37300 Tropical Dr.	175.92
37301 Hammond Dr.	175.92
37301 Tropical Dr.	175.92
37302 Burdock Dr.	175.92
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
37308 Hammond Dr.	175.92
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)	175.92
37315 Hammond Dr.	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.	175.92
37320 Hammond Dr.	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)	175.92
37324 Tropical Dr.	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)	175.92
37330 Tropical Dr. (3)	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.	175.92
37341 Ray Dr.	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)	175.92
37350 Tropical Dr.	175.92
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.	175.92
37402 Hammond Dr.	175.92
37406 Hammond Dr. (3)	175.92
37406 Ray Dr.	175.92
37406 Tropical Dr. (2)	175.92

10:51 AM  
11/29/21  
Accrual Basis

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
37418 Tropical Dr.	175.92
37419 Hammond Dr.	175.92
37422 Hwy 54 West	175.92
37423 Ray Dr.	175.92
37424 Ray Dr.	175.92
37424 Tropical Dr. (2)	175.92
37426 Hammond Dr.	175.92
37427 Hammond Dr.	175.92
37427 Ray Dr. (2)	175.92
37432 Hammond Dr. (2)	175.92
37432 Ray Dr.	175.92
37432 Tropical Dr. (2)	175.92
37433 Hammond Dr.	175.92
37433 Ray Dr.	230.92
37437 Ray Dr.	175.92
37438 Hammond Dr.	175.92
37438 Ray Dr.	175.92
37438 Tropical Dr.	175.92
37439 Hammond Dr.	175.92
37441 Ray Dr.	175.92
37444 Hammond Dr.	175.92
37444 Ray Dr.	175.92
37444 Tropical Dr.	175.92
37445 Hammond Dr.	175.92
37445 Ray Dr.	175.92
4815 Kent Dr.	175.92
4816 Lamar Rd.	175.92
4819 Kent Dr.	175.92
4822 Lamar Rd. (2)	175.92
4825 Kent Dr.	175.92
4830 Lamar Rd.	175.92
4831 Kent Dr.	175.92
4834 Lamar Rd.	175.92
4837 Kent Dr.	175.92
4840 Lamar Rd. (1)	43.83
4840 Lamar Rd. (2)	132.09
4843 Kent Dr.	175.92
4848 Lamar Rd.	44.19
4848 Lamar Rd. (1)	131.73
4851 Kent Dr.	175.92
4852 Lamar Rd.	132.09
4852 Lamar Rd. (1)	43.83
4903 Kent Dr.	175.92
4904 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# KBS P15	105.00
Harold Wheeler	150.00
Jerry Blount Tag# D876064	90.00
Virgil Snider Tag# C502438	45.00
<b>TOTAL</b>	<b>21,217.36</b>



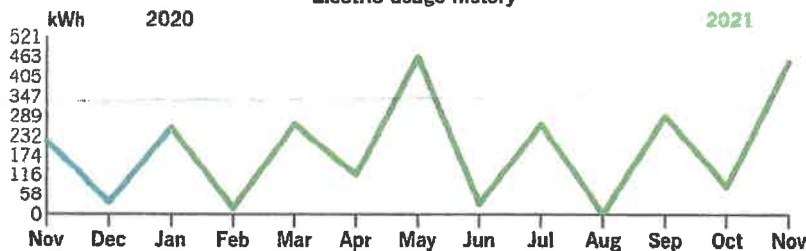
## Page 1 of 3

Bill date Nov 9, 2021  
For service Oct 4 - Nov 3  
31 days

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

**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](http://duke-energy.com/BizBillUpdates) to learn more.

### Electric usage history



**Average temperature in degrees**

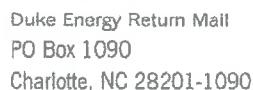
72° 60° 61° 67° 69° 72° 78° 81° 82° 82° 80° 77° 69°

	Current Month	Nov 2020	12-Month Usage	Avg Monthly Usage
Electric (kWh)	450	217	2,257	188
Avg. Daily (kWh)	15	7	6	
12-month usage based on most recent history				

No Pmt Due  
Credit Balance

**Mail your payment at least 7 days before the due date or pay instantly at [duke-energy.com/billing](http://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.



002743 000019262



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669

Account number

**\$0.00**

No payment is required at this time.

\$ \_\_\_\_\_  
Add here, to help others  
with a contribution to Energy  
Neighbor Fund

Amount enclosed



Duke Energy Payment Processing  
PO Box 1094

Charlotte, NC 28201-1094

8891008395303500066000000000000000007906000000000006

7A

pgs 7A-92  
Answers for #2





duke-energy.com  
877.372.8477

## Your usage snapshot - Continued

### Current electric usage for meter number 4396589

Actual reading on Nov 3	2931
Previous reading on Oct 4	- 2481
<hr/>	
Energy used	450 kWh
Billed kWh	450.000 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.

## 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
<b>Total Current Charges</b>	<b>\$71.40</b>

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).

## Billing details - Taxes

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



8





## We're here for you

### Report an emergency

Electric outage  
duke-energy.com/outages  
800.228.8485

### Convenient ways to pay your bill

Online  
duke-energy.com/billing  
Automatically from your bank account  
duke-energy.com/automatic-draft  
Speedpay (fee applies)  
duke-energy.com/pay-now  
800.700.8744  
By mail payable to Duke Energy  
P.O. Box 1004  
Charlotte, NC 28201-1004  
In person  
duke-energy.com/location

### Help managing your account (not applicable for all customers)

Register for free paperless billing  
duke-energy.com/paperless  
Home  
duke-energy.com/manage-home  
Business  
duke-energy.com/manage-bus

### General questions or concerns

Residential  
Online  
duke-energy.com  
Call (Monday - Friday, 7 a.m. to 7 p.m.)  
800.700.8744  
For hearing impaired TDD/TTY  
800.222.3448 or 711  
International  
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 duke-energy.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.



duke-energy.com  
1.877.372.8477

page 3 of 3

Account number [REDACTED]

### Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD: 09-01-21 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
<b>Total Electric Charges</b>	<b>\$25.11</b>

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](http://duke-energy.com/rates)

### Billing details - Taxes

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

fb def duke bills 20211004215658 91 ap 46303-000009244



11

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

Bill date Sep 1, 2021  
For service Aug 2 - Sep 1  
30 days

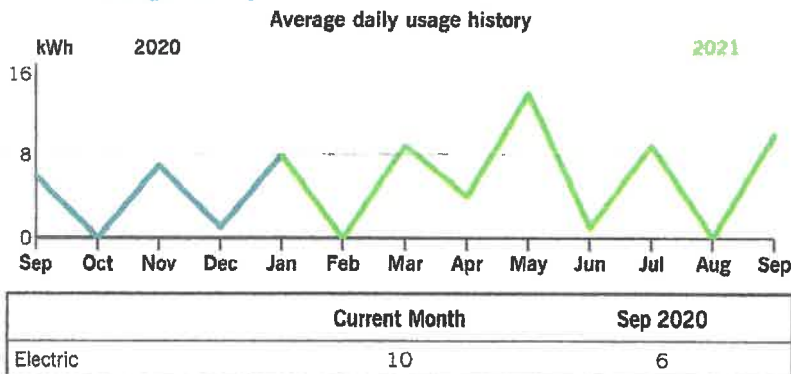
Account number [REDACTED]

## Billing summary

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

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

## Your usage snapshot



<b>Current electric usage for meter number 004396589</b>	
Actual reading	2402
Previous reading	- 2112
Energy used	290 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](http://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**

022753 000009492



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



247



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

9900294729509500066000000000000000005696000000000000

12





duke-energy.com  
1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..08-02-21 TO 09-01-21 30 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
290 KWH @ 8.719c	25.29
FUEL CHARGE	
290 KWH @ 3.514c	10.19
ASSET SECURITIZATION CHARGE	
290 KWH @ 0.244c	0.71
<b>Total Electric Charges</b>	<b>\$51.44</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.def.duke.bills.20210801215830.32.afp-45507-000008492



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1.877.372.8477

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Account number

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..07-01-21 TO 08-02-21 32 DAYS	
CUSTOMER CHARGE	\$15.25
<b>Total Electric Charges</b>	<b>\$15.25</b>

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](http://duke-energy.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, 2021).

## Billing details - Taxes

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

fb.def/duke\_billis.20210802220122.74.asp-78149-000001983



### Service address

A UTILITY INC  
701 TROPICAL DR PUMP  
ZEPHYRHILLS FL 33541

Bill date Jul 1, 2021

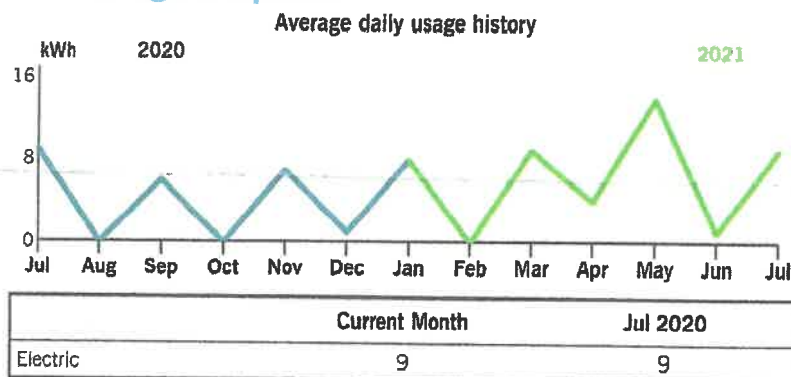
For service Jun 2 - Jul 1  
29 days

Account number

## Billing summary

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

## Your usage snapshot



**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 1,000-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](http://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

037898 000002077



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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1.877.372.8477

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Account number

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..06-02-21 TO 07-01-21 29 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
264 KWH @ 8.674c	22.90
FUEL CHARGE	
264 KWH @ 3.094c	8.17
ASSET SECURITIZATION CHARGE	
264 KWH @ 0.234c	0.62
<b>Total Electric Charges</b>	<b>\$46.94</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.def.duke.bills.20210701221313.17.asp-75797-000002077





## 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

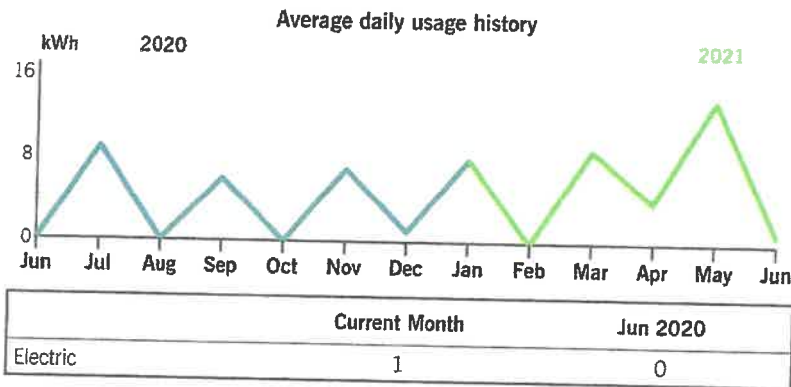
Account number

## Billing summary

Starting balance	\$-348.55
Electric Charges	18.74
Deposit	-1.95
Taxes	2.01
<b>Credit amount, do not pay</b>	<b>\$-329.75</b>

A Utility  
Receipts  
June  
701 Tropical Dr.  
29471.95095

## Your usage snapshot



<b>Current electric usage for meter number 004396589</b>	
Actual reading	1848
Previous reading	- 1819
Energy used	29 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](http://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

023023 000009544



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



## Duke Energy Payment Processing

PO Box 1004

Charlotte, NC 28201-1004

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1.877.372.8477

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Account number

### Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)		
BILLING PERIOD..05-03-21 TO 06-02-21 30 DAYS		
CUSTOMER CHARGE		\$15.25
ENERGY CHARGE		
29 KWH @ 8.674c	2.52	
FUEL CHARGE		
29 KWH @ 3.094c	0.90	
ASSET SECURITIZATION CHARGE		
29 KWH @ 0.234c	0.07	
<b>Total Electric Charges</b>		<b>\$18.74</b>

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](http://duke-energy.com/rates)

### Billing details - Deposit

DEPOSIT INTEREST CREDIT	\$-1.95
<b>Total Deposit</b>	<b>\$-1.95</b>

### Billing details - Taxes

GROSS RECEIPTS TAX	\$0.48
STATE AND OTHER TAXES ON ELECTRIC	1.53
<b>Total Taxes</b>	<b>\$2.01</b>

fb def duke bills 2021 060222004.81 afp-46047-000008544



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

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

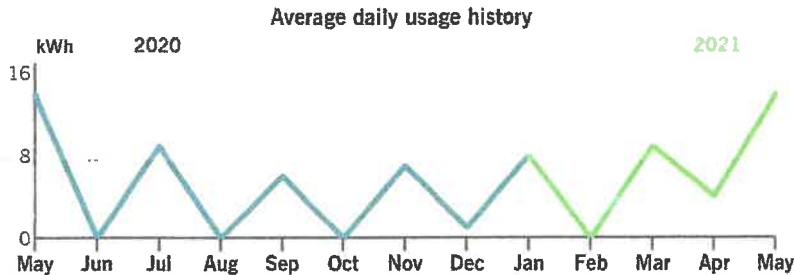
Account number

## Billing summary

Starting balance	\$-426.97
Electric Charges	70.82
Taxes	7.60
<b>Credit amount, do not pay</b>	<b>\$-348.55</b>

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	1819
Previous reading	- 1356
Energy used	463 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](http://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



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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





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1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..04-01-21 TO 05-03-21 32 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
463 KWH @ 8.674c	40.16
FUEL CHARGE	
463 KWH @ 3.094c	14.33
ASSET SECURITIZATION CHARGE	
463 KWH @ 0.234c	1.08
<b>Total Electric Charges</b>	<b>\$70.82</b>

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](http://duke-energy.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).

## Billing details - Taxes

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

fb.def.duke.bills.20210503215524.25.asp-43765-000009811









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page 3 of 3

Account number

## Billing details - Electric Charges

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

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.def.duke.bills.20210401215628.84.afp-831-000005891



## 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

Account number

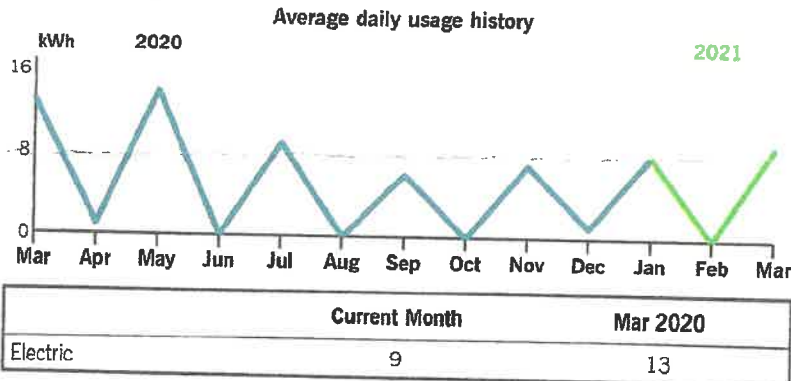
## Billing summary

Starting balance	\$-510.75
Electric Charges	46.71
Taxes	5.02
<b>Credit amount, do not pay</b>	<b>\$-459.02</b>

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 energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to [duke-energy.com/FreeBizCheck](http://duke-energy.com/FreeBizCheck) or call 877.426.0009.

## Your usage snapshot



<b>Current electric usage for meter number 004396589</b>	
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](http://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

023128 000009309



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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Account number [REDACTED]

### Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..02-01-21 TO 03-03-21 30 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
265 KWH @ 8.602c	22.80
FUEL CHARGE	
265 KWH @ 3.094c	8.20
ASSET SECURITIZATION CHARGE	
265 KWH @ 0.234c	0.62
<b>Total Electric Charges</b>	<b>\$46.71</b>

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

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

fb.def.duke.bills.20210303201725.71.afp-48257-000008309



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

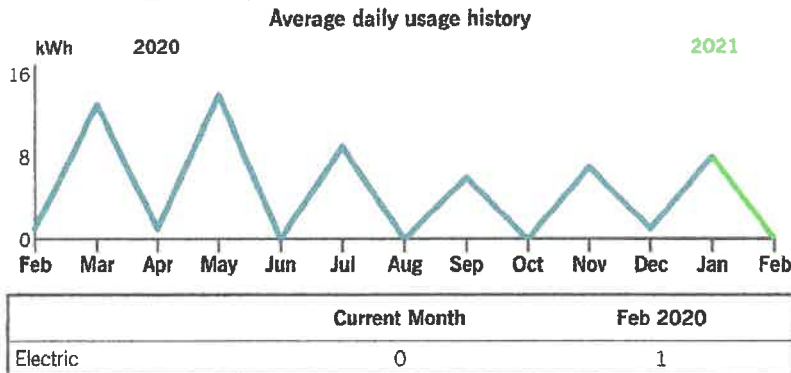
Bill date Feb 1, 2021  
For service Dec 30 - Feb 1  
33 days

Account number [REDACTED]

## Billing summary

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

## Your usage snapshot



<b>Current electric usage for meter number 004396589</b>	
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](http://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

021931 000009843



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..12-30-20 TO 02-01-21 33 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
16 KWH @ 8.602c	1.38
FUEL CHARGE	
16 KWH @ 3.094c	0.50
ASSET SECURITIZATION CHARGE	
16 KWH @ 0.252c	0.04
<b>Total Electric Charges</b>	<b>\$17.01</b>

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](http://duke-energy.com/rates)

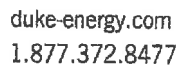
Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 7%, Purchased Power 10%, Gas 81%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending December 31, 2020).

## Billing details - Taxes

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

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## page 1 of 3

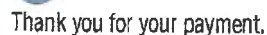
A UTILITY INC  
701 TROPICAL DR PUMP  
ZEPHYRHILLS FL 33541

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

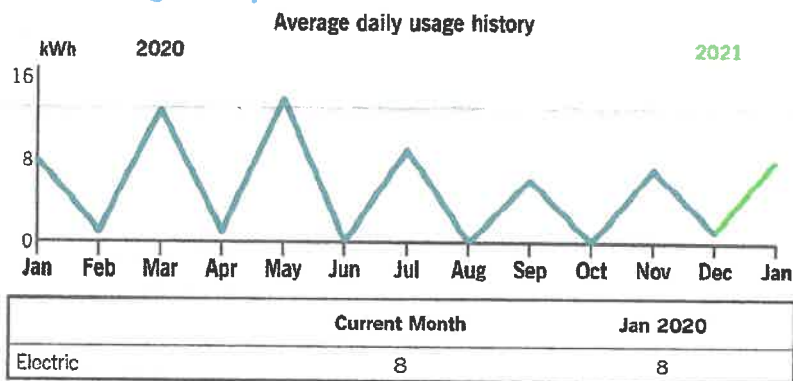
Account number [REDACTED]

## Billing summary

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

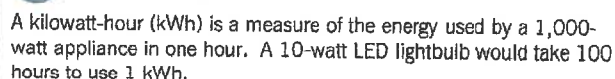


## Your usage snapshot



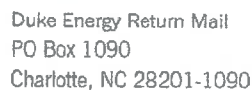
**Current electric usage for meter number 004396589**

Actual reading	961
Previous reading	- 707
Energy used	254 kWh



**Mail your payment at least 7 days before the due date or pay instantly at [duke-energy.com/billing](http://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.



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



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page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)

BILLING PERIOD..11-30-20 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
<b>Total Electric Charges</b>	<b>\$45.44</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb\_def.duke\_bills.2020123024337.71.afp-46185-000008522







duke-energy.com  
1.877.372.8477

## 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 [REDACTED]

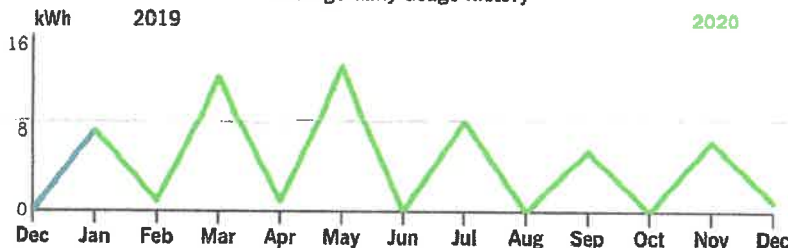
If your previous unpaid balance has been paid, please disregard.

## Billing summary

Previous amount due	\$1.29
Electric Charges	18.13
Taxes	1.95
<b>Total amount due Dec 22</b>	<b>\$21.37</b>

## Your usage snapshot

Average daily usage history



	Current Month	Dec 2019
Electric	1	0

### Current electric usage for meter number 004396589

Actual reading	707
Previous reading	- 674
<b>Energy used</b>	<b>33 kWh</b>



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](http://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 [REDACTED]

### Amount due

**\$21.37**  
by Dec 22

After Dec 22, a late charge will apply.

\$ \_\_\_\_\_ Amount enclosed

025037 000000871



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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duke-energy.com  
1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)

BILLING PERIOD..10-29-20 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
<b>Total Electric Charges</b>	<b>\$18.13</b>

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](http://duke-energy.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).

## Billing details - Taxes

GROSS RECEIPTS TAX	\$0.46
STATE AND OTHER TAXES ON ELECTRIC	1.49
<b>Total Taxes</b>	<b>\$1.95</b>

fb.def.duke.bills.20201201005352.78.afp-50075-000000871



**Service address**  
BEVERLY A FONDER  
37541 APRIL LN PUMP  
ZEPHYRHILLS FL 33541

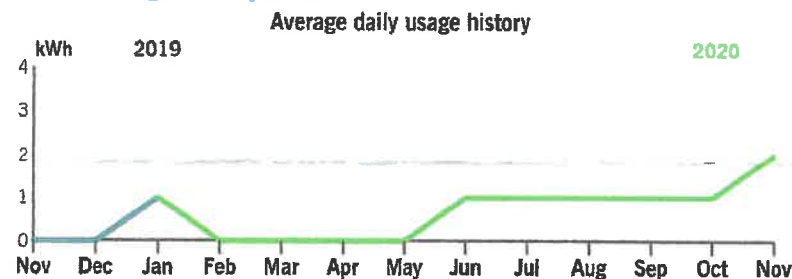
Bill date Oct 29, 2020  
For service Sep 30 - Oct 29  
29 days

Account number [REDACTED]

## Billing summary

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

## 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 1,000-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](http://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

026533 000007806



BEVERLY A FONDER  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

99006448437032000660000000000000000024440000000000

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1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..09-30-20 TO 10-29-20 29 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
65 KWH @ 8.696c	5.65
FUEL CHARGE	
65 KWH @ 3.35c	2.18
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.252c	0.16
<b>Total Electric Charges</b>	<b>\$22.06</b>

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

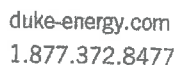
For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.def.duke.bills.20201029221327.69.afp-53067-000007806





## page 1 of 3

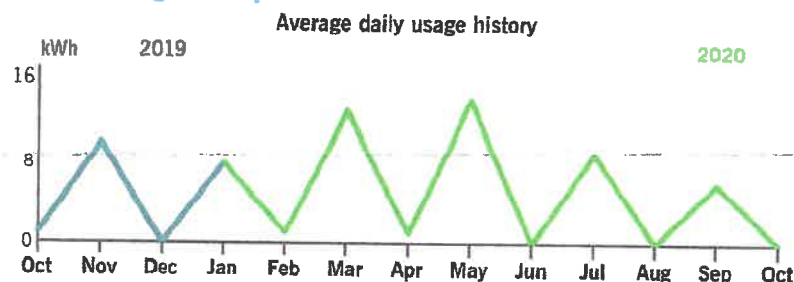
Bill date Sep 30, 2020  
For service Aug 31 - Sep 30  
30 days

Account number

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

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](http://duke-energy.com/FreeBizCheck), or call 877.372.8477.

## Your usage snapshot



	Current Month	Oct 2019
Electric	0	1

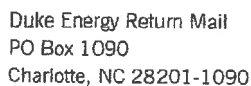
**Current electric usage for meter number 004396589**

Actual reading	457
Previous reading	- 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.

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



Account number

**\$0.00**

No payment is required at this time.

\$ \_\_\_\_\_ Amount enclosed

036719 000001779



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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fb.def.duke.bills.20200930220354.68.afb-73437-000001779



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Account number

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..08-31-20 TO 09-30-20 30 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
2 KWH @ 8.696c	0.17
FUEL CHARGE	
2 KWH @ 3.35c	0.07
ASSET SECURITIZATION CHARGE	
2 KWH @ 0.252c	0.01
<b>Total Electric Charges</b>	<b>\$14.32</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.def.duke.bills.20200930220854.68.aip-73439-000001779



**Service address**

Bill date Aug 31, 2020

701 TROPICAL DR PUMP  
ZEPHYRHILLS FL 33541

For service Jul 31 - Aug 31  
31 days

Account number

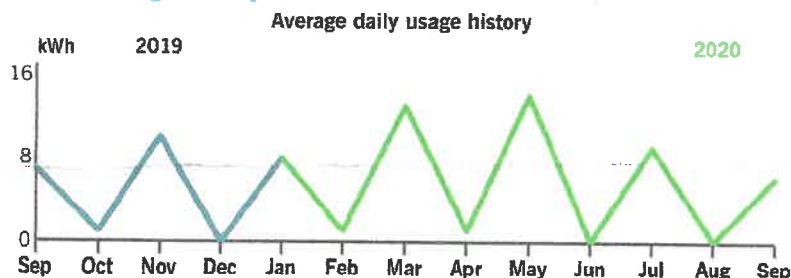
## Billing summary

Starting balance	\$-102.52
Electric Charges	38.66
Taxes	4.15
<b>Credit amount, do not pay</b>	<b>\$-59.71</b>

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](http://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](http://duke-energy.com/lightrepair) 2. Provide us with the light's location and your contact information 3. Specific addresses, landmarks and directions work best

## Your usage snapshot



	Current Month	Sep 2019
Electric	6	7

**Current electric usage for meter number 004396589**

Actual reading	455
Previous reading	- 255
Energy used	200 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](http://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

036525 000001944



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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8b def duke bills 20200831220721 71 56-73010 0000001044





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1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..07-31-20 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
<b>Total Electric Charges</b>	<b>\$38.66</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.der.duke.bills.20200831200721.71.afp-73051-000001044



**Service address**  
701 TROPICAL DR PUMP  
ZEPHYRHILLS FL 33541

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

Account number

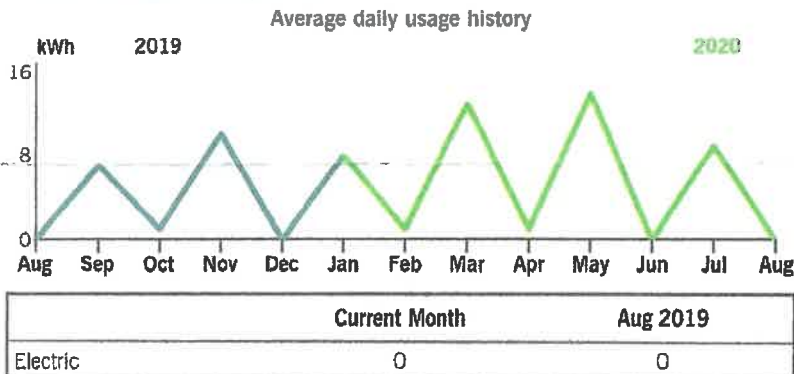
## Billing summary

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

Our standard billing and credit policies are scheduled to resume with your next billing period. If you need additional time to pay, visit [duke-energy.com/extension](http://duke-energy.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](http://duke-energy.com/TourTheBill) to explore the enhancements and find answers to all your questions.

## Your usage snapshot



**Current electric usage for meter number 004396589**

Actual reading	255
Previous reading	- 255
Energy used	0 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](http://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 0000000071



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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1.877.372.8477

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Account number

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..07-01-20 TO 07-31-20 30 DAYS	
CUSTOMER CHARGE	\$14.07
<b>Total Electric Charges</b>	<b>\$14.07</b>

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](http://duke-energy.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).

## Billing details - Taxes

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

fb.def.duke.bills 20200731220734.53 a fp-28339-000000071



## Your Energy Bill

page 1 of 3

**Service address**  
701 TROPICAL DR PUMP  
ZEPHYRHILLS FL 33541

Bill date Jul 1, 2020  
For service Jun 2 - Jul 1  
29 days

Account number

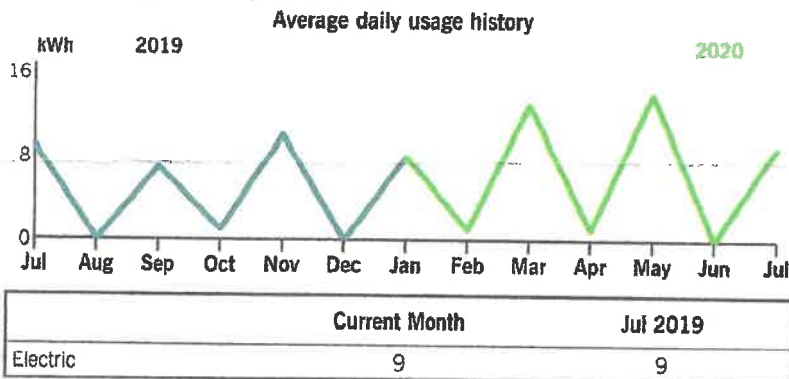
## Billing summary

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

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](http://duke-energy.com/TourTheBill) to explore the enhancements and find answers to all your questions.

## Your usage snapshot



<b>Current electric usage for meter number 004396589</b>	
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](http://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



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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



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page 3 of 3

Account number [REDACTED]

### Billing details - Electric charges

General Service Non-Demand Secondary (GS-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
<b>Total Electric charges</b>	<b>\$44.98</b>

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](http://duke-energy.com/rates)

### Billing details - Taxes

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

fb.def.duke-bills.20200701215929.94.ap-73258-000002068



**Service address**  
701 TROPICAL DR PUMP  
ZEPHYRHILLS FL 33541

Bill date Jun 2, 2020  
For service May 1 - Jun 2  
32 days

Account number [REDACTED]

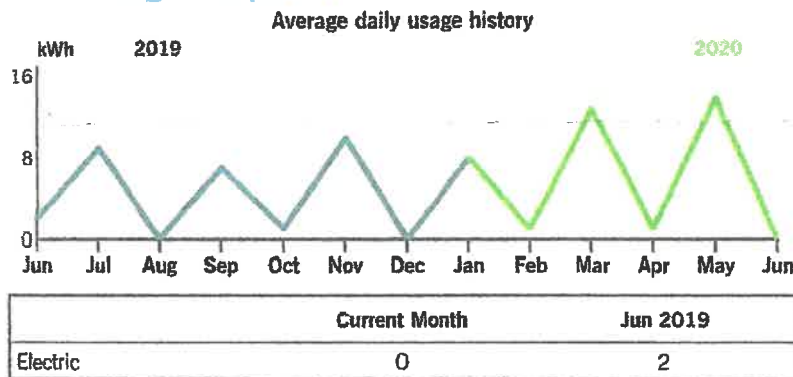
## Billing summary

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

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](http://duke-energy.com/TourTheBill) to explore the enhancements and find answers to all your questions.

## Your usage snapshot



## Your usage snapshot

**Current electric usage for meter number OLD METER**

Actual reading	34921
Previous reading	- 34921
<hr/>	
Energy used	0 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](http://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



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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PO Box 1004  
Charlotte, NC 28201-1004

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1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Your usage snapshot - continued

### Current electric usage for meter number 004396589

Actual reading	3
Previous reading	- 0
Energy used	3 kWh

## Billing details - Electric charges

General Service Non-Demand Secondary (GS-1)

BILLING PERIOD..05-01-20 TO 06-02-20 32 DAYS

CUSTOMER CHARGE	\$14.00
ENERGY CHARGE	
3 KWH @ 8.665c	0.26
FUEL CHARGE	
3 KWH @ 3.35c	0.10
ASSET SECURITIZATION CHARGE	
3 KWH @ 0.222c	0.01
<b>Total Electric charges</b>	<b>\$14.37</b>

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](http://duke-energy.com/rates)

## Billing details - Deposit

DEPOSIT INTEREST CREDIT	\$-1.96
<b>Total Deposit</b>	<b>\$-1.96</b>

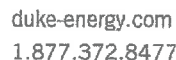
## Billing details - Taxes

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

fb.def/duke.bills.20200602215447.84.afp-74091-000001839







## page 1 of 3

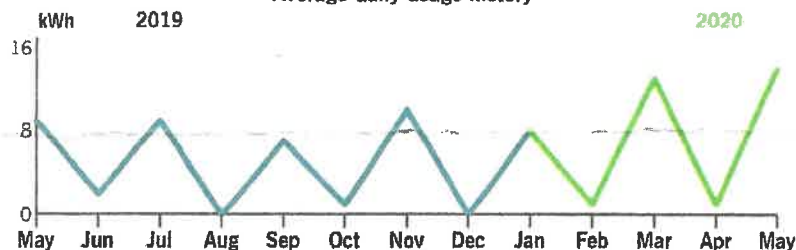
Bill date May 1, 2020  
For service Apr 1 - May 1  
30 days

Account number 71-50

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

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](http://duke-energy.com/TourTheBill) to explore the enhancements and find answers to all your questions.

### Average daily usage history



	Current Month	May 2019
Electric	14	9

**Current electric usage for meter number 001486766**

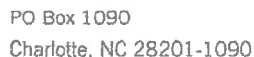
Actual reading	34921
Previous reading	- 34508
Energy used	413 kWh



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](http://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.

\$ \_\_\_\_\_ Amount enclosed

030907 000015376



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



PO Box 1004.  
Charlotte, NC 28201-1004

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2



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1.877.372.8477

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Account number [REDACTED]

## Billing details - Electric charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..04-01-20 TO 05-01-20 30 DAYS	
CUSTOMER CHARGE	\$14.00
ENERGY CHARGE	
413 KWH @ 8.665c	35.79
FUEL CHARGE	
413 KWH @ 0.733c	3.03
ASSET SECURITIZATION CHARGE	
413 KWH @ 0.222c	0.92
<b>Total Electric charges</b>	<b>\$53.74</b>

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](http://duke-energy.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

GROSS RECEIPTS TAX	\$1.38
STATE AND OTHER TAXES ON ELECTRIC	4.38
<b>Total Taxes</b>	<b>\$5.76</b>

fb.der.duke.bills.20200501224901.3.a.tp-61615-00001.5376

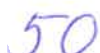


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## Page 1 of 3

31 days

Account number [REDACTED]

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

**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](http://duke-energy.com/BizBillUpdates) to learn more.

The chart displays electric usage history in kWh. The y-axis ranges from 0 to 553 kWh, with major grid lines every 73 kWh. The x-axis shows months from November 2020 to November 2021. The 2020 data (blue line) shows a peak in December (approx. 363 kWh) and a trough in January (0 kWh). The 2021 data (green line) shows peaks in February (approx. 508 kWh), April (approx. 508 kWh), June (approx. 508 kWh), and October (approx. 435 kWh), and troughs in January, May, July, and September (0 kWh).

Month	2020 kWh	2021 kWh
Nov 2020	0	0
Dec 2020	363	0
Jan 2021	0	0
Feb 2021	0	508
Mar 2021	0	145
Apr 2021	0	508
May 2021	0	0
Jun 2021	0	508
Jul 2021	0	0
Aug 2021	0	363
Sep 2021	0	0
Oct 2021	0	435
Nov 2021	0	73

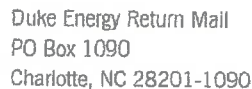
No Pmt Due  
Credit Balance

72° 60° 61 67 69 72 78 81 82 82 80 77 69

	Current Month	Nov 2020	12-Month Usage	Avg Monthly Usage
Electric (kWh)	104	3	3,112	259
Avg Daily (kWh)	3	0	8	
12-month usage based on most recent history				

**Mail your payment at least 7 days before the due date or pay instantly at [duke-energy.com/billing](http://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.



Account number

**\$0.00**

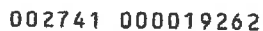
No payment is required at this time.

\$ \_\_\_\_\_  
Add here, to help others  
with a contribution to Energy  
Neighbor Fund

Amount enclosed



Duke Energy Payment Processing  
PO Box 1094  
Charlotte, NC 28201-1094



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669





## We're here for you

### Report an emergency

Electric outage [duke-energy.com/outages](http://duke-energy.com/outages)  
800.228.8485

### Convenient ways to pay your bill

Online [duke-energy.com/billing](http://duke-energy.com/billing)  
Automatically from your bank account [duke-energy.com/automatic-draft](http://duke-energy.com/automatic-draft)  
Speedpay (fee applies) [duke-energy.com/pay-now](http://duke-energy.com/pay-now)  
800.700.8744  
By mail payable to Duke Energy P.O. Box 1004  
Charlotte, NC 28201-1004  
In person [duke-energy.com/location](http://duke-energy.com/location)

### Help managing your account (not applicable for all customers)

Register for free paperless billing [duke-energy.com/paperless](http://duke-energy.com/paperless)  
Home [duke-energy.com/manage-home](http://duke-energy.com/manage-home)  
Business [duke-energy.com/manage-bus](http://duke-energy.com/manage-bus)

### General questions or concerns

Residential  
Online [duke-energy.com](http://duke-energy.com)  
Call (Monday - Friday, 7 a.m. to 7 p.m.) 800.700.8744  
For hearing impaired TDD/TTY 800.222.3448 or 711  
International 1.407.629.1010

Business Customer  
Online [duke-energy.com](http://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](http://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 [duke-energy.com/home/billing/special-assistance/medically-essential](http://duke-energy.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.



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1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)

BILLING PERIOD..09-01-21 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
<b>Total Electric Charges</b>	<b>\$75.64</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.def.duke.bills.20211004215658.91.afp-46298-000009244



**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

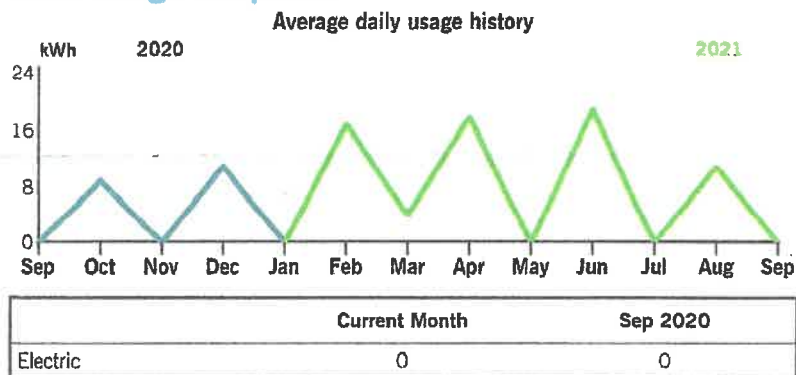
Account number

## Billing summary

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

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

## Your usage snapshot



<b>Current electric usage for meter number 004397197</b>	
Actual reading	3466
Previous reading	- 3460
Energy used	6 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](http://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

022751 000009492



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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duke-energy.com  
1.877.372.8477

page 3 of 3

Account number

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..08-02-21 TO 09-01-21 30 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
6 KWH @ 8.719c	0.52
FUEL CHARGE	
6 KWH @ 3.514c	0.21
ASSET SECURITIZATION CHARGE	
6 KWH @ 0.244c	0.01
<b>Total Electric Charges</b>	<b>\$15.99</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.def.duke.bills.20210801215630.32.aip-45503-000009492



247

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1.877.372.8477

## Your Energy Bill

page 1 of 3

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

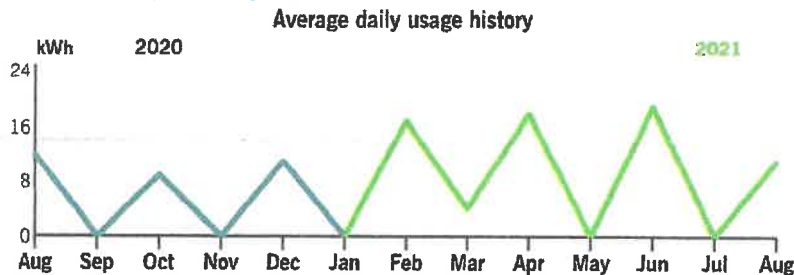
Bill date : Aug 2, 2021  
For service Jul 1 - Aug 2  
32 days

Account number [REDACTED]

### Billing summary

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

### 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	362 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 [REDACTED]

#### Amount due

**\$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

99000941887109000660000000000000000651700000000009

57



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1.877.372.8477

page 3 of 3

Account number

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..07-01-21 TO 08-02-21 32 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
362 KWH @ 8.719c	31.56
FUEL CHARGE	
362 KWH @ 3.094c	11.20
ASSET SECURITIZATION CHARGE	
362 KWH @ 0.234c	0.85
<b>Total Electric Charges</b>	<b>\$58.86</b>

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](http://duke-energy.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, 2021).

## Billing details - Taxes

GROSS RECEIPTS TAX	\$1.51
STATE AND OTHER TAXES ON ELECTRIC	4.80
<b>Total Taxes</b>	<b>\$6.31</b>

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## 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

## Billing summary

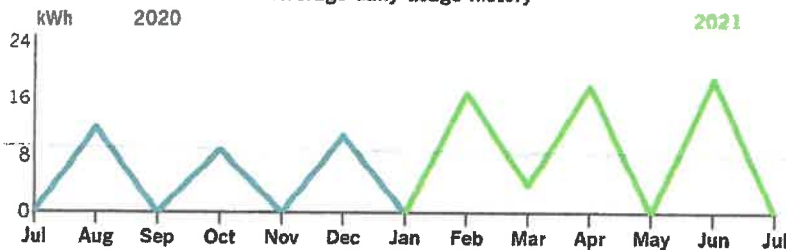
Starting balance	\$-533.56
Electric Charges	15.84
Taxes	1.70
<b>Credit amount, do not pay</b>	<b>\$-516.02</b>



Thank you for your payment of \$516.78.

## Your usage snapshot

### Average daily usage history



	Current Month	Jul 2020
Electric	0	0

**Current electric usage for meter number 004397197**

Actual reading	3098
Previous reading	- 3093
Energy used	5 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](http://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

037896 000002077



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..06-02-21 TO 07-01-21 29 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
5 KWH @ 8.674c	0.43
FUEL CHARGE	
5 KWH @ 3.094c	0.15
ASSET SECURITIZATION CHARGE	
5 KWH @ 0.234c	0.01
<b>Total Electric Charges</b>	<b>\$15.84</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

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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** Jun 2, 2021  
**For service** May 3 - Jun 2  
30 days

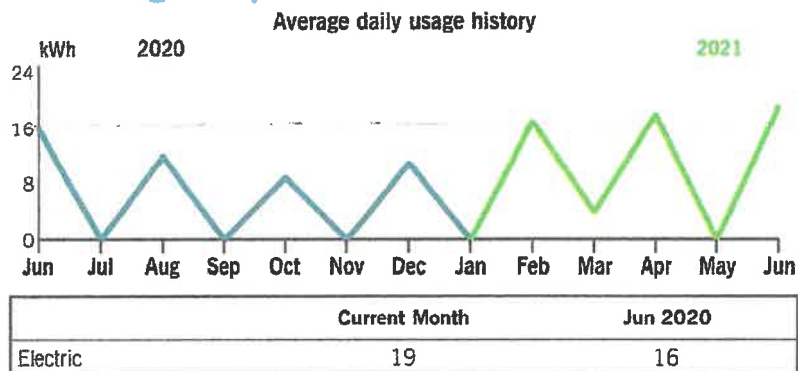
**Account number** [REDACTED]

### Billing summary

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

Pd 6.18.2021  
CK 735  
\$516.78

### Your usage snapshot



#### Current electric usage for meter number 004397197

Actual reading	3093
Previous reading	- 2513
<b>Energy used</b>	<b>580 kWh</b>



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](http://duke-energy.com/billing). Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.**



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page 3 of 3

Account number



## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)

BILLING PERIOD..05-03-21 TO 06-02-21 30 DAYS

CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
580 KWH @ 8.674c	50.31
FUEL CHARGE	
580 KWH @ 3.094c	17.95
ASSET SECURITIZATION CHARGE	
580 KWH @ 0.234c	1.36
<b>Total Electric Charges</b>	<b>\$84.87</b>

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](http://duke-energy.com/rates)

## Billing details - Deposit

DEPOSIT INTEREST CREDIT	\$-2.55
<b>Total Deposit</b>	<b>\$-2.55</b>

## Billing details - Taxes

GROSS RECEIPTS TAX	\$2.18
STATE AND OTHER TAXES ON ELECTRIC	6.92
<b>Total Taxes</b>	<b>\$9.10</b>

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**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

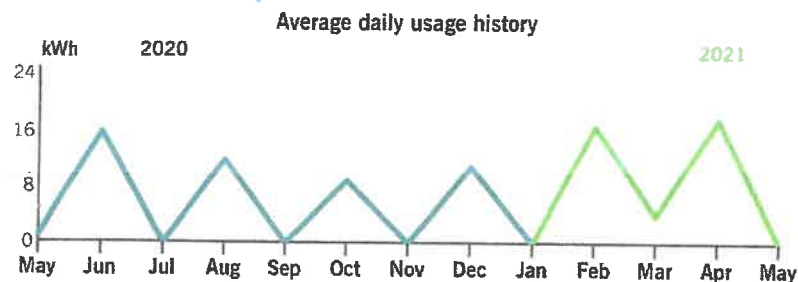
Account number

## Billing summary

Starting balance	\$-125.09
Electric Charges	15.25
Taxes	1.64
<b>Credit amount, do not pay</b>	<b>\$-108.20</b>

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	0	1

**Current electric usage for meter number 004397197**

Actual reading	2513
Previous reading	- 2513
Energy used	0 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](http://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



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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1.877.372.8477

page 3 of 3

Account number



## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..04-01-21 TO 05-03-21 32 DAYS	
CUSTOMER CHARGE	\$15.25
<b>Total Electric Charges</b>	<b>\$15.25</b>

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](http://duke-energy.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).

## Billing details - Taxes

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

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64

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

Bill date Apr 1, 2021  
For service Mar 3 - Apr 1  
29 days

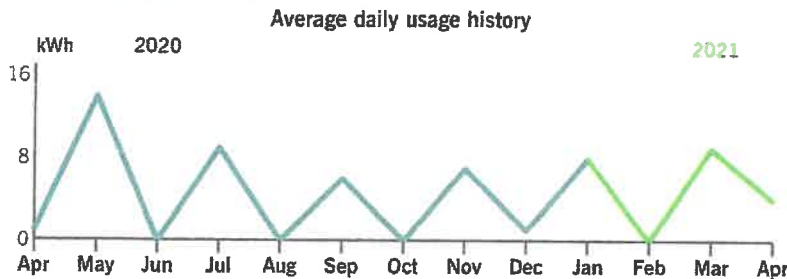
Account number

## Billing summary

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

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](http://duke-energy.com/settlement) to learn more.

## Your usage snapshot



	Current Month	Apr 2020
Electric	4	1

**Current electric usage for meter number 004396589**

Actual reading	1356
Previous reading	- 1242
<hr/>	
Energy used	114 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](http://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

000415 000005891



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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1.877.372.8477

page 3 of 3

Account number

## Billing details - Electric Charges

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

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

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

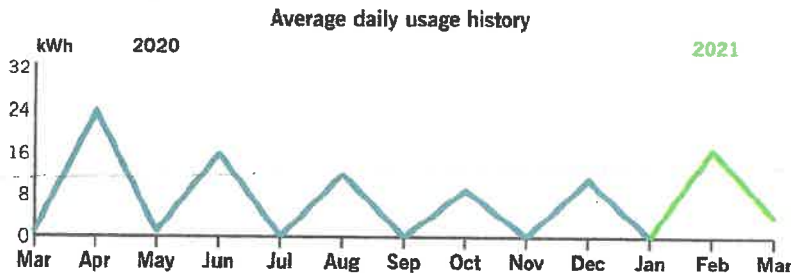
Bill date Mar 3, 2021  
For service Feb 1 - Mar 3  
30 days

Account number

## Billing summary

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

## Your usage snapshot



	Current Month	Mar 2020
Electric	4	1

**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 1,000-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](http://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

023126 0000009309



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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1.877.372.8477

page 3 of 3

Account number

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)

BILLING PERIOD..02-01-21 TO 03-03-21 30 DAYS

CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
124 KWH @ 8.602c	10.67
FUEL CHARGE	
124 KWH @ 3.094c	3.84
ASSET SECURITIZATION CHARGE	
124 KWH @ 0.234c	0.29
<b>Total Electric Charges</b>	<b>\$29.89</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

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

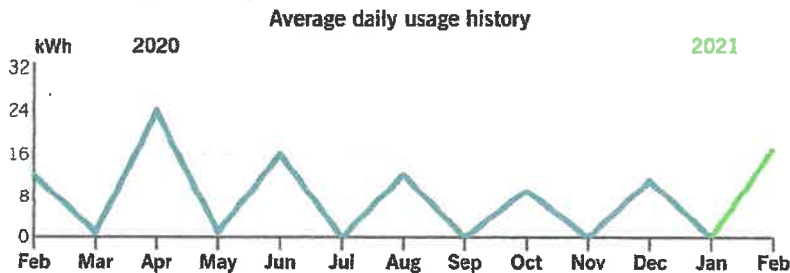
Bill date Feb 1, 2021  
For service Dec 30 - Feb 1  
33 days

Account number [REDACTED]

## Billing summary

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

## Your usage snapshot



	Current Month	Feb 2020
Electric	17	12

**Current electric usage for meter number 004397197**

Actual reading	1871
Previous reading	- 1298
<hr/>	
Energy used	573 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](http://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

021929 000009843



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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duke-energy.com  
1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..12-30-20 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
<b>Total Electric Charges</b>	<b>\$83.55</b>

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](http://duke-energy.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).

## Billing details - Taxes

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

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

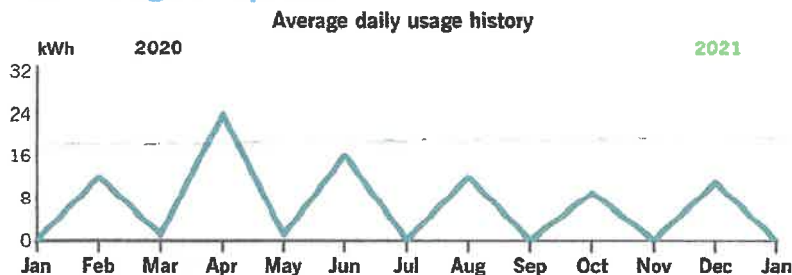
Bill date Dec 30, 2020  
For service Nov 30 - Dec 30  
30 days

Account number

## Billing summary

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

## Your usage snapshot



	Current Month	Jan 2020
Electric	0	0

**Current electric usage for meter number 004397197**

Actual reading	1298
Previous reading	- 1294
Energy used	4 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](http://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

023090 000009522



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

page 3 of 3

Account number

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..11-30-20 TO 12-30-20 30 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
4 KWH @ 8.602c	0.34
FUEL CHARGE	
4 KWH @ 3.094c	0.12
ASSET SECURITIZATION CHARGE	
4 KWH @ 0.252c	0.01
<b>Total Electric Charges</b>	<b>\$15.56</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.def.duke.bills.2020123021337.71.afp-46181-000009522





**Service address**

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

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

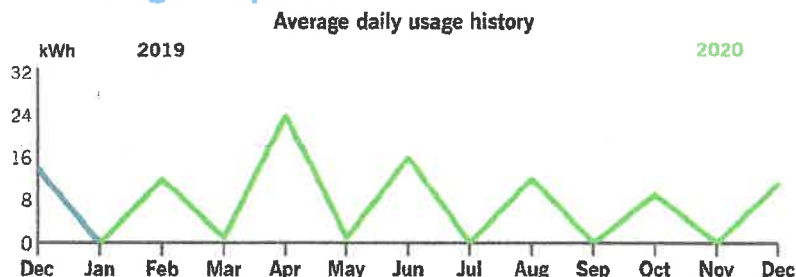
Account number

## Billing summary

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

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

## Your usage snapshot



	Current Month	Dec 2019
Electric	11	14

**Current electric usage for meter number 004397197**

Actual reading	1294
Previous reading	- 942
Energy used	352 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.

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

025035 000000871



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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





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page 3 of 3

Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)

BILLING PERIOD..09-30-20 TO 10-29-20 29 DAYS

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
----------------	------

<b>Total Electric Charges</b>	<b>\$14.44</b>
-------------------------------	----------------

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](http://duke-energy.com/rates)

## Billing details - Taxes

GROSS RECEIPTS TAX	\$0.37
--------------------	--------

STATE AND OTHER TAXES ON ELECTRIC	1.18
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<b>Total Taxes</b>	<b>\$1.55</b>
--------------------	---------------

fb.def.duke.bills.20201029221327.99.afp-53071-000007805



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

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

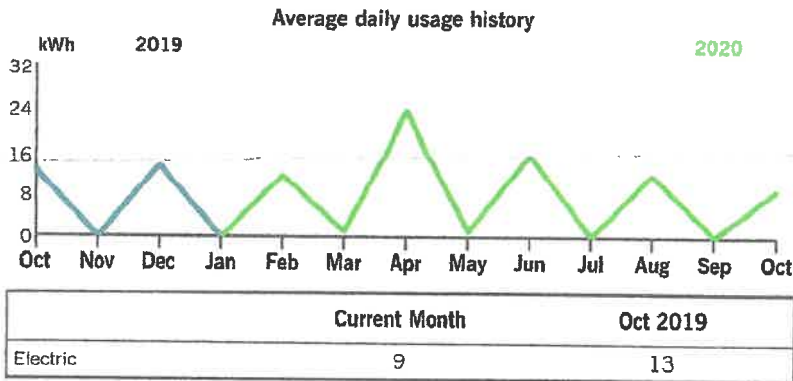
Account number

## Billing summary

Starting balance	\$-484.01
Electric Charges	45.92
Taxes	4.93
<b>Credit amount, do not pay</b>	<b>\$-433.16</b>

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](http://duke-energy.com/FreeBizCheck), or call 877.372.8477.

## Your usage snapshot



<b>Current electric usage for meter number 004397197</b>	
Actual reading	939
Previous reading	- 680
Energy used	259 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](http://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

036717 000001779



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

990009418871090006600000000000000005085000000000005



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1.877.372.8477

page 3 of 3

Account number

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..08-31-20 TO 09-30-20 30 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
259 KWH @ 8.696c	22.52
FUEL CHARGE	
259 KWH @ 3.35c	8.68
ASSET SECURITIZATION CHARGE	
259 KWH @ 0.252c	0.65
<b>Total Electric Charges</b>	<b>\$45.92</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb\_def.duke.bills.20200930220854.68.aip-79435-000001779



Service address

37405 RAY DR PUMP,  
@RAY DR N. CORNR

Bill date Aug 31, 2020

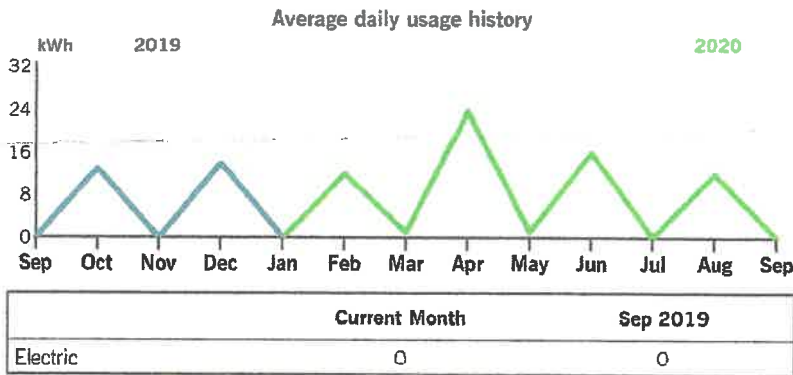
For service Jul 31 - Aug 31  
31 days

Account number

## Billing summary

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

## Your usage snapshot



**Current electric usage for meter number 004397197**

Actual reading	680
Previous reading	- 677
<hr/>	
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](http://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

036523 000001944



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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



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Account number



## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)

BILLING PERIOD..07-31-20 TO 08-31-20 31 DAYS

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
<b>Total Electric Charges</b>	<b>\$14.44</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

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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 Jul 31, 2020

For service Jul 1 - Jul 31

30 days

Account number

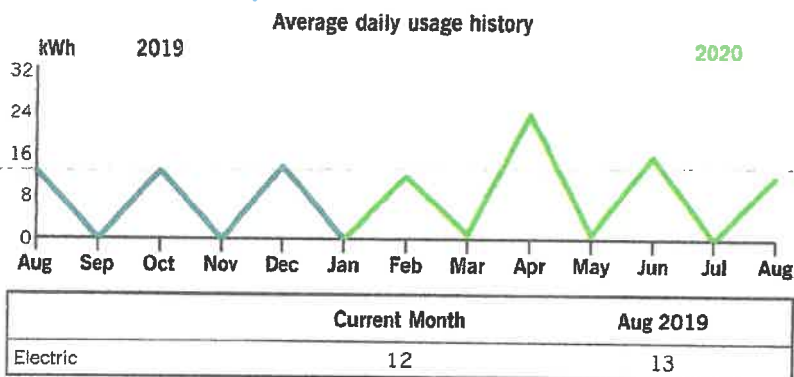
## Billing summary

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

Our standard billing and credit policies are scheduled to resume with your next billing period. If you need additional time to pay, visit [duke-energy.com/extension](http://duke-energy.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](http://duke-energy.com/TourTheBill) to explore the enhancements and find answers to all your questions.

## Your usage snapshot



Pd 8/26/2020  
\$522.55  
ck #698

### Current electric usage for meter number 004397197

Actual reading	677
Previous reading	- 325
Energy used	352 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](http://duke-energy.com/billing).**

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Account number [REDACTED]

## Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..07-01-20 TO 07-31-20 30 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
352 KWH @ 8.696c	30.61
FUEL CHARGE	
352 KWH @ 3.35c	11.79
ASSET SECURITIZATION CHARGE	
352 KWH @ 0.222c	0.78
<b>Total Electric Charges</b>	<b>\$57.25</b>

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](http://duke-energy.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).

## Billing details - Taxes

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

fb.def.duke.bills.20200731220734.53.afp-28335-000000071



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

Bill date Jul 1, 2020  
For service Jun 2 - Jul 1  
29 days

Account number

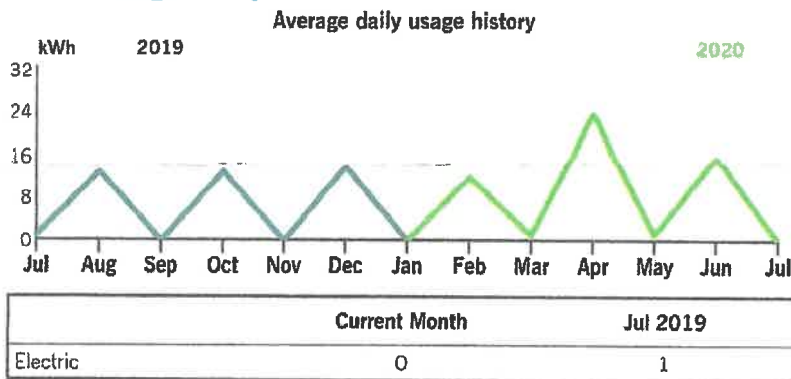
## Billing summary

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

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](http://duke-energy.com/TourTheBill) to explore the enhancements and find answers to all your questions.

## Your usage snapshot



<b>Current electric usage for meter number 004397197</b>	
Actual reading	325
Previous reading	- 313
Energy used	12 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](http://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

036627 000002068



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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1.877.372.8477

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Account number

## Billing details - Electric charges

General Service Non-Demand Secondary (GS-1)

BILLING PERIOD..06-02-20 TO 07-01-20 29 DAYS

CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
12 KWH @ 8.696c	1.04
FUEL CHARGE	
12 KWH @ 3.35c	0.40
ASSET SECURITIZATION CHARGE	
12 KWH @ 0.222c	0.03
<b>Total Electric charges</b>	<b>\$15.54</b>

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](http://duke-energy.com/rates)

## Billing details - Taxes

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

fb.def.duke.bills.20200701215929.94.afp-73255-000002048





## page 1 of 3

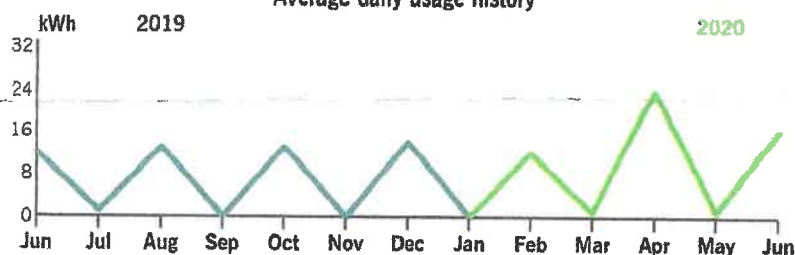
Bill date Jun 2, 2020  
For service May 1 - Jun 2  
32 days

Account number

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

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](http://duke-energy.com/TourTheBill) to explore the enhancements and find answers to all your questions.

### Average daily usage history



	Current Month	Jun 2019
Electric	16	12

**Current electric usage for meter number OLD METER**

Actual reading	35769
Previous reading	- 35569
Energy used	200 kWh

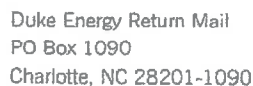


A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

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**Mail your payment at least 7 days before the due date or pay instantly at [duke-energy.com/billing](http://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.

\$ \_\_\_\_\_ Amount enclosed

037043 000001839



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



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

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1.877.372.8477

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Account number

## Your usage snapshot - continued

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

## Billing details - Electric charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..05-01-20 TO 06-02-20 32 DAYS	
CUSTOMER CHARGE	\$14.00
ENERGY CHARGE	
513 KWH @ 8.665c	44.45
FUEL CHARGE	
513 KWH @ 3.35c	17.19
ASSET SECURITIZATION CHARGE	
513 KWH @ 0.222c	1.14
<b>Total Electric charges</b>	<b>\$76.78</b>

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](http://duke-energy.com/rates)

## Billing details - Deposit

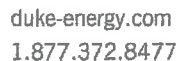
DEPOSIT INTEREST CREDIT	\$-2.56
<b>Total Deposit</b>	<b>\$-2.56</b>

## Billing details - Taxes

GROSS RECEIPTS TAX	\$1.97
STATE AND OTHER TAXES ON ELECTRIC	6.27
<b>Total Taxes</b>	<b>\$8.24</b>

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## page 1 of 3

Bill date	May 1, 2020
For service	Apr 1 - May 1
	30 days

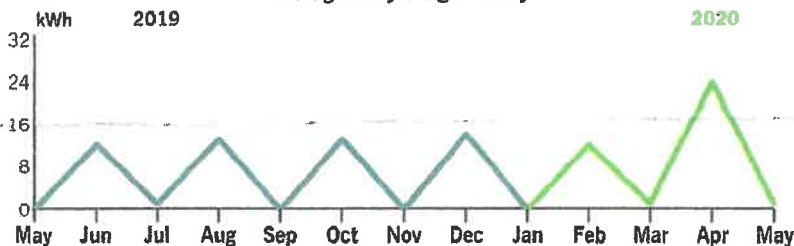
Account number

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

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](http://duke-energy.com/TourTheBill) to explore the enhancements and find answers to all your questions.

### Average daily usage history



	Current Month	May 2019
Electric	1	0

**Current electric usage for meter number 001484835**

Actual reading	35569
Previous reading	- 35544
Energy used	25 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](http://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

**\$0.00**

No payment is required at this time.

\$ \_\_\_\_\_ Amount enclosed

030905 000015376



A UTILITY INC  
PO BOX 669  
ZEPHYRHILLS FL 33539-0669



PO Box 1004  
Charlotte, NC 28201-1004

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1.877.372.8477

page 3 of 3

Account number [REDACTED]

## Billing details - Electric charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..04-01-20 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
<b>Total Electric charges</b>	<b>\$16.41</b>

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](http://duke-energy.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

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

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## We're here to help. Contact us.

Visit [duke-energy.com](http://duke-energy.com) 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](http://duke-energy.com).

**Reporting outages:** call 800.228.8485 or via the Web at [duke-energy.com/outage](http://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 Español:** 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, P.O. 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 company-authorized payment locations. To find a paystation near you, visit us at [duke-energy.com](http://duke-energy.com) 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 [duke-energy.com/progress](http://duke-energy.com/progress) 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 P.O. 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.

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](http://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 licensed 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.





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

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

Quantity	Description	Rate	Amount
1	Delivery On 7/22/21	25.00	25.00
27.5	Liquid Chlorine per gallon	2.20	60.50
	Sales Tax	7.00%	4.24

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

741  
63-1403/631  
26

8-18-2021  
Date

Pay to the Order of Pools & Things \$89.74  
Eighty-nine & 74/100 Dollars

**CenterState**  
Zephyrhills Office

For Invoice #9465 Beverly A. Jordan Sec 1  
0741

	<b>Total</b>	\$89.74
--	--------------	---------

93

pgs 93-96  
Answers for #3



Pools & Things of Pasco

5912 7th Street  
Zephyrhills, FL.  
33542

# Invoice

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

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

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

Quantity	Description	Rate	Amount
30	Delivery On 1/14/21 Liquid Chlorine per gallon Sales Tax	25.00 2.00 7.00%	25.00 60.00T 4.20
<div data-bbox="284 1134 1421 1669" data-label="Form"> <p><b>A UTILITY, INC</b> PO BOX 669 ZEPHYRHILLS, FL 33539-0669</p> <p>715 63-1403/631 25</p> <p>1-27-2021 Date <b>ACHECK AMOUNT</b></p> <p>Pay to the Order of <u>Pools &amp; Things</u> \$ <u>89.20</u></p> <p><u>Eighty-nine &amp; 20/100</u> Dollars</p> <p><b>CenterState</b> Zephyrhills Office</p> <p>For # <u>8169</u> <u>Benny O Jones "Sec"</u> MP</p> <p>0715</p> </div>			
<b>Total</b>			\$89.20





**MCL Environmental Services, LLC**

**7810 Gall Blvd #327**

**Zephyrhills, FL 33541**

**License #DWC0021612 \* Insured**

**813-928-5006**

**[mclenviro@gmail.com](mailto:mclenviro@gmail.com)**

**RE: Chlorine dosage rate**

**System: Tropical Trailer Park**

**PWS#: 6511859**

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

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

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

System Name: Tropical Trailer Park PWS I.D. #: 6511859  
System Type (check one): ☒ Community ☐ Non-transient Non-community ☐ Transient Non-community  
Address: 37407 Ray Dr  
City: Zephyrhills, FL ZIP Code: 33541  
Phone # [REDACTED] Fax #: N/A E-Mail Address: housingmanagementinc@yahoo.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35562446001 Sample Date: 7/13/2020 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)

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

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

**SAMPLER CERTIFICATION**

I, 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.

Signature: [Signature] Date: 7/18/2020  
Certified Operator #: 0021612 Phone #: [REDACTED] Sampler's Fax #: \_\_\_\_\_  
Sampler's E-mail: mclenviro@gmail.com

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

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

Lab Name: 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 ☒ 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: 7/13/2020

PWS ID (From Page1): 6511859 Sample Number (From 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):

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

## LAB CERTIFICATION

I, 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 Conference (NELAC).

Signature:  Date: 07/15/2020

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

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

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

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 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		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							

**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



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

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

System Name: Tropical Trailer Park PWS I.D. #: 6511859  
System Type (check one): ☒ Community ☐ Non-transient Non-community ☐ Transient Non-community  
Address: 37407 Ray Dr  
City: Zephyrhills, FL ZIP Code: 33541  
Phone #: [REDACTED] Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35562446002 Sample Date: 7/13/2020 Sample Time: 5:18 AM PM (Circle One)  
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)

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

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

**SAMPLER CERTIFICATION**

I, 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.

Signature: [Signature] Date: 7/18/2020  
Certified Operator #: 0021612 Phone #: [REDACTED] Sampler's Fax #: \_\_\_\_\_  
Sampler's E-mail: mclenviro@gmail.com

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

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

Lab Name: 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 ☒ 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: 7/13/2020

PWS ID (From Page1): 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

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

### Synthetic Organics

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

### Volatile Organics

- ☐ All 21  
☐ Partial

### Disinfection Byproducts

- ☐ Trihalomethanes  
☐ Haloacetic Acids  
☐ Chlorite  
☐ Bromate

### Radionuclides

- ☐ Single Sample  
☐ Qtrly Composite\*\*

### Secondaries

- ☐ All 14  
☐ Partial

## LAB CERTIFICATION

I, 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 Conference (NELAC).

Signature:  Date: 07/15/2020

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

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

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

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 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							

**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  
New Port Richey, FL 34654  
(727) 847-8902

NELAC Certification # E44123  
This document meets NELAC standards

Contacts: Annamaria Cangialosi, Christopher Childress

Report Number: 3955 3956 3957 Sub-Contract Lab ID: \_\_\_\_\_

### Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical MHP

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Dr.

City/Zip Code: Zephyrhills 33541

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Collector: Frank Hinchman

Collector's Phone #: \_\_\_\_\_

### Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

### Reason for Sampling: (check all that apply)

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

Sample Collection Date: 12/7/20

To be completed by collector of sample						To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Total Coliform Analysis Method: SM9223B	
						Total * Coliform	E. Coli *	Data Qualifier	Lab Sample #
C	East well raw	0534	R	0		A	A	J	3955
D	West well raw	0541	R	0		A	A	J	3956
E	37442 Hammond	0554	D	1.01		A	A	J	3957

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

1.01

### Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 0021612)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 12/08/2020

Lab Signature: Julia E. Huber

Title: Lab MGR

### Name and mailing Address of Person to Receive Report

ACL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

### DEP/DOH/LAB USE ONLY

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

# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 11/17/20 0936  
Analysis Date & Time: 11-17-20 12:10 LF  
Sample Acceptance Criteria:  
Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 11.5 °C  
Disinfectant Check ☒ Not Detected ☐      mg/L  
This sample does not meet the following NELAC requirements.

Report Number: 3794-3798 Sub-Contract Lab ID:                     

### Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical Trailer Park

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Dr.

City/Zip Code: Zephyrhills 33542

PWS or PWS Owner's Phone #:                     

Fax #:                     

Collector: Frank Hinchman

Collector's Phone #:                     

### Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other:                     

### Reason for Sampling: (check all that apply)

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

Sample Collection Date: 11/16/20 - 11/17/20

To be completed by collector of sample						To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)	Total Coliform Analysis Method:	E. Coli Analysis Method:	Lab Sample #
A	West plh POE 11/16	1900	D	.92		A A	SM9223B	SM9223B	3794
B	West plh POE 11/17	0520	D	.93		A A			3795
C	West plh raw	0510	R	✓		A A			3796
D	East plh raw	0527	R	✓		A A			3797
E	37350 Hammond	0540	D	.90		A A			3798

Average of disinfectant residuals for distribution routine and repeat samples. Free chlorine or Total chlorine (circle one) .917

### Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other:                     

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 0021612)

☐ Supervised by certified operator (#                     )

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results:                     

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

Date Report Issued: 11/18/2020

Lab Signature:                     

Title: Lab MGR

DEP/DOH/LAB USE ONLY

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

### Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

TANK CLEARANCE (NEW TANK)



# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 10/7/20 0925  
Analysis Date & Time: 10/27/20 1120 LF  
Sample Acceptance Criteria:  
Sample Preservation: ☒ On Ice ☐ Not on Ice ☐ 13.8 °C  
Disinfectant Check: ☒ Not Detected ☐      mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 3294-3296 Sub-Contract Lab ID:                     

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical Trailer Park PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Dr. City/Zip Code: Zephyrhills 33542

PWS or PWS Owner's Phone #:                      Fax #: N/A

Collector: Frank Hinchman Collector's Phone #:                     

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other:                     

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 10/7/20

To be completed by collector of sample					To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Total Coliform Analysis Method: SM9223B
						Total * Coliform	E. Coli *	E. Coli Analysis Method: SM9223B
C	E. Well row	0525	R	0		A	A	3294
D	N. Well row	0533	R	0		A	A	3295
E	37415 Hammond	0540	D	.97		A	A	3296

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

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other:                     

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 0021612)

☐ Supervised by certified operator (#                     )

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results:                     

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

Date Report Issued: 10/08/2020

Lab Signature:                     

Title: Lab MGR

DEP/DOH/LAB USE ONLY

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

Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541



# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 9/2/20 1040

Analysis Date & Time: 9/02/20 1100 LF

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 5.4 °C

Disinfectant Check ☒ Not Detected ☐ \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements.

Report Number: 2944-2946 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical MHP

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Dr.

City/Zip Code: Zephyrhills 33541

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Collector: Frank Hinchman

Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 9/2/2020

To be completed by collector of sample						To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Total Coliform Analysis Method: SM9223B	
						Total + Coliform	E. Coli +	Data Qualifier	Lab Sample #
E	E. well raw	0625	R	0		A	A		2944
F	W. well raw	0617	R	0		A	A		2945
G	4843 Kent Dr.	0607	D	.96		A	A		2946

Average of disinfectant residuals for distribution routine and repeat samples. Free chlorine or Total chlorine (circle one) .96

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 0021112)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 09/03/2020

Lab Signature: [Signature]

Title: Lab MGR

### Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

### DEP/DOH/LAB USE ONLY

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

# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 8/10/20 9:18  
Analysis Date & Time: 8/10/20 1030 LF  
Sample Acceptance Criteria:  
Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 4.6 °C  
Disinfectant Check ☒ Not Detected ☐ \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements.

Report Number: 2607-2609 Sub-Contract Lab ID: \_\_\_\_\_

### Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical MHP

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Dr.

City/Zip Code: Zephyrhills 33541

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Collector: Frank Hinchman

Collector's Phone #: \_\_\_\_\_

### Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

### Reason for Sampling: (check all that apply)

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

Sample Collection Date: 8/10/2020

To be completed by collector of sample					To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Lab Sample #
						Total * Coliform	E. Coli *	
A	E. well rev	0535	R	<u>0</u>		A	A	2607
B	W. well rev	0544	R	<u>0</u>		A	A	2608
C	4834 Lamar	0557	D	<u>.88</u>		A	A	2609

Average of disinfectant residuals for distribution routine and repeat samples. Free chlorine or Total chlorine (circle one) .98

### Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 0021412)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 08/11/2020

Lab Signature: Adrian E. Tucker

Title: Lab MGR

### Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

### DEP/DOH/LAB USE ONLY

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

# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 7-13-20 1000 <sup>TH</sup>  
Analysis Date & Time: 07/13/20 1110 KG  
Sample Acceptance Criteria:  
Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 9.1 °C  
Disinfectant Check ☒ Not Detected ☐ \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements.

Report Number: 2245-2247 Sub-Contract Lab ID: \_\_\_\_\_

### Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical MHP

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Dr.

City/Zip Code: Zephyrhills 33512

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Collector: Frank Hinchman

Collector's Phone #: \_\_\_\_\_

### Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

### Reason for Sampling: (check all that apply)

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

Sample Collection Date: 7/13/20

To be completed by collector of sample					To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Lab Sample #
						Total * Coliform	E. Coli *	
E	E. well raw	0516	R	<u>.92</u>		A	A	2245
F	N. well raw	0520	R	<u>.92</u>		A	A	2246
G	37300 Yunkaid	0527	D	<u>.92</u>		A	A	2247

Average of disinfectant residuals for distribution routine and repeat samples. Free chlorine or Total chlorine (circle one) .92

### Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# \_\_\_\_\_)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 07/15/2020

Lab Signature: Adrian E. Muth

Title: Lab MGR

### Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

### DEP/DOH/LAB USE ONLY

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

# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 6/9/20 0848  
Analysis Date & Time: 6/9/20 1450 LF  
Sample Acceptance Criteria:  
Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 8.0 °C  
Disinfectant Check ☒ Not Detected ☐ \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements.

Report Number: 1793-1795 Sub-Contract Lab ID: \_\_\_\_\_

### Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical MHP

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Dr.

City/Zip Code: Zephyrhills 33541

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Collector: Frank Hinchman

Collector's Phone #: 813-928-5206

### Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

### Reason for Sampling: (check all that apply)

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

Sample Collection Date: 6/9/20

To be completed by collector of sample						To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Total Coliform Analysis Method: SM9223B	
						Total * Coliform	E. Coli *	Data Qualifier	Lab Sample #
C	E. well raw	0700	R	0		A	A		1793
D	W. well raw	0655	R	0		A	A		1794
E	37402 Hammond	0709	D	.93		A	A		1795

Average of disinfectant residuals for distribution routine and repeat samples. Free chlorine or Total chlorine (circle one) .93

### Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# DD21416)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 06/19/2020

Lab Signature: [Signature]

Title: Lab MGR

### Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

### DEP/DOH/LAB USE ONLY

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

# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 5/6/20 1223  
Analysis Date & Time: 5/6/20 1355 LF  
Sample Acceptance Criteria:  
Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 8.9 °C  
Disinfectant Check ☒ Not Detected ☐      mg/L  
This sample does not meet the following NELAC requirements.

Report Number: 1461-1463 Sub-Contract Lab ID:                     

### Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Topical MHP

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Bay Dr.

City/Zip Code: Zephyrhills 33512

PWS or PWS Owner's Phone #:                     

Fax #:                     

Collector: Frank Hinckman

Collector's Phone #:                     

### Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other:                     

### Reason for Sampling: (check all that apply)

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

Sample Collection Date: 5/6/20

To be completed by collector of sample						To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Total Coliform Analysis Method: SM9223B	
						Total * Coliform	E. Coli *	Data Qualifier	Lab Sample #
F	West well raw	1100	R	0		A	A		1461
G	East well raw	1117	R	0		A	A		1462
H	37406 Topical Dr.	1110	D	.99		A	A		1463

Average of disinfectant residuals for distribution routine and repeat samples. Free chlorine or Total chlorine (circle one) .99

### Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other:                     

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 0021112)

☐ Supervised by certified operator (#                     )

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results:                     

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

Date Report Issued 05/07/2020

Lab Signature:                     

Title: Lab MGR

DEP/DOH/LAB USE ONLY

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

### Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541



# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 4-14-2020 0930 CC  
Analysis Date & Time: 4/14/20 1210 LF  
Sample Acceptance Criteria:  
Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 10.7 °C  
Disinfectant Check ☒ Not Detected ☐ \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements.

Report Number: 1228-1230 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical MHP

PWS I.D. 6 5 1 1 9 5 9

PWS Address: 37407 Ray Dr.

City/Zip Code: Zephyrhills 33542

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Collector: Frank Hinchman

Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 4/14/2020

To be completed by collector of sample						To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Total Coliform Analysis Method: SM9223B	
						Total *	E. Coli *	E. Coli Analysis Method: SM9223B	Lab Sample #
<u>C</u>	<u>East well raw</u>	<u>0530</u>	<u>R</u>	<u>0</u>		<u>A</u>	<u>A</u>		<u>1228</u>
<u>D</u>	<u>West well raw</u>	<u>0522</u>	<u>R</u>	<u>0</u>		<u>A</u>	<u>A</u>		<u>1229</u>
<u>E</u>	<u>37424 Ray Dr.</u>	<u>0540</u>	<u>D</u>	<u>.97</u>		<u>A</u>	<u>A</u>		<u>1230</u>

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

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 0021612)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 04/15/2020

Lab Signature: [Signature]

Title: Lab MGR

### Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

### DEP/DOH/LAB USE ONLY

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

# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 3/3/20 0940 TS

Analysis Date & Time: 3/3/20 1000 LF

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 10.8°C

Disinfectant Check ☒ Not Detected ☐ \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements.

Report Number: 0771-0773 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical Trailer Park

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Dr.

City/Zip Code: Zephyrhills 33541

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Collector: Frank Hinchman

Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 3/3/2020

To be completed by collector or sample					To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Total Coliform Analysis Method: SM9223B
						E. Coli Analysis Method: SM9223B		
						Total * Coliform	E. Coli *	Data Qualifier
A	East well row	0546	R	1.06		A	A	
B	West well row	0547	R	1.06		A	A	
C	37249 Tropical Dr.	0559	D	1.06		A	A	

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

1.06

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 0021112)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 03/04/2020

Lab Signature: [Signature]

Title: Lab MGR

Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

DEP/DOH/LAB USE ONLY

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



# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

For Lab Use Only

Lab Receipt Date & Time: 2-11-20 0854 TR

Analysis Date & Time: 2/11/20 1220 LF

Sample Acceptance Criteria: ✓

Sample Preservation: ☒ On Ice ☐ Not on Ice ☐ 11.6 °C

Disinfectant Check: ☒ Not Detected ☐      mg/L

This sample does not meet the following NELAC requirements.

Report Number: 0474-0476 Sub-Contract Lab ID:                     

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical Trailer Park

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Dr.

City/Zip Code: Zephyrhills 33511

PWS or PWS Owner's Phone #:                     

Fax #:                     

Collector: Frank Hinchman

Collector's Phone #:                     

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other:                     

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 2/11/2020

To be completed by collector of sample						To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Total Coliform Analysis Method: SM9223B	
						Total * Coliform	E. Coli *	Data Qualifier	Lab Sample #
C	East well row	0550	R	<u>0</u>		A	A		0474
D	West well row	0557	R	<u>0</u>		A	A		0475
E	37411 Ray Dr.	0607	D	<u>.97</u>		A	A		0476

Average of disinfectant residuals for distribution routine and repeat samples. Free chlorine or Total chlorine (circle one) .97

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other:                     

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 021412)

☐ Supervised by certified operator (#                     )

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results:                     

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

Date Report Issued: 02/12/2020

Lab Signature:                     

Title: Lab MGR

### Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

### DEP/DOH/LAB USE ONLY

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

# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

## 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

M

For Lab Use Only

Lab Receipt Date & Time: 1/14/20 10:36 <sup>15</sup>

Analysis Date & Time: 1/14/20 11:40 LF

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 13.9°C

Disinfectant Check ☒ Not Detected ☐ \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements.

Report Number: 0090-0092 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Tropical Trailer Park

PWS I.D. 6 5 1 1 8 5 9

PWS Address: 37407 Ray Drive

City/Zip Code: Zephyrhills 33541

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Collector: Frank Hinchman

Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 1/14/2020

To be completed by collector of sample					To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Lab Sample #
						Total * Coliform	E. Coli *	
A	East Well Row	0530	R	1.14		A	A	0090
B	West Well Row	0539	R	1.14		A	A	0091
C	37315 Hammond	0550	D	1.14		A	A	0092

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

1.14

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (please see instructions on reverse):

☒ A certified operator (# 0021112)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 01/16/2020

Lab Signature: Adrian E. Mulder

Title: Lab Mgr

Name and mailing Address of Person to Receive Report

MCL Environmental Services, LLC  
7810 Gall Blvd #327  
Zephyrhills, FL 33541

DEP/DOH/LAB USE ONLY

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

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2021-209  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 11/25/2021-12/1/2021

Worked on locating water main and lines

Date:	11/25/2021	11/26/2021	11/29/2021	11/30/2021	12/1/2021
Start:	8:00 AM		8:01 AM	6:00 AM	
Stop:	12:00 PM		10:00 AM	9:29 AM	
Start:			12:45 PM		
Stop:			1:30 PM		
Start:					
Stop:					
Start:					
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: \$8.21

Expenses: Lowes  
Home Depot \$347.96  
Hynes Discount  
Locksmith  
Amazon

Total Expenses: \$347.96

TOTAL DUE: \$570.72

DATE RECEIVED: 12/1/21

CASH: \_\_\_\_\_ OR CHECK: 570.72 @ 751

SIGNED: \_\_\_\_\_

*[Signature]*

pgs 117 - 200  
Answers for 4, 5, 8



**How doers  
get more done.**

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

8929 00052 40858 11/24/21 07:08 AM  
SALE SELF CHECKOUT

820633976073 1-1/4 UNION <A>	
1-1/4" PVC COMPRESSION COUPLING	
2@11.53	23.06
820633976097 PVC COUPLING <A>	
2" PVC COMPRESSION COUPLING	
2@18.68	37.36
611942038879 2 PVC EL45 <A>	
2" PVC EL 45D SXS	
6@3.74	22.44
611942039494 DWV PIPE <A>	
2" X 10' PVC40-DWV PE PIPE	
14@17.31	242.34

SUBTOTAL	325.20
SALES TAX	22.76
TOTAL	\$347.96

XXXXXXXXXXXX8441 HOME DEPOT

USD\$ 347.96

AUTH CODE 024453/4520004

TA

Chip Read

AID A0000000049999D8400304 THD PLCC CRC

8929 11/24/21 07:08 AM



8929 52 40858 11/24/2021 7718

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

\*\*\*\*\*

**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](http://www.homedepot.com/survey)

User ID: H88 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.

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541


Invoice #: PM2021-206  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 11/18/2021-11/24/2021

Worked on locating water main and lines

Date:	11/18/2021	11/19/2021	11/22/2021	11/23/2021	11/24/2021	
Start:	9:20 AM	8:00 AM	12:00 PM	9:46 AM		
Stop:	12:00 PM	10:00 AM	2:00 PM	11:20 AM		
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						
Hours:	2.67	2.00	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
Expenses:	Lowes \$193.71		\$282.38			
	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

SIGNED: 



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

- SALE -

SALES#: S1854UL1 2081793 TRANS#: 2253317 11-18-21

23090 10-IN X 15-IN RECTANGLE V	48.39
16.98 DISCOUNT EACH	-0.85
3 @ 16.13	
79589 3/4IN PVC CHECK ULV SOCKE	28.40
7.48 DISCOUNT EACH	-0.38
4 @ 7.10	
209666 3/4IN DBL UNION BALL V 16	29.16
7.68 DISCOUNT EACH	-0.39
4 @ 7.29	
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 @ 3.72	
23902 2-IN SCH40 COUPLING 42902	8.04
1.41 DISCOUNT EACH	-0.07
6 @ 1.34	
23003 2-IN SCH40 BUSHING 437248	8.36
2.20 DISCOUNT EACH	-0.11
4 @ 2.09	
51457 2-IN SCH40 PLUG 449020	12.92
3.39 DISCOUNT EACH	-0.16
4 @ 3.23	
SUBTOTAL:	181.04
TAX:	12.67
INVOICE 02347 TOTAL:	193.71
LCC:	193.71

TOTAL DISCOUNT: 9.52

LCC: XXXXXXXXXXXX6450 AMOUNT:193.71 AUTHCD: 001160

SWIPE REFID:300313 11/18/21 11:34:02

LBA/PO: tropical

STORE: 1854 TERMINAL: 02 11/18/21 11:35:17

# OF ITEMS PURCHASED: 37

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



How doers  
get more done.

32715 EILAND 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
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>	
160Z PVC CEMENT HEAVY DUTY GRAY FAST	
2@12.96	25.92

SUBTOTAL	263.91
SALES TAX	18.47
TOTAL	\$282.38

XXXXXXXXXXXX8441 HOME DEPOT

USD\$ 282.38

AUTH CODE 022346/6031496

TA

Chip Read

AID A0000000049999D8400304

THD PLCC CRC

8929 11/22/21 01:01 PM



8929 03 89494 11/22/2021 9194

RETURN POLICY DEFINITIONS		
POLICY ID	DAYS	POLICY EXPIRES ON
A 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.



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

120

MCL Environmental Services, LLC

7810 Gall Blvd. #327

Zephyrhills, FL 33541

Invoice #: PM2021-179  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 10/7/2021-10/13/2021

Reconnected 37344 Hammond drive and 37433 Ray Drive

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:					
Hours:	0.00	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

SIGNED: 

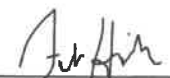


**MCL Environmental Services, LLC****7810 Gall Blvd. #327****Zephyrhills, FL 33541**

**Invoice #:** PM2021-146  
**Address of Service:** West pump house  
**Billed to:** A Utility, Inc.  
**Week of:** 7/29/2021-8/4/2021

Replaced 2" brass check valve in pump house; replaced raw tap faucet in pump house  
Replaced chlorine barrel faucet; installed plugs on check valve

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
					<b>\$160.00</b>
Miles:	14.00		16.00		
					<b>Total Miles:</b> 30.00
					<b>Fuel Econ.:</b> 13.50
					<b>Total Gallons:</b> 2.22
					<b>Rate:</b> 2.899
					<b>Total Fuel:</b> <b>\$6.44</b>
Expenses:	Lowes	\$54.52	\$42.44		
	Home Depot				
	Hynes Discount				
	Locksmith				
	K and K Glass				
					<b>Total Expenses:</b> <b>\$96.96</b>
					<b>TOTAL DUE:</b> <b>\$263.40</b>

DATE RECEIVED: 8/3/21CASH: \_\_\_\_\_ OR CHECK: 263.40 @ 5165SIGNED: 



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

- SALE -

SALES#: S10546L1 1426861 TRANS#: 00471799 07-28-21

23856 3/4-IN SCH40 ADAPTER 4360	1.04
0.55 DISCOUNT EACH	-0.03
2 @ 0.52	
25534 10-CT 1-IN SCH40 COUPLING	5.22
5.49 DISCOUNT EACH	-0.27
140216 1-IN PVC UNION SOCKET END	14.36
7.57 DISCOUNT EACH	-0.38
2 @ 7.19	
188226 3/4-IN PVC UNION SOCKET E	11.42
6.01 DISCOUNT EACH	-0.30
2 @ 5.71	
23858 1-IN SCH40 ADAPTER 436010	1.66
0.88 DISCOUNT EACH	-0.05
2 @ 0.83	
23913 1-IN X 3/4-IN BUSHING 437	1.82
0.96 DISCOUNT EACH	-0.05
2 @ 0.91	
26056 5-CT 1-IN SCH40 ELBOW	4.47
4.70 DISCOUNT EACH	-0.23
26055 10-CT 3/4-IN SCH40 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

SUBTOTAL: 50.95  
TAX: 3.57  
INVOICE 01690 TOTAL: 54.52  
LBA: 54.52

TOTAL DISCOUNT: 2.68

LBA:XXXXXXXXXX6450 AMOUNT:54.52 AUTHCD:000908

SWIPE REFID:075990 07/28/21 07:28:50

LBA/PO: 0

STORE: 1054 TERMINAL: 01 07/28/21 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, VISIT

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#: S1854HD1 53983 TRANS#: 2913666 08-02-21

867967 3/4-IN QTR TRN HOSE BIBB	10.43
10.98 DISCOUNT EACH	-0.55
367487 3/4-IN BRASS HSE BIB WIP	9.48
9.98 DISCOUNT EACH	-0.50
877189 1/4-IN HIP SQUARE HEAD PL	3.40
3.58 DISCOUNT EACH	-0.18
877190 3/8-IN HIP SQUARE HEAD PL	8.52
4.48 DISCOUNT EACH	-0.22
2 @ 4.26	
877188 1/8-IN HIP SQUARE HEAD PL	5.66
2.98 DISCOUNT EACH	-0.15
2 @ 2.83	
516071 MMS PB KING SIZE 2.83-02	2.17
2.28 DISCOUNT EACH	-0.11

SUBTOTAL: 39.66

TAX: 2.78

INVOICE 02150 TOTAL: 42.44

LBA: 42.44

TOTAL DISCOUNT: 2.08

LBA:XXXXXXXXXX6450 AMOUNT:42.44 AUTHCD:000901

SWIPE REFID:726842 08/02/21 10:14:03

LBA/PO: TROPICAL

STORE: 1054 TERMINAL: 02 08/02/21 10:14:44

# OF ITEMS PURCHASED: 8

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 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 MONTHLY! \*

\* ENTRE EN EL SORTEO MENSUAL \*

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

\*

123

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2021-112  
Address of Service: Water system  
Billed to: A Utility, Inc.  
Week of: 6/3/2021-6/9/2021

Worked on water system

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			

12.00

20.00

\$240.00

Miles:					
Total Miles:					0.00
Fuel Econ.:					13.50
Total Gallons:					0.00
Rate:					2.779
Total Fuel:					\$0.00

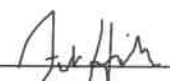
Expenses: Lowes  
Home Depot  
Hynes Discount  
Locksmith  
K and K Glass

Total Expenses: \$0.00

TOTAL DUE: \$240.00

DATE RECEIVED: 6/9/21

CASH: \_\_\_\_\_ OR CHECK: 240.00 @ 733

SIGNED: 

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2021-111  
Address of Service: Water system  
Billed to: A Utility, Inc.  
Week of: 5/27/2021-6/2/2021

Worked on water system

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

SIGNED: 

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2021-079  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 4/22/2021-4/28/2021

Worked on disconnections

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

SIGNED: 

**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*Sold by: Surplus Electrical Connections ([seller profile](#))

Condition: New

**Price**

\$49.00

**Shipping Address:**

Frank Hinchman IV

Dade City, FL 33525  
United States**Shipping Speed:**

FREE Prime Delivery

**Payment information****Payment Method:**

Amazon.com Store Card | Last digits: 2581

Item(s) Subtotal: \$49.00

Shipping &amp; Handling: \$0.00

-----

**Billing address**

Frank Hinchman IV

Dade City, FL 33525  
United States

Total before tax: \$49.00

Estimated tax to be collected: \$0.00

-----

**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

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**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**

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

Sold by: PersonalShopper123 ([seller profile](#))

Condition: New

**Shipping Address:**

Frank Hinchman IV

[REDACTED]  
Dade City, FL 33525  
United States

**Shipping Speed:**

Two-Day Shipping

**Payment information****Payment Method:**

Amazon.com Store Card | Last digits: 2581

Item(s) Subtotal: \$79.96

Shipping & Handling: \$0.00

**Billing address**

Frank Hinchman IV

[REDACTED]  
Dade City, FL 33525  
United States

Total before tax: \$79.96

Estimated tax to be collected: \$0.00

**Grand Total: \$79.96**

To view the status of your order, return to [Order Summary](#).

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**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**1 of: *WATER SOURCE CCC-125NL 1-1/4" CNTRL Check Valve*Sold by: BuyBoxer ([seller profile](#))

Condition: New

**Price**

\$43.98

**Shipping Address:**

Frank Hinchman IV

[REDACTED]

Dade City, FL 33525

United States

**Shipping Speed:**

FREE Prime Delivery

**Payment information****Payment Method:**

Amazon.com Store Card | Last digits: 2581

Item(s) Subtotal: \$43.98

Shipping &amp; Handling: \$0.00

-----

**Billing address**

Frank Hinchman IV

[REDACTED]

Dade City, FL 33525

United States

Total before tax: \$43.98

Estimated tax to be collected: \$3.08

-----

**Grand Total: \$47.06**To view the status of your order, return to [Order Summary](#).[Conditions of Use](#) | [Privacy Notice](#) © 1996-2021, Amazon.com, Inc. or its affiliates

**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**4 of: *Campbell Snifter Air Valve With Light Spring 1/8 "*Sold by: ADVENTURER'S BAG ([seller profile](#))

Condition: New

**Price**

\$14.77

**Shipping Address:**

Frank Hinchman IV

Dade City, FL 33525

United States

**Shipping Speed:**

FREE Prime Delivery

**Payment information****Payment Method:**

Amazon.com Store Card | Last digits: 2581

Item(s) Subtotal: \$59.08

Shipping &amp; Handling: \$0.00

-----

**Billing address**

Frank Hinchman IV

Dade City, FL 33525

United States

Total before tax: \$59.08

Estimated tax to be collected: \$0.00

-----

**Grand Total: \$59.08****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

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**How doers  
get more done.**

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

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

820633976325 PVC UNION <A>  
1-1/2" PVC UNION SLIPXSLIP SCH80  
2010.30 20.60  
611942082148 2 M ADAPTER <A>  
1-1/2"X2" PVC MALE ADAPTER MPTXS  
203.60 7.20  
611942037599 1/2 PVC CPLG <A>  
1/2" PVC COUPLING SXS  
1000.67 6.70  
611942038534 3/4 PVC CAP <A>  
3/4" PVC CAP SLIP  
1000.76 7.60  
611942081851 PVC PLUG <A>  
1/2" PVC PLUG SPG  
1001.09 10.90  
611942082131 3/4X1/2 MADP <A>  
1/2"X3/4" PVC MALE ADAPTER SXMPT  
501.38 6.90  
611942038336 1/2 M ADAPTR <A>  
1/2" PVC MALE ADAPTER SXMPT  
1000.76 7.60  
820633976042 SJ UNION <A>  
1/2" PVC COMPRESSION COUPLING  
404.19 16.76

SUBTOTAL 84.26  
SALES TAX 5.90  
TOTAL \$90.16

XXXXXXXXXXXX8441 HOME DEPOT

USD\$ 90.16

AUTH CODE 022878/0620341

TA

Chip Read

AID A0000000049999D8400304

THD PLCC CRC

8929 04/22/21 09:03 AM



8929 62 87940 04/22/2021 1363

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](http://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.

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2021-072  
Address of Service: Tropical MHP  
Billed to: Tropical MHP  
Week of: 4/8/2021-4/14/2021

Served notices

Date:	4/8/2021	4/9/2021	4/12/2021	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

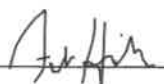
Expenses: Lowes  
Home Depot  
Hynes Discount  
Locksmith  
K and K Glass

Total Expenses: \$0.00

TOTAL DUE: \$32.33

DATE RECEIVED: 4/14/21

CASH: \_\_\_\_\_ OR CHECK: 726 @ 32.33

SIGNED: 

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2021-063  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 3/25/2021-3/31/2021

Worked on collections; cleaned out pump house and got system back online

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		

5.27

20.00

\$105.40

Miles: 8.00 15.00

Total Miles: 23.00

Fuel Econ.: 13.50

Total Gallons: 1.70

Rate: 2.859

Total Fuel: \$4.87

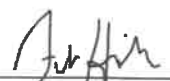
Expenses: Lowes  
Home Depot  
Hynes Discount  
Locksmith  
K and K Glass

Total Expenses: \$0.00

TOTAL DUE: \$110.27

DATE RECEIVED: 4/1/2021

CASH: \_\_\_\_\_ OR CHECK: 110.27 @ 725

SIGNED: 

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2021-047  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 3/4/2021-3/10/2021

Worked on collections

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

DATE RECEIVED: 3/10/2021

CASH: \_\_\_\_\_ OR CHECK: 22.96 @ 723

SIGNED: 

# Account Statement

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



The Home Depot  
Consumer Credit Card



Customer Service:  
[homedepot.com/mycard](http://homedepot.com/mycard)  
Account Inquiries:  
1-800-677-0232



Account Number: [REDACTED]

## 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 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 #501919

Online  
\$203.74

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 [homedepot.com/gardencenter](http://homedepot.com/gardencenter) today.



How does  
get more done.

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.



P.O. Box 790393  
St. Louis, MO 63179

Statement Enclosed

Your Account Number is [REDACTED]



## WORKSHOPS

- 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](http://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: \$ 203.74

Please print address changes on the reverse side.  
Make Checks Payable to ▼

00107892 1 35106967 DTF 00007892



BEVERLY A FONDER  
PO BOX 669  
ZEPHYRHILLS, FL 33539-0669

HOME DEPOT CREDIT SERVICES  
PO BOX 0001010  
LOUISVILLE, KY 40290-1010



03000 0002900 0020374 0051489 [REDACTED] 1911

135

105655

01133494  
JOB 203 DC01





Account: \*\*\*\* \*  
\*\*\*\*\*

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

**Deferred Interest Promotional Offer Update**

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	Amount
01/11	THE HOME DEPOT ZEPHYRHILLS FL GENERAL SALES PROMOTIONAL PURCHASE: To avoid interest charges, please pay the above in full by 07/25/2021. Monthly payments required.	\$ 350.00
01/12	THE HOME DEPOT ZEPHYRHILLS FL TOOL RENTAL	\$ 146.26

**FEES**

TOTAL FEES FOR THIS PERIOD	\$ 0.00
----------------------------	---------

**INTEREST CHARGED**

TOTAL INTEREST FOR THIS PERIOD	\$ 0.00
--------------------------------	---------

**2021 Totals Year-to-Date**

Total Fees Charged in 2021	\$0.00
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
PURCHASES										
Revolving Balance										
NO INT FOR 6MOS-PMT REQ										
	\$350.00	01/11/21	-	\$146.26-	\$350.00	-	\$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 Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
PURCHASES			
Revolving Balance	25.99% (M)	\$0.00	\$0.00
NO INT FOR 6MOS-PMT REQ	25.99% (M)	-	-

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2021-001  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 1/1/2021-1/6/2021

Worked on pumps

Date:	1/1/2021	1/4/2021	1/5/2021	1/6/2021
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:				2.199
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

SIGNED: 

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2020-223  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 12/24/2020-12/31/2020

Worked on pumps

Date: 12/24/2020 12/25/2020 12/28/2020 12/29/2020 12/30/2020 12/31/2020

Start: 8:00 AM 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  
Total Fuel: \$0.00


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

SIGNED: 

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2020-215  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 12/10/2020-12/16/2020

Date: 12/10/2020 12/11/2020 12/14/2020 12/15/2020 12/16/2020

Start:  
Stop:  
Start:  
Stop:  
Start:  
Stop:  
Start:  
Stop:

Hours:

0.00  
19.00

Miles:

\$0.00

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

SIGNED: 

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

- SALE -

SALES#: S1854CHT 3421788 TRANS#: 88601733 12-10-20

21580 10-IN ROUND VALVE BOX	12.34
12.98 DISCOUNT EACH	-0.64
56916 6-IN VALVE BOX REPLACEMENT	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:XXXXXXXXXX6450 AMOUNT:16.24 AUTHCD:001006

SWIPED REFID:093742 12/10/20 07:02:04

LBA/PO: TROPICAL

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

# OF ITEMS PURCHASED: 2

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

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! \*

\* ENTRE 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](http://www.lowes.com/survey) \*

\* YOUR ID # 017950 185413 456784 \*

\* \*

\* 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](http://www.lowes.com/survey) \*

\*\*\*\*\*

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

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2020-199  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 11/26/2020-12/2/2020

Worked on wells

Date:	11/26/2020	11/27/2020	11/30/2020	12/1/2020	12/2/2020
Start:	6:00 AM	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

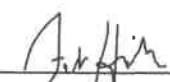
Expenses: Lowes  
Home Depot  
Hynes Discount  
Locksmith  
K and K Glass

Total Expenses: \$0.00

TOTAL DUE: \$304.00

DATE RECEIVED: 12/2/2020

CASH: \_\_\_\_\_ OR CHECK: 304.00 @ 708

SIGNED: 

**MCL Environmental Services, LLC**  
**7810 Gall Blvd. #327**  
**Zephyrhills, FL 33541**

**Invoice #:** PM2020-184  
**Address of Service:** Tropical MHP Pump Houses  
**Billed to:** A Utility, Inc.  
**Week of:** 11/5/2020-11/11/2020

Replaced one bladder tank in west pump house; replaced float valve in tank in east pump house; replaced 1 pressure guage in east pump house and replaced one pressure guage in west pump house

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
						<b>\$205.58</b>
Miles:			66.00	11.00	9.00	
						<b>Total Miles: 86.00</b>
						<b>Fuel Econ.: 13.50</b>
						<b>Total Gallons: 6.37</b>
						<b>Rate: 1.999</b>
						<b>Total Fuel: \$12.73</b>
Expenses:	Lowes		\$25.28			
	Home Depot					
	Hynes Discount					
	MCL			\$50.00	\$26.00	
	Rite Flo		\$705.78			
						<b>Total Expenses: \$807.06</b>
						<b>TOTAL DUE: \$1,025.37</b>

DATE RECEIVED: 11/13/2020

CASH: \_\_\_\_\_ OR CHECK: 1025.37 @ 705

SIGNED: 

142



# INVOICE

RITE-FLO SUPPLY, INC.

Branch: 02 LAKELAND  
P.O. BOX 15512  
TAMPA, FL 33684  
US

813-884-7535

Bill To:  
CASH LAK GENERAL CONTRACTOR

Ship To:  
CASH LAK GENERAL CONTRACTOR

INVOICE	
3174386	
Invoice Date	Page
11/9/2020 09:41:51	1 of 1
ORDER NUMBER	
1203176	

Customer ID: 270

PO Number					Term Description		Net Due Date		Disc Due Date		Discount Amount		
ENVIORNMENTAL					COD		11/9/2020		11/9/2020		0.00		
Order Date			Pick Ticket No		Primary Salesrep Name					Taker			
11/9/2020 09:32:10			2172592		TAMPA HOUSE ACCOUNT					CCAMPBELL			
Quantities					Item ID			Pricing UOM		Unit		Extended	
Ordered		Shipped	Remaining	UOM Unit Size	Disp	Item Description			Unit Size		Price	Price	
Carrier: CUSTOMER PICKUP					Tracking #:								
1	1	0	EA	1.0	AOS-PMXP119			EA		659.6000		659.60	
					A.O. SMITH 119 GAL DIAPHRAGM TANK			1.0000					

Total Lines: 1

**SUB-TOTAL:** 659.60  
**FLORIDA STATE TAX:** 39.58  
**POLK COUNTY:** 6.60  
**MASTERCARD CREDIT CARD:** 705.78  
**AMOUNT DUE:** 0.00

TROP MHP WEST P/H

ORIGINAL

143



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

- SALE -

SALES#: S1854HD1 53983 TRANS#: 62938108 11-09-20

228558	2MIL 9-12 PLASTIC DROPCLD	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: 25.28

TOTAL DISCOUNT: 1.24

LBA:XXXXXXXXXX6450 AMOUNT:25.28 AUTHCD:000984

SHIPED REFID:991408 11/09/20 11:07:56

LBA/PO: TROPICAL

STORE: 1854 TERMINAL: 62 11/09/20 11:08:44

# OF ITEMS PURCHASED: 4

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.

FOR DETAILS ON OUR RETURN POLICY, VISIT  
[LOWES.COM/RETURNS](http://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](http://LOWES.COM/PRICEMATCH)

\*\*\*\*\*

\* SHARE YOUR FEEDBACK! \*

\* ENTER FOR A CHANCE TO BE \*

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

\* ENTRE 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](http://www.Lowes.com/survey) \*

\* YOUR ID # 626471 185473 140284 \*

\* NO PURCHASE NECESSARY TO ENTER OR WIN. \*

\* LIMIT ONE ENTRY PER PERSON. MUST BE 18 OR OLDER TO ENTER. \*

144

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2020-175  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 10/22/2020-10/28/2020

Picked up materials to work on water tanks in West pump house; worked on painting panels in east pump house

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

4.75  
19.00

Miles: 12.00

\$90.25

Total Miles: 12.00  
Fuel Econ.: 13.50  
Total Gallons: 0.89  
Rate: 2.109  
Total Fuel: \$1.87


Expenses: Lowes \$54.24  
Home Depot  
Hynes Discount  
Locksmith  
K and K Glass

Total Expenses: \$54.24

TOTAL DUE: \$146.36

DATE RECEIVED: 10/28/2020

CASH: \_\_\_\_\_ OR CHECK: 703 @ 146.36

SIGNED: 

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

- SALE -

SALES#: S18546L1 1426861 TRANS#: 88278744 10-21-20

854586	12-02 SP GLOSS LAGOON SR	8.32
4.38	DISCOUNT EACH	-0.22
2 @		4.16
2511980	RZ 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:XXXXXXXXXX6450 AMOUNT:29.23 AUTHCD:000969

SWIPE REFID:057117 10/21/20 07:12:07

LBA/PO: TROPICAL

STORE: 1854 TERMINAL: 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

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! \*

\* ¡ENTRE 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](http://www.lowes.com/survey) \*

\* Y O U R I D # 012552 185412 957058 \*

\* \*

\* 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](http://www.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#: S1854064 2154129 TRANS#: 62302304 10-21-20

99063	12-02 SMOKE GRAY STOPS RU	8.32
4.38	DISCOUNT EACH	-0.22
2 @		4.16

590695 SCOTCH BLUE 1.88 ORIGINAL 6.25

6.58 DISCOUNT EACH -0.33

889561 20-02 KRUD KUTTER AEROSOL 5.68

5.98 DISCOUNT EACH -0.30

154751 9-IN X 180-FT BROWN MASKI 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:XXXXXXXXXX6450 AMOUNT:25.01 AUTHCD:000965

SWIPE REFID:107284 10/21/20 13:44:35

LBA/PO: TROPICAL

STORE: 1854 TERMINAL: 62 10/21/20 13:45:34

# OF ITEMS PURCHASED: 5

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

LOWE'S PRICE MATCH GUARANTEE

FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

\*\*\*\*\*

\* SHARE YOUR FEEDBACK! \*

\* ENTER FOR A CHANCE TO BE \*

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\* ¡ENTRE 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](http://www.lowes.com/survey) \*

\* Y O U R I D # 012552 185412 957058 \*

146

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2020-173  
Address of Service: Tropical MHP - west pump house  
Billed to: A Utility, Inc.  
Week of: 10/15/2020-10/21/2020

Picked up materials to work on water tanks in West pump house; checked on a couple addresses

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: \$1.56

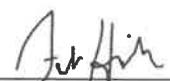
Expenses: Lowes \$59.54  
Home Depot  
Hynes Discount  
Locksmith  
K and K Glass

Total Expenses: \$59.54

TOTAL DUE: \$111.10

DATE RECEIVED: 10/21/2020

CASH: \_\_\_\_\_ OR CHECK: 111.10 @ 702

SIGNED: 



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-OZ PRO RED PRIMER RUST	11.36
5.98 DISCOUNT EACH	-0.30
2 @ 5.68	
854586 12-OZ SP GLOSS LAGOON SR	4.16
4.38 DISCOUNT EACH	-0.22
98576 12-OZ SAIL BLUE STOPS RUS	4.17
4.38 DISCOUNT EACH	-0.21

SUBTOTAL: 19.69

TAX: 1.38

INVOICE 62437 TOTAL: 21.07

LBA: 21.07

TOTAL DISCOUNT: 1.03

LBA:XXXXXXXXXX6450 AMOUNT:21.07 AUTHCD:000955

SWIPE REFID:188688 10/15/20 10:23:18

LBA/PO: TROPICAL

STORE: 1854 TERMINAL: 62 10/15/20 10:24:08

# OF ITEMS PURCHASED: 4

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

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!	*
* ENTRE EN EL SORTEO MENSUAL	*
* PARA SER UNO DE LOS CINCO GANADORES DE \$500!	*
* ENTER BY COMPLETING A SHORT SURVEY	*
* WITHIN ONE WEEK AT: <a href="http://www.lowes.com/survey">www.lowes.com/survey</a>	*
* Y O U R I D # 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#: S1854GL1 1426861~ TRANS#: 88104212 10-19-20

1614080 ETN 15A 125V WATERTIGHT P	17.07
17.97 DISCOUNT EACH	-0.90
1614081 ETN 15A 125V WATERTIGHT C	18.88
19.87 DISCOUNT EACH	-0.99

SUBTOTAL: 35.95

TAX: 2.52

INVOICE 01951 TOTAL: 38.47

LBA: 38.47

TOTAL DISCOUNT: 1.89

LBA:XXXXXXXXXX6450 AMOUNT:38.47 AUTHCD:000976

SWIPE REFID:634030 10/19/20 06:43:12

LBA/PO: TROPICAL

STORE: 1854 TERMINAL: 01 10/19/20 06:43:53

# OF ITEMS PURCHASED: 2

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

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!	*
* ENTRE EN EL SORTEO MENSUAL	*
* PARA SER UNO DE LOS CINCO GANADORES DE \$500!	*
* ENTER BY COMPLETING A SHORT SURVEY	*
* WITHIN ONE WEEK AT: <a href="http://www.lowes.com/survey">www.lowes.com/survey</a>	*
* Y O U R I D # 019511 185472 930214	*
* NO PURCHASE NECESSARY TO ENTER OR WIN.	*
* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER.	*
* OFFICIAL RULES & WINNERS AT: <a href="http://www.lowes.com/survey">www.lowes.com/survey</a>	*

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STORE: 1854 TERMINAL: 01 10/19/20 06:43:53

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

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

Start: 7:45 PM  
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:  Text here



MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2020-123  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 7/9/2020-7/15/2020

Worked on mapping

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

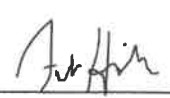
Expenses: Lowes  
Home Depot  
Hynes Discount  
MCL  
K and K Glass

Total Expenses: \$0.00

TOTAL DUE: \$205.64

DATE RECEIVED: 7/15/20

CASH: \_\_\_\_\_ OR CHECK: 205.64 @ 694

SIGNED: 

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2020-121  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 7/2/2020-7/8/2020

Worked on mapping

Date:	7/2/2020	7/5/2020	7/6/2020	7/7/2020	7/8/2020
Start:		1:00 PM		7:00 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

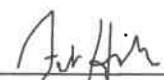
Expenses: Lowes  
Home Depot  
Hynes Discount  
MCL  
Locksmith

Total Expenses: \$0.00

TOTAL DUE: \$114.00

DATE RECEIVED: 7/8/2020

CASH: \_\_\_\_\_ OR CHECK: 114.00 @ 693

SIGNED: 

MCL Environmental Services, LLC  
7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2020-113  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 6/25/2020-7/1/2020

Started working on paper work for engineering inspection; took and compiled pictures of both pump houses

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

SIGNED: 

**MCL Environmental Services**

7810 Gall Blvd. #327, Zephyrhills, FL 33541

Invoice #: PM2020-073  
 Address of Service: West Pump House  
 Billed to: A Utility, Inc.  
 Week of: 4/16/2020-4/22/2020

Picked up materials

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  
 MCL  
 John D.

Total Expenses: **\$255.55**

**TOTAL DUE: \$288.33**

DATE RECEIVED: 4/23/2020

CASH: \_\_\_\_\_ OR CHECK: 288.33 @ 683

SIGNED: 

153

## - SALE -

SALES#: S1854RG2 2570012 TRANS#: 88482857 04-21-20

23090	10-IN X 15-IN RECTANGLE V	42.69
14.98	DISCOUNT EACH	-0.75
3 @	14.23	
79589	3/4IN PVC CHECK VALV SOCKE	28.40
7.48	DISCOUNT EACH	-0.38
4 @	7.10	
317743	1-1/2-IN X 3/4 SCH40 TEE	10.92
2.88	DISCOUNT EACH	-0.15
4 @	2.73	
317748	2-IN X 3/4-IN SCH40 TEE	6.04
3.18	DISCOUNT EACH	-0.16
2 @	3.02	
48974	1-1/4-IN SCH40 TEE 401167	4.06
2.14	DISCOUNT EACH	-0.11
2 @	2.03	
23856	3/4-IN SCH40 ADAPTER 4360	4.90
0.52	DISCOUNT EACH	-0.03
10 @	0.49	
23944	1-1/4-IN PVC REPAIR COUPL	15.86
8.34	DISCOUNT EACH	-0.41
2 @	7.93	
20610	1-1/2-IN PVC REPAIR COUPL	18.78
9.88	DISCOUNT EACH	-0.49
2 @	9.39	
23545	2-IN PVC REPAIR COUPLING	26.28
13.82	DISCOUNT EACH	-0.68
2 @	13.14	
23941	1/2-IN PVC REPAIR COUPLIN	15.88
4.18	DISCOUNT EACH	-0.21
4 @	3.97	
209666	3/4IN DBL UNION BALL V 16	7.30
7.68	DISCOUNT EACH	-0.38
23942	3/4-IN PVC REPAIR COUPLIN	18.92
4.98	DISCOUNT EACH	-0.25
4 @	4.73	
23878	1-1/4-IN SCH40 TEE 401012	10.68
1.88	DISCOUNT EACH	-0.10
6 @	1.78	
25523	10-CT 1/2-IN SCH40 COUPLI	3.09
3.24	DISCOUNT EACH	-0.15
26052	10-CT 3/4-IN SCH40 TEE	12.34
6.48	DISCOUNT EACH	-0.31
2 @	6.17	
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	2.60
2.73	DISCOUNT EACH	-0.13
26055	10-CT 3/4-IN SCH40 ELBOW	3.96
4.15	DISCOUNT EACH	-0.19

SUBTOTAL: 238.83

TAX: 16.72

INVOICE 01789 TOTAL: 255.55

LANEX: 255.55

TOTAL DISCOUNT: 12.57

LANEX:XXXXXXXXXX1005 AMOUNT:255.55 AUTHCD:845075

CHIP REFID:185401476647 04/21/20 11:25:08

LANEX PO: TROPICAL

154

**MCL Environmental Services**

**7810 Gall Blvd. #327, Zephyrhills, FL 33541**

**Invoice #:** PM2020-072  
**Address of Service:** 4825 Kent Drive.  
**Billed to:** A Utility, Inc.  
**Week of:** 4/16/2020-4/22/2020

Repaired 2' section of 1 1/4" water main that was cut by homeowner while trying to  
 remove a stump from their yard  
 (two 1 1/4" repair couplings; 2' section of 1 1/4" sch 40 pvc, John-assisted)

**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

1.75

19.00

**\$33.25**

**Miles:**

**Total Miles:** 0.00  
**Fuel Econ.:** 13.50  
**Total Gallons:** 0.00  
**Rate:** 1.779  
**Total Fuel:** **\$0.00**

**Expenses:** Lowes \$16.95  
 Home Depot  
 Hynes Discount  
 MCL  
 John D. \$26.25

**Total Expenses:** **\$43.20**  
**Service fee:** **\$75.00**  
**TOTAL DUE:** **\$151.45**

DATE RECEIVED: 4/23/2020

CASH: \_\_\_\_\_ OR CHECK: 151.45 @ 4655

SIGNED: 

155

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

- SALE -

SALES#: S1854RG2 2570012 TRANS#: 88482639 04-21-20

23944 1-1/4-IN PVC REPAIR COUPL 15.84  
8.34 . DISCOUNT EACH -0.42  
2 @ 7.92

SUBTOTAL: 15.84

TAX: 1.11

INVOICE 01787 TOTAL: 16.95

LAMEX: 16.95

**TOTAL DISCOUNT: 0.84**

LAMEX:XXXXXXXXXX1005 AMOUNT:16.95 AUTHCD:807020

CHIP REFID:185401476645 04/21/20 11:23:44

LAMEX PQ: 4825

APL: AMERICAN EXPRESS TVR: 0000008000

AID: A000000025010801 TSI: E800

STORE: 1854 TERMINAL: 01 04/21/20 11:24:13

**# OF ITEMS PURCHASED: 2**

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 MONTHLY! \*

\* ¡ENTRA 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](http://www.lowes.com/survey) \*

\* YOUR ID # 017879 185421 121311 \*

\* \*

\* 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](http://www.lowes.com/survey) \*

\*\*\*\*\*

STORE: 1854 TERMINAL: 01 04/21/20 11:24:13



**MCL Environmental Services**

7810 Gall Blvd. #327

Zephyrhills, FL 33541

Invoice #: PM2020-066  
 Address of Service: Tropical MHP  
 Billed to: A Utility, Inc.  
 Week of: 4/2/2020-4/8/2020

Replaced valves and installed water boxes at 37303 Kinkaid, 37302 Burdock, and 37444 Hammond

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**

**TOTAL DUE: \$69.19**

DATE RECEIVED: 4/9/2020

CASH: \_\_\_\_\_ OR CHECK: 69.19 @ 679

SIGNED: 

157

MCL Environmental Services

7810 Gall Blvd. #327

Zephyrhills, FL 33541

Invoice #: PM2020-048  
Address of Service: West Pump House  
Billed to: A Utility, Inc.  
Week of: 2/27/2020-3/4/2020

Replaced #2 tube in chlorinator in west pump house; serviced chlorinator: picked up stock material for maintenance

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

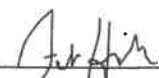
Expenses: Lowes \$346.15  
Home Depot  
Hynes Discount  
MCL  
Locksmith

Total Expenses: \$346.15

TOTAL DUE: \$360.88

DATE RECEIVED: 3/5/2020

CASH: \_\_\_\_\_ OR CHECK: 360.88 @ 671

SIGNED: 



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

- SALE -

SALES#: S1854TS1 35837 TRANS#: 2810949 02-27-20

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

- SALE -

SALES#: S1854BS4 2043401 TRANS#: 88833381 02-27-20

23903 1-1/2-IN SCH40 ADPTR 4360 10.88  
1.44 DISCOUNT EACH -0.08  
8 @ 1.36

SUBTOTAL: 10.88

TAX: 0.77

INVOICE 01336 TOTAL: 11.65

LAMEX: 11.65

TOTAL DISCOUNT: 0.64

LAMEX:XXXXXXXXXX1005 AMOUNT:11.65 AUTHCD:887851

CHIP REFID:185401465486 02/27/20 14:56:05

LAMEX PD: TROPICAL

APL: AMERICAN EXPRESS TVR: 0006008000

AID: A000000025010801 TSI: E800

STORE: 1854 TERMINAL: 01 02/27/20 14:56:31

# OF ITEMS PURCHASED: 8

PURCHASE TYPE: CASH/CC AND CREDIT CARD TYPE

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 10.46  
5.51 DISCOUNT EACH -0.28  
2 @ 5.23

23909 1-1/2-IN SCH40 ELBOW 4060 14.08  
1.86 DISCOUNT EACH -0.10  
8 @ 1.76

1144124 1 1/2-IN. DI PVC S40 POOL 34.00  
4.48 DISCOUNT EACH -0.23  
8 @ 4.25

1144125 2-IN. DIA PVC S40 POOL SW 36.40  
5.48 DISCOUNT EACH -0.28  
7 @ 5.20

23908 2-IN SCH40 TEE 401020 11.32  
2.98 DISCOUNT EACH -0.15  
4 @ 2.83

23907 1-1/2-IN SCH40 TEE 401015 9.12  
2.40 DISCOUNT EACH -0.12  
4 @ 2.28

23910 2-IN SCH40 ELBOW 406020 25.40  
2.68 DISCOUNT EACH -0.14  
10 @ 2.54

23904 2-IN SCH40 ADAPTER 436020 2.74  
1.44 DISCOUNT EACH -0.07  
2 @ 1.37

23906 2-IN SCH40 ADAPTER 435020 3.18  
1.67 DISCOUNT EACH -0.08  
2 @ 1.59

23922 2-IN X 1-1/2-IN SCH40 7.92  
2.08 DISCOUNT EACH -0.10  
4 @ 1.98

188223 1-1/2-IN PVC UNION SOCKET 32.44  
8.53 DISCOUNT EACH -0.42  
4 @ 8.11

209665 1-1/2-IN DBL UNION BALL V 48.45  
16.98 DISCOUNT EACH -0.83  
3 @ 16.15

51004 DATEY 16-OZ PURPLE PRIMER 11.40  
11.98 DISCOUNT EACH -0.58

452386 16-OZ ALL PURPOSE CEMENT- 10.74  
11.28 DISCOUNT EACH -0.54

24465 1-1/2-IN TO 2-IN DRN RBBR 4.74  
4.98 DISCOUNT EACH -0.24

51220 GE SIL II KB CLEAR 2.8-OZ 24.42  
4.28 DISCOUNT EACH -0.21  
6 @ 4.07

60096 15.7-IN WHITE SQUARE STON 11.36  
2.98 DISCOUNT EACH -0.14  
4 @ 2.84

SUBTOTAL: 312.61

TAX: 21.89

INVOICE 02487 TOTAL: 334.50

LAMEX: 334.50

TOTAL DISCOUNT: 16.45

159

MCL Environmental Services

7810 Gall Blvd. #327  
Zephyrhills, FL 33541

Invoice #: PM2020-039  
Address of Service: 37432 Ray Drive  
Billed to: A Utility, Inc.  
Week of: 2/13/2020-2/19/2020

Finished locating main valve

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  
Total Fuel: \$1.96

Expenses: Lowes  
Home Depot  
Hynes Discount  
MCL  
Locksmith

Total Expenses: \$0.00

TOTAL DUE: \$44.71

DATE RECEIVED: 2/21/2020

CASH: \_\_\_\_\_ OR CHECK: 44.71 @ 667

SIGNED: 

**MCL Environmental Services**

**7810 Gall Blvd. #327  
Zephyrhills, FL 33541**

**Invoice #:** PM2020-038  
**Address of Service:** 37432 Ray Drive  
**Billed to:** A Utility, Inc.  
**Week of:** 2/6/2020-2/12/2020

Attempted to locate water main and main valve to home; temporarily stopped water

**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:**  
**Start:**  
**Stop:**

**Hours:** 1.75

**Total Hours:** 1.75  
**Rate:** 19.00  
**Total Labor:** \$33.25

**Miles:** 14.00

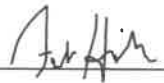
**Total Miles:** 14.00  
**Fuel Econ.:** 13.50  
**Total Gallons:** 1.04  
**Rate:** 2.409  
**Total Fuel:** \$2.50

**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

SIGNED: 

**MCL Environmental Services**

7810 Gall Blvd. #327

Zephyrhills, FL 33541

Invoice #: PM2020-030

Address of Service: Tropical MHP West Pump House

Billed to: A Utility, Inc.

Week of: 1/30/2020-2/5/2020

Checked out broken faucet in west pump house; picked up materials to repair

Date:	1/30/2020	1/31/2020	2/3/2020	2/4/2020	2/5/2020
-------	-----------	-----------	----------	----------	----------

Start:		10:01 AM			
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Stop:		12:01 PM			
-------	--	----------	--	--	--

Start:					
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Stop:					
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Start:					
--------	--	--	--	--	--

Stop:					
-------	--	--	--	--	--

Start:					
--------	--	--	--	--	--

Stop:					
-------	--	--	--	--	--

Hours:		2.00			
--------	--	------	--	--	--

Total Hours:	2.00
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Rate:	19.00
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Total Labor:	\$38.00
--------------	---------

Miles:	10.00
--------	-------

Total Miles:	10.00
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Fuel Econ.:	13.50
-------------	-------

Total Gallons:	0.74
----------------	------

Rate:	2.409
-------	-------

Total Fuel:	\$1.78
-------------	--------

Expenses:	Lowes	\$90.70
-----------	-------	---------

	Home Depot	
--	------------	--

	Hynes Discount	
--	----------------	--

	MCL	
--	-----	--


	Locksmith	
--	-----------	--

Total Expenses:	\$90.70
-----------------	---------

TOTAL DUE:	\$130.48
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DATE RECEIVED: 2/6/20

CASH: \_\_\_\_\_ OR CHECK: 130.48 @ 663

SIGNED: 



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

- SALE -

SALES#: S1854WC2 1517902 TRANS#: 6492788 01-31-20

23906 2-IN SCH40 ADAPTER 435020	3.16
1.67 DISCOUNT EACH	-0.09
2 @ 1.58	
23904 2-IN SCH40 ADAPTER 436020	2.74
1.44 DISCOUNT EACH	-0.07
2 @ 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 @ 11.38	

SUBTOTAL: 34.80

TAX: 2.44

INVOICE 06098 TOTAL: 37.24

LAMEX: 37.24

TOTAL DISCOUNT: 1.84

LAMEX:XXXXXXXXXX1005 AMOUNT:37.24 AUTHCD:845984

CHIP REFID:185406398937 01/31/20 12:45:56

LAMEX PO: TROPICAL

APL: AMERICAN EXPRESS TVR: 0800008000

AID: A000000025010801 TSI: E800

STORE: 1854 TERMINAL: 06 01/31/20 12:46:42

# OF ITEMS PURCHASED: 7

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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\* ENTER FOR A CHANCE TO BE \*

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

\* ENTRE 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](http://www.lowes.com/survey) \*

\* Y O U R I D # 060982 185470 317640 \*

\* 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](http://www.lowes.com/survey) \*

\*\*\*\*\*

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#: S1854GL1 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	-0.43
877205 3/4-IN NIP 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 NIP 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 NIP X 2-1/2-IN NIP	6.53
6.88 DISCOUNT EACH	-0.35

SUBTOTAL: 49.96

TAX: 3.50

INVOICE 02360 TOTAL: 53.46

LAMEX: 53.46

TOTAL DISCOUNT: 2.62

LAMEX:XXXXXXXXXX1005 AMOUNT:53.46 AUTHCD:828628

CHIP REFID:185402163664 01/31/20 10:40:45

LAMEX PO: TROPICAL

APL: AMERICAN EXPRESS TVR: 0800008000

AID: A000000025010801 TSI: E800

STORE: 1854 TERMINAL: 02 01/31/20 10:42:10

# OF ITEMS PURCHASED: 8

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.  
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STORE MANAGER: JENNIFER TYZENHAUS

LOWE'S PRICE MATCH GUARANTEE  
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\* PARA SER UNO DE LOS CINCO GANADORES DE \$500! \*

\* ENTER BY COMPLETING A SHORT SURVEY \*

\* WITHIN ONE WEEK AT: [www.lowes.com/survey](http://www.lowes.com/survey) \*

\* Y O U R I D # 023606 185490 317657 \*

\*\*\*\*\*

163



**MCL Environmental Services**

7810 Gall Blvd. #327  
Zephyrhills, FL 33541

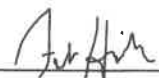
Invoice #: PM2020-024  
Address of Service: Tropical MHP  
Billed to: A Utility, Inc.  
Week of: 1/23/2020-1/29/2020

Replaced 2" check valve in west pump house

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: 

164



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

- SALE -

SALES#: S18546L1 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

VISA:XXXXXXXXXX1242 AMOUNT:13.52 AUTHCD:094896

CHIP REFID:185402162937 01/28/20 10:36:11

CUSTOMER CODE: Tropical

APL: CAPITAL ONE VISA 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 MONTHLY! \*

\* ENTRE 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](http://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](http://www.Lowes.com/survey) \*

\*\*\*\*\*

STORE: 1854 TERMINAL: 02 01/28/20 10:36:50



MCL Environmental &lt;mclenviro@gmail.com&gt;

## Your CompletePlumbingSource order confirmation

1 message

Sales <mat@completeplumbingsource.com>  
 To: Frank Hinchman <mclenviro@gmail.com>

Tue, Jan 28, 2020 at 7:10 PM



### CompletePlumbingSource.com

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](mailto:mat@completeplumbingsource.com) or call us at [8553735623](tel: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  
 [REDACTED]  
 Dade City, Florida, 33525-1799  
 United States  
 [REDACTED]

### Shipping Info

Frank Hinchman  
 MCL Environmental Services  
 [REDACTED]  
 Dade City, Florida, 33525-1799  
 United States  
 [REDACTED]

### Payment Method

Credit Card

### Shipping Method

UPS - UPS® Ground Delivers: 2/3/2020

#### Additional Information:

Comments

Tropical MHP

Items

Qty

Price

Subtotal \$168.04

Shipping &amp; Handling \$22.86

Grand Total \$190.90

166

Items	Qty	Price
<b>2" Simmons 545-SB Silicon Bronze Lead Free Spring Check Valve with 1/8" and 1/4" NPT Tap</b> SKU: 79210	2	\$168.04
	Subtotal	\$168.04
	Shipping & Handling	\$22.86
	<b>Grand Total</b>	<b>\$190.90</b>

Thank you, CompletePlumbingSource!

John Dover

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:

Hours: 3.00

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

DATE RECEIVED: 8-4-2021

CASH: OR CHECK: #740

SIGNED:

Invoice #: 2020-007

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:

\$78.00

Signed:

*[Signature]*

Invoice #: 2020-022

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

665  
Check # or Cash:

\$ 36.00

Signed:

*John Jones*

Invoice #: 2020-023

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

121  
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: 2/20/2020

# 666  
Check # or Cash:

\$ 87.00

Signed:

*John Dore*



Invoice #: 2020-049

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:	90.00
Total Rent:	0.00
Total:	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

Paid On:

4-8-2020

Check # or Cash:

\$90.00

Signed:

*John Brown*

Invoice #: 2020-087

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 <sup>695</sup> Check # or Cash: \$45.00 Signed: [Signature]

328875

## Invoice

SOLD TO: <i>James KARRON</i>		SHIP TO	
ADDRESS: <i>TROPICAL</i>		ADDRESS	
CITY, STATE, ZIP: <i>240 NORTH HILLS FL 33541</i>		CITY, STATE, ZIP	
CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.
			DATE

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
11-26219	11		4		
11-2729	1		4		
11-29219	1		4		
11-30219	1230		3 1/2		
12-11219	100		4		
		Pa 12.1-2021			
		CK 753			
		1950			
		CK 745			
		22.62 Receipts			
			19.12 x 10		195.00

E840

09-15

174





# Invoice

SOLD TO JAMES FARRELL		SHIP TO	
ADDRESS TROPICAL M.H.P.		ADDRESS	
CITY, STATE, ZIP ZENONVERHUIS FL 33521		CITY, STATE, ZIP	
CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.
			DATE

	ORDERED	SHIPPED	DESCRIPTION	HAMMOND	PRICE	UNIT	AMOUNT
4	-3-20	9100	1260	3746H Hammond		1	
4	-3-20	1205	105	37302 BURGLER 37303 Kinkaid		(	
				paid 14 <sup>00</sup> ck #681			
				6 <sup>00</sup> cash			

 **Index** 5840

09-16

$$2 \times 10 = 20$$

# 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  
12/1/21 full amount #750

**Invoice #:** WS2021-095  
**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

<b>Monthly well operation fee:</b>					\$217.50
<b>Chlorine cost (gal):</b>	0	@	\$2.50		\$0.00
<b>Lab fees:</b>	3	@	\$7.00		\$21.00
<b>Valve exercising:</b>					\$75.00

**Total amount due upon receipt:** \$313.50

**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:**

# 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  
PWS: 6511859  
Zephyrhills, FL 33542

**Service dates:** 10/1/2021 thru 10/31/2021

**Monthly well operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

BACT

0 @

\$2.50

**\$217.50**

3 @

\$7.00

**\$21.00**

Pd 11-2-2021  
CK #  
\$238.50

**Total amount due upon receipt:**

**\$238.50**

**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:**

<b>A UTILITY, INC</b> PO BOX 669 ZEPHYRHILLS, FL 33539-0669		747 63-1403/631 26	
		Date	11.2.2021
Pay to the Order of <u>MCL Environmental</u>		\$ <u>238.50</u>	
<u>Two hundred thirty-eight &amp; 50/100</u>		Dollars	
 <b>CenterState</b> Zephyrhills Office			
For <u>WS 2021-080</u>		<u>Beverly A. Jordan "Sec"</u>	
		 0747	

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# 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

RECEIVED 9/22/21  
CHECK #745 FULL AMOUNT

**Invoice #:** WS2021-072  
**Invoice date:** 9/21/2021

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

**Service dates:** 9/1/2021 thru 9/30/2021

**Monthly well operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

	0	@	\$2.50	<b>\$217.50</b>
	3	@	\$7.00	<b>\$0.00</b>
BACT				<b>\$21.00</b>
East well - VOC's,secondaries,primaries,TTHMs, DBPs				<b>\$1,405.00</b>
radium(s)				
West well - VOC's,secondaries,primaries,TTHMs,DBPs				<b>\$1,405.00</b>
radium(s)				

**Total amount due upon receipt:**

**\$3,048.50**

**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:**

180

# 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

received 8/25/21 ck743  
full amount

**Invoice #:** WS2021-065  
**Invoice date:** 8/31/2021

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

**Service dates:** 8/1/2021 thru 8/31/2021

**Monthly well operation fee:**

<b>Chlorine cost (gal):</b>	0	@	\$2.50	<b>\$217.50</b>
<b>Lab fees:</b>	BACT	3	@	\$7.00
<b>Additional testing fees:</b>	VOCs (2 sets), SOC's (2 Sets), Primaries (2 sets)			<b>\$400.00</b>
	Lead and copper (5 sets), radium (2 sets-both types)			
	TTHMs (2 sets), haloacetics (2 sets)			
	Total of 65 bottles			
<b>Lab fees:</b>	Lead and copper (5 sets)			<b>\$109.00</b>

**Total amount due upon receipt:**

**\$747.50**

**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:**

# 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

7/29/21 full amount check

**Invoice #:** WS2021-054  
**Invoice date:** 7/31/2021

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

Service dates: 7/1/2021 thru 7/31/2021

**Monthly well operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

BACT

0 @  
3 @

\$2.50  
\$7.00

<b>\$217.50</b>
<b>\$0.00</b>
<b>\$21.00</b>

**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:**

182

# 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  
received 6/30/21 check #737 full amount

**Invoice #:** WS2021-046  
**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

<b>Monthly well operation fee:</b>				<b>\$217.50</b>
<b>Chlorine cost (gal):</b>	0	@	\$2.50	<b>\$0.00</b>
<b>Lab fees:</b>	BACT	3	@	<b>\$7.00</b>

**Total amount due upon receipt:** **\$238.50**

**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:**

# 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

Received full amount 6/3/21  
ck #732

**Invoice #:** WS2021-034  
**Invoice date:** 5/31/2021

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

Service dates: 5/1/2021 thru 5/31/2021

**Monthly well operation fee:**

Chlorine cost (gal):		0	@	\$2.50	\$217.50
Lab fees:	BACT	3	@	\$7.00	\$0.00
CCR:	Preparation and delivery				\$21.00
					\$125.00

**Total amount due upon receipt:**

**\$363.50**

**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:**

# 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

Received 4/28/21 ck #728

**Invoice #:** WS2021-021  
**Invoice date:** 4/28/2021

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

**Service dates:** 4/1/2021 thru 4/30/2021

**Monthly well operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

BACT

0 @  
3 @

\$2.50  
\$7.00

**\$217.50**  
**\$0.00**  
**\$21.00**

**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:**

185

# MCL Environmental Services, LLC



7810 Gall Blvd #327  
Zephyrhills, FL 33541

mclenviro@gmail.com

License #DWC0021612 \* Insured

RECEIVED 4/1/2021  
CHECK #725

**Bill to:** A Utility, Inc.  
P.O. Box 669  
Zephyrhills, FL 33539-0669

**Invoice #:** WS2021-015  
**Invoice date:** 3/31/2021

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

Service dates: 3/1/2021 thru 3/31/2021

<b>Monthly well operation fee:</b>				<b>\$217.50</b>
<b>Chlorine cost (gal):</b>	0	@	\$2.50	<b>\$0.00</b>
<b>Lab fees:</b>	BACT	3	@	<b>\$7.00</b>

**Total amount due upon receipt:** **\$238.50**

**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:**

# 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 #:** WS2021-009  
**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

<b>Monthly well operation fee:</b>				<b>\$217.50</b>
<b>Chlorine cost (gal):</b>	0	@	\$2.50	<b>\$0.00</b>
<b>Lab fees:</b>	BACT	3	@	<b>\$7.00</b>
				<b>\$21.00</b>

**Total amount due upon receipt:** **\$238.50**

**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:**



# MCL Environmental Services, LLC

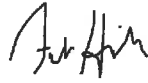


7810 Gall Blvd #327  
Zephyrhills, FL 33541

  
mclenviro@gmail.com  
www.mclenviro.com

License #DWC0021612 \* Insured

**Bill to:** A Utility, Inc.  
P.O. Box 669  
Zephyrhills, FL 33539-0669



full amount received 2/3/21  
ck #716

**Invoice #:** WS2021-001  
**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

**Monthly well operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

BACT

0 @  
3 @

\$2.50  
\$7.00

<b>\$217.50</b>
<b>\$0.00</b>
<b>\$21.00</b>

**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:**

# MCL Environmental Services, LLC



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

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

**Monthly well operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

BACT

0 @  
3 @

\$2.50  
\$7.00

**\$217.50**  
**\$0.00**  
**\$21.00**

**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:**

# MCL Environmental Services, LLC



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 #:** WS2020-077  
**Invoice date:** 11/30/2020

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

**Service dates:** 11/1/2020 thru 11/30/2020

**Monthly well operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

**Valve exercising:**

**Tank clearance testing:**

BACT

0 @

\$2.50

5 @

\$7.00

\$217.50

\$0.00

\$35.00

\$75.00

\$125.00

**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.

**Notes/Comments:**

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

Date 12-2-2020

Pay to the Order of MCL Environmental

Four hundred fifty-two & 50/100 Dollars

**CenterState**  
Zephyrhills Office

For WS 2020 . 077

Beverly A. Jorden "Sec A"

0707

707  
63-1403/631  
26  
CHECK ARMOR  
Photo Safe Deposit  
Details on back

190

# MCL Environmental Services, LLC



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

RECEIVED 10/28/2020  
CHECK #704 FOR FULL AMOUNT

**Invoice #:** WS2020-065  
**Invoice date:** 10/28/2020

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

**Service dates:** 10/1/2020 thru 10/31/2020

**Monthly well operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

**Valve exercising:**

BACT

0

@

\$2.50

**\$217.50**

3

@

\$7.00

**\$0.00**  
**\$21.00**

**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:**

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# MCL Environmental Services, LLC



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

RECEIVED 9/30/2020 CHECK #700



**Invoice #:** WS2020-059  
**Invoice date:** 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 operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

BACT

0 @  
3 @

\$2.50  
\$7.00

\$217.50
\$0.00
\$21.00

**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:**

192

# MCL Environmental Services, LLC



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  
PWS: 6511859  
Zephyrhills, FL 33542

**Service dates:** 8/1/2020 thru 8/31/2020

## Monthly well operation fee:

**Chlorine cost (gal):**

**Lab fees:**

BACT

0 @  
3 @

\$2.50  
\$7.00

\$217.50  
\$0.00  
\$21.00

*Pd 8-26-2020  
CK 699  
\$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:**

<b>A UTILITY, INC</b> PO BOX 669 ZEPHYRHILLS, FL 33539-0669		<b>699</b> 63-1403/631 26	
Pay to the Order of <u>MCL Environmental</u>		Date <u>8-26-2020</u>	<b>CHECK NUMBER</b>
<u>Two hundred thirty, Eight &amp; 50/100</u>		\$ <u>238.50</u>	<b>Photo Safe Deposit Details on back</b>
<b>CenterState</b> Zephyrhills Office			
For <u># WS2020 .055</u>	<u>Beverly A. Jordan "Sec"</u>		
<u>0699</u>			

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# MCL Environmental Services, LLC



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

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):**

**Lab fees:**

BACT  
Nitrate/Nitrite

0 @ \$2.50  
3 @ \$7.00  
2 @ \$39.00

**\$217.50**

**\$0.00**

**\$21.00**

**\$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.

**Notes/Comments:**

194

# MCL Environmental Services, LLC



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

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

**Monthly well operation fee:**

**Chlorine cost (gal):**

**Lab fees:**

BACT

0 @  
3 @

\$2.50  
\$10.00

**\$217.50**  
**\$0.00**  
**\$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:**


195



# MCL Environmental Services, LLC



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

RECEIVED 6/4/2020 CHECK #689

**Invoice #:** WS2020-034  
**Invoice date:** 5/31/2020

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

Service dates: 5/1/2020 thru 5/31/2020

**Monthly well operation fee:**

Chlorine cost (gal):		0	@	\$2.50	\$0.00
Lab fees:	BACT	3	@	\$10.00	\$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 #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:**

# MCL Environmental Services, LLC



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

RECEIVED 4/30/2020 FULL AMOUNT  
CHECK #685

**Invoice #:** WS2020-023  
**Invoice date:** 4/29/2020

**Service location:** Tropical Mobile Home Park  
PWS: 6511859  
Zephyrhills, FL 33542

Service dates: 4/1/2020 thru 4/30/2020

**Monthly well operation fee:**

Chlorine cost (gal):		0	@	\$2.50	\$0.00
Lab fees:	BACT	3	@	\$10.00	\$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 #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:**

# MCL Environmental Services, LLC



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

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

<b>Monthly well operation fee:</b>				<b>\$217.50</b>
<b>Chlorine cost (gal):</b>	0	@	\$2.50	<b>\$0.00</b>
<b>Lab fees:</b>	BACT	3	@ \$10.00	<b>\$30.00</b>
<b>CCR:</b>	Preparation and delivery			<b>\$125.00</b>
<b>Parts:</b>	#2 tube and duckbill for chlorinating system in East pump house			<b>\$26.00</b>

**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:**

# MCL Environmental Services, LLC



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

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

<b>Monthly well operation fee:</b>				<b>\$217.50</b>
<b>Chlorine cost (gal):</b>		0	@	\$2.50
<b>Lab fees:</b>	BACT	3	@	\$10.00

**Total amount due upon receipt:** **\$247.50**

**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:**

# MCL Environmental Services, LLC



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

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):**

**Lab fees:**

BACT

0 @  
3 @

\$2.50  
\$10.00

**\$217.50**  
**\$0.00**  
**\$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:**

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

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

System Name: Tropical Trailer Park PWS I.D. #: 6511859  
System Type (check one): ☒ Community ☐ Non-transient Non-community ☐ Transient Non-community  
Address: 37407 Ray Dr  
City: Zephyrhills, FL ZIP Code: 33541  
Phone #: [REDACTED] Fax #: [REDACTED] E-Mail Address: [REDACTED]

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35652147001 Sample Date: 8/3/2021 Sample Time: 7:20 AM PM (Circle One)  
Sample Location (be specific): West Well POE Location Code: [REDACTED]

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): [REDACTED] mg/L Field pH: [REDACTED]

## Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:  
[REDACTED]

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

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

## SAMPLER CERTIFICATION

I, 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 is complete and correct.

Signature: [Signature] Date: 9/4/2021  
Certified Operator #: 0021612 Phone #: [REDACTED] Sampler's Fax #: [REDACTED]  
Sampler's E-mail: mclenviro@gmail.com

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

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

Lab Name: 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): E87683, E83079

**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): 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):

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

## LAB CERTIFICATION

I, 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 Conference (NELAC).

Signature:  Date: 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 failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

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

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

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 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	I	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							



# 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	pH	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

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

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 (TTHM)	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).

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

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

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

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.

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

RADIONUCLIDES  
62-550.310(6)

Report Number / Job ID: 35652147001

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**** (U-234, U-235, & U-238)	20	pCi/L					.67				
		30	ug/L	0.30 I		EPA 200.8	0.19	1		08/10/2021	09:49	E83079
4020	Radium-226	5	pCi/L	0.660		EPA 903.1	0.347	1	0.369	08/19/2021	12:18	E87683
4030	Radium-228			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.

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# 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 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	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.

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: 35652147001

PWS ID (From Page 1): 6511859

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0024	U	EPA 525.3	0.0024	0.01	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	19:37	E83079
2015	Methoxychlor	40	ug/L	0.024	U	EPA 525.3	0.024	0.1	08/10/2021	08/11/2021	19:37	E83079
2020	Toxaphene	3	ug/L	0.70	U	EPA 505	0.70	1	08/11/2021	08/12/2021	04:07	E83079
2031	Dalapon	200	ug/L	0.23	U	EPA 515.3	0.23	1	08/10/2021	08/15/2021	02:41	E83079
2032	Diquat	20	ug/L	0.16	U	EPA 549.2	0.16	0.4	08/06/2021	08/07/2021	00:04	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
2035	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 531.2	0.46	2	08/11/2021	08/11/2021	19:24	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	0.47	U	EPA 525.3	0.47	0.6	08/10/2021	08/11/2021	19:37	E83079
2040	Picloram	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	0.029	0.2	08/10/2021	08/11/2021	19:37	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	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	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
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.

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

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

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

## 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.



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

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

System Name: Tropical Mobile Home Park PWS I.D. #: 6511859  
System Type (check one): ☒ Community ☐ Non-transient Non-community ☐ Transient Non-community  
Address: 37407 Tropical Drive (PO Box 669, Zephyrhills, FL 33539)  
City: Zephyrhills ZIP Code: 33542  
Phone #: [REDACTED] Fax #: [REDACTED] E-Mail Address: housingmanagementinc@yahoo.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35652147002 Sample Date: 8/3/2021 Sample Time: 7:39 AM PM (Circle One)  
Sample Location (be specific): N 37330 Kinkaid Dr. Location Code: [REDACTED]

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): [REDACTED] mg/L Field pH: [REDACTED]

**Sample Type** (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: [REDACTED]

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

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

**SAMPLER CERTIFICATION**

I, 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 is complete and correct.

Signature: [Signature] Date: 9/4/21  
Certified Operator #: 0021612 Phone #: [REDACTED] Sampler's Fax #: [REDACTED]  
Sampler's E-mail: mclenviro@gmail.com



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

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

Lab Name: 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): 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):

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

## LAB CERTIFICATION

I, 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 Conference (NELAC).

Signature:  Date: 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 failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

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

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

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 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	I	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	I	EPA 552.3	0.90	---	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 (TTHM)	80	ug/L					---			

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

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

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

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

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.

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

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

System Name: Tropical Trailer Park PWS I.D. #: 6511859  
System Type (check one): ☒ Community ☐ Non-transient Non-community ☐ Transient Non-community  
Address: 37407 Ray Dr  
City: Zephyrhills, FL ZIP Code: 33541  
Phone #: [REDACTED] Fax #: [REDACTED] E-Mail Address: [REDACTED]

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35652154001 Sample Date: 8/3/2021 Sample Time: 8:20 AM PM (Circle One)  
Sample Location (be specific): East Well POE Location Code: [REDACTED]

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): [REDACTED] mg/L Field pH: [REDACTED]

## Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: [REDACTED]

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

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

## SAMPLER CERTIFICATION

I, 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 is complete and correct.

Signature: [Signature] Date: 9/4/21  
Certified Operator #: 0021612 Phone #: [REDACTED] Sampler's Fax #: [REDACTED]  
Sampler's E-mail: mclenviro@gmail.com

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

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

Lab Name: 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): E87683, E83079

**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): 35652154001 Lab Assigned Report # or Job ID: 35652154001

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

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

## LAB CERTIFICATION

I, 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 Conference (NELAC).

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 failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

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

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

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_



# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 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 #
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	I	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							

# 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	I	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	pH	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

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 35652154001

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	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 (TTHM)	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).

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

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

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

Reporting Format 62-550.730

Effective January 1995, Revised December 2012

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

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

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**** (U-234, U-235, & U-238)	20	pCi/L					.67				
		30	ug/L	0.28 I		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			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.

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# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

VOLATILE ORGANICS  
62-550.310(4)(a)

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 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.

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

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	Extraction Date	Analysis Date	Analysis Time	DOH Lab 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.

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

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
	pH		units	7.0		SM2120B-01		08/04/2021	18:15	E83079

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

## QUALIFIER DEFINITIONS

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.



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

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

System Name: Tropical Trailer Park .898989 PWS I.D. #: 6511859  
System Type (check one): ☒ Community ☐ Non-transient Non-community ☐ Transient Non-community  
Address: 37407 Ray Dr  
City: Zephyrhills, FL ZIP Code: 33541  
Phone #: [REDACTED] Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35652154002 Sample Date: 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)

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

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

**SAMPLER CERTIFICATION**

I, 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 is complete and correct.

Signature: [Signature] Date: 9/4/21  
Certified Operator #: 0021612 Phone #: [REDACTED] Sampler's Fax #: \_\_\_\_\_  
Sampler's E-mail: mclenviro@gmail.com

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

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

Lab Name: 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: 35652154002

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

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

## LAB CERTIFICATION

I, 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 Conference (NELAC).

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 failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

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

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

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 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 (TTHM)	80	ug/L					---			

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

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

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

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

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.

A Utility Inc

Same

YEAR OF REPORT  
DECEMBER 31, 2020

## 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 000's) (f)
January	<del>0</del>	248,570	<del>0</del>	<del>0</del>	248,570
February		384,924			384,924
March		465,806			465,806
April		421,000			421,000
May		305,917			305,917
June		245,643			245,643
July		218,240			218,240
August		196,493			196,493
September		156,220			156,220
October		229,810			229,810
November		226,130			226,130
December		246,950			246,950
Total for Year	<del>0</del>	3,345,703	<del>0</del>	<del>0</del>	3,345,703

If water is purchased for resale, indicate the following:

Vendor

Point of delivery

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

pgs 227 - 371  
Answers To #8

## MAINS (FEET)

[illegible]





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

See page 4 for instructions.

I. General Information for the Month/Year of: December 2020

A. Public Water System (PWS) Information

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

12/31/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: December 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	8066												
2		24	8067												
3	X	24	8067										1.00		
4		24	7535												
5		24	7535												
6		24	7535												
7	X	24	7535										1.04		
8		24	7046												
9		24	7047												
10	X	24	7047										.99		
11		24	7140												
12		24	7140												
13		24	7140												
14	X	24	7140										1.00		
15		24	7260												
16		24	7260												
17	X	24	7260										.76		
18		24	7605												
19		24	7605												
20		24	7605												
21	X	24	7605										.80		
22		24	8346												
23		24	8347												
24	X	24	8347										.86		
25		24	7947												
26		24	7947												
27		24	7948												
28	X	24	7948										.90		
29		24	11293												
30		24	11293												
31	X	24	11294										.90		
Total			246950												
Average			7966.13												
Maximum			11294												

\* 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: \* 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

## I. General Information for the Month/Year of: December 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

12/31/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: December 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	0												
2		24	0												
3	X	24	0										1.00		
4		24	0												
5		24	0												
6		24	0												
7	X	24	0										1.04		
8		24	0												
9		24	0												
10	X	24	0										.99		
11		24	0												
12		24	0												
13		24	0												
14	X	24	0										1.00		
15		24	0												
16		24	0												
17	X	24	0										.76		
18		24	0												
19		24	0												
20		24	0												
21	X	24	0										.80		
22		24	0												
23		24	0												
24	X	24	0										.86		
25		24	0												
26		24	0												
27		24	0												
28	X	24	0										.90		
29		24	0												
30		24	0												
31	X	24	0										.90		
Total			0												
Average			0.0												
Maximum			0												

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



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

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: \* 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

## I. General Information for the Month/Year of: November 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: November 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	7110												
2	X	24	7110										.91		
3		24	0												
4		24	0												
5	X	24	0										.93		
6		24	0												
7		24	0												
8		24	0												
9	X	24	0										.96	Replaced bladder tank due to leak	
10		24	0												
11		24	0												
12	X	24	640										.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												
21		24	0												
22		24	0												
23	X	24	0										.97		
24		24	0												
25		24	0												
26		24	0												
27	X	24	0										1.01		
28		24	0												
29		24	0												
30	X	24	0										1.02		
31		24	0												
Total			14910												
Average			480.97												
Maximum			7110												

\* 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: \* November 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

**I. General Information for the Month/Year of:** November 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

**B. Water Treatment Plant Information**

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

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

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

Signature and Date

11/30/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: November 2020

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	0												
2	X	24	0										.91		
3		24	7156												
4		24	7157												
5	X	24	7157										.93		
6		24	7992												
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												
15		24	7025												
16	X	24	7025										.93		
17		24	7143												
18		24	7143												
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												
29		24	9060												
30	X	24	9060										1.02		
31		24	0												
Total			211220												
Average			6813.55												
Maximum			9060												

\* 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: \* November 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, %<sup>†</sup> = \_\_\_\_\_

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, %<sup>†</sup> = \_\_\_\_\_

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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> = \_\_\_\_\_

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO<sub>2</sub> = \_\_\_\_\_

\* 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.

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

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## 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 sequestant. 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.

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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



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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2020

A. Public Water System (PWS) Information

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

11/2/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: **October 2020**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	5712												
2		24	5712												
3		24	5712												
4		24	5712												
5	X	24	5712										.96		
6		24	5946												
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	X	24	7214										.78		
16		24	6915												
17		24	6915												
18		24	6915												
19	X	24	6915										.80		
20		24	5856												
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		
28		24	8013												
29		24	8013												
30	X	24	8014										.88		
31		24	7110												
Total			229810												
Average			7413.23												
Maximum			11068												

\* 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: \* **October 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, %<sup>†</sup> =

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, %<sup>†</sup> =

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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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## 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  $T_{10}/T$  factor based upon baffling conditions in the tank, etc. Table 1 at the

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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



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

**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

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

See page 4 for instructions.

## I. General Information for the Month/Year of: October 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

11/2/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: **October 2020**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	0												
2		24	0												
3		24	0												
4		24	0												
5	X	24	0										.96		
6		24	0												
7		24	0												
8	X	24	0										.90		
9		24	0												
10		24	0												
11		24	0												
12	X	24	0										.91		
13		24	0												
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												
22	X	24	0										.96		
23		24	0												
24		24	0												
25		24	0												
26		24	0												
27	X	24	0										.91		
28		24	0												
29		24	0												
30	X	24	0										.88		
31		24	0												
Total			0												
Average			0.0												
Maximum			0												

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

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

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: \* **October 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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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

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

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.

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**Table 1:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

I. General Information for the Month/Year of: September 2020

A. Public Water System (PWS) Information

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

9/30/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: September 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	0												
2		24	40												
3	X	24	0										.92		
4		24	0												
5		24	0												
6		24	0												
7	X	24	0										.94		
8		24	0												
9		24	0												
10	X	24	0										.94		
11		24	0												
12		24	0												
13		24	0												
14	X	24	0										.99		
15		24	0												
16		24	0												
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		
25		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												
Average			1.29												
Maximum			40												

\* 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: \* September 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, %<sup>†</sup> =

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, %<sup>†</sup> =

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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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  $T_{10}/T$  factor based upon baffling conditions in the tank, etc. Table 1 at the

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

### I. General Information for the Month/Year of: September 2020

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

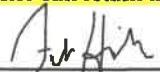
PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

#### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

### II. Certification by Lead/Chief Operator

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

  
Signature and Date

9/30/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: September 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	5776												
2		24	5777												
3	X	24	5777										.92		
4		24	5492												
5		24	5492												
6		24	5493												
7	X	24	5493										.94		
8		24	5493												
9		24	5493												
10	X	24	5494										.94		
11		24	5182												
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												
23		24	6113												
24	X	24	6114										1.03		
25		24	4555												
26		24	4555												
27		24	4555												
28	X	24	4555										1.00		
29		24	4400												
30	X	24	4400										1.09		
31		24	0												
Total			156180												
Average			5038.06												
Maximum			6114												

\* 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: \* September 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> August 2020				
<b>A. Public Water System (PWS) Information</b>				
PWS Name: Tropical Park Water System			PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 118			Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.				
Contact Person: Troy Fonder			Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669			City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503			Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com				
<b>B. Water Treatment Plant Information</b>				
Plant Name: Tropical Park Water System - West Well			Plant Telephone Number: 813-780-8503	
Plant Address: 37407 Ray Drive			City: Zephyrhills	State: FL Zip Code: 33542
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

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

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

Signature and Date

8/31/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: August 2020

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	6207												
2		24	6208												
3	X	24	6208										.94		
4		24	6820												
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		24	5896												
18	X	24	5896										.92		
19		24	5630												
20	X	24	5630										.92		
21		24	5562												
22		24	5562												
23		24	5563												
24	X	24	5563										.94		
25		24	5706												
26		24	5707												
27	X	24	5707										.92		
28		24	5540												
29		24	5540												
30		24	5540												
31	X	24	5540										.95		
Total			196493												
Average			6338.48												
Maximum			8480												

\* 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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**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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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





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

See page 4 for instructions.

## I. General Information for the Month/Year of: August 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

8/31/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: August 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	0											
2		24	0											
3	X	24	0										.94	
4		24	0											
5		24	0											
6	X	24	0										.96	
7		24	0											
8		24	0											
9		24	0											
10	X	24	0										.92	
11		24	0											
12		24	0											
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		24	0											
27	X	24	0										.92	
28		24	0											
29		24	0											
30		24	0											
31	X	24	0										.95	
Total			0											
Average			0.0											
Maximum			0											

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

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

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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

I. General Information for the Month/Year of: July 2020

A. Public Water System (PWS) Information

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

7/31/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. 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)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	0											
2	X	24	0										.99	
3		24	0											
4		24	0											
5		24	0											
6	X	24	0										1.02	
7		24	0											
8		24	0											
9		24	0											
10	X	24	0										.99	
11		24	0											
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		24	0											
20	X	24	0										.95	
21		24	0											
22		24	0											
23	X	24	0										.98	
24		24	0											
25		24	0											
26		24	0											
27	X	24	0										.98	
28		24	0											
29		24	0											
30		24	0											
31	X	24	0										.98	
Total			0											
Average			0.0											
Maximum			0											

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

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

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: \* July 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## MONTHLY OPERATION REPORT FOR PWSSs 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  $T_{10}/T$  factor based upon baffling conditions in the tank, etc. Table 1 at the

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

I. General Information for the Month/Year of: July 2020

A. Public Water System (PWS) Information

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

II. Certification by Lead/Chief Operator

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

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Signature and Date

7/31/2020

Frank Hinchman

Printed or Typed Name

0021612

License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. 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)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	15305											
2	X	24	15305										.99	
3		24	14160											
4		24	14160											
5		24	14160											
6	X	24	14160										1.02	
7		24	4990											
8		24	4990											
9		24	4990											
10	X	24	4990										.99	
11		24	6393											
12		24	6393											
13	X	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		24	4805											
26		24	4805											
27	X	24	4805										.98	
28		24	4637											
29		24	4637											
30		24	4638											
31	X	24	4638										.98	
Total			218240											
Average			7040											
Maximum			15305											

\* 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: \* July 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

I. General Information for the Month/Year of: June 2020

A. Public Water System (PWS) Information

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

6/30/20

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: **June 2020**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	7095										1.01		
2		24	7095												
3		24	7095												
4	X	24	7095										1.00		
5		24	6945												
6		24	6945												
7		24	6945												
8	X	24	6945										1.01		
9		24	8276												
10		24	8277												
11	X	24	8277										1.00		
12		24	7462												
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		24	7140												
22	X	24	7140										1.03		
23		24	7450												
24		24	7450												
25	X	24	7450										1.07		
26		24	10824												
27		24	10824												
28		24	10824												
29		24	10824												
30	X	24	10824										1.08		
31		24	0												
Total			238420												
Average			7690.97												
Maximum			10824												

\* 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: \* 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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  $T_{10}/T$  factor based upon baffling conditions in the tank, etc. Table 1 at the

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

## I. General Information for the Month/Year of: June 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

6/30/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: June 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	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											
14		24	0											
15	X	24	0										1.01	
16		24	0											
17		24	0											
18	X	24	0										1.02	
19		24	0											
20		24	0											
21		24	0											
22	X	24	0										1.03	
23		24	0											
24		24	0											
25	X	24	0										1.07	
26		24	0											
27		24	0											
28		24	0											
29		24	0											
30	X	24	0										1.08	
31		24	0											
Total			7223											
Average			233											
Maximum			7163											

\* 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: \* 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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  $T_{10}/T$  factor based upon baffling conditions in the tank, etc. Table 1 at the

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

I. General Information for the Month/Year of: May 2020

A. Public Water System (PWS) Information

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

6/1/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: May 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	0												
2		24	0												
3		24	0												
4	X	24	0										.90		
5		24	0												
6		24	0												
7	X	24	80										1.06		
8		24	0												
9		24	0												
10		24	0												
11	X	24	0										1.00		
12		24	0												
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												
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		24	0												
28	X	24	0										1.00		
29		24	0												
30		24	0												
31		24	0												
Total			80												
Average			2.58												
Maximum			80												

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

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# 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: \* May 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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**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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

### I. General Information for the Month/Year of: May 2020

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

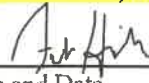
PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

#### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

### II. Certification by Lead/Chief Operator

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

  
Signature and Date

6/1/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: May 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	11095												
2		24	11095												
3		24	11095												
4	X	24	11095										.90		
5		24	15030												
6		24	15030												
7	X	24	15030										1.06		
8		24	9582												
9		24	9582												
10		24	9583												
11	X	24	9583										1.00		
12		24	12346												
13		24	12347												
14	X	24	12347										.92		
15		24	9937												
16		24	9937												
17		24	9938												
18	X	24	9938										.93		
19		24	8600												
20		24	8600												
21	X	24	8600										.96		
22		24	8417												
23		24	8417												
24		24	8418												
25	X	24	8418										.99		
26		24	6763												
27		24	6763												
28	X	24	6764										1.00		
29		24	7162												
30		24	7162												
31		24	7163												
Total			305837												
Average			9865.71												
Maximum			15030												

\* 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: \* May 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, %<sup>†</sup> =

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, %<sup>†</sup> =

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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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 sequestant. 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.

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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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

## I. General Information for the Month/Year of: April 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

4/30/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: April 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	13285												
2	X	24	13285										.90		
3		24	18102												
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												
11		24	17687												
12		24	17688												
13	X	24	17688										1.01		
14		24	13466												
15		24	13467												
16	X	24	13467										1.02		
17		24	11960												
18		24	11960												
19		24	11960												
20	X	24	11960										1.02		
21		24	11660												
22		24	11660												
23	X	24	11660										1.00		
24		24	9842												
25		24	9842												
26		24	9843												
27	X	24	9843										.98		
28		24	12386												
29		24	12387												
30	X	24	12387										.91		
31		24	0												
Total			415510												
Average			13403.55												
Maximum			18103												

\* 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: \* 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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.

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**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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2020

A. Public Water System (PWS) Information

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

II. Certification by Lead/Chief Operator

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

  
Signature and Date

4/30/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: April 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	0											
2	X	24	0										.90	
3		24	0											
4		24	0											
5		24	0											
6	X	24	0										.97	
7		24	0											
8		24	0											
9	X	24	0										.96	
10		24	0											
11		24	0											
12		24	0											
13	X	24	0										1.01	
14		24	0											
15		24	0											
16	X	24	0										1.02	
17		24	0											
18		24	0											
19		24	0											
20	X	24	5490										1.02	
21		24	0											
22		24	0											
23	X	24	0										1.00	
24		24	0											
25		24	0											
26		24	0											
27	X	24	0										.98	
28		24	0											
29		24	0											
30	X	24	0										.91	
31		24	0											
Total			5490											
Average			177.1											
Maximum			5490											

\* 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: \* 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, %<sup>†</sup> =

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, %<sup>†</sup> =

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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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  $T_{10}/T$  factor based upon baffling conditions in the tank, etc. Table 1 at the

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

## I. General Information for the Month/Year of: March 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

3/31/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: **March 2020**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	15408												
2	X	24	15408										1.04		
3		24	0												
4		24	0												
5	X	24	0										1.01		
6		24	0												
7		24	0												
8		24	0												
9	X	24	0										1.00		
10		24	0												
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		24	0												
19	X	24	0										1.00		
20		24	0												
21		24	0												
22		24	0												
23	X	24	0										.98		
24		24	0												
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										1.00		
Total			30956												
Average			998.58												
Maximum			15408												

\* 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: \* 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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 sequesterant. 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.

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**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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

**I. General Information for the Month/Year of:** March 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

**B. Water Treatment Plant Information**

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503	
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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
Lead/Chief Operator:	Frank Hinchman	C	0021612
Other Operators:			

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

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

	3/31/2020	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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: March 2020

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	0												
2	X	24	9927										1.04		
3		24	9927												
4		24	9928												
5	X	24	9928										1.01		
6		24	13485												
7		24	13485												
8		24	13485												
9	X	24	13485										1.00		
10		24	12030												
11		24	12030												
12	X	24	12030										.98		
13		24	16312												
14		24	16312												
15		24	16313												
16	X	24	16313										.99		
17		24	12853												
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		24	20620												
26	X	24	20620										1.01		
27		24	16088												
28		24	16088												
29		24	16088												
30		24	16088												
31	X	24	16088										1.00		
Total			434850												
Average			14027.42												
Maximum			20620												

\* 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: \* **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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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 sequestant. 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.

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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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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



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

**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

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

See page 4 for instructions.

## I. General Information for the Month/Year of: February 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

3/2/20

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: February 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	8900												
2		24	8900												
3	X	24	8900										1.13		
4		24	9586												
5		24	9587												
6	X	24	9587										1.09		
7		24	14342												
8		24	14342												
9		24	14343												
10	X	24	14343										1.10		
11		24	13266												
12		24	13267												
13	X	24	13267										1.09		
14		24	13875												
15		24	13875												
16		24	13875												
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		24	13908												
24	X	24	13908										1.06		
25		24	14940												
26		24	14940												
27	X	24	14940										1.07		
28		24	15407												
29		24	15407												
30		24	0												
31		24	0												
Total			384864												
Average			12414.97												
Maximum			15407												

\* 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: \* 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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## 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.

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**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



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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

## I. General Information for the Month/Year of: February 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

### B. Water Treatment Plant Information

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

## II. Certification by Lead/Chief Operator

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

Signature and Date

3/2/2020 Frank Hinchman  
Printed or Typed Name

0021612  
License Number



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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: February 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	0												
2		24	0												
3	X	24	0										1.13		
4		24	0												
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		24	0												
13	X	24	0										1.09		
14		24	0												
15		24	0												
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		24	0												
24	X	24	0										1.06		
25		24	0												
26		24	0												
27	X	24	0										1.07		
28		24	0												
29		24	0												
30		24	0												
31		24	0												
Total			60												
Average			1.94												
Maximum			60												

\* 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: \* 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, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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 sequestant. 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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

**I. General Information for the Month/Year of:** January 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager HMI	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

**B. Water Treatment Plant Information**

Plant Name: Tropical Park Water System - West Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

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

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

Signature and Date

1/31/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number

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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - West Well

## III. Daily Data for the Month/Year of: January 2020

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	7700												
2		24	7700												
3	X	24	7700										1.00		
4		24	0												
5		24	0												
6	X	24	0										1.00		
7		24	0												
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												
16	X	24	0										1.03		
17		24	0												
18		24	0												
19		24	0												
20	X	24	0										1.04		
21		24	0												
22		24	0												
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												
Average			750.65												
Maximum			7700												

\* 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: \* 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:

Polymer Dose, ppm =

Acrylamide Level, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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 sequestant. 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

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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

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

See page 4 for instructions.

**I. General Information for the Month/Year of:** January 2020

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

PWS Name: Tropical Park Water System		PWS Identification Number: 6511859	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 236	
PWS Owner: A Utility, Inc.			
Contact Person: Troy Fonder		Contact Person's Title: Asst. Manager, A Utility, Inc.	
Contact Person's Mailing Address: P.O. Box 669		City: Zephyrhills	State: FL Zip Code: 33539-0669
Contact Person's Telephone Number: 813-780-8503		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: housingmanagementinc@yahoo.com			

**B. Water Treatment Plant Information**

Plant Name: Tropical Park Water System - East Well		Plant Telephone Number: 813-780-8503		
Plant Address: 37407 Ray Drive		City: Zephyrhills	State: FL Zip Code: 33542	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	C	0021612	2 days per week, approximately 5 minutes to 20 minutes per each day
Other Operators:				

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

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

Signature and Date

1/31/2020

Frank Hinchman  
Printed or Typed Name

0021612  
License Number



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

PWS Identification Number: 6511859

Plant Name: Tropical Park Water System - East Well

## III. Daily Data for the Month/Year of: January 2020

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	0											
2		24	0											
3	X	24	0										1.00	
4		24	6440											
5		24	6440											
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		24	8960											
16	X	24	8930										1.03	
17		24	8315											
18		24	8315											
19		24	8315											
20	X	24	8315										1.07	
21		24	7830											
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											
29		24	8082											
30		24	8083											
31	X	24	8083										.90	
Total			225300											
Average			7267.74											
Maximum			8960											

\* 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: \* **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:

Polymer Dose, ppm =

Acrylamide Level, %<sup>†</sup> =

- 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, %<sup>†</sup> =

- 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<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

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

\* 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.

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

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## 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  $T_{10}/T$  factor based upon baffling conditions in the tank, etc. Table 1 at the



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

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:  $T_{10}/T$  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**

Inactivation (Log)	Water Temperature (°C)															
	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

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

**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

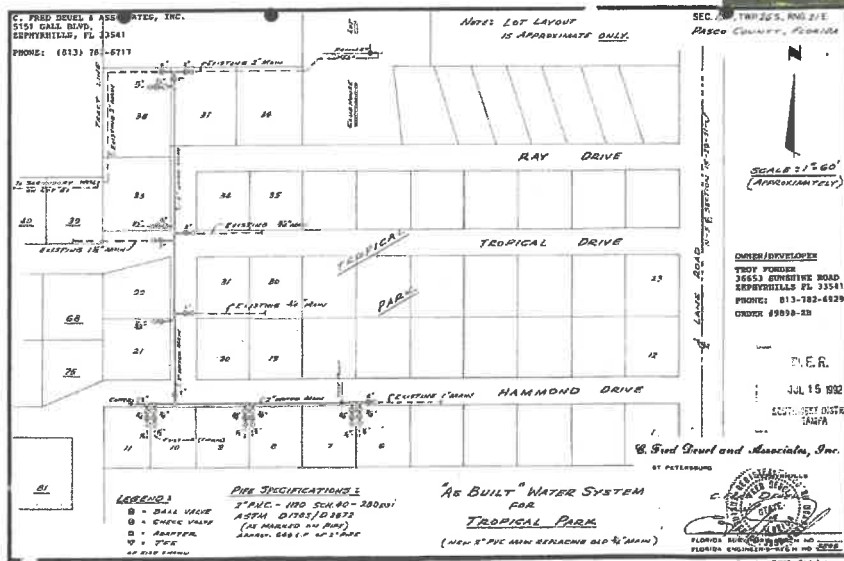
371



**A Utility Inc. FPSC**  
**Balance Sheet**  
**As of December 9, 2050**

	Dec 9, 50
<b>ASSETS</b>	
Current Assets	
Other Current Assets	
Depreciable Assets	
Distribution Reservoirs and sta	
2021 Depreciation	-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	
Lot # 39	333.34
Lot # 40	333.33
Lot # 41	333.33
Total Land	1,000.00
Total Fixed Assets	1,000.00
<b>TOTAL ASSETS</b>	<b>1,000.00</b>
<b>LIABILITIES &amp; EQUITY</b>	
Equity	
Opening Balance Equity	9,367.00
Retained Earnings	-8,367.00
Total Equity	1,000.00
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>1,000.00</b>

Pgs 372-395  
Answers for 13 & 15



**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

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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.







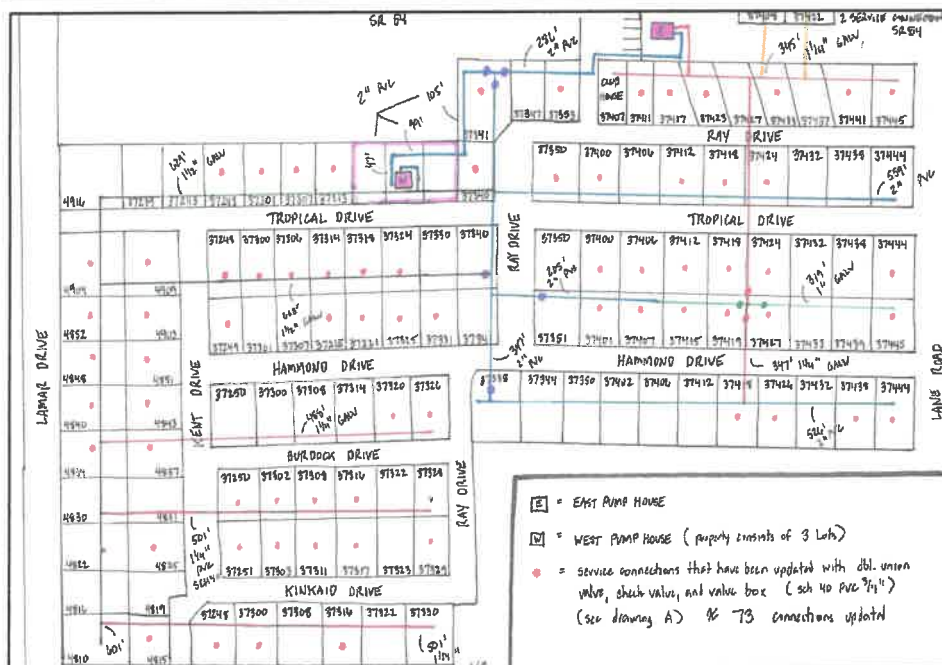
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## EXECUTIVE SUMMARY

**Study Area:** 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 corner 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.

**Infrastructure Opinion of Probable Cost:** 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***

## 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. Cl 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 \(Equipment Life\)](#) (Click 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.

<i>Account</i>	<i>Description</i>	<i>Large Utility (Class A&amp;B)</i>	<i>Small Utility (Class C)</i>	<i>Small Utility Function Composite<sup>3</sup></i>
1. Intangible Plant				
351	Organization	40	40	
352	Franchise Cost	40 <sup>5</sup>	40 <sup>5</sup>	
2. Source of Supply				28
304	Structures & Improvements	32 <sup>1</sup>	27 <sup>1</sup>	
	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 Reservoirs	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 <sup>1</sup>	17 <sup>1</sup>	
	Pumping Equipment Electric	20	15	
	Pumping Equipment Chemical	8	6	
339	Other Miscellaneous Equipment	18	15	
3. Water Treatment Pl				21
304	Structures and Improvements (see "Source of Supply" for subcategory lives)	32 <sup>1</sup>	27 <sup>1</sup>	
310	Power Generation Equipment	20	17	
311	Pumping Equipment	20 <sup>1</sup>	17 <sup>1</sup>	
	Pumping Equipment-Electric	20	15	
	Pumping Equipment-Chemical	8	6	
320	Water Treatment Equipment	22 <sup>1</sup>	17 <sup>1</sup>	
	Chlorination Equipment	10	7	

	Membrane Elements	5	5	
	Other Mechanical Equipment	25	20	
339	Other Miscellaneous Equipment	18	15	
4. Transmission & 304				36
	Structures & Improvements (See "Source of Supply" for subcategory lives)	32 <sup>1</sup>	27 <sup>1</sup>	
310	Power Generation Equipment	20	17	
311	Pumping Equipment	20 <sup>1</sup>	17 <sup>1</sup>	
	Pumping Equipment – Electric	20	15	
	Pumping Equipment – Chemical	8	6	
330	Distribution			
	Reservoirs & Stand Pipe	37 <sup>1</sup>	33 <sup>1</sup>	
	Steel Pneumatic Tank	35	30	
	Concrete Ground Storage Reservoir	40	37	
331	Transmission & Distribution Mains	43 <sup>1</sup>	38 <sup>1</sup>	
	Galvanized Steel pipe & Fittings	35	33	
	Black Steel Pipe	20	18	
	Plastic Pipe <sup>2</sup>	45	40	
	Asbestos – Cement	40	35	
	Cast Iron or Ductile Iron	40	35	
	Valves & Valve Boxes	25	20	
	Fire Mains	33	30	
333	Services <sup>2</sup>	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 <sup>1</sup>	35 <sup>1</sup>	
	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	

(c) For the purposes of paragraphs (2)(a) and (b), the following apply:

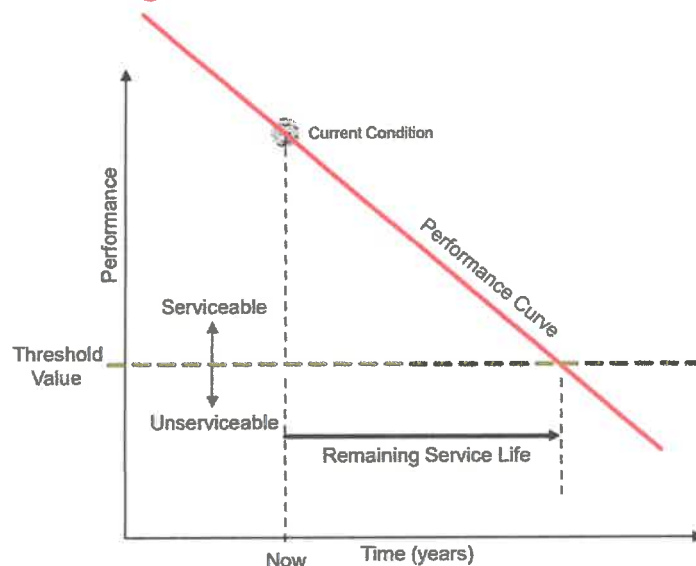
- <sup>1</sup> Denotes composite life.
- <sup>2</sup> Plastic pipe footnote – assumes use of AWWA standard pipe only. Assumes AWWA DR18 used for all mains of 6" or more.
- <sup>3</sup> To be used only when acceptable company plant balances are not available for developing composites using account lives.
- <sup>4</sup> Net Salvage zero except as indicated.
- <sup>5</sup> 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)	
<b>Intake Structures</b>	35-45
<b>Wells and Springs</b>	25-35
<b>Galleries and Tunnels</b>	30-40
<b>Chlorination Equipment</b>	10
<b>Other Treatment Equipment</b>	20
<b>Storage Tanks</b>	30-60
<b>Pumps</b>	20
<b>Buildings</b>	30-60
<b>Electrical Systems</b>	20
<b>Transmission Mains</b>	35-40
<b>Distribution Pipes</b>	35-40
<b>Valves</b>	35-40
<b>Blow-off Valves</b>	35-40
<b>Backflow Prevention</b>	35-40
<b>Meters</b>	15
<b>Service Lines</b>	30-50
<b>Hydrants</b>	40-60
<b>Lab/Monitoring Equipment</b>	15
<b>Tools and Shop Equipment</b>	15
<b>Landscaping/Grading</b>	40-60
<b>Office Furniture/Supplies</b>	10
<b>Computers</b>	5
<b>Transportation Equipment</b>	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:

<i>Renewal &amp; Replacement Value (newly constructed)</i>	<i>\$ 339,062</i>
<i>Remaining Value as of 2020</i>	<i>\$ 213,183</i>
<i>Overall New System Cost per Service</i>	<i>\$2,898</i>
<i>Overall Remaining Value System Cost per Service</i>	<i>\$1,822</i>

\*Summary Table updated on 2-4-2021



## APPENDIX A – OCULUS REPORTS (36 FILE SUMMARY)

Files on FDEP OCULUS (sign in as a “PUBLIC 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
<a href="#">View Document (.MSG)</a>	Administrative	12-01-2010	watson_e
<a href="#">View Document (.pdf)</a>	Administrative	04-15-2019	graves_p

File Type (Click to view)	Profile	Document Date	Creator
<a href="#">0</a>	Construction_Operation Mgmt	08-11-2015	soroka_k
<a href="#">0</a>	Construction_Operation Mgmt	07-26-2010	wakley_e
<a href="#">0</a>	Construction_Operation Mgmt	10-11-2017	soroka_k

File Type (Click to view)	Profile	Document Date	Created
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	12-20-2011	12-20-2011
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	07-01-2011	08-11-2011
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	04-09-2013	04-10-2013
<a href="#">View Link</a>	Discovery_Compliance	08-21-2017	08-28-2017
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	08-22-2013	10-28-2013
<a href="#">View Document (.doc)</a>	Discovery_Compliance	05-20-2014	11-12-2014
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	08-05-2015	08-15-2015
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	01-05-2016	01-05-2016
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	01-17-2003	06-15-2016
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	06-27-2002	06-16-2016
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	09-25-2007	06-15-2016
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	07-01-2016	08-05-2016
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	08-09-2016	08-10-2016
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	04-06-2017	04-21-2017
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	03-13-2018	03-14-2018
<a href="#">View Document (.PDF)</a>	Discovery_Compliance	06-28-2010	07-28-2010
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	05-03-2010	06-08-2010
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	07-23-2010	09-21-2010
<a href="#">View Document (.PDF)</a>	Discovery_Compliance	01-18-2012	01-20-2012
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	08-02-2012	08-06-2012
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	06-30-2012	08-14-2012
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	10-19-2017	10-19-2017
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	08-09-2013	08-22-2013
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	11-01-2013	11-04-2013

<a href="#">View Document (.pdf)</a>	Discovery_Compliance	07-01-2013	05-23-2014
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	06-10-2014	10-14-2014
<a href="#">View Link</a>	Discovery_Compliance	06-24-2015	06-30-2015
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	11-04-2015	11-04-2015
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	09-04-2019	09-05-2019
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	09-04-2019	09-05-2019
<a href="#">View Document (.pdf)</a>	Discovery_Compliance	12-13-2019	12-13-2019
<a href="#">View Document (.pdf)</a>	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
<b>Preconstruction Cost</b>									
	<u>Professional Services</u>								
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
	<u>Property</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
<b>Construction Cost</b>									
	<u>General</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
	<u>Site Work</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
	<u>Transmission and Distribution Piping and Fittings</u>								
331	10	1" Galvanized Pipe	319	LF	\$20	\$6,380	60	33	\$0
331	11	1-1/4" Galvanized Pipe	1180	LF	\$24	\$28,320	60	33	\$0
331	12	1-1/4" PVC Pipe	1002	LF	\$14	\$14,028	15	40	\$8,768
331	13	1-1/2" PVC Pipe	1833	LF	\$16	\$29,328	15	40	\$18,330
331	14	2" PVC Sch. 40 Pipe	2174	LF	\$19	\$41,306	10	40	\$30,980
331	15	1-1/4" Sch 40 PVC DBL Union Ball Valve	2	EA	\$230	\$460	10	20	\$230
331	16	2" Sch. 40 PVC DBL Union Ball Valves	6	EA	\$270	\$1,620	10	20	\$810
333	17	3/4" Service Lateral (water main to home)	117	EA	\$250	\$29,250	7	35	\$23,400
333	18	3/4" Sch 40 PVC DBL Union Ball Valve	73	EA	\$95	\$6,935	7	35	\$5,548

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# 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
333	19	3/4" Sch 40 PVC Check Valve	73	EA	\$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	\$0
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) <i>*installed on 11-10-2020</i>	1	EA	\$1,951	\$1,951	0	30	\$1,951
<u>Source Water Supply</u>									
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
<u>Water Treatment Plant</u>									
311	21	West Submersible pump, motor, controller, piping and valves (Pump & 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, 2HP (composit life of 17 years)	1	LS	\$8,000	\$9,500	21	17	\$0
311	24	East Well AAC0183 (structure, plumbing, electrical, mechanical) 4" casing, 1.5HP (composit life of 17 years)	1	LS	\$6,500	\$9,500	21	17	\$0
320	26	Chlorinators (East and West Plants)	2	EA	\$1,800	\$3,600	4	7	\$1,543
						\$250,698			
General Notes:					Total new value	\$339,062	Total remaining value		\$213,183
* Age of all infrastructure provided by Owner and Owner's Operator					Total homes	117			
** Florida Administrative Code (FAC) 25-30-140 (Equipment Life)					Cost per service connection	\$2,898	\$1,822		
Percentage reduction in cost from new									37%

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