

ORIGINAL

050563-WU

PARK WATER COMPANY

25 1<sup>st</sup> Avenue North

Lake Wales, FL 33853

AFFIDAVIT

I, AS OFFICER OF PARK WATER COMPANY, DO ATTEST AND AFFIRM THAT I HAVE READ ARTICLE 25-30.436, 25-30.437 and 25-30.438 AS THEY APPLY TO WASTEWATER UTILITIES IN THE STATE OF FLORIDA;

RECEIVED-HPSC  
06 FEB - 3 PM 2:53  
COMMISSION  
CLERK

AND FURTHER, WE DO ATTEST THAT WE WILL COMPLY WITH RULE 22-22.0407 AND ABIDE TO SAID RULINGS TO THE BEST OF OUR KNOWLEDGE AND UNDERSTANDING.

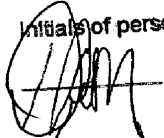
AND FURTHER, WE HAVE HEREUNTO AFFIXED OUR HAND AND SEAL THIS 24 DAY OF JANUARY, 2006.



ANTHONY STAIANO, PRESIDENT

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:



- OMP \_\_\_\_\_
- OM \_\_\_\_\_
- TR \_\_\_\_\_
- CR \_\_\_\_\_
- SCL \_\_\_\_\_
- PC \_\_\_\_\_
- CA \_\_\_\_\_
- CR \_\_\_\_\_
- GA \_\_\_\_\_
- EC 1
- TH Kim P.

06 FEB - 3 PM 1:10  
DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE  
01011 FEB-3 8  
FPSC-COMMISSION CLERK

**BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION**

In re: Application of Park Water  
Company, Inc. to increase its  
Rates and charges in Polk County

DOCKET NO: 050563-WU  
Dated: January , 2006

**PARK WATER COMPANY'S PETITION  
TO INCREASE ITS RATES AND CHARGES**

Park Water Company, Inc., a Florida Corporation (hereinafter "Petitioner" or "Company"), being a Class C Water utility, hereby presents the following Application pursuant to Section 367.081 and 367.0816, Florida Statutes, and Rule 25-30.443, Florida Administrative Code, to increase its rates and charges for water service, and in support thereof, states:

1. The exact name and address of the principal business office of the Petitioner is:

Park Water Company, Inc.  
25 1<sup>st</sup> Avenue North  
Lake Wales, FL 33853

2. The name and address of the persons authorized to receive notices and communications in respect to this Petition are as follows:

Anthony Staiano, President  
Park Water Company, Inc.  
25 1<sup>st</sup> Avenue North  
Lake Wales, FL 33853

Joseph G. Hodakowski  
Certified Public Accountant  
349 Route 31 South, Suite 401  
Flemington, NJ 08822

3. Petitioner was incorporated by the State of Florida on September 12, 1955 under the name of Crooked Lake Park Water Company, Inc. The Company legally changed its name to Park Water Company, Inc. on September 9, 1996. The Company's stock is 100% owned by Anthony Staiano, having the address in No., 1, above.

DOCUMENT NUMBER-DATE

01011 FEB-3 8

FPSC-COMMISSION CLERK

4. Petitioner's present rates have been in effect since November 20, 1999 when Polk County last established the Company's rates and charges. The Florida Public Service Commission approved the Petitioner's present rates and charges by Document No. 991627-WU.
5. Petitioner is engaged in business as a Class C water utility providing water service to approximately 783 customers in Polk County. Since the Company's annual revenues are above \$150,000, it does not meet the threshold for a staff assisted rate case.
6. A copy of the application is available for customer inspection from Anthony Staiano, President of Park Water Company, Inc., at the following address:  
  

Park Water Company, Inc.  
25 1<sup>st</sup> Avenue North  
Lake Wales, FL 33853
7. Petitioner requests that the Commission process this application for rate relief using the Proposed Agency Action provision in Section 367.081(8), Florida Statutes.
8. Petitioner is spending \$2,496,382 on capital outlays, which is not covered by revenue.
9. The Petitioner requested in August 2005 permission to use a historical base year ended December 31, 2004 with Proforma plant adjustments for final rates. The Chairman of the Commission granted this request and assigned the proceeding Docket No. 050563-WU.
10. Petitioner requests approval to increase its rates by the amount of \$474,500 per annum, which will allow a return of 10.01% on the allowable rate base.

11. In support of the increase in rates and charges, Petitioner attaches the following items and makes them part of this Petition:
  - a. Filing Fee of \$3,500
  - b. Volume 1 – Minimum Filing Requirements (Financial, Rate and Engineering Information) for Class C Water Utility requirement by Rule 25-30.443; Rule 25-30.436; 25-30.4385; 25-30.44151; and 25-30.443 (16 copies). This also includes general information, and projections and allocation support details.
  - c. Affidavit signed by an officer of the utility that states the utility will comply with Rule 25-22.0407, Florida Administrative Code.
  
12. Since the Petition is submitted pursuant to Section 367.081(8), Florida Statutes, no direct testimony is required pursuant to Rule 25-30.436(2), Florida Administrative Code.
  
13. The Company does not request interim rate relief in accordance with Section 367.092, Florida Statutes.

WHEREFORE, Park Water Company, Inc., respectfully requests that on the basis of this Petition and the information herein that the Commission utilize the PAA process permitted by Section 367.081, Florida Statutes, and approve the Petitioner's request for permanent increase in its water rates and charged in Polk County by an amount of approximately \$474,500 per annum.

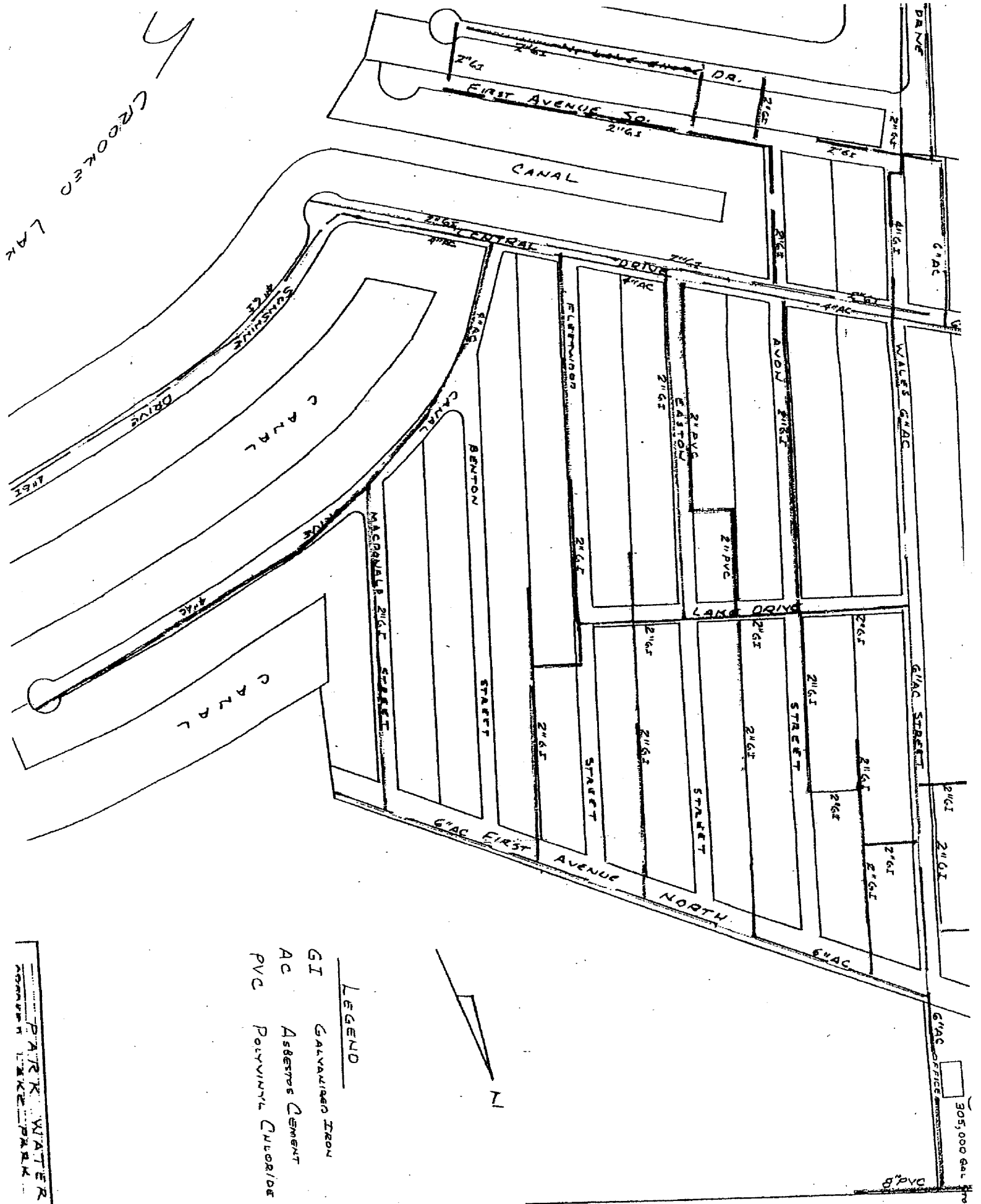
Respectfully submitted this 16<sup>th</sup> day of January, 2006.

Anthony Staiano  
President  
Park Water Company, Inc.  
25 1<sup>st</sup> Avenue North  
Lake Wales, FL 33853



Attachment A - #1

Please see attached maps for Park Water Company's Service Area

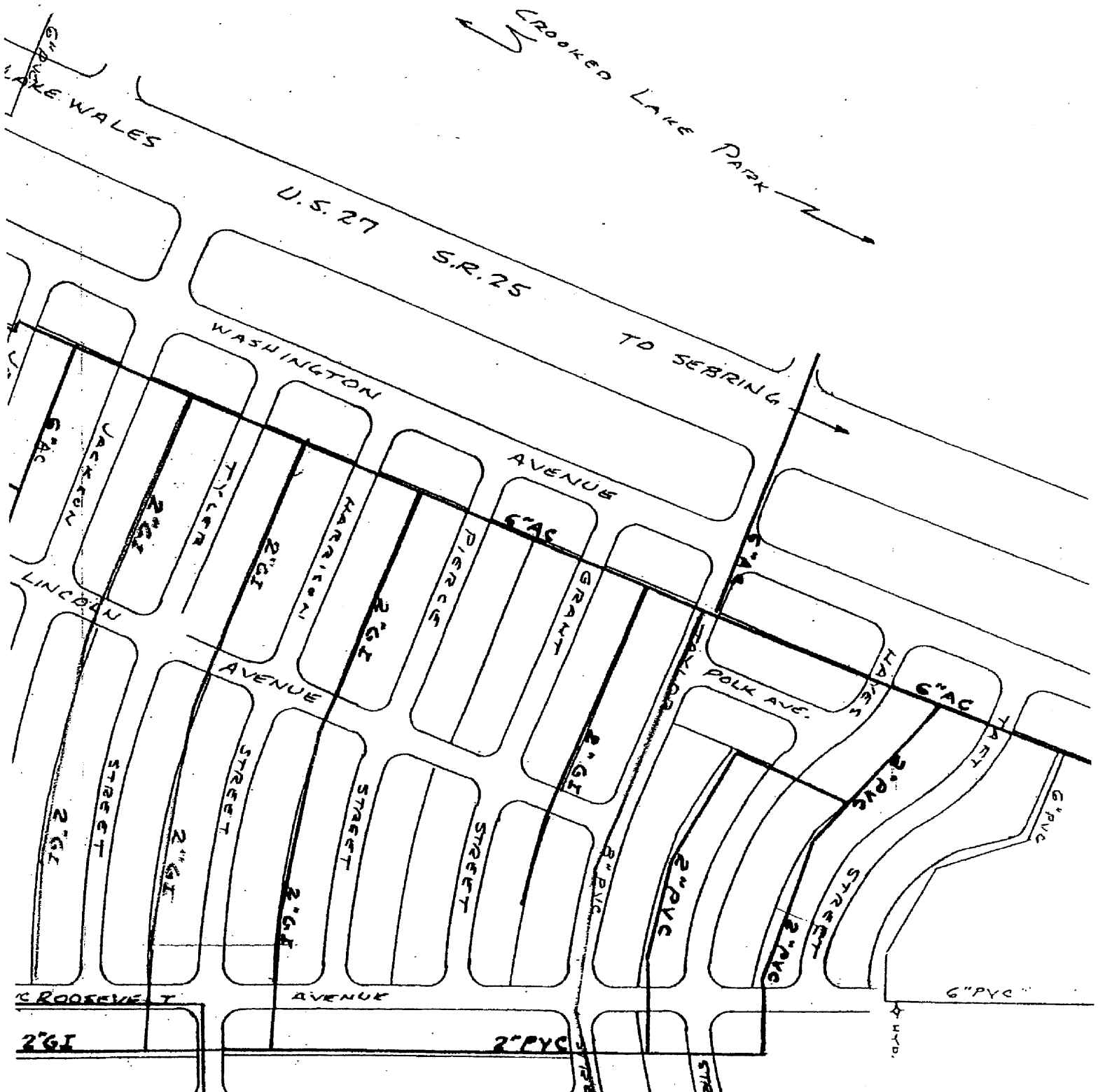


5  
CROOKED  
LWR

- LEGEND
- GI GALVANIZED IRON
  - AC ASBESTOS CEMENT
  - PVC POLYVINYL CHLORIDE



PARK WATER C  
LAKELAKE PARK ARI



Attachment A - #2

Chemicals used dosage rate = 40lbs per day

See attached sheet for cost information

Total 2004 expenditure for chlorine = \$2,220.00

Quantity = 23 150lbs cylinders for the year 2004

2/25/2004

INVOICE

Page 1 of 1

Preferred Products of Central  
Florida  
P.O. Box 991  
Winter Haven, FL 33882-0991  
(863)-965-1479

Invoice#: 76372

Tech: Doug

Acct #: 209 PO Number: KEVIN

Terms: Net 30

PARK WATER CO.  
21 1st AVENUE NORTH

LAKE WALES , FL 33853-

Ship to Date: 2/24/2004

Part #	Description	HM	Qty	UOM	Price	Disc	Total
110-01	150# CYLINDER CHLORINE	X	8	EACH	89.00	0%	712.00
110-05	LIABILITY INSURANCE SURCHARGE		8	EACH	1.50	0%	12.00
MTCYL	EMPTY CYLINDERS RETURNED		8		0.00	0%	0.00
FUEL	FUEL SURCHARGE		1		3.00	0%	3.00

SubTotal: \$727.00  
County Tax: \$0.00  
Sales Tax: \$0.00  


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Total: \$727.00

6/16/2004

INVOICE

Page 1 of 1

Preferred Products of Central  
Florida  
P.O. Box 991  
Winter Haven, FL 33882-0991  
(863)-965-1479

Invoice#: 77313

Tech: Doug

Acct #: 209 PO Number: KEVIN

Terms: Net 30

PARK WATER CO.  
21 1st AVENUE NORTH

LAKE WALES , FL 33853-

Ship to Date: 6/14/2004

Part #	Description	HM	Qty	UOM	Price	Disc	Total
110-01	150# CYLINDER CHLORINE	X	7	EACH	97.50	0%	682.50
110-05	LIABILITY INSURANCE SURCHARGE		7	EACH	1.50	0%	10.50
MTCYL	EMPTY CYLINDERS RETURNED		8		0.00	0%	0.00
FUEL	FUEL SURCHARGE		1		3.00	0%	3.00

SubTotal: \$696.00  
County Tax: \$0.00  
Sales Tax: \$0.00  


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Total: \$696.00

11/5/2004

INVOICE

Page 1 of 1

Preferred Products of Central  
Florida  
P.O. Box 991  
Winter Haven, FL 33882-0991  
(863)-965-1479

Invoice#: 78513

Tech: Doug

Acct #: 209 PO Number:

Terms: Net 30

PARK WATER CO.  
21 1st AVENUE NORTH

LAKE WALES , FL 33853-

Ship to Date: 11/4/2004

Part #	Description	HM	Qty	UOM	Price	Disc	Total
110-01	150# CYLINDER CHLORINE	RQ	8	EACH	97.50	0%	780.00
110-05	LIABILITY INSURANCE SURCHARGE		8	EACH	1.50	0%	12.00
MTCYL	EMPTY CYLINDERS RETURNED		7		0.00	0%	0.00
FUEL	FUEL SURCHARGE		1		5.00	0%	5.00

SubTotal: \$797.00

County Tax: \$0.00

Sales Tax: \$0.00

Total: \$797.00

Attachment A - #3

Chemical Analysis on the attached pages



**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

**SHORT ENVIRONMENTAL LABORATORIES, INC.**

10405 U.S. HWY 27 • SEBRING, FL 33876-9502  
 PH: 1-863-655-4022 • FAX: 1-863-655-5820  
 HRS # E85458

Delivered by: P. Brown

Lab Receipt Date & Time: 12/2/05 1320  
 Analysis Date & Time: 12/2/05 01470

Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice  \_\_\_\_\_ °C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 53400 Sub-Contract Lab ID: RECEIVED

Analysis Requested: (please check all that apply)

- Standard Coliform Test  
 HPC  
 Other: \_\_\_\_\_

DEC 07 2005

ENVIRONMENTAL ENGINEERING

System Name: PARIC WATER CO. ENGINEERING

PWS I.D. 

6	5	3	0	4	0	8
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System Address: 25 FIRST AVE. N.

City: LAKE WALES

System or Owner's Phone #: 638-1295

Fax #: 638-7441

Collector: K. R. G. M.

Collector's Phone # 638-7441

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 only one)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 12-02-05

to be completed by collector of sample						to be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method:				
						Fecal or E. coli Analysis Method: <u>MMO</u>				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
1	well	8:00am	R	0			A			249676
2	356 Jefferson	8:10am	D	0.8			A			249677
3	Low. S. C. Student Svcs.	8:15am	D	0.8			A			249678

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

0.8  
 \*Defined in Florida Administrative Code Rule 62-160, Table 1  
 All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# C-7426)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date PWS notified by lab of positive results: \_\_\_\_\_  
 Date State notified by lab of positive results: \_\_\_\_\_

Name and Mailing Address of Person to Receive Report  
PARIC WATER CO.  
25 FIRST AVE. N.  
LAKE WALES, FL 33855

Lab Signature: [Signature]  
 Title: Lab Director

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 12/13/05  
 DEP/DOH Reviewing Official: [Signature]

**PUBLIC WATER SYSTEM INFORMATION**

System Name: PARK WATER COMPANY  
Address: 25 First Avenue North, Lake Wales, FL 33853

I.D. #: 6530408  
Phone #: 638-1285

Type (check one):  Community  Nontransient Noncommunity  Noncommunity

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

Sample Date (MMDDYY): 03/12/97 Sample Time: 1000  
Sample Location (be specific): Entry to distribution

Sampler Name and Phone: Rick Beane (941) 655-4022

Sampler's Signature: [Signature] Title: Field Manager

Check Type(s):  Distribution  Recheck of MCL  Resample of Lab Invalidated Sample  
 Clearance  Thm Max Res Time  Plant Tap  
 Distrib entry pt  Raw  Composite of Multiple Sites—Attach a format for each site

**LABORATORY CERTIFICATION INFORMATION (to be completed by lab) —  
ATTACH HRS ANALYTE SHEET**

Lab Name: Short Environmental Laboratories HRS #: 85344 Expiration Date: 06/30/97

Address: 10405 US 27 South, Sebring, FL 33870 Phone: (941) 655-4022

Subcontracted Lab HRS # 84183\84147 Groups analyzed: VOC's, Group II\Gross Alpha, Ra 226

**ANALYSIS INFORMATION**

Laboratory Sample ID # 63404

Date Sample(s) Received: 03/12/97 Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

Nitrate Only  Nitrite Only  Asbestos Only  Trihalomethanes  
Inorganics— Volatile Organics— Secondaries— Pesticides/PCBs—  
 All 17  Partial  All 21  Partial  All 14  Partial  All 30  Partial  
Group I Unregulated— Group II Unregulated— Group III Unregulated— Radiochemicals—  
 All 12  Partial  All 23  Partial  All 11  Partial  Single Sample  
 Qtrly Composite\*

\*Provide radiochemical sample dates & locations for each quarter

I, Bruce Cummings, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: [Signature]

Title: Laboratory Director Date: 05/22/97

**COMPLIANCE INFORMATION (to be completed by state)**

Sample Collection Satisfactory: \_\_\_\_\_ Sample Analysis Satisfactory: \_\_\_\_\_  
Resample Requested for: \_\_\_\_\_ Reason: \_\_\_\_\_  
Person notified to resample: \_\_\_\_\_ Date Notified: \_\_\_\_\_  
DER/ACPHU Reviewing Official: \_\_\_\_\_

**UNREGULATED GROUP II ANALYSIS**

62-550.410

(PWS034)

Parameter ID	NAME	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2210	Chloromethane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2212	Dichlorodifluoromethane	63404	BDL	EPA 502.2	03-25-97	0.05	84183
2214	Bromomethane	63404	BDL	EPA 502.2	03-25-97	1.1	84183
2216	Chloroethane	63404	BDL	EPA 502.2	03-25-97	0.1	84183
2218	Trichlorofluoromethane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2251	Methyl-Tert-Butyl-Ether	63404	BDL	EPA 502.2	03-25-97	0.1	84183
2408	Dibromomethane	63404	BDL	EPA 502.2	03-25-97	2.2	84183
2410	1,1-Dichloropropylene	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2412	1,3-Dichloropropane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2413	1,3-Dichloropropene	63404	BDL	EPA 502.2	03-25-97	0.06	84183
2414	1,2,3-Trichloropropane	63404	BDL	EPA 502.2	03-25-97	0.4	84183
2416	2,2-Dichloropropane	63404	BDL	EPA 502.2	03-25-97	0.05	84183
2941	Chloroform	63404	4.37	EPA 502.2	03-25-97	0.1	84183
2942	Bromoform	63404	BDL	EPA 502.2	03-25-97	0.5	84183
2943	Bromodichloromethane	63404	1.61	EPA 502.2	03-25-97	0.2	84183
2944	Dibromochloromethane	63404	1.19	EPA 502.2	03-25-97	0.2	84183
2965	o-Chlorotoluene	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2966	p-Chlorotoluene	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2967	m-Dichlorobenzene	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2978	1,1-Dichloroethane	63404	BDL	EPA 502.2	03-25-97	0.07	84183
2986	1,1,1,2-Tetrachloroethane	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2988	1,1,2,2-Tetrachloroethane	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2993	Bromobenzene	63404	BDL	EPA 502.2	03-25-97	0.03	84183

Comments: BDL = Below Detectable Limit

**PUBLIC WATER SYSTEM INFORMATION**

System Name: PARK WATER COMPANY  
Address: 25 First Avenue North, Lake Wales, FL 33853

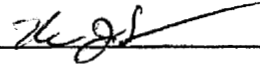
I.D. #: 6530408  
Phone #: 638-1285

Type (check one):  Community  Nontransient Noncommunity  Noncommunity

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

Sample Date (MMDDYY): 10/15/03 Sample Time: 0930  
Sample Location (be specific): Entry to distribution

Sampler Name and Phone: Kevin Egan, (863) 638-1285

Sampler's Signature:  Title: Operator

Check Type(s):  Distribution  Recheck of MCL  Resample of Lab Invalidated Sample  
 Clearance  Thm Max Res Time  Plant Tap  
 Distrib entry pt  Raw  Composite of Multiple Sites—Attach a format for each site

**LABORATORY CERTIFICATION INFORMATION (to be completed by lab) —**  
**ATTACH FDOH ANALYTE SHEET**

Lab Name: Short Environmental Laboratories HRS #: E85458 Expiration Date: 06/30/04

Address: 10405 US 27 South, Sebring, FL 33876 Phone: (863) 655-4022

Subcontracted Lab DOH # E84129\E84100 Groups analyzed: VOC's, SOC's\Gross alpha, Ra 226 & 228

**ANALYSIS INFORMATION**

Laboratory Sample ID # 197511

Date Sample(s) Received: 10/15/03 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

- Nitrate Only  Nitrite Only  Asbestos Only  Trihalomethanes
- Inorganics— Volatile Organics— Secondaries— Pesticides/PCBs—
- All 17  Partial  All 21  Partial  all 14  Partial  All 30  Partial
- Group I Unregulateds— Group II Unregulateds— Group III Unregulateds— Radiochemicals—
- All 12  Partial  All 23  Partial  All 11  Partial  Single Sample
- Qtrly Composite\*

\*Provide radiochemical sample dates & locations for each quarter

I, Bruce Cummings, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director Date: 12/03/03

**COMPLIANCE INFORMATION (to be completed by state)**

Sample Collection Satisfactory: \_\_\_\_\_ Sample Analysis Satisfactory: \_\_\_\_\_  
Resample Requested for: \_\_\_\_\_ Reason: \_\_\_\_\_  
Person notified to resample: \_\_\_\_\_ Date Notified: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

**INORGANIC ANALYSIS**  
**62-550.310(1)**  
**(PWS030)**

Parameter ID	NAME	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1005	Arsenic	(0.05)	197511	0.005 u	SM 3114B	11-13-03	0.005	E85458
1010	Barium	(2)	197511	0.06	SM 3111B	12-01-03	0.02	E85458
1015	Cadmium	(0.005)	197511	0.0004u	SM 3113B	11-07-03	0.0004	E85458
1020	Chromium	(0.1)	197511	0.005 u	SM 3113B	11-10-03	0.005	E85458
1024	Cyanide	(0.2)	197511	0.005 u	EPA 335.4	10-27-03	0.005	E85458
1025	Fluoride	(4)	197511	0.24	SM 4500F C	10-16-03	0.05	E85458
1030	Lead	(0.015)	197511	0.001 u	SM 3113B	10-27-03	0.001	E85458
1035	Mercury	(0.002)	197511	0.001 u	EPA 245.1	10-29-03	0.001	E85458
1036	Nickel	(0.1)	197511	0.01 u	SM 3111B	11-12-03	0.01	E85458
1038	Total Nitrate + Nitrite	(10)	197511	0.02 u	EPA 353.2	10-15-03	0.02	E85458
1040	Nitrate	(10)	197511	0.02 u	Calc.	10-15-03	0.02	E85458
1041	Nitrite	(1)	197511	0.01 u	EPA 353.2	10-15-03	0.01	E85458
1045	Selenium	(0.05)	197511	0.005 u	SM 3113B	10-30-03	0.005	E85458
1052	Sodium	(160)	197511	4.3	SM 3111B	11-05-03	1.0	E85458
1074	Antimony	(0.006)	197511	0.003 u	SM 3113B	10-22-03	0.003	E85458
1075	Beryllium	(0.004)	197511	0.001 u	SM 31113B	10-28-03	0.001	E85458
1085	Thallium	(0.002)	197511	0.002 u	SM 31113B	10-24-03	0.002	E85458

Comments: u = Parameter was analyzed for but not detected.  
 All results meet the requirements of NELAC.  
 Page 2 of 6

**SECONDARY CHEMICAL ANALYSIS**

62-550.320

(PWS031)

Parameter ID	NAME	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1002	Aluminum	(0.2)	197511	0.05 u	SM3111D	11-05-03	0.05	E85458
1017	Chloride	(250)	197511	13.	EPA 325.3	10-30-03	0.5	E85458
1022	Copper	(1)	197511	0.01 u	SM3111B	11-03-03	0.01	E85458
1025	Fluoride	(2.0)	197511	0.24	SM4500F C	10-16-03	0.02	E85458
1028	Iron	(0.3)	197511	0.03	SM3111B	11-24-03	0.02	E85458
1032	Manganese	(0.05)	197511	0.01 u	SM3111B	11-11-03	0.01	E85458
1050	Silver	(0.1)	197511	0.001 u	SM3113B	10-21-03	0.001	E85458
1055	Sulfate	(250)	197511	33.	EPA 375.4	10-20-03	1.	E85458
1095	Zinc	(5)	197511	0.004	SM3111B	11-11-03	0.002	E85458
1905	Color	(15 CU)	197511	3.	SM2120B	10-15-03	1.	E85458
1920	Odor	(3 TON)	197511	1. u	SM2150B	10-15-03	1.	E85458
1925	pH	(6.5-8.5)	197511	7.35	EPA 150.1	10-15-03	0.01	E85458
1930	Total Dissolved Solids	(500)	197511	149.	SM2540C	10-15-03	10.	E85458
2905	Foaming Agents	(0.5)	197511	0.02 u	SM5540C	10-16-03	0.02	E85458

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

Page 3 of 6

**VOLATILE ORGANIC ANALYSIS**  
**62-550.310(2)(b)**  
**(PWS028)**

Parameter ID	NAME	(MCL ug/L)	Sample Number	Analysis Result (ug/L)		Analysis Method	Analysis Date	MDL	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2380	cis-1,2-Dichloroethylene	(70)	197511	0.2	u	EPA 502.2	10-24-03	0.2	E84129
2955	Xylenes (total)	(10,000)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2964	Dichloromethane	(5)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2968	o-Dichlorobenzene	(600)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2969	para-Dichlorobenzene	(75)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2976	Vinyl Chloride	(1)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2977	1,1-Dichloroethylene	(7)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2979	trans-1,2-Dichloroethylene	(100)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2980	1,2-Dichloroethane	(3)	197511	0.2	u	EPA 502.2	10-24-03	0.2	E84129
2981	1,1,1-Trichloroethane	(200)	197511	0.3	u	EPA 502.2	10-24-03	0.3	E84129
2982	Carbon Tetrachloride	(3)	197511	0.3	u	EPA 502.2	10-24-03	0.3	E84129
2983	1,2-Dichloropropane	(5)	197511	0.3	u	EPA 502.2	10-24-03	0.3	E84129
2984	Trichloroethylene	(3)	197511	0.2	u	EPA 502.2	10-24-03	0.2	E84129
2985	1,1,2-Trichloroethane	(5)	197511	0.3	u	EPA 502.2	10-24-03	0.3	E84129
2987	Tetrachloroethylene	(3)	197511	0.2	u	EPA 502.2	10-24-03	0.2	E84129
2989	Monochlorobenzene	(100)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2990	Benzene	(1)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2991	Toluene	(1,000)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2992	Ethylbenzene	(700)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2996	Stryene	(100)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129

Comments: u = Parameter was analyzed for but not detected.  
 All results meet the requirements of NELAC.  
 Page 4 of 6

**PESTICIDE/PCB CHEMICAL ANALYSIS**  
**62-550.310(2)(c)**  
**(PWS029)**

Parameter ID	NAME	(MCL ug/L)	Sample Number	Analysis Result (ug/L)		Analysis Method	Analysis Date	MDL	Lab ID
2005	Endrin	(2)	197511	0.1	u	EPA 525.2	10-22-03	0.1	E84129
2010	Lindane	(0.2)	197511	0.06	u	EPA 525.2	10-22-03	0.06	E84129
2015	Methoxychlor	(40)	197511	0.05	u	EPA 525.2	10-22-03	0.05	E84129
2020	Toxaphene	(3)	197511	0.5	u	EPA 508.1	10-23-03	0.5	E84129
2031	DaTapon	(200)	197511	1.	u	EPA 515.3	10-28-03	1.	E84129
2032	Diquat	(20)	197511	1.	u	EPA 549.2	10-27-03	1.	E84129
2033	Endothall	(100)	197511	20.	u	EPA 548.1	10-24-03	20.	E84129
2034	Glyphosate	(700)	197511	10.	u	EPA 547	10-28-03	10.	E84129
2035	Di(2-ethylhexyl)adipate	(400)	197511	0.3	u	EPA 525.2	10-22-03	0.3	E84129
2036	Oxamyl (Vydate)	(200)	197511	0.5	u	EPA 531.1	10-27-03	0.5	E84129
2037	Simazine	(4)	197511	0.07	u	EPA 525.2	10-22-03	0.07	E84129
2039	Di(2-ethylhexyl)phthalate	(6)	197511	1.0	u	EPA 525.2	10-22-03	1.0	E84129
2040	Picloram	(500)	197511	0.75	u	EPA 515.3	10-28-03	0.75	E84129
2041	Dinoseb	(7)	197511	0.5	u	EPA 515.3	10-28-03	0.5	E84129
2042	Hexachlorocyclopentadiene	(50)	197511	0.2	u	EPA 525.2	10-22-03	0.2	E84129
2046	Carbofuran	(40)	197511	0.5	u	EPA 531.1	10-27-03	0.5	E84129
2050	Atrazine	(3)	197511	0.06	u	EPA 525.2	10-22-03	0.06	E84129
2051	Alachlor	(2)	197511	0.2	u	EPA 525.2	10-22-03	0.2	E84129
2063	2,3,7,8-TCDD (Dioxin)	(0.00003)				EPA 1613			
2065	Heptachlor	(0.4)	197511	0.08	u	EPA 525.2	10-22-03	0.08	E84129
2067	Heptachlor Epoxide	(0.2)	197511	0.1	u	EPA 525.2	10-22-03	0.1	E84129
2105	2,4-D	(70)	197511	1.	u	EPA 515.3	10-28-03	1.	E84129
2110	2,4,5-TP (Silvex)	(50)	197511	0.25	u	EPA 515.3	10-28-03	0.25	E84129
2274	Hexachlorobenzene	(1)	197511	0.05	u	EPA 525.2	10-22-03	0.05	E84129
2306	Benzo(a)pyrene	(0.2)	197511	0.1	u	EPA 525.2	10-22-03	0.1	E84129
2326	Pentachlorophenol	(1)	197511	0.1	u	EPA 515.3	10-28-03	0.1	E84129
2383	PCB's	(0.5)	197511	0.2	u	EPA 508.1	10-23-03	0.2	E84129
2931	Dibromochloropropane	(0.2)	197511	0.005	u	EPA 504.1	10-24-03	0.005	E84129
2946	Ethylene dibromide	(0.02)	197511	0.005	u	EPA 504.1	10-24-03	0.005	E84129
2959	Chlordane	(2)	197511	0.05	u	EPA 508.1	10-23-03	0.05	E84129

Comments: u = Parameter was analyzed for but not detected.  
 All results meet the requirements of NELAC.



**RADIOCHEMICAL ANALYSIS**

62-550.310(5)

(PWS027)

Parameter ID	NAME	(pCi/L)	Sample Number	Analysis Result (pCi/L)	Analysis Method	Analysis Date	ERROR	Lab ID
4000	Gross Alpha	5.0	197511	3.0	SM 7110 B	11-06-03	1.2	E84100
4020	Radium 226	3.0	197511	1.2	SM 7500-Ra C	11-06-03	0.1	E84100
4030	Radium 228		197511	0.2	Brooks & Blanchard	11-06-03	0.5	E84100

Comments: All results meet the requirements of NELAC.

# SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S  
 SEBRING, FL 33876  
 (863) 655-4022 (800) 833-4022  
 FAX: (863) 655-5820

LABORATORY ANALYSES											
I	S	G	R	V	P	N	T	P			
N	E	R	A	O	E	O	H	b			
O	C	O	D	C	S	X	M	&			
R	O	S			T			C			
G	N	S	226			N		u			
A	D	A	228		P	O					
I	R				B	2					
C	Y										

APPLIER'S NAME		CLIENT NAME:									
BASE PRINT) <i>Kevin Egan</i>		Park H <sub>2</sub> O CO.									
APPLIERS SIGNATURE		PROJECT LOCATION									
<i>[Signature]</i>		SAMPLE TYPE: DRINKING WATER									
FIELD ID	SAMPLE ID	DATE	TIME	ENTRY	DIST	WELL	LABORATORY ID#	# OF CONT			
	Entry to Dist.	10-15-03	9:30	X			199571	21	X	X	X

APPLIER KIT PREPARED BY: *EAG*  
 IF CONTAINERS ARE PRE-PRESERVED!! READ ALL CONTAINER LABELS CAREFULLY!

37294

COPIES	RELINQUISHED BY:	ACCEPTED BY:	DATE	TIME
21	<u><i>A.S.</i></u>	<u><i>[Signature]</i></u>	10-15-03	1100

**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: PARK WATER COMPANY PWS I.D. #: 6530408

System Type (check one): (x) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: 25 First Avenue North

City: Lake Wales State: Florida ZIP Code: 33859-8761

Phone: (863) 638-1285 Fax #: (863) 628-7441

E-Mail Address: \_\_\_\_\_

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

Sample Number: 1 Location Code (if Known): \_\_\_\_\_

Sample Date: 06/03/05 Sample Time: 0730 AM PM (circle one)

Sample Location (be specific): Entry to distribution

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

**Sample Type (Check Only One)**

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Distribution                                | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly ( Which One? )                 |
| <input checked="" type="checkbox"/> Entry Point (to Distribution)    | <input type="checkbox"/> Confirmation of MCL Exceedance*             | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites**                  | <input type="checkbox"/> Violation Resolution                     |
| <input type="checkbox"/> Raw (at well intake)                        | <input type="checkbox"/> Clearance (permitting)                      | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Max. Residence Time                         | <input type="checkbox"/> Other: _____                                |   |
| <input type="checkbox"/> Ave. Residence Time                         | Sampling Procedure Used or other Comments: _____                     |   |
| <input type="checkbox"/> Near First Costumer                         | _____  |   |

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

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

Sampler's Name: Kevin Egan


Sampler's Phone #: (863) 638-1285 Sampler's Fax: (863) 638-7441

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION (to be completed by sampler)**

I, Kevin Egan Operator  
(Print Name) (Print Title)

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

Signature:  Date: 06/03/05

**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)  
ATTACH CURRENT DOH ANALYTE SHEET\*

Lab Name: Short Environmental Laboratories Florida Certification # : E85458  
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/06  
Sebring, FL 33876 Phone # : (863) 655-4022

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received : 06/03/05

PWS ID (From Page 1): 6530408 Sample Number (From Page 1): 1  
 Lab Assigned Report Number or Job ID: 236266

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>           |
| <input type="checkbox"/> All 17             | <input type="checkbox"/> All 30            | <input type="checkbox"/> All 21            | <input type="checkbox"/> Trihalomethanes |
| <input checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial           | <input type="checkbox"/> Haloacetic Acid |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial           |  | <input type="checkbox"/> Bromate         |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only       | <u>Radionuclides</u>                       | <input type="checkbox"/> Chlorite        |
| <input type="checkbox"/> Asbestos Only      |  | <input type="checkbox"/> Single Sample     | <u>Secondaries</u>                       |
|   |  | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14          |
|   | <u>Lead &amp; Copper</u>                   |  | <input type="checkbox"/> Partial         |
|   | <input type="checkbox"/>                   |  |  |

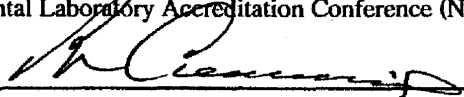
Were any analyses subcontracted? ( ) Yes (x) No

If yes, please provide DOH certification numbers:  
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**CERTIFICATION**

I, Bruce Cummings, Laboratory Director  
 (Print Name) (Print Title)

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

Signature:  Date: 06/29/05

\* 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.

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ( ) Yes ( ) No Sample Analysis Info Satisfactory: ( ) Yes ( ) No  
 Replacement Sample(s) Requested (circle or highlight group(s) above)  Revised Report Requested  
 Additional Monitoring Required ( circle or highlight group(s) above) (circle or highlight group(s) above)  
 Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet  Location Unsatisfactory  Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_ 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: 236266

PWS ID (from page 1): 6530408

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.02	u	EPA 353.2	0.02	06/08/05	1900	E85458
1041	Nitrite (as N)	1	mg/L	0.01	u	EPA 353.2	0.01	06/03/05	1641	E85458
1005	Arsenic	0.01	mg/L			EPA 200.7	0.005			E85458
1010	Barium	2	mg/L			EPA 200.7	0.002			E85458
1015	Cadmium	0.005	mg/L			EPA 200.7	0.001			E85458
1020	Chromium	0.10	mg/L			EPA 200.7	0.001			E85458
1024	Cyanide	0.20	mg/L			EPA 335.4	0.005			E85458
1025	Fluoride	4.0	mg/L			SM4500F-C	0.05			E85458
1030	Lead	0.015	mg/L			SM 3113 B	0.001			E85458
1035	Mercury	0.002	mg/L			EPA 245.1	0.001			E85458
1036	Nickel	0.10	mg/L			EPA 200.7	0.002			E85458
1045	Selenium	0.05	mg/L			SM 3113 B	0.005			E85458
1052	Sodium	160	mg/L			EPA 200.7	0.05			E85458
1074	Antimony	0.006	mg/L			SM 3113 B	0.003			E85458
1075	Beryllium	0.004	mg/L			EPA 200.7	0.0005			E85458
1085	Thallium	0.002	mg/L			EPA 200.9	0.001			E85458
1094	Asbestos	7 MFL	MFL							

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

All results meet the requirements of NELAC.

\*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: PARK WATER COMPANY PWS I.D. #: 6530408

System Type (check one): ( x ) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: 25 First Avenue North

City: Lake Wales State: Florida ZIP Code: 33859-8761

Phone: (863) 638-1285 Fax #: (863) 628-7441

E-Mail Address: \_\_\_\_\_

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

Sample Number: 1-10 Location Code (if Known): \_\_\_\_\_

Sample Date: 09/28/05 Sample Time: \_\_\_\_\_ AM PM (circle one)

Sample Location (be specific): Distribution

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

**Sample Type (Check Only One)**

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

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Distribution                     | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly ( Which One? )                 |
| <input type="checkbox"/> Entry Point (to Distribution)               | <input type="checkbox"/> Confirmation of MCL Exceedance*             | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites**                  | <input type="checkbox"/> Violation Resolution                     |
| <input type="checkbox"/> Raw (at well intake)                        | <input type="checkbox"/> Clearance (permitting)                      | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Max. Residence Time                         | <input type="checkbox"/> Other: _____                                |   |
| <input type="checkbox"/> Ave. Residence Time                         | Sampling Procedure Used or other Comments: _____                     |   |
| <input type="checkbox"/> Near First Customer                         |  |   |

\*See 62-550.500(6) for requirements and restrictions.

NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Kevin Egan

Sampler's Phone #: (863) 638-1285 Sampler's Fax: (863) 638-7441

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION (to be completed by sampler)**

I, Kevin Egan Operator  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 09/28/05

**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)

ATTACH CURRENT DOH ANALYTE SHEET\*

Lab Name: Short Environmental Laboratories  
 Address: 10405 US Highway 27 South  
Sebring, FL 33876

Florida Certification # : E85458  
 Certification Expiration Date: 06/30/06  
 Phone # : (863) 655-4022

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received : 09/28/05

PWS ID (From Page 1): 6530408

Sample Number (From Page 1): 1-10

Lab Assigned Report Number or Job ID: 244712-244721

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>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acid
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	<u>Secondaries</u>
	<u>Lead &amp; Copper</u>	<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> All 14
	<input checked="" type="checkbox"/>		<input type="checkbox"/> Partial

Were any analyses subcontracted? ( ) Yes (x) No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**CERTIFICATION**

I, Bruce Cummings, Laboratory Director  
 (Print Name) (Print Title)

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

Signature: 

Date: 10/13/05

\* 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.

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ( ) Yes ( ) No Sample Analysis Info Satisfactory: ( ) Yes ( ) No

<input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above)	<input type="checkbox"/> Revised Report Requested
<input type="checkbox"/> Additional Monitoring Required ( circle or highlight group(s) above)	(circle or highlight group(s) above)
Reason(s): <input type="checkbox"/> MCL(s) Exceeded	<input type="checkbox"/> Detection(s)
<input type="checkbox"/> Missing Analyte Sheet	<input type="checkbox"/> Location Unsatisfactory
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Incomplete Report
	<input type="checkbox"/> Analysis Unsatisfactory

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Reporting Format 62-550.730

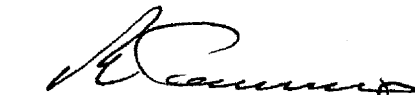
Reporting Format 62-550.730(5)(a)

System Name:	<u>Park Water Company</u>	Date Submitted to Lab:	<u>09/28/05</u>
PWS-ID:	<u>6530408</u>	Analysis Date:	<u>10/06/05</u>
Laboratory Name:	<u>Short Environmental Laboratories, Inc.</u>	Lab Analysis method:	<u>SM 3113B</u>
Lab-ID:	<u>E85458</u>	Lead or Copper (list one)	<u>Lead</u>
Contact Person:	<u>Bruce Cummings</u>	Method Detection Limit:	<u>0.001</u>
Phone:	<u>(863) 655-4022</u>	90th Percentile Value:	<u>0.001</u>

A	RANK	LOCATION CODE		LAB SAMPLE ID	DATE SITE SAMPLED	LEAD	COPPER
		NO	TIER				
	1	01		244712	09/28/05	0.001u	
	2	02		244713	09/28/05	0.001u	
	3	03		244714	09/28/05	0.001u	
	4	07		244718	09/28/05	0.001u	
	5	08		244719	09/28/05	0.001u	
	6	10		244721	09/28/05	0.001u	
	7	05		244716	09/28/05	0.001	
	8	06		244717	09/28/05	0.001	
	9	09		244720	09/28/05	0.001	
	10	04		244715	09/28/05	0.004	

**CERTIFICATION:** The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (±00 mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:



NAME (Please Print):

Bruce Cummings

TITLE and DATE:

Laboratory Director

10/13/05

All results meet the requirements of NELAC.

Reporting Format 62-550.730(5)(a)

Effective Date: December -, 1996

u = Parameter was analyzed for but not detected.



Reporting Format 62-550.730(5)(a)

System Name:	<u>Park Water Company</u>	Date Submitted to Lab:	<u>09/28/05</u>
PWS-ID:	<u>6530408</u>	Analysis Date:	<u>10/04/05</u>
Laboratory Name:	<u>Short Environmental Laboratories, Inc.</u>	Lab Analysis method:	<u>SM 3111B</u>
Lab-ID:	<u>E85458</u>	Lead or Copper (list one):	<u>Copper</u>
Contact Person:	<u>Bruce Cummings</u>	Method Detection Limit:	<u>0.05</u>
Phone:	<u>(863) 655-4022</u>	90th Percentile Value:	<u>&lt; 0.05</u>

A	RANK	LOCATION CODE		LAB SAMPLE ID	DATE SITE SAMPLED	LEAD	COPPER
		NO	TIER				
	1	01		244712	09/28/05		0.05 u
	2	02		244713	09/28/05		0.05 u
	3	03		244714	09/28/05		0.05 u
	4	04		244715	09/28/05		0.05 u
	5	05		244716	09/28/05		0.05 u
	6	06		244717	09/28/05		0.05 u
	7	07		244718	09/28/05		0.05 u
	8	08		244719	09/28/05		0.05 u
	9	09		244720	09/28/05		0.05 u
	10	10		244721	09/28/05		0.05 u

**CERTIFICATION:** The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution ( $\pm 00$  mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: 

NAME (Please Print): Bruce Cummings  
 TITLE and DATE: Laboratory Director 10/13/05

All results meet the requirements of NELAC.  
 Reporting Format 62-550.730(5)(a)  
 Effective Date: December -, 1996  
 u = Parameter was analyzed for but not detected.

**SHORT ENVIRONMENTAL LABORATORIES**  
**10405 US 27 S**  
**SEBRING, FL 33876**  
**(863) 655-4022 (800) 833-4022**  
**FAX: (863) 655-5820**

**DRINKING WATER**

**ALL SAMPLES SAME ANALYSIS**

PRINT SAMPLER'S NAME <i>J. Sebr...</i>	CLIENT NAME: <i>PARK WATER Co.</i>
---	---------------------------------------

SAMPLER'S SIGNATURE <i>[Signature]</i>	PROJECT LOCATION <i>DISTRIBUTION</i>
---	---

LABORATORY ANALYSES	SAMPLE ID:	LABORATORY #:	# CONT	DATE	TIME
INORGANICS	<i>1032. CAMPBELL DR.</i>	<i>244712</i>	<i>1</i>	<i>9-28-05</i>	<i>7:05am</i>
SECONDARY	<i>4622 LINCOLN ST.</i>	<i>244713</i>	<i>1</i>	<i>9-28-05</i>	<i>6:55am</i>
GROSS-ALPHA	<i>5035 AVER ST</i>	<i>244714</i>	<i>1</i>	<i>9-28-05</i>	<i>6:25am</i>
GROSS BETA	<i>5035 WALKER ST</i>	<i>244715</i>	<i>1</i>	<i>9-28-05</i>	<i>6:10am</i>
RAD 226/228	<i>311 SUNSHINE DR.</i>	<i>244716</i>	<i>1</i>	<i>9-28-05</i>	<i>6:20am</i>
VOC	<i>4916 WASHINGTON ST.</i>	<i>244717</i>	<i>1</i>	<i>9-28-05</i>	<i>6:50am</i>
PEST/PCB	<i>328 JEFFERSON ST.</i>	<i>244718</i>	<i>1</i>	<i>9-28-05</i>	<i>6:40am</i>
NITRITE/NITRATE	<i>4852 MACDONALD ST</i>	<i>244719</i>	<i>1</i>	<i>9-28-05</i>	<i>6:25am</i>
THM	<i>4742 AVER ST.</i>	<i>244720</i>	<i>1</i>	<i>9-28-05</i>	<i>6:30am</i>
HAA	<i>4940 WALKER ST</i>	<i>244721</i>	<i>1</i>	<i>9-28-05</i>	<i>6:00am</i>
TC/LERT				YES	NO
Ph, Cu <input checked="" type="checkbox"/>	NUTRIENT CONTAINER PRESERVED, H2SO4				
	METALS CONTAINER PRESERVED, HNO3				
	SAMPLES ICED TO 4C			<input checked="" type="checkbox"/>	
	VIALS PRESERVED, HCL				
	VIALS PRESERVED, NH4HCL				
	OTHER				
	OTHER				

SAMPLE KIT PREPARED BY: \_\_\_\_\_

SOME CONTAINERS ARE PRE-PRESERVED!! READ ALL CONTAINER LABELS CAREFULLY!

*51969*

# OF SAMPLES	RELINQUISHED BY:	ACCEPTED BY:	DATE	TIME
<i>10</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>9-28-05</i>	<i>12:15</i>

Attachment A - #4

Please see attached monthly operating reports for 2003 and 2004



# MONTHLY OPERATION 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 2004

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

PWS Name: PARK WATER CO. PWS Identification Number: 6530408

PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive

Number of Service Connections at End of Month: 752 Total Population Served at End of Month: 1,933

PWS Owner: PARK WATER CO. INC.

Contact Person: KEVIN EGAN Contact Person's Title: VICE PRESIDENT

Contact Person's Mailing Address: 25 FIRST AVE N. City: LAKE WALKER State: FL Zip Code: 33859

Contact Person's Telephone Number: 638-1235 Contact Person's Fax Number: 638-7441

Contact Person's E-Mail Address: \_\_\_\_\_

**B. Water Treatment Plant Information**

Plant Name: PARK WATER CO. Plant Telephone Number: 638-1235

Plant Address: 25 FIRST AVE N. City: LAKE WALKER State: FL Zip Code: 33859

Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 3 MGD

Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6 visits / week</u>
<u>ANTHONY J. STANBOND</u>	<u>C</u>	<u>12223</u>	<u>6 visits / week</u>

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

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

Kevin J. Egan 2-04-04 KEVIN J. EGAN C-7426  
 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: 6530408 Plant Name: PARK WATER CO.

III. Daily Data for the Month/Year of: JANUARY 2004

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

Date	Minimum Residual (mg/L)	Maximum Residual (mg/L)	Chlorination or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Notes on Abnormal Operating Conditions, Repair or Maintenance Work Involving Drinking Water System Components, out of Operation		
			Chlorination	UV Dose	UV Dose	UV Dose	UV Dose	UV Dose	UV Dose	UV Dose	UV Dose	UV Dose			
1	275,000														
2	275,000														
3	270,000														
4	281,000														
5	275,000														
6	284,000														
7	282,000														
8	296,000														
9	291,000														
10	310,000														
11	295,000														
12	306,000														
13	320,000														
14	307,000														
15	298,000														
16	246,000														
17	280,000														
18	282,000														
19	297,000														
20	264,000														
21	312,000														
22	243,000														
23	294,000														
24	280,000														
25	261,000														
26	310,000														
27	274,000														
28	273,000														
29	258,000														
30	251,000														
31	240,000														
Minimum	0	8,900,000													
Maximum	0	346,000													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year of:** FEBRUARY 2004

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

PWS Name: PARK WATER CO. INC. PWS Identification Number: 6530408  
PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
Number of Service Connections at End of Month: 752 Total Population Served at End of Month: 2,446  
PWS Owner: PARK WATER CO. INC.  
Contact Person: KEVIN EGAN Contact Person's Title: U. PRESIDENT  
Contact Person's Mailing Address: 25 FIRST AVE. N. City: LAKE WALES State: FL Zip Code: 33859  
Contact Person's Telephone Number: 638-1285 Contact Person's Fax Number: 638-7441  
Contact Person's E-Mail Address: \_\_\_\_\_

**B. Water Treatment Plant Information**

Plant Name: PARK WATER CO. INC. Plant Telephone Number: 638-1285  
Plant Address: 25 FIRST AVE. N. City: LAKE WALES State: FL Zip Code: 33859  
Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water  
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 3 MGD  
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6 WIS/1 WEEK</u>
<u>ANTHONY J. STAIANO</u>	<u>C</u>	<u>1223</u>	<u>6 WIS/1 WEEK</u>

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

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

Kevin J. Egan 3/04/04 KEVIN J. EGAN C-7426  
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: 6530408 Plant Name: PARK WATER CO. INC.

III. Date for this Monthly Report: FEBRUARY 2004  
 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

Date	Total Disinfectant Residual (mg/L)	Minimum Disinfectant Residual (mg/L)	Average Disinfectant Residual (mg/L)	Plant
29	250.000			0.4
	246.000			0.6
	242.000			0.5
	259.000			0.5
	239.000			0.7
	254.000			0.6
	240.000			0.6
	239.000			0.5
	293.000			0.4
	234.000			0.5
	284.000			0.4
	203.000			0.5
	251.000			0.4
	220.000			0.4
	247.000			0.5
	260.000			0.4
	264.000			0.4
	260.000			0.4
	243.000			0.5
	310.000			0.6
	260.000			0.6
	252.000			0.5
	280.000			0.5
	243.000			0.5
	227.000			0.4
	248.000			0.5
	240.000			0.5
	235.000			0.5
24	237.000			0.4
Minimum	234.000			
Maximum	310.000			

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





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

See page 4 for instructions.

**I. General Information for the Month/Year of:** MARCH 2004

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

PWS Name: <u>PARK WATER CO.</u>		PWS Identification Number: <u>6530408</u>	
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: <u>752</u>		Total Population Served at End of Month: <u>2,446</u>	
PWS Owner: <u>PARK WATER CO. INC.</u>			
Contact Person: <u>KEVIN EGAN</u>		Contact Person's Title: <u>VICE PRESIDENT</u>	
Contact Person's Mailing Address: <u>25 FIRST AVE. N.</u>		City: <u>LAKE WALKER</u>	State: <u>FL</u> Zip Code: <u>33855</u>
Contact Person's Telephone Number: <u>633-1285</u>		Contact Person's Fax Number: <u>633-7441</u>	
Contact Person's E-Mail Address: _____			

**B. Water Treatment Plant Information**

Plant Name: <u>PARK WATER CO.</u>		Plant Telephone Number: <u>633-1285</u>	
Plant Address: <u>25 FIRST AVE. N.</u>		City: <u>LAKE WALKER</u>	State: <u>FL</u> Zip Code: <u>33855</u>
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: <u>3MGD</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>5</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6 VISITS / WEEK</u>
<u>ANTHONY J. STAIANO</u>	<u>C</u>	<u>12223</u>	<u>6 VISITS / WEEK</u>

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

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

Kevin J. Egan 4-01-04 KEVIN J. EGAN C-7426  
 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: 6530408

Plant Name: PARK WATER CO.

III. Daily Data for the Month/Year of: MARCH 2004

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

Calculations for UV Dose for Virus Inactivation, if Applicable

Date	Time	Flow (MGD)	pH	Temperature (°F)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Dose (mJ/cm²)	Residual (mg/L)	Remarks
27		253,000									0.5	
		235,000									0.4	
		243,000									0.4	
		267,000									0.4	
		267,000									0.4	
		305,000									0.5	
		315,000									0.5	
		256,000									0.5	
		257,000									0.5	
		277,000									0.5	
		277,000									0.5	
		265,000									0.5	
		300,000									0.5	
		284,000									0.5	
		309,000									0.5	
		228,000									0.5	
		247,000									0.5	
		304,000									0.5	
		218,000									0.5	
		230,000									0.5	
		321,000									0.5	
		329,000									0.5	
		317,000									0.5	
		283,000									0.5	
		294,000									0.5	
		320,000									0.5	
		317,000									0.5	
		307,000									0.5	
		270,000									0.5	
		265,000									0.5	
24		274,000									0.5	
Total		2,782,000										
Average		263,000										
Maximum		330,000										

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



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

See page 4 for instructions.

I. General Information for the Month/Year of: APRIL 2004

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

PWS Name: <u>PARK WATER CO.</u>	PWS Identification Number: <u>6530468</u>
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: <u>752</u>	Total Population Served at End of Month: <u>2,446</u>
PWS Owner: <u>PARK WATER CO. INC.</u>	
Contact Person: <u>KEVIN J. EGAN</u>	Contact Person's Title: <u>VICE PRESIDENT</u>
Contact Person's Mailing Address: <u>25 FIRST AVE N.</u>	City: <u>LAKE WALES</u> State: <u>FL</u> Zip Code: <u>33859</u>
Contact Person's Telephone Number: <u>638-1285</u>	Contact Person's Fax Number: <u>638-7441</u>
Contact Person's E-Mail Address:	

### B. Water Treatment Plant Information

Plant Name: <u>PARK WATER CO.</u>	Plant Telephone Number: <u>638-1285</u>
Plant Address: <u>25 FIRST AVE N.</u>	City: <u>LAKE WALES</u> State: <u>FL</u> Zip Code: <u>33859</u>
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: <u>3 MGD</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>5</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>

Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6 VISITS WEEK</u>
<u>ANTHONY J. STAIANO</u>	<u>C</u>	<u>1223</u>	<u>6 VISITS WEEK</u>

### II. Certification by Lead/Chief Operator

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

Kevin J. Egan 5-04-04 KEVIN J. EGAN C-7426  
 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: 6530408

Plant Name: PARK WATER CO.

**III. Daily Data for the Month/Year of:**

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

Date	Volume of Water Treated (gallons)	Free Chlorine Calculations				Combined Chlorine (Chloramines) Calculations				Total Disinfectant Residual (mg/L)	pH	Temperature (°C)	Notes
		Initial (mg/L)	Final (mg/L)	Loss (mg/L)	Residual (mg/L)	Initial (mg/L)	Final (mg/L)	Loss (mg/L)	Residual (mg/L)				
24	276,000								0.5				
	280,000								0.4				
	270,000								0.5				
	268,000								0.4				
	313,000								0.5				
	300,000								0.4				
	305,000								0.5				
	290,000								0.5				
	287,000								0.5				
	320,000								0.5				
	263,000								0.5				
	247,000								0.5				
	213,000								0.5				
	235,000								0.5				
	240,000								0.6				
	290,000								0.5				
	298,000								0.5				
	277,000								0.4				
	312,000								0.5				
	264,000								0.6				
	283,000								0.5				
	278,000								0.5				
	319,000								0.4				
	310,000								0.5				
	303,000								0.5				
	341,000								0.4				
	262,000								0.5				
	319,000								0.4				
	312,000								0.5				
24	314,000								0.5				
Average	290,000												
Maximum	382,000												

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



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

See page 4 for instructions.

**I. General Information for the Month of** MAY 2004 **PWS Identification Number:** 6530408

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

PWS Name: RAVIE WATER CO.  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive

PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive

Number of Service Connections at End of Month: 252 Total Population Served at End of Month: 3,446

PWS Owner: RAVIE WATER CO. INC. Contact Person's Title: VICE PRESIDENT

Contact Person: KEVIN J. EGAN City: CAPE WALKER State: FL. Zip Code: 33855

Contact Person's Mailing Address: 25 FIRST AVE. N. Contact Person's Fax Number: 888-7441

Contact Person's Telephone Number: 888-1285 Plant Telephone Number: 888-1285

Contact Person's E-Mail Address: KEVIN@RAVIEWATER.COM State: FL. Zip Code: 33855

**B. Water Treatment Plant Information**

Plant Name: RAVIE WATER CO. City: CAPE WALKER State: FL. Zip Code: 33855

Plant Address: 25 FIRST AVE. N.  Raw Ground Water  Purchased Finished Water

Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 3MGD Plant Class (per subsection 62-699.310(4), F.A.C.): C

Plant Category (per subsection 62-699.310(5), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Plant Class (per subsection 62-699.310(4), F.A.C.)	Plant Category (per subsection 62-699.310(5), F.A.C.)	Number of Plants	Number of Operators
<u>C</u>	<u>5</u>	<u>246</u>	<u>6 VISITS PER YEAR</u>
<u>C</u>	<u>5</u>	<u>1223</u>	<u>6 VISITS PER YEAR</u>

**II. Certification by Licensed Plant Operator**

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

Signature and Date: KEVIN J. EGAN 6-04-04 License Number: C-7426



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

 PWS Identification Number: 653 0403

 Plant Name: PARIL WATER CO.

 III. Daily Data for the Month/Year of: MAY 2004

 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

Date	Flow (MGD)	Free Chlorine (mg/L)					Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)
		At Plant	At Treatment Plant	At Distribution System	At End of Distribution System	At Point of Use				
24	270.000								0.5	
1	276.000								0.4	
	259.000								0.5	
	271.000								0.5	
	276.000								0.6	
	297.000								0.5	
	354.000								0.7	
	310.000								0.6	
	283.000								0.5	
	308.000								0.4	
	213.000								0.5	
	216.000								0.4	
	283.000								0.5	
	315.000								0.5	
	280.000								0.6	
	273.000								0.5	
	290.000								0.5	
	310.000								0.5	
	295.000								0.5	
	323.000								0.5	
	301.000								0.6	
	370.000								0.5	
	345.000								0.5	
	403.000								0.6	
	322.000								0.5	
	326.000								0.4	
	282.000								0.5	
	331.000								0.5	
	310.000								0.4	
	279.000								0.5	
24	347.000								0.3	
Total	7493.000									
Maximum	403.000									

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



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

See page 4 for instructions.

**I. General Information for the Month/Year of:** JUNE 2004

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

PWS Name: <u>PARIC WATER CO.</u>		PWS Identification Number: <u>6530408</u>	
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: <u>752</u>		Total Population Served at End of Month: <u>2,446</u>	
PWS Owner: <u>PARIC WATER CO. INC.</u>			
Contact Person: <u>KEVIN EGAN</u>		Contact Person's Title: <u>VICER PRESIDENT</u>	
Contact Person's Mailing Address: <u>25 FIRST AVE. N.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u> Zip Code: <u>33859</u>
Contact Person's Telephone Number: <u>638-1285</u>		Contact Person's Fax Number: <u>638-7441</u>	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: <u>PARIC WATER CO.</u>		Plant Telephone Number: <u>638-1285</u>	
Plant Address: <u>25 FIRST AVE. N.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u> Zip Code: <u>33859</u>
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: <u>3 MGD</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>5</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Name	Department	License Number	Date (Month/Day/Year)
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6 VISIT WEEK</u>
<u>ANTHONY J. STRIANO</u>	<u>C</u>	<u>12223</u>	<u>6 VISIT WEEK</u>

**II. Certification by the Water Treatment Plant Operator**

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

	<u>KEVIN J. EGAN</u>	<u>C-7426</u>
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: 6530408 Plant Name: PARK WATER CO.

III. Daily Data for the Month/Year: June 2004

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	Total Chlorine	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
27	253,000					0.5
	255,000					0.5
	256,000					0.5
	245,000					0.5
	200,000					0.5
	196,000					0.5
	191,000					0.5
	215,000					0.5
	174,000					0.5
	174,000					0.5
	190,000					0.5
	180,000					0.5
	195,000					0.5
	197,000					0.5
	180,000					0.5
	182,000					0.5
	200,000					0.5
	227,000					0.5
	200,000					0.5
	196,000					0.5
	197,000					0.5
	242,000					0.5
	207,000					0.5
	201,000					0.5
	240,000					0.5
	190,000					0.5
	172,000					0.5
	178,000					0.5
24	192,000					0.5
	1,149,000					
	206,000					
	294,000					

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



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

See page 4 for instructions.

**I. General Information for the Month:** JULY 2004

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

PWS Name: <u>PARK WATER CO.</u>		PWS Identification Number: <u>6530408</u>	
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: <u>752</u>		Total Population Served at End of Month: <u>2,446</u>	
PWS Owner: <u>PARK WATER CO.</u>			
Contact Person: <u>KEVIN J. EGAN</u>		Contact Person's Title: <u>VICE PRESIDENT</u>	
Contact Person's Mailing Address: <u>25 FIRST AVE N.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u>   Zip Code: <u>33855</u>
Contact Person's Telephone Number: <u>638-1285</u>		Contact Person's Fax Number: <u>638-7441</u>	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: <u>PARK WATER CO.</u>		Plant Telephone Number: <u>638-1285</u>	
Plant Address: <u>25 FIRST AVE N.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u>   Zip Code: <u>33855</u>
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: <u>3M</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>5</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Name	License Class	License No.	Days/Shift(s)/Week
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6 VISITS / WEEK</u>
<u>ANTHONY J. STAIANO</u>	<u>C</u>	<u>12223</u>	<u>6 VISITS / WEEK</u>

**II. Certification by the Chief Operator**

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

Kevin J. Egan  
 Signature and Date
 

KEVIN J. EGAN  
 Printed or Typed Name
 

C-7426  
 License Number



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

PWS Identification Number: 6520708 Plant Name: TREN WATER CO.

Daily Disinfection Monthly Volume: 7,474,200
 Free Chlorine
  Chlorine Dioxide
  Ozone
  Combined Chlorine (Chloramines)

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

Ultraviolet Radiation
  Other (Describe):

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

Day	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
1	217,000				0.5
2	202,000				0.5
3	170,000				0.5
4	171,000				0.5
5	182,000				0.5
6	180,000				0.5
7	162,000				0.5
8	202,000				0.5
9	246,000				0.5
10	247,000				0.5
11	220,000				0.5
12	183,000				0.5
13	207,000				0.5
14	167,000				0.5
15	171,000				0.5
16	211,000				0.5
17	150,000				0.5
18	153,000				0.5
19	160,000				0.5
20	174,000				0.5
21	193,000				0.5
22	177,000				0.5
23	200,000				0.5
24	210,000				0.5
25	177,000				0.5
26	168,000				0.5
27	180,000				0.5
28	157,000				0.5
29	151,000				0.5
30	185,000				0.5
31	132,000				0.5
32	160,000				0.5
33	181,000				0.5
34	241,000				0.5

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



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

See page 4 for instructions.

**I. General Information for the Month/Year of:** AUGUST 2004

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

PWS Name: PARK WATER CO. PWS Identification Number: 6530408  
PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
Number of Service Connections at End of Month: 752 Total Population Served at End of Month: 2,446  
PWS Owner: PARK WATER CO. INC.  
Contact Person: KEVIN J. EGAN Contact Person's Title: VICE PRESIDENT  
Contact Person's Mailing Address: 25 FIRST AVE. N. City: LAKELAND State: FL Zip Code: 33859  
Contact Person's Telephone Number: 638-1285 Contact Person's Fax Number: 638-7441  
Contact Person's E-Mail Address:

**B. Water Treatment Plant Information**

Plant Name: PARK WATER CO. Plant Telephone Number: 638-1285  
Plant Address: 25 FIRST AVE. N. City: LAKELAND State: FL Zip Code: 33859  
Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water  
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 3 MGD  
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Name	License No.	Phone No.	Position
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6 VISITOR / WARE</u>
<u>ANTHONY J. STAIANO</u>	<u>2</u>	<u>12223</u>	<u>6 VISITOR / WARE</u>

**II. Certification of Plant Operator**

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

Signature and Date: [Signature] 8-02-04 Printed or Typed Name: KEVIN J. EGAN License Number: C-7426

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

PWS Identification Number: 6550408 Plant Name: PARK WATER CO.

III. Daily Data for the Month/Year: AUGUST 2009

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

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

Date	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
21	150,000				
	191,000				
	165,000				
	162,000				
	146,000				
	179,000				
	168,000				
	144,000				
	161,000				
	142,000				
	134,000				
	128,000				
	180,000				
	174,000				
	162,000				
	151,000				
	150,000				
	163,000				
	185,000				
	206,000				
	200,000				
	204,000				
	202,000				
	186,000				
	212,000				
	178,000				
	137,000				
	180,000				
	181,000				
	180,000				
27	156,000				
	528,000				
	171,000				
	232,000				

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



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

See page 4 for instructions.

**I. General Information for the Month/Year of:** September 2004

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

PWS Name: <u>PARK WATER CO.</u>		PWS Identification Number: <u>653 0408</u>	
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: <u>752</u>		Total Population Served at End of Month: <u>2,446</u>	
PWS Owner: <u>PARK WATER CO. INC.</u>			
Contact Person: <u>KEVIN J. EGAN</u>		Contact Person's Title: <u>VICE PRESIDENT</u>	
Contact Person's Mailing Address: <u>25 PINE AVE N.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u> Zip Code: <u>33855</u>
Contact Person's Telephone Number: <u>638-1285</u>		Contact Person's Fax Number: <u>638-7441</u>	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: <u>PARK WATER CO.</u>		Plant Telephone Number: <u>638-1285</u>	
Plant Address: <u>25 PINE AVE N.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u> Zip Code: <u>33855</u>
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: <u>3 MGD</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>5</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>N</u>	

Name	License No.	Phone No.	Visit Frequency
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6 VISITS WEEK</u>
<u>ANTHONY J. STANARD</u>	<u>C</u>	<u>12223</u>	<u>6 VISITS WEEK</u>

**II. Certification by the Licensed Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-355.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Kevin J. Egan      10-06-04      KEVIN J. EGAN      C-7426  
 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: 6530408

Plant Name: PARR WATER CO.

III - Disinfection Information: September 2009

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

Ultraviolet Radiation    Other (Describe):

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

27	125,000										0.5
	333,000										
	168,000										
	135,000										
	120,000										
	117,000										
	126,000										
	129,000										
	152,000										
	150,000										
	68,000										
	136,000										
	162,000										
	142,000										
	147,000										
	50,000										
	170,000										
	58,000										
	158,000										
	161,000										
	125,000										
	137,000										
	143,000										
	120,000										
	150,000										
	138,000										
	166,000										
	173,000										
	165,000										
29	172,000										0.5
	468,000										
	757,000										
	333,000										

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



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

See page 4 for instructions.

**I. General Information for the Month of** OCTOBER 2004

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

PWS Name: <u>PAK WATER CO.</u>		PWS Identification Number: <u>6530408</u>	
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: <u>752</u>		Total Population Served at End of Month: <u>2,446</u>	
PWS Owner: <u>PAK WATER CO. INC.</u>			
Contact Person: <u>KEVIN J. EGAN</u>		Contact Person's Title: <u>VICE PRESIDENT</u>	
Contact Person's Mailing Address: <u>25 FIRST AVE N.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u> Zip Code: <u>33859</u>
Contact Person's Telephone Number: <u>633-1285</u>		Contact Person's Fax Number: <u>633-7441</u>	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: <u>PAK WATER CO.</u>		Plant Telephone Number: <u>633-1285</u>	
Plant Address: <u>25 FIRST AVE N.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u> Zip Code: <u>33859</u>
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: <u>3 MGD</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>5</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>2</u>	

Name	Title	Phone	Hours Worked
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7226</u>	<u>6 HOURS / WEEK</u>
<u>ANTHONY J. STAIANO</u>	<u>C</u>	<u>1223</u>	<u>6 HOURS / WEEK</u>

**II. Certification by Licensed Plant Operator**

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

Kevin J. Egan 11-05-04      KEVIN J. EGAN      C-7820  
 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: 6530408 Plant Name: PARK WATER CO.

III. Daily Data for the Month/Year: OCTOBER 2004

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

Date	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)
29	189,000				0.4
	170,000				0.5
	155,000				0.5
	155,000				0.5
	157,000				0.4
	181,000				0.5
	161,000				0.5
	220,000				0.5
	214,000				0.5
	225,000				0.5
	156,000				0.5
	148,000				0.5
	153,000				0.5
	154,000				0.5
	205,000				0.5
	170,000				0.5
	137,000				0.5
	164,000				0.5
	154,000				0.5
	179,000				0.5
	240,000				0.5
	228,000				0.5
	206,000				0.5
	184,000				0.5
	152,000				0.5
	157,000				0.5
	156,000				0.5
	138,000				0.5
	138,000				0.5
	186,000				0.5
29	176,000				0.5
	5,400,000				
	175,000				
	240,000				

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



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

See page 4 for instructions.

Report Information by the Month of: NOVEMBER 2004

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

PWS Name: <u>PARK WATER CO</u>		PWS Identification Number: <u>6530423</u>	
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: <u>755</u>		Total Population Served at End of Month: <u>2446</u>	
PWS Owner: <u>PARK WATER CO. INC.</u>			
Contact Person: <u>KRUIW J. EGAN</u>		Contact Person's Title: <u>VICE PRESIDENT</u>	
Contact Person's Mailing Address: <u>25 FIRST AVE N.</u>		City: <u>LAKE WALKER</u>	State: <u>FL</u> Zip Code: <u>33855</u>
Contact Person's Telephone Number: <u>638-1285</u>		Contact Person's Fax Number: <u>638-2441</u>	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: <u>PARK WATER CO.</u>		Plant Telephone Number: <u>638-1285</u>	
Plant Address: <u>25 FIRST AVE N.</u>		City: <u>LAKE WALKER</u>	State: <u>FL</u> Zip Code: <u>33855</u>
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: <u>3 MGD</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>5</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Name	Category	Phone	E-mail
<u>KRUIW J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6530423@PARKWATER.COM</u>
<u>ANTHONY J. STAGNO</u>	<u>C</u>	<u>12223</u>	<u>6530423@PARKWATER.COM</u>

**II. Certification of Accuracy of Information**

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

Signature and Date: [Signature] 12-05-04
Printed or Typed Name: KRUIW J. EGAN
License Number: C-7426



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

PWS Identification Number: 653 0423 Plant Name: PARK WATER CO.

III. Date of this Month's Report: NOVEMBER 2004

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

Date	Flow (MGD)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Total Chlorine (mg/L)	Residual (mg/L)
27	165,000					0.4
	213,000					0.5
	158,000					0.6
	114,000					0.5
	160,000					0.5
	162,000					0.4
	158,000					0.4
	180,000					0.5
	168,000					0.5
	185,000					0.5
	157,000					0.6
	219,000					0.5
	180,000					0.4
	164,000					0.5
	183,000					0.5
	221,000					0.5
	156,000					0.6
	170,000					0.4
	175,000					0.7
	180,000					0.5
	200,000					0.4
	222,000					0.5
	176,000					0.4
	170,000					0.5
	166,000					0.5
	150,000					0.4
	155,000					0.5
	162,000					0.5
	153,000					0.4
27	155,000					0.4
	5,205,000					
	174,000					
	522,000					

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



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

See page 4 for instructions.

I. General Information for the Month/Year: DECEMBER 2004

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

PWS Name: <u>PARK WATER CO.</u>		PWS Identification Number: <u>6530408</u>	
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: <u>752</u>		Total Population Served at End of Month: <u>2,446</u>	
PWS Owner: <u>PARK WATER CO. INC.</u>			
Contact Person: <u>KEVIN J. EGAN</u>		Contact Person's Title: <u>VICE PRESIDENT</u>	
Contact Person's Mailing Address: <u>25 FIRST AVE N.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u> Zip Code: <u>33859</u>
Contact Person's Telephone Number: <u>638-1285</u>		Contact Person's Fax Number: <u>638-7441</u>	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: <u>PARK WATER CO.</u>		Plant Telephone Number: <u>638-1285</u>	
Plant Address: <u>25 FIRST AVE N. L.</u>		City: <u>LAKE WALES</u>	State: <u>FL</u> Zip Code: <u>33859</u>
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: <u>3 MGD</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>S</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
	<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u> <u>6 VISITS WEEK</u>
	<u>ANTHONY J. STAINO</u>	<u>C</u>	<u>1228</u> <u>6 VISITS WEEK</u>

**II. Certification of Information**

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

<u>[Signature]</u> <u>1-04-05</u>	<u>KEVIN J. EGAN</u>	<u>C-7426</u>
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:** 6530408      **Plant Name:** PUBLIC WATER CO.

**III - Data from this Month:** DECEMBER 2004

**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

29	143,000															0.5
1	145,000															0.4
	151,000															0.5
	155,000															0.5
	163,000															0.5
	168,000															0.4
	172,000															0.5
	200,000															0.4
	159,000															0.6
	120,000															0.5
	155,000															0.5
	174,000															0.4
	175,000															0.6
	171,000															0.5
	168,000															0.5
	175,000															0.6
	154,000															0.5
	170,000															0.5
	167,000															0.5
	181,000															0.5
	164,000															0.5
	192,000															0.6
	148,000															0.5
	165,000															0.5
	163,000															0.4
	97,000															0.5
	143,000															0.5
	140,000															0.5
	148,000															0.5
V	155,000															0.4
29	180,000															0.4
	157,000															
	142,000															
	200,000															

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



# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

**GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF**  
JANUARY 2003

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408  
 System Owner Name: PARK WATER CO., INC. Telephone No.: 638-1285  
 Address: 25 FIRST AVE., NORTH  
 City: LAKE WALES State: FL, Zip Code: 33859  
 System Type: ~~A community~~;  G non-transient non-community;  G non-community;  G consecutive  
 No. of Service Connections at End of Month: 750 Total Population Served at End of Month: 1,927

Water Treatment Plant Information

Treatment Plant Name: PARK WATER CO. Telephone No.: 638-1285  
 Address: 25 FIRST AVE., NORTH  
 City: LAKE WALES State: FL, Zip Code: 33859  
 Permitted Maximum Day Capacity of Plant: 3 M gpd  
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C  
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WORK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>ANTHONY J. STAIANO</u>	<u>12223</u>	<u>C</u>	<u>6 VISITS / WORK</u>

**STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF**  
JANUARY 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator visited or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

*Kevin J. Egan* 2-04-03  
 Signature and Date

KEVIN J. EGAN C-7426  
 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water  
 System PWS Identification Number: 6530408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF JANUARY 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;  
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	210,000	1.0	0.5			
2		213,000	1.1	0.5			
3		260,000	1.0	0.5			
4		265,000	1.1	0.6			
5		247,000	1.0	0.4			
6		254,000	1.2	0.5			
7		166,000	1.0	0.6			
8		246,000	1.1	0.5			
9		232,000	1.0	0.4			
10		280,000	1.2	0.5			
11		270,000	1.0	0.5			
12		261,000	1.2	0.5			
13		233,000	1.0	0.4			
14		214,000	1.0	0.4			
15		294,000	1.1	0.5			
16		248,000	1.0	0.5			
17		315,000	1.2	0.6	0.8		
18		200,000	1.0	0.4			
19		224,000	1.1	0.5			
20		274,000	1.2	0.5			
21		217,000	1.0	0.4			
22		235,000	1.0	0.5			
23		362,000	1.0	0.5			
24		320,000	1.1	0.5			
25		325,000	1.1	0.5			
26		314,000	1.0	0.4			
27		219,000	1.0	0.5			
28		243,000	1.1	0.4			
29		261,000	1.0	0.5			
30		253,000	1.1	0.5			
31	24	320,000	1.0	0.4			
Total		7,975,000			2		
Avg.		257,000					
Max.		362,000					



# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

### I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF FEBRUARY 2003

#### Water System Information

System Name: PARIC WATER CO. INC. PWS Identification No.: 6530408  
 System Owner Name: PARIC WATER CO. Telephone No.: 638-1235  
 Address: 25 FIRST AVE NORTH  
 City: LAKE WALES State: FL Zip Code: 33853  
 System Type: G community; G non-transient non-community; G non-community; G consecutive  
 No. of Service Connections at End of Month: 750 Total Population Served at End of Month: 1,927

#### Water Treatment Plant Information

##### Treatment Plant

Name: PARIC WATER CO. Telephone No.: 638-1285  
 Address: 25 FIRST AVE NORTH  
 City: LAKE WALES State: FL Zip Code: 33853  
 Permitted Maximum Day Capacity of Plant: 3M gpd  
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC  
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>ANTHONY J. STAIANO</u>	<u>12223</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

### II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF FEBRUARY 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 3-03-03  
 Signature and Date

KEVIN J. EGAN C-7426  
 Name and Certificate Number (please type or print)



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF FEB. 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free-chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	300,000	1.1	0.5			
2		302,000	1.0	0.5			
3		254,000	1.1	0.4			
4		231,000	1.0	0.5			
5		266,000	1.1	0.5			
6		244,000	1.0	0.4			
7		268,000	1.0	0.4			
8		240,000	1.1	0.5			
9		228,000	1.1	0.5			
10		230,000	1.0	0.5			
11		220,000	1.1	0.4			
12		252,000	1.0	0.5			
13		240,000	1.1	0.5			
14		285,000	1.2	0.6			
15		240,000	1.0	0.5			
16		210,000	1.1	0.4			
17		253,000	1.1	0.5			
18		233,000	1.0	0.5			
19		226,000	1.2	0.5			
20		260,000	1.0	0.4			
21		258,000	1.1	0.5			
22		220,000	1.0	0.5			
23		252,000	1.0	0.4			
24		265,000	1.1	0.5			
25		232,000	0.8	0.4			
26		246,000	1.0	0.5			
27		265,000	1.1	0.6			
28	24	203,000	1.1	0.5	2	0.7	
29							
30							
31							
Total		6,931,000			2		
Avg.		248,000					
Max.		302,000					



# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

### I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF MARCH 2003

#### Water System Information

System Name: PARK WATER CO. INC. PWS Identification No.: 6530408  
 System Owner Name: PARK WATER CO. INC. Telephone No.: 638-1285  
 Address: 25 FIRST AVE NORTH State: FL Zip Code: 33859  
 City: LAKELAND  
 System Type: ~~G community~~; G non-transient non-community; G non-community; G consecutive  
 No. of Service Connections at End of Month: 750 Total Population Served at End of Month: 1,927

#### Water Treatment Plant Information

##### Treatment Plant

Name: PARK WATER CO. Telephone No.: 638-1285  
 Address: 25 FIRST AVE. NORTH State: FL Zip Code: 33859  
 City: LAKELAND  
 Permitted Maximum Day Capacity of Plant: 3 M gpd  
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C  
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>ANTHONY J. STANARD</u>	<u>12223</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

### II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF MARCH 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 4-03-03  
Signature and Date

KEVIN J. EGAN C-7426  
Name and Certificate Number (please type or print)



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Months

Systems that Treat Their Water  
 System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF MARCH 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;  
 combined chlorine (chloramine); chlorine dioxide  
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	200,000	1.1	0.5			
2		203,000	1.2	0.6			
3		199,000	1.1	0.4			
4		263,000	1.0	0.5			
5		234,000	1.1	0.4			
6		250,000	1.0	0.5			
7		300,000	1.0	0.5			
8		317,000	1.1	0.5			
9		260,000	1.0	0.4			
10		212,000	1.1	0.5			
11		289,000	1.0	0.5			
12		254,000	1.1	0.4			
13		248,000	1.0	0.4			
14		275,000	1.2	0.5	2	0.7	
15		240,000	1.0	0.4			
16		206,000	1.0	0.5			
17		183,000	1.0	0.4			
18		244,000	1.1	0.5			
19		215,000	1.0	0.4			
20		220,000	1.2	0.5			
21		228,000	1.0	0.4			
22		190,000	1.0	0.5			
23		197,000	1.2	0.6			
24		206,000	1.1	0.5			
25		186,000	1.0	0.5			
26		243,000	1.1	0.4			
27		152,000	1.0	0.5			
28		210,000	1.1	0.4			
29		230,000	1.0	0.5			
30	✓	200,000	1.2	0.6			
31	24	177,000	0.8	0.4			
Total		7,032,000			2		
Avg.		227,000					
Max.		317,000					



# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

### GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

April 2003

#### Water System Information

System Name: PARK WATER CO. INC. PWS Identification No.: 6530408

#### System Owner

Name: PARK WATER CO. INC. Telephone No.: 638-1285

Address: 25 FIRST AVE. NORTH

City: LAKE WALKS State: FL Zip Code: 33859

System Type: Community; G non-transient non-community; G non-community; G consecutive

No. of Service Connections at End of Month: 750 Total Population Served at End of Month: 1,927

#### Water Treatment Plant Information

##### Treatment Plant

Name: PARK WATER CO. Telephone No.: 638-1285

Address: 25 FIRST AVE. NORTH

City: LAKE WALKS State: FL Zip Code: 33859

Permitted Maximum Day Capacity of Plant: 3 M gpd

Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

#### Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

#### Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>ANTHONY J. STAIANO</u>	<u>12223</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

### II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

April 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator started or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

[Signature] 5-02-03  
Signature and Date

KEVIN J. EGAN C-7426  
Name and Certificate Number (please type or print)

Annual Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water  
 System PWS Identification Number: 6530408  
 Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF APRIL 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;  
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	210,000	1.0	0.5			
2		200,000	1.1	0.4			
3		219,000	1.2	0.5			
4		280,000	1.0	0.3			
5		270,000	1.2	0.5			
6		250,000	1.0	0.4			
7		230,000	1.2	0.5			
8		207,000	1.0	0.5			
9		198,000	1.0	0.4			
10		221,000	1.0	0.5			
11		315,000	1.4	0.5			
12		370,000	1.2	0.5	2	0.9	
13		340,000	1.0	0.6			
14		317,000	0.6	0.2			
15		282,000	1.2	0.5			
16		310,000	1.0	0.4			
17		350,000	1.0	0.5			
18		360,000	1.2	0.5			
19		340,000	1.0	0.4			
20		333,000	1.0	0.5			
21		355,000	1.2	0.4			
22		359,000	1.0	0.5			
23		410,000	1.2	0.5			
24		345,000	1.0	0.5			
25		378,000	1.2	0.6			
26		280,000	1.1	0.5			
27		241,000	1.0	0.4			
28		302,000	1.2	0.5			
29	24	319,000	1.0	0.4			
30	24	288,000	1.1	0.5			
31							
Total		8,879,000			2		
Avg.		296,000					
Max.		410,000					



# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

**I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF**  
MAY 2003

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408  
 System Owner  
 Name: PARK WATER CO. INC. Telephone No.: 633-1285  
 Address: 25 FIRST AVE. NORTH  
 City: LAKE WALKS State: FL Zip Code: 33859  
 System Type:  community,  non-transient non-community,  non-community,  consecutive  
 No. of Service Connections at End of Month: 750 Total Population Served at End of Month: 4927

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER CO. Telephone No.: 678-1285  
 Address: 25 FIRST AVE. NORTH  
 City: LAKE WALKS State: FL Zip Code: 33859  
 Permitted Maximum Day Capacity of Plant: 3 M gpd  
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5 C  
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
KEVIN J. EGAN	7426	C	6:15hr week

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
ANTHONY J. STAIANO	12223	C	6:15hr week

**II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF**  
MAY 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 6-04-03  
 Signature and Date

KEVIN J. EGAN C-7426  
 Name and Certificate Number (please type or print)

Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine,  
combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	270,000	1.0	0.5			
2		375,000	1.2	0.6			
3		360,000	1.2	0.5			
4		286,000	1.0	0.4			
5		356,000	1.0	0.5			
6		376,000	1.2	0.4			
7		385,000	1.0	0.5			
8		390,000	1.0	0.4			
9		430,000	1.2	0.6	2	0.9	
10		420,000	1.5	0.4			
11		334,000	0.9	0.5			
12		356,000	0.8	0.5			
13		342,000	1.0	0.4			
14		386,000	1.0	0.5			
15		374,000	1.1	0.5			
16		360,000	1.0	0.5			
17		341,000	1.0	0.5			
18		290,000	1.2	0.4			
19		273,000	1.1	0.5			
20		255,000	1.2	0.5			
21		309,000	1.1	0.5			
22		265,000	1.0	0.4			
23		240,000	1.1	0.5			
24		266,000	1.0	0.4			
25		290,000	0.9	0.5			
26		258,000	1.1	0.5			
27		276,000	0.9	0.5			
28		258,000	1.0	0.5			
29		233,000	0.9	0.4			
30		269,000	1.0	0.5			
31	24	245,000	1.0	0.4			
Total		9,868,000			2		
Avg.		318,000					
Max.		430,000					



# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

**I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF**  
JUNE 2003

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408  
 System Owner  
 Name: PARK WATER CO. INC. Telephone No.: 638-1285  
 Address: 25 FIRST AVE W.  
 City: LAKE WALES State: FL Zip Code: 33859  
 System Type: G community; G non-transient non-community; G non-community; G consecutive  
 No. of Service Connections at End of Month: 750 Total Population Served at End of Month: 1,927

Water Treatment Plant Information

Treatment Plant  
 Name: PARK WATER CO. Telephone No.: 638-1285  
 Address: 25 FIRST AVE W.  
 City: LAKE WALES State: FL Zip Code: 33859  
 Permitted Maximum Day Capacity of Plant: 3M gpd  
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC  
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 DISTS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>ANTHONY J. STAIANO</u>	<u>10223</u>	<u>C</u>	<u>6 DISTS / WEEK</u>

**II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF**  
JUNE 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

*Kevin J. Egan* 7-02-03  
 Signature and Date

KEVIN J. EGAN C-7426  
 Name and Certificate Number (please type or print)



Monthly Operation Report for Systems that Treat Their Water  
 System PWS Identification Number: 6530408  
 Treatment Plant Name: ROCK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF JUNE 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine  
 combined chlorine (chloramine); chlorine dioxide  
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	208,000	1.1	0.5			
2		236,000	1.0	0.4			
3		182,000	1.1	0.5			
4		164,000	1.0	0.4			
5		196,000	1.0	0.5			
6		210,000	0.6	0.4			
7		208,000	0.9	0.5			
8		163,000	0.8	0.6			
9		159,000	0.9	0.4			
10		163,000	1.0	0.5			
11		187,000	0.8	0.4			
12		168,000	1.0	0.4			
13		170,000	0.6	0.4			
14		160,000	1.0	0.5			
15		153,000	0.6	0.4			
16		163,000	0.6	0.2			
17		203,000	1.0	0.4			
18		120,000	1.2	0.5			
19		129,000	1.0	0.4			
20		137,000	1.2	0.5	0.2	0.8	
21		180,000	1.0	0.5			
22		182,000	1.0	0.4			
23		490,000	1.2	0.5			
24		471,000	2.0	0.8			
25		484,000	1.6	0.7			
26		461,000	1.8	0.5			
27		482,000	1.2	0.5			
28		481,000	1.0	0.5			
29		453,000	1.0	0.4			
30	24	493,000	1.0	0.5			
31							
Total		7,683,000			2		
Avg.		256,000					
Max.		493,000					



# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

**I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF**  
JULY 2003

Water System Information

System Name: PARK WATER CO. INC. PWS Identification No.: 6530408  
 System Owner  
 Name: PARK WATER CO. INC. Telephone No.: 638-1285  
 Address: 25 FIRST AVE. N.  
 City: LAKE WALKER State: FL Zip Code: 33859  
 System Type: G community, G non-transient non-community, G non-community, G consecutive  
 No. of Service Connections at End of Month: 750 Total Population Served at End of Month: 1,927

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER CO. Telephone No.: 638-1285  
 Address: 25 FIRST AVE. N.  
 City: LAKE WALKER, FL State: FL Zip Code: 33859  
 Permitted Maximum Day Capacity of Plant: 3 M gpd  
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC  
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
KEVIN J. EGAN	7426	C	6 VISITS / WEEK

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
ANTHONY J. STABONO	12223	C	6 VISITS / WEEK

**II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF**  
JULY 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

*Kevin J. Egan* 8-04-03  
 Signature and Date

KEVIN J. EGAN C-7426  
 Name and Certificate Number (please type or print)



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF JULY 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine  
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	472,000	1.2	1.0			
2		471,000	1.5	0.8			
3		485,000	1.8	1.0			
4		490,000	1.6	0.8	0.6		
5		471,000	1.0	0.6			
6		445,000	1.4	0.8			
7		480,000	1.2	0.5			
8		480,000	1.0	0.5			
9		476,000	1.2	0.6			
10		498,000	1.0	0.5			
11		493,000	1.1	0.5			
12		515,000	1.0	0.6			
13		448,000	1.2	0.7			
14		463,000	1.0	0.5			
15		455,000	1.2	0.6			
16		472,000	1.2	0.5			
17		481,000	1.0	0.5			
18		454,000	1.1	0.5			
19		455,000	1.0	0.4			
20		484,000	1.2	0.5			
21		495,000	1.2	0.6			
22		465,000	1.4	0.5			
23		487,000	1.2	0.5			
24		481,000	1.2	0.5			
25		543,000	1.4	0.5			
26		440,000	1.2	0.5			
27		457,000	1.2	0.5			
28		484,000	1.0	0.5			
29		472,000	1.2	0.5			
30		491,000	1.0	0.5			
31	24	448,000	1.2	0.4			
Total		14,830,000			2		
Avg.		478,000					
Max.		543,000					



# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

**I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF**  
AUGUST 2003

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408  
 System Owner: \_\_\_\_\_ Telephone No.: 638-1285  
 Name: PARK WATER CO. INC.  
 Address: 25 FIRST AVE N.  
 City: LAKE WALKS State: FL Zip Code: 33859  
 System Type: G community; G non-transient non-community; G non-community; G consecutive  
 No. of Service Connections at End of Month: 752 Total Population Served at End of Month: 1,933

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER CO. Telephone No.: 638-1285  
 Address: 25 FIRST AVE N.  
 City: LAKE WALKS State: FL Zip Code: 33859  
 Permitted Maximum Day Capacity of Plant: 3 M gpd  
 Plant Category and Class per Rule 62-899.310(4), F.A.C.: 5C  
 Lead/Chief Plant Operator: \_\_\_\_\_

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS WEEK</u>
<b>Other Certified Plant Operators (attach additional sheets if necessary):</b>			
<u>ANTHONY J. STAIANO</u>	<u>12223</u>	<u>C</u>	<u>6 VISITS WEEK</u>

**II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF**  
AUGUST 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 8-04-03  
Signature and Date

KEVIN J. EGAN C-7426  
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water

Systems that Treat Their Water

System PWS Identification Number:

653 0408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF AUGUST 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;  
combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	520,000	1.4	0.5	2	0.9	
2		526,000	1.2	0.6			
3		370,000	1.0	0.5			
4		456,000	1.2	0.6			
5		466,000	1.0	0.5			
6		470,000	1.2	0.5			
7		451,000	1.4	0.5			
8		485,000	1.5	0.6			
9		460,000	1.4	0.5			
10		483,000	1.2	0.6			
11		424,000	1.4	0.5			
12		469,000	1.2	0.5			
13		461,000	1.0	0.4			
14		441,000	1.2	0.5			
15		266,000	1.0	0.6			
16		160,000	1.0	0.5			
17		146,000	1.2	0.5			
18		163,000	1.2	0.6			
19		156,000	1.0	0.5			
20		170,000	1.0	0.4			
21		123,000	1.4	0.7			
22		242,000	1.2	0.6			
23		138,000	1.0	0.4			
24		145,000	1.2	0.5			
25		138,000	1.2	0.4			
26		143,000	1.0	0.4			
27		137,000	1.0	0.5			
28		126,000	0.7	0.4			
29		130,000	1.0	0.4			
30		126,000	0.6	0.4			
31	24	150,000	0.8	0.4			
Total		9,042,000			2		
Avg.		292,000					
Max.		526,000					



# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

### I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

September 2003

#### Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408  
 System Owner  
 Name: PARK WATER CO. INC. Telephone No.: 638-1285  
 Address: 25 FIRST AVE. N.  
 City: LAKE WALKER State: FL Zip Code: 33858  
 System Type: Community; G non-transient non-community; G non-community; G consecutive  
 No. of Service Connections at End of Month: 752 Total Population Served at End of Month: 1,933

#### Water Treatment Plant Information

##### Treatment Plant

Name: PARK WATER CO. Telephone No.: 638-1285  
 Address: 25 FIRST AVE. N.  
 City: LAKE WALKER State: FL Zip Code: 33858  
 Permitted Maximum Day Capacity of Plant: 3 M gpd  
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC  
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>60.5 hrs week</u>

#### Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>ANTHONY J. STAIANO</u>	<u>12223</u>	<u>C</u>	<u>60.5 hrs week</u>

### II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

September 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 10-01-03  
Signature and Date

KEVIN J. EGAN 7426  
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARR WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;  
combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	141,000				0.4	
2		130,000				0.5	
3		133,000				0.5	
4		146,000				0.4	
5		157,000				0.5	
6		140,000				0.6	
7		132,000				0.6	
8		153,000				0.4	
9		149,000				0.4	
10		174,000				0.4	
11		186,000				0.4	
12		200,000				0.6	
13		220,000				0.5	
14		230,000				0.5	
15		206,000				0.5	
16		223,000				0.5	
17		230,000				0.6	
18		224,000				0.5	
19		240,000				0.5	
20		245,000				0.5	
21		234,000				0.4	
22		234,000				0.5	
23		199,000				0.6	
24		216,000				0.4	
25		186,000				0.5	
26		181,000				0.6	
27		200,000				0.4	
28		191,000				0.6	
29		188,000				0.5	
30	24	184,000				0.5	
31							
Total		5,632,000					
Avg.		187,000					
Max.		245,000					





# Department of Environmental Protection

## Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

**I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF**  
OCTOBER 2003

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408  
 System Owner  
 Name: PARK WATER CO. INC. Telephone No.: 638-1285  
 Address: 25 FIRST AVE N.  
 City: LAKE WALES State: FL Zip Code: 33858  
 System Type: G community, G non-transient non-community, G non-community, G consecutive  
 No. of Service Connections at End of Month: 752 Total Population Served at End of Month: 1,933

Water Treatment Plant Information

Treatment Plant  
 Name: PARK WATER CO. Telephone No.: 638-1285  
 Address: 25 FIRST AVE N.  
 City: LAKE WALES State: FL Zip Code: 33858  
 Permitted Maximum Day Capacity of Plant: 3 M gpd  
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC  
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>
<b>Other Certified Plant Operators (attach additional sheets if necessary):</b>			
<u>ANTHONY J. STAIANO</u>	<u>12223</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

**II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF**  
OCTOBER 2003

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 11-04-03  
Signature and Date

KEVIN J. EGAN C-7426  
Name and Certificate Number (please type or print)

Systems that Treat Their Water  
 System PWS Identification Number: 6530408  
 Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 2003

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine,  
 combined chlorine (chloramine); chlorine dioxide  
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	172,000	1.2	0.5			
2		197,000	1.2	0.5			
3		227,000	1.4	0.5			
4		200,000	1.2	0.4			
5		203,000	1.4	0.5			
6		220,000	1.2	0.4			
7		205,000	1.4	0.6			
8		212,000	1.2	0.5			
9		228,000	1.2	0.4			
10		242,000	1.4	0.6			
11		250,000	1.2	0.5			
12		237,000	1.4	0.6			
13		255,000	1.4	0.5			
14		245,000	1.2	0.5			
15		245,000	1.0	0.4			
16		246,000	0.8	0.4			
17		292,000	1.0	0.4			
18		260,000	1.2	0.5			
19		239,000	1.0	0.5			
20		260,000	1.0	0.4			
21		252,000	1.2	0.5			
22		308,000	1.0	0.5			
23		283,000	1.0	0.6			
24		287,000	1.2	0.5			
25		240,000	1.0	0.4	2	0.8	
26		267,000	1.1	0.5			
27		229,000	1.0	0.5			
28		185,000	1.2	0.6			
29		236,000	1.2	0.5			
30		243,000	1.0	0.4			
31	24	296,000	1.0	0.5			
Total		7,511,000			2		
Avg.		242,000					
Max.		308,000					



MONTHLY OPERATION 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 2003

A. Public Water System (PWS) Information
PWS Name: PARK WATER CO.
PWS Type: Community
Number of Service Connections at End of Month: 752
Total Population Served at End of Month: 1,933
PWS Owner: PARK WATER CO. INC.
Contact Person: KEVIN J. EGAN
Contact Person's Title: VICE PRESIDENT
Contact Person's Mailing Address: 25 FIRST AVE N.
City: LAKE WALKER State: FL Zip Code: 33859
Contact Person's Telephone Number: 638-1285
Contact Person's Fax Number: 638-7441
Contact Person's E-Mail Address:

B. Water Treatment Plant Information
Plant Name: PARK WATER CO.
Plant Address: 25 FIRST AVE N.
City: LAKE WALKER State: FL Zip Code: 33859
Type of Water Treated by Plant: Raw Ground Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 3 MGD
Plant Category (per subsection 62-699.310(4), F.A.C.): SC
Plant Class (per subsection 62-699.310(4), F.A.C.):
Operator Information Table:
Name: KEVIN J. EGAN, License Class: C, License Number: 7426, Day(s)/Shift(s) Worked: 6 VISITS WEEK
Name: ANTHONY J. STRIANO, License Class: C, License Number: 12223, Day(s)/Shift(s) Worked: 6 VISITS WEEK

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 12-03-03
Printed or Typed Name: KEVIN J. EGAN
License Number: C-7426



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

PWS Identification Number: 6530408

Plant Name: PARK WATER CO.

III. Daily Data for the Month/year of: NOVEMBER 2003

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

Date	Total Chlorine Dioxide Concentration (mg/L)	Total Chlorine Concentration (mg/L)	Free Chlorine Concentration (mg/L)	Chlorine Dioxide Concentration (mg/L)	Free Chlorine Concentration (mg/L)	Chlorine Dioxide Concentration (mg/L)	Free Chlorine Concentration (mg/L)	Chlorine Dioxide Concentration (mg/L)	Free Chlorine Concentration (mg/L)	Chlorine Dioxide Concentration (mg/L)
24	0.80,000									
1	2.68,000									0.6
	2.65,000									
	2.51,000									
	1.96,000									
	1.85,000									
	1.95,000									
	2.00,000									
	1.95,000									
	2.13,000									
	2.16,000									
	2.37,000									
	2.50,000									
	2.17,000									
	2.50,000									
	2.28,000									
	2.15,000									
	2.05,000									
	1.88,000									
	1.98,000									
	2.24,000									
	2.30,000									
	2.14,000									
	2.25,000									
	1.88,000									
	2.39,000									
	2.20,000									
	2.00,000									
	1.95,000									
24	1.85,000									
	1.565,000									
	2.18,000									
	0									

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



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

See page 4 for instructions.

**I. General Information for the Month/Year:** December 2003

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

PWS Name: PARK WATER CO. PWS Identification Number: 6530408  
PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
Number of Service Connections at End of Month: 752 Total Population Served at End of Month: 1,933  
PWS Owner: PARK WATER CO. INC.  
Contact Person: KEVIN EGAN Contact Person's Title: VICE PRESIDENT  
Contact Person's Mailing Address: 25 FIRST AVE N. City: LAKE WALKER State: FL Zip Code: 33859  
Contact Person's Telephone Number: 638-1285 Contact Person's Fax Number: 638-7441  
Contact Person's E-Mail Address: \_\_\_\_\_

**B. Water Treatment Plant Information**

Plant Name: PARK WATER CO. Plant Telephone Number: 638-1285  
Plant Address: 25 FIRST AVE N. City: LAKE WALKER State: FL Zip Code: 33859  
Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water  
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 3 MGD  
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>C</u>	<u>7426</u>	<u>6 VISITS WEEK</u>
<u>ANTHONY J. STAIANO</u>	<u>C</u>	<u>12223</u>	<u>6 VISITS WEEK</u>

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

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

Kevin J. Egan 1-02-04 KEVIN J. EGAN C-7426  
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: 6530408

Plant Name: PARK WATER CO.

III. Daily Data for the Month/Year of: DECEMBER 2003

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

Date	Volume of Water Treated (MGD)	Disinfectant Applied (MG)	Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide		Ultraviolet Radiation		Other (Describe)
			Applied	Residual	Applied	Residual	Applied	Residual	Applied	Residual	
24	215,000			1.0							
25	190,000			1.0							
26	236,000			1.1							
27	202,000			1.0							
28	260,000			1.0							
29	193,000			1.0							
30	250,000			1.1							
31	249,000			1.0							
1	252,000			1.1							
2	246,000			1.0							
3	294,000			1.1							
4	220,000			1.0							
5	260,000			1.0							
6	250,000			1.0							
7	257,000			1.0							
8	216,000			1.0							
9	256,000			1.1							
10	198,000			1.0							
11	280,000			1.0							
12	273,000			0.8							
13	230,000			0.7							
14	348,000			1.0							
15	230,000			1.0							
16	247,000			1.0							
17	252,000			1.0							
18	239,000			1.0							
19	270,000			0.8							
20	249,000			1.1							
21	281,000			1.0							
22	268,000			1.1							
23	328,000			1.0							
24	1,733,000										
25	247,000										
26	0										

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

Attachment A - #5

Please see attached sanitary survey

Jeb Bush  
Governor



M. Rony François, MD, MSPH, PhD  
Secretary

December 9, 2005

CS/Park Water Company  
PWS: Id. No. 6530408

Anthony Staiano  
25 First Avenue North  
Lake Wales, FL 33859

Dear Mr. Staiano:

A sanitary survey of your water system conducted on December 8, 2005 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

Deficiencies are listed below:

1. The top of the well casings is less than twelve inches above the finished grade. Chapter 62-532.500(3)(b)(4) indicates that the upper terminus of the well casing shall project at least twelve inches above the pump house floor, pump pit floor, or concrete apron around the well. Please ensure that this is corrected whenever any component of the wells is renovated.
2. The raw water sampling tap for each well is located after the check valve. Chapter 62-555.320(8)(b)2 requires a smooth-nosed tap for sampling raw well water located before the check valve and any treatment. Please correct during the next well repair.
3. There is a cross-connection with three unused hydropneumatic tanks. Chapter 62-555.360(3) requires that cross connections be eliminated by an air gap separation or the installation of an appropriate back flow prevention device acceptable to the Department.
4. The treatment plant is not equipped with a self-contained breathing apparatus (SCBA). Chapter 62-555.320(13)(a)10a requires that gas chlorination facilities be equipped with an SCBA meeting the requirements of the National Institute for Occupational Safety and Health (NIOSH). Please submit a statement outlining the procedure that will be followed when a leak is detected. This statement must be accompanied by a copy of the written agreement between the utility and the Fire Department located across the street.
5. Bacteriological samples are not being collected from all of the wells supplying water to the system. Chapter 62-550.518(2) requires water systems that are using ground water to take a minimum of one monthly raw water sample representative of each ground water source.
6. Only one well is equipped with a flow measuring device. Chapter 62-555.320(16) requires that all public water systems be equipped with a totalizing flow meter that accurately indicates pumpage of finished water at each water treatment plant.
7. The 2004 Consumer Confidence Report Certification of Delivery is not on file. Chapter 62-550.824(1)(k)(3)(e)1.b states that a certification must be sent this office every year by August 10 using Form 62-555.900(19).

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**POLK COUNTY HEALTH DEPARTMENT**

Daniel O. Haight  
Director

ENVIRONMENTAL ENGINEERING DIVISION  
2090 East Clower Street, Bartow, FL 33830  
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saffler, MD, MPH  
Assistant Director

8. There is no current asbestos plan on file. Chapter 62-550.511(3) requires that community and non-transient non-community water systems submit a plan to the Department using Form 62-555.900(10). This plan must be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

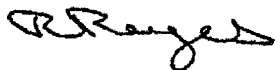
Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply may result in referral to the enforcement section for further action and possible imposition of a fine.

The following items are reminders:

1. Ascertain compliance with the emergency preparedness/response plan requirement. Chapter 62-555.350(15) states that all community water systems serving, or designed to serve, 350 or more persons or 150 or more service connections, shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities, AWWA Manual M19*. Such plan must also include all the information required in Chapter 62-555.350(15) paragraphs (a) through (e). Please complete by December 31, 2005.
2. Ensure compliance with the operation and maintenance manual requirement. Chapter 62-555.350(13) states that the supplier of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual must be kept updated and shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this section. Please ascertain that a manual will be available for reference at the plant by December 31, 2005.
3. Make sure that a current drinking water distribution map is available onsite. Chapter 62-555.350(14) states that the supplier of water shall have an up-to-date map of the drinking water distribution system. The map must show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. Please complete the map by December 31, 2005.
4. Institute a piping color coding program. Chapter 62-555.320(10) indicates that all new or altered, aboveground piping at drinking water treatment plants shall be color coded and labeled as recommended in Section 2.14 of Recommended Standards for Water Works as incorporated into Rule 62-555.330.

If you have any questions, please contact me at (863) 519-8330 extension 1136.

Sincerely,



Rafael Reyes  
Engineering Specialist III

RR/adh

Cc: Kevin Egan

## Water Lines

Raw	Olive green
Settled or Clarified	Aqua
Finished or Potable	Dark Blue
Reclaimed	Purple

## Chemical Lines

Alum of Primary Coagulant	Orange
Ammonia	White
Carbon Slurry	Black
Caustic	Yellow with Green Band
Chlorine (Gas and Solution)	Yellow
Fluoride	Light Blue with Red Band
Lime Slurry	Light Green
Ozone	Yellow with Orange Band
Phosphate Compounds	Light Green with Red Band
Polymers or Coagulant Aids	Orange with Green Band
Potassium Permanganate	Violet
Soda Ash	Light Green with Orange Band
Sulfuric Acid	Yellow with Red Band
Sulfur Dioxide	Light Green with Yellow Band

## Waste Lines

Backwash Waste	Light Brown
Sludge	Dark Brown
Sewer (Sanitary or Other)	Dark Gray

## Other

Compressed Air	Dark Green
Gas	Red
Other Lines	Light Gray

*In situations where two colors do not have sufficient contrast to easily differentiate between them, a six-inch band of contrasting color should be on one of the pipes at approximately 30 inch intervals. The name of the liquid or gas should also be on the pipe. In some cases it may be advantageous to provide arrows indicating the direction of the flow.*

# Attachment A-#6

Rule 25-30.440(6) I am providing a copy of a permit issued to Park Water Co. from the Polk County Health Department. This is the only construction or operating permit issued to us at this time. Also Attached is SWFMD permit



Attachment #3

TRANSPORTATION DEPARTMENT - ENGINEERING DIVISION  
POST OFFICE BOX 6881, DRAWER TS - 07, GARTON, FLORIDA 33891-0888

APPLICATION FORM FOR THE PERMITTING OF THE ~~INSTALLATION~~ **INSTALLATION** OF WATER, SEWER AND  
RELATE WATER RELATED FACILITIES AND RELATED ~~APPURTENANCES~~ **APPURTENANCES** IN POLK COUNTY ROADWAYS  
(Type or lightly print all information furnished on application)

Park Water Co 863 638 1295  
UTILITY PROVIDER  
25 First Ave. North Lake Wales FL 33859  
MAILING ADDRESS CITY STATE ZIP-CODE  
BY: J.W. Madden DATE: 4/15/05  
(Authorized signature)

The above endorsement is given on the condition that the proposed ~~work~~ **work** shall conform to the conditions with all Polk County policies for the permitting of roadway construction and related utility construction. The permittee agrees by acceptance of this permit and its conditions to indemnify and hold harmless, Polk County and all its employees and agents from any costs or damages arising from the activities permitted. The permittee is not to be held liable for any damage to the roadway or any other property by virtue of this permit and will release or accept any potential liability which might be incurred by the permitting authority for installation of facilities with roadway construction and maintenance project conflicts. Polk County retains the right to cancel form for roadway construction by virtue of the provision of retained right of way for ~~state~~ **state** construction.

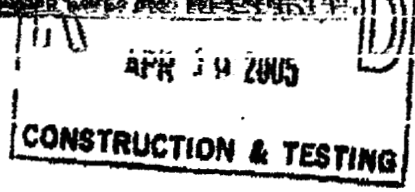
LOCATION INFORMATION: (postal address, development, community or geographical area only)

(see utility map plan view for project location) (mark with project number)  
For description of proposed construction, furnish feet, inches and quantity, check off materials and appurtenances below  
1290 FEET OF 4" DIAMETER  C-400 PVC,  CP,  BATTLELITE  
1245 FEET OF 6" DIAMETER  C-400 PVC,  CP,  BATTLELITE  
572 FEET OF 8" DIAMETER  C-400 PVC  
9100 FEET OF 1 1/2" DIAMETER  SERVICE LATERAL POLYPIPE  
 FEET OF  DIAMETER  C-400 PVC,  CP, SANITARY SEWER, FORCE MAIN  
 FEET OF  DIAMETER  C-400 PVC,  CP, RE-USE EFFLUENT LINE  
58 TOTAL NUMBER OF:  MANHOLES;  AIR RELIEF VALVES;  TERTIARIES  
51 TOTAL NUMBER OF PAVED & UNPAVED DRIVE ACCESS FOR FACILITIES;  
FLAGGED BY:  POLICE OFFICER;  STATE ROAD DEPT;  COUNTY ROAD DEPT;  PRIVATE ROAD  
 REQUIRED FOR THE OPERATIONS OF THIS PROJECT (additional required approval required prior to application submission)

APPROVAL OF PERMIT FOR PDOT BY: Sharon Murphy  
PERMIT NUMBER: 33-001.2.05 DATE OF APPROVAL: 04-14-05

A COPY OF THIS APPROVED PERMIT AND ALL ATTACHMENTS MUST BE ON THE JOB SITE  
ALL WORK SHALL BE COMPLETED BY THE DATE OF EXPIRATION OF THIS PERMIT. ALL WORK SHALL BE SUBJECT TO INSPECTION AND REVISION.

STREET NAME NUMBER DISTRICT AND CITY, STATE



Correction is located within  
the asterisks (\*).

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
WATER USE  
GENERAL  
PERMIT NO. 204005.003**

**EXPIRATION DATE: March 31, 2010**

**PERMIT ISSUE DATE: March 31, 2000**

THE PERMITTEE IS RESPONSIBLE FOR APPLYING FOR A RENEWAL OF THIS PERMIT PRIOR TO THE EXPIRATION DATE WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL. FAILURE TO DO SO AND CONTINUED USE OF WATER AFTER EXPIRATION DATE IS A VIOLATION OF DISTRICT RULES AND MAY RESULT IN A MONETARY PENALTY AND/OR LOSS OF WATER. APPLICATION FOR RENEWAL PRIOR TO THE EXPIRATION DATE IS SUBJECT TO DISTRICT EVALUATION AND APPROVAL.

This permit, issued under the provision of Chapter 373, Florida Statutes and Florida Administrative Code 40D-2, authorizes the Permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

**GRANTED TO:** Park Water Company  
25 First Avenue North  
Lake Wales, FL 33853

**PROJECT NAME:** Not Specified

**TYPE OF APPLICATION:** Renewal

**WATER USE CAUTION AREA:**  
Highlands Ridge  
Southern

**APPLICATION FILED:** January 13, 2000

**APPLICATION AMENDED:** N/A

**ACRES:** 1.5 Owned  
6,400.0 Serviced  
6,401.5 Total

**PROPERTY LOCATION:** Polk County, approximately 5.4 miles south of the city of Lake Wales and 0.73 mile south of the intersection of County Highway 640 and US Highway 27.

**TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)**  
**AVERAGE: 303,700      PEAK MONTHLY: 411,500**

<u>Use</u>	<u>Average</u>	<u>Peak Monthly</u>
*Public Supply*:	303,700 gpd	411,500 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

Permit No.: 204005.003  
 Permittee: Park Water Company  
 Page 2

**WATER USE: PUBLIC SUPPLY**

**SERVICE AREA NAME**

Park Water Company

<u>USE TYPE</u>	<u>POPULATION SERVED</u>	<u>PER CAPITA RATE</u>
Residential Single Family Other Metered Uses		
Total Public Supply:	2270	133.8 gpd/person

<u>I.D. NO.</u> <u>PERMITTEE/ DISTRICT</u>	<u>DIAM.</u> <u>(IN.)</u>	<u>DEPTH</u> <u>TTL./CSD.</u>	<u>USE</u>	<u>GALLONS PER DAY</u>	
				<u>AVERAGE</u>	<u>PEAK MONTHLY</u>
1 / 1	10	1,060 / 128	B	303,700	411,500
2 / 2	10	850 / 150	B	303,700	411,500

B = Public Supply

<u>DISTRICT</u> <u>I.D. NO.</u>	<u>LOCATION</u> <u>LAT./LONG.</u>	<u>SECTION/TOWNSHIP/RANGE</u>
1	275000.26/813520.12	35/30/27
2	274959.23/813519.32	35/30/27

**SPECIAL CONDITIONS:**

All conditions referring to approval by the Regulation Department Director, Resource Regulation, shall refer to the Director, Bartow Regulation Department, Resource Regulation.

- All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

Permit Data Section, Records and Data Department  
 Southwest Florida Water Management District  
 2379 Broad Street  
 Brooksville, Florida 34609-6899

Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

2. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meters, or other flow measuring devices as approved by the Regulation Department Director, Resource Regulation, for District ID Nos. 1 and 2, Permittee ID Nos. 1 and 2. Such devices shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a monthly basis and reported to the Permit Data Section, Records and Data Department, (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permit Data Section, Records and Data Department, indicating zero gallons.
3. The average day, peak monthly, and maximum daily, if applicable, quantities for District ID Nos. 1 and 2, Permittee ID Nos. 1 and 2, shown above in the production withdrawal table are estimates based on historic and/or projected distribution of pumpage, and are for water use inventory and impact analysis purposes. The quantities listed in the table for these individual sources are not intended to dictate the distribution of pumpage from permitted sources. The Permittee may make adjustments in pumpage distribution as necessary up to 303,700 gallons per day on an average basis and up to 411,500 gallons per day on a peak monthly basis for the individual wells, so long as adverse environmental impacts do not result and other conditions of this Permit are complied with. In all cases, the total average annual daily withdrawal and the total peak monthly daily withdrawal are limited to the quantities set forth above.
4. By January 1, 1993, the Permittee shall have achieved a per capita water rate equal to or less than 150 gpd; this standard shall remain in effect until modified by rule. For planning purposes, listed below are per-capita goals for future management periods. These goals may be established as requirements through future rulemaking by the District:
  - a. By January 1, 1997, the District may establish a new per capita water use standard. Based on current information, the per capita water use goal may be established by rule at 140 gpd; and
  - b. By January 1, 2002, the District may establish a new per capita water use standard. Based on current information, the per capita water use goal may be established by rule at 130 gpd.

By April 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

- a. The population served;
- b. Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
- c. Total withdrawals;
- d. Treatment losses.
- e. Environmental mitigation quantities.
- f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point.
- g. Documentation of reuse and desalination credits, if taken.

If for some reason, the Permittee does not achieve the specified per capita rate, the report shall document why the rate and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is justifiable and a variance is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger-than-average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period. Per capita rate requirements may be adjusted upward or downward through rulemaking and will become requirements.

5. The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permit Data Section, Records and Data Department, by the following dates: April 1, 2001 and April 1, 2011. Water audit reports shall include a schedule for remedial action if needed.
6. By April 1 of each year, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:
  - a. The number of single family dwelling units served and their total water use,
  - b. The number of multi-family dwelling units served and their total water use,
  - c. The number of mobile homes served and their total water use.

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

7. By January 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:
  - a. Quantity of total reclaimed water provided by the Permittee for reuse on both a total annual average daily and monthly basis;
  - b. For all individual customer reuse connections with line sizes of 4 inches or greater, list:
    1. account name and address;
    2. location of connection(s) by latitude - longitude;
    3. line size;
    4. meter (yes or no); and
    5. metered quantities, if metered.

**STANDARD CONDITIONS:**

1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.

  
\_\_\_\_\_  
Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

40D-2  
Exhibit "A"  
**WATER USE PERMIT CONDITIONS**

**STANDARD CONDITIONS**

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

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12. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
13. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
14. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
15. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

Attachment A - #7

No violations exist



Attach A - #8

**Rule 25-303440(8) Employee responsibilities and Salary Allocation**

**Jennifer Staiano –Secretary Treasurer- Corporate Officer, 100% of Salary allocated to salary Expense.**

- A. Office manager
- B. Billing department
- C. Late Billing
- D. Accounts receivable
- E. Accounts payable
- F. Banking responsibility
- G. General Ledger posting
- H. Records maintenance
- I. Customer relations
- J. Check signer

**Kevin Egan – VP – Corporate Officer, 100% of Salary allocated to salary Expense.**

- A. Plant manager – C class Water Operator
- B. Out of office customer relations
- C. Plant Repair and Maintenance
- D. Distribution Repair and Maintenance
- E. Meter Reading
- F. Chemical Testing
- G. Equipment maintenance
- H. Purchasing manager
- I. Inventory manager
- J. Forms and regulations filing
- K. Check Signer
- L. Hurricane Readiness Planner

**Anthony Staiano – President, 100% of Salary allocated to salary Expense**

- A. C class Water Operator
- B. Accounting and Bank Reconciliation, JE, PSC forms and Fees
- C. Tax preparations annual.
- D. Bank accounts and loans manager
- E. Customer relations
- F. Distribution System repair and maintenance
- G. Meter reading
- H. Large repairs, purchases, and acquisitions manager
- I. Read out plant and check chlorine residual
- J. Oversee all corporate aspects, and insurances
- K. Check signer
- L. Emergency Response Planner

*Attach A-#9*

Rule 25-30.440(9) Vehicle allocation

Park Water Companies two vehicles are allocated 100% to Transportation Expense.

Attachment A - #10

No complaints filed