

State of Florida



# Public Service Commission

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

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

110238-WU

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**DATE:** February 6, 2012  
**TO:** Ann Cole, Commission Clerk, Office of Commission Clerk  
**FROM:** Robert Simpson, Engineering Specialist II, Division of Economic Regulation *AS*  
**RE:** Docket No. ~~11023~~-WU; Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC. *-RM per Eric Simpson*

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Attached are copies of Sunrise Utilities, LLC monthly operating reports from January through November of 2011 and proforma plant item bids requested in this rate case. Please place the attached documents in the docket file.

Should you have any questions, regarding this matter, please contact me.

Attachments

RECEIVED-FPSC  
 12 FEB -6 PM 4:16  
 COMMISSION  
 CLERK

DOCUMENT NUMBER-DATE  
 00725 FEB-6 2012  
 FPSC-COMMISSION CLERK



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

See page 4 for instructions

## I. General Information for the Month/Year of: January 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities PWS Identification Number: 653 1737

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

Number of Service Connections at End of Month: 738 Total Population Served at End of Month: 526

PWS Owner:

Contact Person: \_\_\_\_\_ Contact Person's Title: \_\_\_\_\_

Contact Person's Mailing Address: 685 Nelson Rd. City: Palmer City State: FL Zip Code: 33964

Contact Person's Telephone Number: 863-421-6827 Contact Person's Fax Number: 863-421-6827

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

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities Plant Telephone Number: \_\_\_\_\_

Plant Address: Sundares Sub-Division City: Autwindsale State: FL Zip Code: 33963

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>D.L. Blount</u>	<u>A</u>	<u>5611</u>	<u>6/7</u>
Other Operators:				

## II. Certification by Lead/Chief Operator

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

D.L. Blount 2/3/11 D.L. Blount \_\_\_\_\_ AS611

Signature and Date Printed or Typed Name License Number

00725 FEB-6 2

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

PWS Identification Number: 653 1779 Plant Name: Sunrise Water

III. DATA DURING OPERATION/REPORT Jan 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24	45000												
2	X		47000											0.6	
3	X		73000											0.6	
4	X		66000											0.6	
5	X		38000											0.6	
6	X		80000											0.6	
7	X		58000											0.6	
8	X		31000											0.6	
9			59000												
10	X		58000											0.6	
11	X		41000											0.6	
12	X		39000											0.6	
13	X		64000											0.5	
14	X		30000											0.5	
15	X		68000											0.5	
16			38000												
17	X		39000											0.5	
18	X		53000											0.5	
19	X		51000											0.5	
20	X		51000											0.5	
21	X		52000											0.5	
22	X		57000											0.4	
23			44000												
24	X		48000											0.5	
25	X		45000											0.5	
26	X		28000											0.5	
27			61000											0.5	
28	X		47000											0.5	
29	X		53000											0.5	
30			41000												
31	X		40000											0.5	
Total			1509000												
Average			49000												
Maximum			80000												

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



DRINKING WATER  
BACTERIOLOGICAL ANALYSIS

**MID FLORIDA WATER LABORATORY**

8 Oakwood Road - Winter Haven, FL 33880  
Phone (863) 965-2540 • Fax (863) 967-8601  
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person  
NELAC CERTIFIED

53

Lab Receipt Date & Time: \_\_\_\_\_

Analysis Date & Time: 1/27/11

Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice  7°C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:  
None

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

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli  Total Coliform/Fecal  Enterococci  Coliform  HPC  Other: \_\_\_\_\_

System Name: Surprise Water

PWS I.D. 

6	5	3	1	7	3	9
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System Address: State Rd 542

County: Polk

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

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

Collector: S. Blount

Collector's Phone #: 863-524-0774

Type of Supply: (check only one)

- Community Water System  Noncommunity Water System  Nontransient Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 1/26/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
1/4	Well 1	101485	1600	R		
2/4	Well 2	101486	1605	R		
3/4	Surprise Market	101487	1609	D	0.6	
4/4	2540 Edmond	101488	1614	D	0.6	

To be completed by lab

Total Coliform Analysis Method:			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>
	A		
	A		
	A		
	A		

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.)

0.6

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table 1  
 All tests are performed in accordance with NELA standards.  
 The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# 17576)  Employed by a certified lab  
 Supervised by a cert. operator (# \_\_\_\_\_)  Employed by DEP or DOH  
 Authorized representative of supplier of water \_\_\_\_\_

Date PWS notified by lab of positive results: \_\_\_\_\_  
 Date State notified by lab of positive results: \_\_\_\_\_  
 Lab Signature: Margaret Rajpaul Date: 1/27/11  
 Title: Director

Name and Mailing Address of Person to Receive Report  
**BLOUNT UTILITIES, INC.**  
 6039 Cypress Gardens Blvd., #146  
 Winter Haven, FL 33884

DEP/DOH USE ONLY  
 Satisfactory  Incomplete Collection Information  
 Repeat Samples Required  Replacement Samples Required  
 Date Reviewed by DEP/DOH: 2/2/11  
 DEP/DOH Reviewing Official: [Signature]



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

See page 4 for instructions.

## I. General Information for the Month/Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: <u>Sunrise Utilities</u>	PWS Identification Number: <u>653 1737</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>738</u>	Total Population Served at End of Month: <u>495</u>		
PWS Owner:			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: <u>685 Nelson Rd.</u>	City: <u>Palmer City</u>	State: <u>Fl.</u>	Zip Code: <u>33884</u>
Contact Person's Telephone Number: <u>863-421-6827</u>	Contact Person's Fax Number: <u>863-421-6827</u>		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: <u>Sunrise Utilities</u>	Plant Telephone Number:			
Plant Address: <u>Suncoast Sub-Division</u>	City: <u>Autumnale</u>	State: <u>Fl.</u>	Zip Code: <u>33823</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>108,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <input checked="" type="checkbox"/>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>D.L. Blount</u>	<u>A</u>	<u>5611</u>	<u>6/7</u>
Other Operators:				

## II. Certification by Lead/Chief Operator

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

D.L. Blount 2/9/11 D.L. Blount A5611  
 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: 6531739

Plant Name: SPRING WATER

DATE: FEB 2011

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations				UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L		
1	X	04	61000								0.5	
2	X		45000								0.5	
3	X		49000								0.5	
4	X		32000								0.5	
5	X		40000								0.5	
6	X		50000								0.5	
7			53000								0.5	
8	X		52000								0.5	
9	X		43000								0.5	
10	X		45000								0.5	
11	X		60000								0.5	
12	X		42000								0.5	
13			49000								0.5	
14	X		49000								0.5	
15	X		53000								0.5	
16	X		52000								0.5	
17	X		58000								0.5	
18	X		62000								0.5	
19	X		58000								0.5	
20			51000								0.5	
21	X		51000								0.5	
22	X		53000								0.5	
23	X		78000								0.5	
24	X		51000								1.5	
25	X		99000								0.5	
26	X		65000								0.5	
27			62000								0.5	
28	X		62000								0.5	
29												
30												
31												
Total			1525000									
Average			54000									
Maximum			98000									

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



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time:
Analysis Date & Time: 05-02-11
Sample Acceptance Criteria:
Sample Preservation: On Ice / Not On Ice
Disinfectant Check: Not Detected
This sample does not meet the following NELAC requirements:

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli
Total Coliform/Fecal
Enterocci
Colilert
HPC
Other:

System Name: Sunrise Water

PWS I.D. 6531739

System Address: 57 Rd 542

County: Polk

System or Owner's Phone #: Fax #:

Collector: S Blount

Collector's Phone #: 863-224-0775

Type of Supply: (check only one)

- Community Water System
Noncommunity Water System
Nontransient Noncommunity Water System
Limited Use System
Private Well
Swimming Pool
Bottled Water
Other:

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 2/27/11

To be completed by collector of sample

To be completed by lab

Table with columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfect Res'd (mg/L), pH. Rows include Well 1, Well 2, Flushout Water Ridge, 2418 Tcc.

Table for lab results: Total Coliform Analysis Method, Fecal or E. coli Analysis Method. Columns: Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier. Results: A, A, A, A.

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.)

All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples.

Disinfectant Residual Analysis Method: DPD Colorimetric

- Person performing analysis is: A certified operator (# 17376)
Supervised by a cert. operator (#)
Authorized representative of supplier of water
Employed by a certified lab
Employed by DEP or DOH

Date PWS notified by lab of positive results:
Date State notified by lab of positive results:
Lab Signature: Date:
Title:

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
Satisfactory
Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH: 3/2/11
DEP/DOH Reviewing Official:

1DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count



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

See page 4 for instructions.

I. General Information for the Month/Year of: March 2011

A. Public Water System (PWS) Information

PWS Name: Alturas Utilities PWS Identification Number: 6530057

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

Number of Service Connections at End of Month: 176 Total Population Served at End of Month: 312

PWS Owner:

Contact Person: \_\_\_\_\_ Contact Person's Title: Owner

Contact Person's Mailing Address: 685 Nyson Rd. City: Haines City State: FL Zip Code: 33844

Contact Person's Telephone Number: 863-421-6827 Contact Person's Fax Number: 863-421-6827

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

B. Water Treatment Plant Information

Plant Name: Alturas Utilities Plant Telephone Number: \_\_\_\_\_

Plant Address: Packing House Rd. City: Alturas State: FL Zip Code: \_\_\_\_\_

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>D.L. Blount</u>	<u>A</u>	<u>5611</u>	<u>3/7</u>
Other Operators:				

II. Certification by Lead/Chief Operator

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

D.L. Blount A5611                      D.L. Blount                      A5611  
 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: 6530057 Plant Name: Uticas Utilities

III. Daily Data for the Month/Year of: March 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24	20,000												
2			20,000												
3	X		20,000											2.2	
4			22,000												
5	X		23,000											0.6	
6			19,000												
7	X		19,000											0.5	
8			19,000												
9	X		19,000											0.4	
10			19,000												
11	X		19,000											0.4	
12			19,000												
13			19,000												
14			19,000												
15	X		17,000											0.5	
16			19,000												
17	X		19,000											0.4	
18			19,000												
19	X		17,000											0.4	
20			23,000												
21	X		29,000											0.3	
22			20,000												
23			20,000												
24	X		20,000											0.4	
25			26,000												
26	X		26,000											0.5	
27			30,000												
28	X		30,000											0.5	
29			29,000												
30	X		29,000											0.6	
31			29,000												
Total			650,000												
Average			21,318												
Maximum			30,000												

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



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

MD 53
Lab Receipt Date & Time:
Analysis Date & Time: 12/04/11 9:06
Sample Acceptance Criteria:
Sample Preservation [X] On Ice [ ] Not On Ice [ ] 6.5°C
Disinfectant Check [X] Not Detected [ ] mg/L
This sample does not meet the following NELAC requirements:
(Marys) 3/24/11 at 9:35am

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)
[X] Total Coliform/E-Coli [ ] Total Coliform/Fecal [ ] Enterocci [ ] Colilert [ ] HPC [ ] Other:

System Name: Alturas Water

PWS I.D. 6530057

System Address: Parkway house Rd

County: Polk

System or Owner's Phone #: Collector: SB Blount

Fax #: Collector's Phone #: 863-224-0775

Type of Supply: (check only one)
[X] Community Water System [ ] Noncommunity Water System [ ] Nontransient Noncommunity Water System [ ] Limited Use System
[ ] Private Well [ ] Swimming Pool [ ] Bottled Water [ ] Other

Reason for Sampling: (check all that apply)
[X] Distribution Routine [ ] Distribution Repeat [X] Raw (triggered or assessment) [ ] Raw (triggered or assessment) additional [ ] Well Survey
[ ] Clearance [ ] Replacement (also check type of sample being replaced) [ ] Boil Water Notice [ ] Other

Sample Collection Date: 3/23/11

To be completed by collector of sample

Table with columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfect Res'd (mg/L), pH. Rows include Well, 3150 2nd St., and 2850 Parkway house.

To be completed by lab
Total Coliform Analysis Method: 2112-a-B
Fecal or E. coli Analysis Method:
Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier
RECEIVED
MAR 10 2011
ENVIRONMENTAL ENGINEERING

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.)

0.5 All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other:
Person performing analysis is (Please see instructions on reverse):
[X] A certified operator (# 12376) [ ] Employed by a certified lab
[ ] Supervised by a cert. operator (#) [ ] Employed by DEP or DOH
[ ] Authorized representative of supplier of water

Date PWS notified by lab of positive results:
Date State notified by lab of positive results:
Lab Signature: Margaret Rajpaul Date 3/23/11
Title: Director

Name and Mailing Address of Person to Receive Report
BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
[X] Satisfactory [ ] Incomplete Collection Information [ ] Repeat Samples Required [ ] Replacement Samples Required
Date Reviewed by DEP/DOH: 3/30/11
DEP/DOH Reviewing Official: RB



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

See page 4 for instructions.

## I. General Information for the Month/Year of: March 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities PWS Identification Number: 653 1737

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

Number of Service Connections at End of Month: 758 Total Population Served at End of Month: 320

PWS Owner:

Contact Person:

Contact Person's Mailing Address: 683 Nelson Rd. Contact Person's Title:

Contact Person's Telephone Number: 863-471-6827 City: Palmer City State: Fl. Zip Code: 33864

Contact Person's E-Mail Address:

Contact Person's Fax Number: 863-471-6827

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities Plant Telephone Number:

Plant Address: Suncoast Sub-Division City: Orlando State: Fl. Zip Code: 32823

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>D.L. Blount</u>	<u>A</u>	<u>5611</u>	<u>6/7</u>
Other Operators:				

## II. Certification by Lead/Chief Operator

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

D.L. Blount 4/8/11 D.L. Blount A5611  
 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: 6531799 Plant Name: Sunrise Water

### III. Daily Data for the Month/Year of: March 2011

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

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

Day of the Month	Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24	57000											0.5		
2	X		72000											0.5		
3	X		53000											0.5		
4	X		52000											0.5		
5	X		62000											0.5		
6			86000													
7	X		79000											0.5		
8	X		68000											0.5		
9	X		69000											0.5		
10	X		72000											0.5		
11	X		56000											0.5		
12	X		68000											0.5		
13	X		76000											0.5		
14			69000													
15	X		69000											0.5		
16	X		83000											0.5		
17	X		83000											0.5		
18	X		70000											0.5		
19	X		101000											0.5		
20			77000													
21	X		72000											0.5		
22	X		91000											0.5		
23	X		79000											0.5		
24	X		78000											0.5		
25	X		86000											0.5		
26	X		92000											0.5		
27			92000													
28	X		91000											0.5		
29	X		81000											0.5		
30	X		68000											0.5		
31	X		89000											0.4		
Total			2348000													
Average			75000													
Maximum			161000													

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



DRINKING WATER  
BACTERIOLOGICAL ANALYSIS

**MID FLORIDA WATER LABORATORY**

8 Oakwood Road - Winter Haven, FL 33880  
Phone (863) 965-2540 • Fax (863) 967-8601  
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person  
NELAC CERTIFIED

Del 5

Lab Receipt Date & Time: \_\_\_\_\_

Analysis Date & Time: 3/30/11 12:15 PM

Sample Acceptance Criteria: 50 A 11:43

Sample Preservation  On Ice  Not On Ice  7-9 °C

Disinfectant Check  Not Detected  0-0 mg/L

This sample does not meet the following NELAC requirements:

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

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli  Total Coliform/Fecal  Enterocci  Colilert  HPC  Other: \_\_\_\_\_

System Name: Surprise Water

PWS I.D. 6531739

System Address: St Rd 542

County: Polk

System or Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: 1310unt

Collector's Phone #: 863-224-0775

Type of Supply: (check only one)

- Community Water System  Noncommunity Water System  Nontransient Noncommunity Water System  Limited Use System
- Private Well  Swimming Pool  Bottled Water  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 3/29/11

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
1/4	Well 1	105080	1450	R		
2/4	Well 2	105081	1454	R		
3/4	2410 Thompson	105082	1500	D	0.6	
4/4	Flushout Stanton	105083	1504	D	0.6	

Total Coliform Analysis Method: <u>SM9222B</u>			
Fecal or E. coli Analysis Method: _____			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>
	A		
	A		
	A		
	A		

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.)

0.6

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1  
All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_

Person performing analysis is (Please see instructions on reverse):

A certified operator (# 12376)  Employed by a certified lab

Supervised by a cert. operator (# \_\_\_\_\_)  Employed by DEP or DOH

Authorized representative of supplier of water \_\_\_\_\_

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

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

Lab Signature: Margaret Rajpaul Date: 3/31/11

Title: Director

Name and Mailing Address of PWS to Receive Report  
**BLOUNT UTILITIES INC**  
6039 Cypress Gardens Blvd., #146  
Winter Haven, FL 33884

DEP/DOH USE ONLY

Satisfactory  Incomplete Collection Information  Repeat Samples Required  Replacement Samples Required

Date Reviewed by DEP/DOH: 4/6/11

DEP/DOH Reviewing Official: RS

<sup>1</sup>DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count



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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2011

A. Public Water System (PWS) Information
PWS Name: Sunrise Utilities
PWS Identification Number: 653 1737
PWS Type: [X] Community
Number of Service Connections at End of Month: 758
Total Population Served at End of Month: 620
Contact Person: [Blank]
Contact Person's Title: [Blank]
Contact Person's Mailing Address: 695 Rayson Rd.
City: Haines City
State: FL
Zip Code: 33844
Contact Person's Telephone Number: 863-471-6827
Contact Person's Fax Number: 863-471-6827
Contact Person's E-Mail Address: [Blank]

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities
Plant Address: Suncoast Sub-Division
City: Auburndale
State: FL
Zip Code: 33823
Type of Water Treated by Plant: [X] Raw Ground Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000
Plant Category (per subsection 62-699.310(4), F.A.C.): [Checkmark]
Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators Table:
Lead/Chief Operator: D.L. Blount, License Class A, License Number 5611, Day(s)/Shift(s) Worked 17

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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] 5/5/11
Printed or Typed Name: D.L. Blount
License Number: A5611



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

PWS Identification Number: 6531739 Plant Name: Sonoma Water

III - Daily Data for the Month/Year of: April 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24	56000											0.5		
2	X		52000											0.5		
3			94000													
4			93500											0.5		
5	X		100000											0.5		
6	X		101000											0.6		
7	X		86000											0.5		
8	X		114000											0.5		
9			115000													
10	X		115000											0.5		
11	X		166000											0.5		
12	X		139000											0.5		
13	X		132000											0.5		
14	X		97000											0.7		
15	X		69000											0.5		
16			71000													
17	X		71000											0.7		
18	X		61000											0.7		
19	X		45000											0.7		
20	X		77000											0.7		
21	X		31000											0.7		
22	X		53000											0.6		
23	X		52000											0.6		
24			72000													
25	X		70000											0.6		
26	X		43000											0.6		
27	X		63000											0.6		
28	X		43000											0.5		
29	X		60000											0.5		
30	X		70000											0.5		
31																
Total			2508000													
Average			87000													
Maximum			166000													

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



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli Total Coliform/Fecal Enterocci Colifert HPC Other

System Name: Sunrise Water RECEIVED

System Address: SR 542

System or Owner's Phone #: MAY 04 2011

Collector: S Blount ENVIRONMENTAL ENGINEERING

Lab Receipt Date & Time:

Analysis Date & Time:

Sample Acceptance Criteria:

Sample Preservation Not On Ice Not On Ice 5°C

Disinfectant Check Not Detected mg/L

This sample does not meet the following NELAC requirements:

PWS I.D. 6531739

County: Polk

Fax #:

Collector's Phone #: 863-224-0175

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
Private Well Swimming Pool Bottled Water Other

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 4/27/11

To be completed by collector of sample

Table with columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfect Res'd (mg/L), pH. Rows include Well 1, Well 2, Sunrise Market, 2540 Edmund.

To be completed by lab

Table for Total Coliform Analysis Method and Fecal or E. coli Analysis Method. Columns: Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier.

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.)

0.6

Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other:

Person performing analysis is (Please see instructions on reverse):

- A certified operator (#11116) Employed by a certified lab
Supervised by a cert. operator (#) Employed by DEP or DOH
Authorized representative of supplier of water

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

Lab Signature: Date:

Title:

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY

- Satisfactory Incomplete Collection Information
Repeat Samples Required Replacement Samples Required

Date Reviewed by DEP/DOH: 5/11/11

DEP/DOH Reviewing Official: [Signature]





DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time:
Analysis Date & Time:
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:

RECEIVED APR 20 2011 ENVIRONMENTAL ENGINEERING

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

- [x] Total Coliform/E-Coli [ ] Total Coliform/Fecal [ ] Enterococci [ ] Coliform [ ] HPC [ ] Other:

System Name: Sunrise Water Co.

PWS I.D. [6][5][3][1][7][0][7]

System Address: County: Polk

System or Owner's Phone #: Fax #:

Collector: Jeff Fellows Collector's Phone #: 888-667-8888

Type of Supply: (check only one)

- [x] Community Water System [ ] Noncommunity Water System [ ] Nontransient Noncommunity Water System [ ] Limited Use System
[ ] Private Well [ ] Swimming Pool [ ] Bottled Water [ ] Other

Reason for Sampling: (check all that apply)

- [ ] Distribution Routine [ ] Distribution Repeat [ ] Raw (triggered or assessment) [ ] Raw (triggered or assessment) additional [ ] Well Survey
[ ] Clearance [ ] Replacement (also check type of sample being replaced) [x] Boil Water Notice [ ] Other

Sample Collection Date: 4/14/11

To be completed by collector of sample

To be completed by lab

Table with 7 columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfect Res'd (mg/L), pH. Contains two rows of data for Sunrise Market and Sunrise Water Dept.

Table for lab results with columns: Total Coliform Analysis Method, Fecal or E. coli Analysis Method, Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier. Shows 'A' for Total Coliform.

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.)

Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAP standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other:
Person performing analysis is (Please see instructions on reverse):
[ ] A certified operator (#) [ ] Employed by a certified lab
[ ] Supervised by a cert. operator (#) [ ] Employed by DEP or DOH
[ ] Authorized representative of supplier of water

Date PWS notified by lab of positive results:
Date State notified by lab of positive results:
Lab Signature: Date:

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

Title:

DEP/DOH USE ONLY

- [x] Satisfactory [ ] Incomplete Collection Information
[ ] Repeat Samples Required [ ] Replacement Samples Required

Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time:

Analysis Date & Time:

Sample Acceptance Criteria:

Sample Preservation: On Ice, Not On Ice, Temperature
Disinfectant Check: Not Detected, Concentration

If this sample does not meet the following NELAC requirements:

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

Total Coliform/E-Coli, Total Coliform/Fecal, Enterococci, Coliform

RECEIVED APR 20 2011

ENVIRONMENTAL ENGINEERING

System Name: Sunrise Water Co.

PWS I.D. 653738

System Address: County: Polk

System or Owner's Phone #: Fax #:

Collector: Collector's Phone #:

Type of Supply: (check only one)

Community Water System, Noncommunity Water System, Nontransient Noncommunity Water System, Limited Use System, Private Well, Swimming Pool, Bottled Water, Other

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 4/19/11

To be completed by collector of sample

To be completed by lab

Table with columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfectant Residual (mg/L), pH. Contains two rows of data for samples 106413 and 106414.

Table for lab analysis results: Total Coliform Analysis Method, Fecal or E. coli Analysis Method. Columns: Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier. Shows results for samples 106413 and 106414.

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.)

Defined in Florida Administrative Code Rule 62-160, Table 1. All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric, Other

Person performing analysis is: (Please see instructions on reverse):

A certified operator (#), Employed by a certified lab, Supervised by a cert. operator (#), Employed by DEP or DOH, Authorized representative of supplier of water

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

Lab Signature: Date

Name and Mailing Address of Person to Receive Report

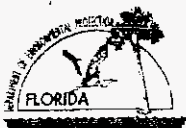
BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

Title:

DEP/DOH USE ONLY
Satisfactory, Incomplete Collection Information, Repeat Samples Required, Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:



53

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

See page 4 for instructions.

## I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities PWS Identification Number: 653 1739

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

Number of Service Connections at End of Month: 258 Total Population Served at End of Month: 600

PWS Owner:

Contact Person:

Contact Person's Mailing Address: 685 Nelson Rd. City: Palmer City State: FL Zip Code: 33964

Contact Person's Telephone Number: 863-421-6827 Contact Person's Fax Number: 863-421-6827

Contact Person's E-Mail Address:

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities Plant Telephone Number:

Plant Address: Sunloves Sub-Division City: Auburndale State: FL Zip Code: 33823

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>D.L. Blount</u>	<u>A</u>	<u>5611</u>	<u>6/7</u>
Other Operators:				

## II. Certification by Lead/Chief Operator

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

D.L. Blount 6/9/11 D.L. Blount A5611  
 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: 653/739 Plant Name: Sunrise Water

### III. Daily Data for the Month/Year of: May 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	CT Calculations			Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L				Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	68000												
2	X		67000											0.5	
3	X		59000											0.5	
4	X		51000											0.5	
5	X		50000											0.5	
6	X		80000											0.5	
7	X		54000											0.5	
8			63000												
9	X		63000											0.5	
10	X		72000											0.5	
11	X		74000											0.5	
12	X		62000											0.5	
13	X		53000											0.5	
14			44000												
15	X		43000											0.5	
16	X		60000											0.5	
17	X		47000											0.5	
18	X		47000											0.5	
19	X		43000											0.5	
20	X		46000											1.5	
21	X		23000											0.5	
22	X		71000											0.5	
23			61000												
24	X		61000											0.5	
25	X		62000											0.5	
26	X		59000											0.5	
27	X		56000											0.5	
28	X		70000											0.5	
29	X		73000											0.5	
30			67000												
31	X		66000											0.5	
Total			1803000												
Average			58000												
Maximum			80000												

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



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time:
Analysis Date & Time:
Sample Acceptance Criteria:
Sample Preservation: On Ice, Not On Ice, 71 °C
Disinfectant Check: Not Detected, mg/L
This sample does not meet the following NELAC requirements:

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli, Total Coliform/Fecal, Enterococci, Colilert, HPC, Other

System Name: Sunrise Water

PWS I.D. 6531739

System Address: SR 542

County: Polk

System or Owner's Phone #: Collector: S Blount

Fax #: Collector's Phone #: 983 224 0995

Type of Supply: (check only one)

- Community Water System, Noncommunity Water System, Nontransient Noncommunity Water System, Limited Use System, Private Well, Swimming Pool, Bottled Water, Other

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 5/29/11

RECEIVED JUN 02 2011

ENVIRONMENTAL ENGINEERING To be completed by lab

To be completed by collector of sample

Table with 7 columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfect Res'd (mg/L), pH. Rows include Well 1, Well 2, Frostwater Winter Ridge, 2418 Trinity.

Table for Total Coliform Analysis Method and Fecal or E. coli Analysis Method. Columns: Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier. Rows show results for various samples.

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.)

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric
Person performing analysis is (Please see instructions on reverse):
A certified operator (# 17376), Supervised by a cert. operator (#), Authorized representative of supplier of water

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

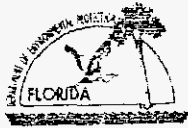
Lab Signature: Margaret Rajpaul Date

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
Satisfactory, Incomplete Collection Information, Repeat Samples Required, Replacement Samples Required
Date Reviewed by DEP/DOH: 6/2/11
DEP/DOH Reviewing Official:



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

See page 4 for instructions.

I. General Information for the Month/Year of: June 2011

A. Public Water System (PWS) Information
PWS Name: Sunrise Utilities
PWS Identification Number: 653 1737
PWS Type: [X] Community
Number of Service Connections at End of Month: 758
Total Population Served at End of Month: 610
Contact Person: [Blank]
Contact Person's Mailing Address: 685 Weyson Rd.
Contact Person's Telephone Number: 863-421-6827
Contact Person's E-Mail Address: [Blank]

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities
Plant Address: Suncoast Sub-Division
City: Auburndale
State: FL
Zip Code: 33823
Type of Water Treated by Plant: [X] Raw Ground Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000
Plant Category (per subsection 62-699.310(4), F.A.C.): [X]
Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators Table:
Lead/Chief Operator: D.L. Blount, License Class A, License Number 5611, Day(s)/Shift(s) Worked 3/7

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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] 7/8/11
Printed or Typed Name: D.L. Blount
License Number: A5611



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

PWS Identification Number: 653 1239

Plant Name: Santa Rosa Water

DATE: June 2011

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

Ultraviolet Radiation  Other (Describe):

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

*CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\**

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1	X	11.5	65000									0.5	
2	X		53000									0.5	
3	X		60000									0.5	
4	X		62000									0.5	
5			53000										
6	X		53000									0.5	
7	X		65000									0.7	
8	X		39000									0.4	
9	X		59000									0.3	
10	X		61000									0.4	
11	X		57000									0.5	
12			62000										
13	X		62000									0.5	
14	X		55000									0.4	
15	X		61000									0.3	
16	X		60000									0.5	
17	X		39000									0.5	
18	X		45000									0.5	
19	X		46000									0.5	
20			60000										
21	X		57000									0.4	
22	X		44000									0.4	
23	X		63000									0.3	
24	X		44000									0.5	
25			40000										
26	X		40000									0.4	
27	X		47000									0.4	
28	X		43000									0.3	
29	X		57000									0.4	
30	X		42000									0.4	
31													
<b>Total</b>			<b>1605000</b>										
<b>Average</b>			<b>52000</b>										
<b>Maximum</b>			<b>67000</b>										

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



DRINKING WATER  
BACTERIOLOGICAL ANALYSIS

**MID FLORIDA WATER LABORATORY**

8 Oakwood Road - Winter Haven, FL 33880  
Phone (863) 965-2540 • Fax (863) 967-8601  
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person  
NELAC CERTIFIED

53

Lab Receipt Date & Time: \_\_\_\_\_  
Analysis Date & Time: 6/20/11 2:14 PM  
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: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli  Total Coliform/Fecal  Enterococci  Colilert  HPC  Other: \_\_\_\_\_

System Name: Sunrise Water **RECEIVED** PWS I.D. 6531739

System Address: St Rd 542 JUN 23 2011 County: Polk

System or Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: S Blount ENVIRONMENTAL ENGINEERING Collector's Phone #: 863 224 0795

Type of Supply: (check only one)

- Community Water System  Noncommunity Water System  Nontransient Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 6/20/11

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfectant Res'd (mg/L)	pH
<u>1/4</u>	<u>Lot 1</u>	<u>110243</u>	<u>1825</u>	<u>R</u>		
<u>1/4</u>	<u>Lot 2</u>	<u>110244</u>	<u>1830</u>	<u>R</u>		
<u>3/4</u>	<u>2410 Thompson</u>	<u>110245</u>	<u>1840</u>	<u>D</u>	<u>0.6</u>	
<u>3/4</u>	<u>Flushout Station</u>	<u>110246</u>	<u>1846</u>	<u>D</u>	<u>0.6</u>	

Total Coliform Analysis Method: <u>SM9222B</u>			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualif
	<u>A</u>		
	<u>A</u>		
	<u>A</u>		
	<u>A</u>		

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.)

0.6

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table 1  
All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_

Person performing analysis is (Please see instructions on reverse):

- A certified operator (# 17376)  Employed by a certified lab  
 Supervised by a cert. operator (# \_\_\_\_\_)  Employed by DEP or DOH  
 Authorized representative of supplier of water \_\_\_\_\_

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

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

Lab Signature: Margaret Rajpaul Date: 6/20/11

Title: Director

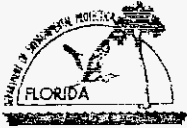
Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.  
6039 Cypress Gardens Blvd., #146  
Winter Haven, FL 33884

DEP/DOH USE ONLY

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  Replacement Samples Required  
Date Reviewed by DEP/DOH: 6/24/11  
DEP/DOH Reviewing Official: \_\_\_\_\_





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 July 2011

A. Public Water System (PWS) Information

PWS Name: <i>Sunrise Utilities</i>	PWS Identification Number: <i>653 1739</i>
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: <i>758</i>	Total Population Served at End of Month: <i>530</i>
PWS Owner:	
Contact Person:	Contact Person's Title:
Contact Person's Mailing Address: <i>685 Nelson Rd.</i>	City: <i>Palmer City</i> State: <i>Fl.</i> Zip Code: <i>33844</i>
Contact Person's Telephone Number: <i>863-471-6827</i>	Contact Person's Fax Number: <i>863-471-6827</i>
Contact Person's E-Mail Address:	

B. Water Treatment Plant Information

Plant Name: <i>Sunrise Utilities</i>	Plant Telephone Number:			
Plant Address: <i>Suncoast Sub-Division</i>	City: <i>Auburndale</i> State: <i>Fl.</i> Zip Code: <i>33823</i>			
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: <i>108,000</i>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <input checked="" type="checkbox"/>	Plant Class (per subsection 62-699.310(4), F.A.C.): <i>C</i>			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<i>D.L. Blount</i>	<i>A</i>	<i>5611</i>	<i>8/7</i>
Other Operators:				

II. Certification by Lead/Chief Operator

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

<i>D.L. Blount 8/5/11</i>	<i>D.L. Blount</i>	<i>A5611</i>
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: 6531739 Plant Name: Sunrise Water

Month: July 2011

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations				UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1	X	24	42000									0.4	
2			48000									0.4	
3	X		49000									0.4	
4	X		37000									0.4	
5	X		50000									0.3	
6	X		32000									0.3	
7	X		63000									0.3	
8	X		50000									0.3	
9	X		45000									0.3	
10	X		62000									0.3	
11			37000									0.3	
12	X		36000									0.3	
13	X		45000									0.3	
14	X		58000									0.2	
15	X		47000									0.3	
16	X		38000									0.3	
17			50000									0.3	
18	X		50000									0.3	
19	X		46000									0.3	
20	X		38000									0.2	
21	X		50000									0.2	
22	X		61000									0.2	
23	X		44000									0.3	
24			47000									0.2	
25	X		48000									0.3	
26	X		49000									0.3	
27	X		50000									0.5	
28	X		31000									0.4	
29	X		31000									0.3	
30	X		30000									0.3	
31	X		60000									0.5	
<b>Total</b>			<b>1379000</b>										
<b>Average</b>			<b>44354</b>										
<b>Maximum</b>			<b>63000</b>										

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



DRINKING WATER  
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880  
Phone (863) 965-2540 • Fax (863) 967-8601  
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person  
NELAC CERTIFIED

NO [unclear] 53

Lab Receipt Date & Time: 7/27/11 10:00 AM

Analysis Date & Time: 7/27/11 10:00 AM

Sample Acceptance Criteria:

Sample Preservation  On Ice  Not On Ice  7°C

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

This sample does not meet the following NELAC requirements:

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

Analysis Requested: (check all that apply)  
 Total Coliform/E-Coli  Total Coliform/Fecal  Enterococci  Coli-ert  HPC  Other: \_\_\_\_\_

System Name: Sunrise Water PWS I.D. 6531739

System Address: State Rd 542 County: Polk

System or Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: Blount Collector's Phone #: 863 227 1795

RECEIVED  
AUG 04 2011  
ENVIRONMENTAL  
ENGINEERING

Type of Supply: (check only one)  
 Community Water System  Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other \_\_\_\_\_

Reason for Sampling: (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other \_\_\_\_\_

Sample Collection Date: 7/27/11

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
1/4	Well 1	112220	1105	R		
2/4	Well 2	112221	1100	R		
3/4	Sunrise Market	112222	1105	D	2.5	
4/4	2540 Edmund Circle	112223	1110	D	2.5	

Total Coliform Analysis Method: _____			
Fecal or E. coli Analysis Method: _____			
Non Coliform	Total Coliform	Fecal or E. coli	Data / Qualify
	A		
	A		
	A		
	A		

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.)

<sup>1</sup>Defined in Florida Administrative Code, Rule 62-160, Table 1  
All tests are performed in accordance with NELAP standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_

Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# 17326)  Employed by a certified lab  
 Supervised by a cert. operator (# \_\_\_\_\_)  Employed by DEP or DOH  
 Authorized representative of supplier of water \_\_\_\_\_

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

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

Lab Signature: Margaret Rajpaul Date: 8/3/11

Title: Director

Name and Mailing Address of Person to Receive Report

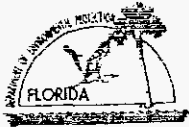
BLOUNT UTILITIES, INC.  
6039 Cypress Gardens Blvd., #146  
Winter Haven, FL 33884

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  Replacement Samples Required

Date Reviewed by DEP/DOH: 8/3/11

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



*Sunrise* 53

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

See page 4 for instructions.

**I. General Information for the Month/Year of:** August 2011

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

PWS Name: Sunrise Utilities PWS Identification Number: 653 1737

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

Number of Service Connections at End of Month: 738 Total Population Served at End of Month: 574

PWS Owner:

Contact Person:

Contact Person's Mailing Address: 695 Allison Rd. City: Flowers City State: Fl. Zip Code: 33844

Contact Person's Telephone Number: 863-471-6827 Contact Person's Fax Number: 863-471-6827

Contact Person's E-Mail Address:

**B. Water Treatment Plant Information**

Plant Name: Sunrise Utilities Plant Telephone Number:

Plant Address: Sunloves Sub/Division City: Arbutus, Fla State: Fl. Zip Code: 33813

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>D.L. Blount</u>	<u>A</u>	<u>5611</u>	<u>6/7</u>
Other Operators:				

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

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

D.L. Blount 8/8/11 D.L. Blount A5611

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: 653739 Plant Name: Sunrise Water

Report 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose			
											Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1		21	44000											
2	X		43000										0.5	
3	X		49000										0.5	
4	X		46000										0.5	
5	X		50000										0.5	
6	X		40000										0.5	
7	X		60000										0.5	
8			41000											
9	X		46000										0.5	
10	X		33000										0.5	
11	X		33000										0.5	
12	X		30000										0.3	
13	X		53000										0.5	
14	X		59000										0.5	
15			38000											
16	X		77000										0.5	
17	X		40000										0.5	
18	X		49000										0.3	
19	X		47000										0.3	
20	X		50000										0.3	
21			40000											
22	X		40000										0.3	
23	X		16000										0.7	
24	X		54000										0.3	
25	X		40000										0.3	
26	X		71000										0.4	
27			42000											
28	X		41000										0.4	
29	X		40000										0.4	
30	X		47000										0.4	
31	X		30000										0.4	
Total			1359000											
Average			47000											
Maximum			77000											

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



DRINKING WATER  
BACTERIOLOGICAL ANALYSIS

**MID FLORIDA WATER LABORATORY**

8 Oakwood Road - Winter Haven, FL 33880  
Phone (863) 965-2540 • Fax (863) 967-8601  
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person  
NELAC CERTIFIED

Lab Receipt Date & Time: \_\_\_\_\_  
Analysis Date & Time: 8/5/11  
Sample Acceptance Criteria:  
Sample Preservation  On Ice  Not On Ice  65°C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:  
Included 8/2/11 at 10:00

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

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli  Total Coliform/Fecal  Enterococci  Colilert  HPC  Other: \_\_\_\_\_

System Name: Source Water RECEIVED PWS I.D. 0531739

System Address: Stable Rd 572 AUG 04 2011 County: Polk

System or Owner's Phone #: \_\_\_\_\_ ENVIRONMENTAL ENGINEERING Fax #: \_\_\_\_\_

Collector: S Blount Collector's Phone #: 863 324 3370

Type of Supply: (check only one)

- Community Water System  Noncommunity Water System  Nontransient Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 8/1/11

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
1/4	Well 1	112561	1855	R		
2/4	Well 2	112562	1900	R		
3/4	Flugland Water	112563	1905	D	0.5	
4/4	2418 Twp	112564	1910	D	6.5	

Total Coliform Analysis Method: <u>5222B</u>			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualify
	A		
	A		
	A		
	A		

RECEIVED  
AUG 04 2011  
ENVIRONMENTAL ENGINEERING

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.)

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table 1  
All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_  
Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# 11376)  Employed by a certified lab  
 Supervised by a cert. operator (# \_\_\_\_\_)  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date PWS notified by lab of positive results: \_\_\_\_\_  
Date State notified by lab of positive results: \_\_\_\_\_  
Lab Signature: [Signature] Date: 8/5/11  
Title: \_\_\_\_\_

Name and Mailing Address of Person to Receive Report  
BLOUNT UTILITIES, INC.  
6039 Cypress Gardens Blvd., #146  
Winter Haven, FL 33884

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  Replacement Samples Required  
Date Reviewed by DEP/DOH: 8/5/11  
DEP/DOH Reviewing Official: [Signature]



50

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

See page 4 for instructions.

## I. General Information for the Month/Year of: Sept 2011

A. Public Water System (PWS) Information

PWS Name: <u>Sunrise Utilities</u>		PWS Identification Number: <u>653 1737</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>738</u>		Total Population Served at End of Month: <u>610</u>	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: <u>685 Nelson Rd.</u>		City: <u>Haines City</u>	State: <u>FL</u> Zip Code: <u>33844</u>
Contact Person's Telephone Number: <u>863-421-6827</u>		Contact Person's Fax Number: <u>863-421-6827</u>	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: <u>Sunrise Utilities</u>		Plant Telephone Number:		
Plant Address: <u>Sunflow, Sub/Division</u>		City: <u>Autumnale</u>	State: <u>FL</u> Zip Code: <u>33813</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>108,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>✓</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>D.L. Blount</u>	<u>A</u>	<u>5611</u>	<u>3/7</u>
Other Operators:				

## II. Certification by Lead/Chief Operator

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

D.L. Blount 10/9/11 D.L. Blount A5611  
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: 653 1739

Plant Name: SUNRISE

III. Daily Data for the Month/Year of: Sept 2011

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations					UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24	46000										0.4	
2	X		37000										0.3	
3	X		47000										0.3	
4			38000											
5	X		38000										0.3	
6	X		35000										0.3	
7	X		35000										0.3	
8	X		37000										0.3	
9	X		49000										0.2	
10			38000											
11	X		37000										0.3	
12	X		48000										0.4	
13	X		53000										0.7	
14	X		37000										0.3	
15	X		59000										0.3	
16	X		41000										0.3	
17	X		45000										0.3	
18			74000											
19	X		74000										0.3	
20	X		57000										0.3	
21	X		40000										0.3	
22	X		60000										0.2	
23	X		52000										0.2	
24	X		58000										0.2	
25			60000											
26	X		60000										0.2	
27	X		30000										0.2	
28	X		60000										0.2	
29	X		52000										0.2	
30	X		76000										0.2	
31														

Total	1492000
Average	47733
Maximum	96000

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





DRINKING WATER  
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880  
Phone (863) 965-2540 • Fax (863) 967-8601  
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person  
NELAC CERTIFIED

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

Analysis Requested: (check all that apply)

Total Coliform/E-Coli  Total Coliform/Fecal  Enterococci  Coliform  HPC  Other: \_\_\_\_\_

System Name: Surprise Water

System Address: State Rd 542

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

Collector: S Blount

**RECEIVED**  
OCT 06 2011  
ENVIRONMENTAL  
ENGINEERING

PWS I.D. 6531739

County: Polk

Collector's Phone #: 863 324 3350

Type of Supply: (check only one)

Community Water System  Noncommunity Water System  Nontransient Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 9/29/11

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
<u>1/4</u>	<u>Well 1</u>	<u>116280</u>	<u>1635</u>	<u>R</u>		
<u>2/4</u>	<u>Well 2</u>	<u>116281</u>	<u>1640</u>	<u>R</u>		
<u>3/4</u>	<u>2410 Thompson</u>	<u>116282</u>	<u>1645</u>	<u>D</u>	<u>0.2</u>	
<u>4/4</u>	<u>Blount Stunkon</u>	<u>116283</u>	<u>1655</u>	<u>D</u>	<u>0.2</u>	

Total Coliform Analysis Method: <u>SM9222B</u>			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>
	<u>A</u>		
	<u>A</u>		
	<u>A</u>		
	<u>A</u>		

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.)

0.2

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1  
All tests are performed in accordance with NELA standards.  
The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_

Person performing analysis is (Please see instructions on reverse):

A certified operator (# 17376)  Employed by a certified lab  
 Supervised by a cert. operator (# \_\_\_\_\_)  Employed by DEP or DOH  
 Authorized representative of supplier of water

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

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

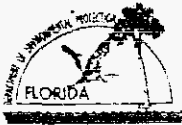
Lab Signature: Margaret Rajpaul Date: 10/11/11

Title: President

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.  
6039 Cypress Gardens Blvd., #146  
Winter Haven, FL 33884

DEP/DOH USE ONLY  
 Satisfactory  Incomplete Collection Information  Repeat Samples Required  Replacement Samples Required  
Date Reviewed by DEP/DOH: 10/17/11  
DEP/DOH Reviewing Official: RJ



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

See page 4 for instructions.

## I. General Information for the Month/Year of: Oct 2011

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

PWS Name: Sunrise Utilities PWS Identification Number: 653 1737  
PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
Number of Service Connections at End of Month: 738 Total Population Served at End of Month: 516  
PWS Owner:  
Contact Person:  
Contact Person's Mailing Address: 695 Nelson Rd. Contact Person's Title:  
City: Palmer City State: Fl. Zip Code: 33844  
Contact Person's Telephone Number: 863-471-6977 Contact Person's Fax Number: 863-471-6977  
Contact Person's E-Mail Address:

**B. Water Treatment Plant Information**

Plant Name: Sunrise Utilities Plant Telephone Number:  
Plant Address: Suncoast Sub-Division City: Autawentale State: Fl. Zip Code: 33873  
Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water  
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000  
Plant Category (per subsection 62-699.310(4), F.A.C.):  Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>D.L. Blount</u>	<u>A</u>	<u>5611</u>	<u>6/7</u>
Other Operators:				

## II. Certification by Lead/Chief Operator

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

D.L. Blount 11/3/11 D.L. Blount A5611  
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: 6531731 Plant Name: Seward Water

III. Daily Data for the Month/Year of: Oct 2011

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	40000											0.3	
2			21000												
3	X		20000											0.6	
4	X		33000											0.3	
5	X		47000											0.3	
6	X		56000											0.2	
7	X		57000											0.3	
8	X		32000											0.3	
9			8000												
10	X		59000											0.4	
11	X		61000											0.5	
12	X		38000											0.5	
13	X		52000											0.5	
14	X		50000											0.5	
15	X		49000											0.5	
16			43000												
17	X		42000											0.5	
18	X		44000											0.5	
19	X		43000											0.5	
20	X		37000											0.5	
21	X		92000											0.5	
22	X		100000											0.5	
23			45000												
24	X		45000											0.5	
25	X		33000											0.4	
26	X		51000											0.4	
27	X		38000											0.5	
28	X		32000											0.5	
29	X		40000											0.5	
30			36000												
31	X		35000											0.5	
Total			1,365,000												
Average			44,129												
Maximum			100,000												

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



DRINKING WATER  
BACTERIOLOGICAL ANALYSIS

**MID FLORIDA WATER LABORATORY**

8 Oakwood Road - Winter Haven, FL 33880  
Phone (863) 965-2540 • Fax (863) 967-8601  
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person  
NELAC CERTIFIED

Lab Receipt Date & Time: \_\_\_\_\_  
Analysis Date & Time: 10/25/11 10:59  
Sample Acceptance Criteria:  
Sample Preservation  On Ice  Not On Ice  5°C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:  
*Analyzed 10/25/11 at 11:55 am*

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

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

- Total Coliform/E-Coli  Total Coliform/Fecal  Enterocci  ColiBert  HPC  Other: \_\_\_\_\_

System Name: Souris Water

**RECEIVED**

PWS I.D. 6531739

System Address: State Rd 542

OCT 27 2011

County: Polk

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

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

Collector: S Blount

**ENVIRONMENTAL  
ENGINEERING**

Collector's Phone #: 963 324 3330

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

- Community Water System  Noncommunity Water System  Nontransient Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other \_\_\_\_\_

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

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

Sample Collection Date: 10/25/11

**To be completed by collector of sample**

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
1/4	Well 1	117969	1000	R		
2/4	Well 2	117970	1005	R		
3/4	Souris Market	117971	1012	D	0.5	
4/4	2540 Edmond	117972	1020	D	0.5	

**To be completed by lab**

Total Coliform Analysis Method: 519.20-06			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualified
	A		
	A		
	A		
	A		

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.)

0.5

All tests are performed in accordance with NELAP standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_

Person performing analysis is (Please see instructions on reverse):

- A certified operator (# 17376)  Employed by a certified lab  
 Supervised by a cert. operator (# \_\_\_\_\_)  Employed by DEP or DOH  
 Authorized representative of supplier of water \_\_\_\_\_

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

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

Lab Signature: Margaret Rajpaul Date: 10/26/11

Title: Director

**Name and Mailing Address of Person to Receive Report**

BLOUNT UTILITIES, INC.  
6039 Cypress Gardens Blvd., #146  
Winter Haven, FL 33884

**DEP/DOH USE ONLY**

- Satisfactory  Incomplete Collection Information  Repeat Samples Required  Replacement Samples Required  
Date Reviewed by DEP/DOH: 10/31/11  
DEP/DOH Reviewing Official: [Signature]



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

See page 4 for instructions.

I. General Information for the Month/Year of: Nov. 2011

A. Public Water System (PWS) Information
PWS Name: Sunrise Utilities
PWS Identification Number: 653 1739
PWS Type: [X] Community
Number of Service Connections at End of Month: 738
Total Population Served at End of Month: 515
Contact Person: [Name]
Contact Person's Title: [Title]
Contact Person's Mailing Address: 685 Myson Rd.
City: Gaines City
State: FL
Zip Code: 32644
Contact Person's Telephone Number: 863-471-6827
Contact Person's Fax Number: 863-471-6827

B. Water Treatment Plant Information
Plant Name: Sunrise Utilities
Plant Address: Suncoast Sub-Division
City: Auburndale
State: FL
Zip Code: 33823
Type of Water Treated by Plant: [X] Raw Ground Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000
Plant Category (per subsection 62-699.310(4), F.A.C.): [X]
Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators Table:
Lead/Chief Operator: D.L. Blount, License Class A, License Number 5611, Day(s)/Shift(s) Worked 6/7

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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] 11/5/11
Printed or Typed Name: D.L. Blount
License Number: A5611

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

PWS Identification Number: 0591739 Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: Nov 2011

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	27	35000											05	
2	X		40000											05	
3	X		44000											05	
4	X		29000											05	
5	X		37000											05	
6			53000												
7	X		53000											06	
8	X		42000											05	
9	X		42000											05	
10	X		41000											05	
11	X		38000											05	
12	X		33000											05	
13			47000												
14	X		47000											05	
15	X		44000											05	
16	X		45000											05	
17	X		36000											05	
18	X		31000											02	
19			41000												
20	X		41000											05	
21	X		42000											05	
22	X		47000											05	
23	X		46000											06	
24	X		50000											05	
25	X		53000											06	
26			49000												
27	X		49000											05	
28	X		42000											05	
29	X		42000											05	
30	X		42000											06	
31															
Total			1315000												
Average			42833												
Maximum			57000												

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



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time:
Analysis Date & Time: 11/30/11
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] 6.2 °C
Disinfectant Check: [X] Not Detected [ ] mg/L
This sample does not meet the following NELAC requirements:
Analyzed 11/30/11 at 9:05am

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

- [X] Total Coliform/E-Coli [ ] Total Coliform/Fecal [ ] Enterococci [ ] Coliform [ ] HPC [ ] Other:

System Name: Sunrise Water

System Address: 51 Rd 542

System or Owner's Phone #:

Collector: E Blount

Type of Supply: (check only one)

- [X] Community Water System [ ] Noncommunity Water System [ ] Nontransient Noncommunity Water System [ ] Limited Use System
[ ] Private Well [ ] Swimming Pool [ ] Bottled Water [ ] Other

Reason for Sampling: (check all that apply)

- [X] Distribution Routine [ ] Distribution Repeat [X] Raw (triggered or assessment) [ ] Raw (triggered or assessment) additional [ ] Well Survey
[ ] Clearance [ ] Replacement (also check type of sample being replaced) [ ] Boil Water Notice [ ] Other

Sample Collection Date: 11/29/11

To be completed by collector of sample

Table with 7 columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfect Res'd (mg/L), pH. Rows include Well 1, Well 2, Fluslat Water Ridge, and 2418 Tes.

To be completed by lab

Table for lab completion with columns: Total Coliform Analysis Method, Fecal or E. coli Analysis Method, Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier. All entries are 'A'.

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.)

p.5

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other:
Person performing analysis is (Please see instructions on reverse):
[X] A certified operator (# 17726) [ ] Employed by a certified lab
[ ] Supervised by a cert. operator (#) [ ] Employed by DEP or DOH
[ ] Authorized representative of supplier of water

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

Lab Signature: Margaret Rajpaul Date: 12/1/11

Title: Director

Name and Mailing Address of Person to Receive Report
BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
[X] Satisfactory [ ] Incomplete Collection Information [ ] Repeat Samples Required [ ] Replacement Samples Required
Date Reviewed by DEP/DOH: 12/13/11
DEP/DOH Reviewing Official:

# RANDALL C LUDWIG INC.

445 BRIGHT HILL AVENUE  
LAKE PLACID, FL 33852

Licensed General Contractor #CGC059027  
Licensed Underground Utility Contractor #CUC057245  
N.A.C.E. Certified Coatings Inspector  
Confined Space Certified

Phone # 863-699-1892  
Cell # 863-441-4680  
Fax # 863-699-1893  
E-mail rcl.inc@earthlink.net  
Website: www.tempwatertanks.com

# Proposal

Date	Proposal #
2/1/2012	1266

Project Location:

SUNRISE UTILITIES LLC  
2560 SUNRISE TERRACE.  
AUBURNDALE FL.33823

Description	Total							
CLEANING AND INSPECTION OF 2 HYDROTANKS. TANKS TO BE DRAINED AND OPENED BY OTHERS. R.C.LUDWIG WILL PRESSURE WASH AND INSPECT THE INTERIOR AND EXTERIOR OF THE HYDROTANKS FOR STRUCTURAL AND COATING INTEGRITY, GENERATE PHOTOS AND REPORT TO DALE POLSTON, P.E. FOR HIS SEALED INSPECTION REPORT WITH PHOTOS FOR F.D.E.P. OR THE HEALTH DEPARTMENT 5 YEAR INSPECTION REQUIREMENT. BACTERIOLOGIC TESTING BY OTHERS	0.00							
3,000 GALLON HYDROTANK	2,000.00							
5,000 GALLON HYDROTANK	2,500.00							
PRICE BELOW IS VALID FOR 60 DAYS FROM DATE OF PROPOSAL								
<table border="1"> <tr> <td rowspan="3"> <b>If accepted, to initiate work, please sign below and return by email or fax</b>   <b>Authorized X _____</b> </td> <td><b>Subtotal</b></td> <td>\$4,500.00</td> </tr> <tr> <td><b>Sales Tax (0.0%)</b></td> <td>\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td>\$4,500.00</td> </tr> </table>		<b>If accepted, to initiate work, please sign below and return by email or fax</b>  <b>Authorized X _____</b>	<b>Subtotal</b>	\$4,500.00	<b>Sales Tax (0.0%)</b>	\$0.00	<b>Total</b>	\$4,500.00
<b>If accepted, to initiate work, please sign below and return by email or fax</b>  <b>Authorized X _____</b>	<b>Subtotal</b>		\$4,500.00					
	<b>Sales Tax (0.0%)</b>		\$0.00					
	<b>Total</b>	\$4,500.00						



Florida Utility Services 1

2562 Christy Lane  
Lakeland, FL 33801

# Estimate

Date	Estimate #
2/2/2012	2052

Name / Address
Sunrise Utilities, LLC P. O. Box 1798 Eaton Park, FL 33840

Project

Description	Qty	Rate	Total
Replace piping between well and water tank. Bid includes all material and labor. Bid is valid for 30 days from date of bid.	1.00	2,400.00	2,400.00
<b>Total</b>			\$2,400.00

Water Supply, Incorporated

6115 Hwy 60 East  
Bartow, FL 33830

# Estimate

Date	Estimate #
2/2/2012	1211

Name / Address
Sunrise Utilities P. O. Box 1798 Eaton Park, FL 33840

Project

Description	Qty	Cost		Total
Isolation Valve Installed  Material and Labor is included in this bid.  Bid is valid for 30 days from date of bid.	9	392.50		3,532.50

<b>Subtotal</b>			\$3,532.50
<b>Sales Tax (7.0%)</b>			\$0.00
<b>Total</b>			\$3,532.50

Signature \_\_\_\_\_

Water Supply, Incorporated

6115 Hwy 60 East  
Bartow, FL 33830

# Estimate

Date	Estimate #
2/2/2012	1212

Name / Address
Sunrise Utilities P. O. Box 1798 Eaton Park, FL 33840

Project	

Description	Qty	Cost		Total
Replace the piping between the well and the water tank. Material and Labor are included in bid. Bid is valid for 30 days from date of bid.	1	2,700.00		2,700.00

<b>Subtotal</b>	\$2,700.00
<b>Sales Tax (7.0%)</b>	\$0.00
<b>Total</b>	\$2,700.00

Signature \_\_\_\_\_

Florida Utility Services 1

2562 Christy Lane  
Lakeland, FL 33801

# Estimate

Date	Estimate #
2/2/2012	2051

Name / Address
Sunrise Utilities, LLC P. O. Box 1798 Eaton Park, FL 33840

Project

Description	Qty	Rate	Total
Isolation valve Installed  All material and labor is included in this bid.  Bid is valid for 30 days form date of bid.	9.00	356.00	3,204.00
<b>Total</b>			\$3,204.00

Florida Utility Services 1

2562 Christy Lane  
Lakeland, FL 33801

# Estimate

Date	Estimate #
2/2/2012	2050

Name / Address
Sunrise Utilities, LLC P. O. Box 1798 Eaton Park, FL 33840

Project

Description	Qty	Rate	Total
Install Meter	1.00	55.00	55.00
Install Meter Box	1.00	30.00	30.00
Install Curb Stop	1.00	25.00	25.00
Labor only. Sunrise will supply material.			
Bid estimate is valid for 30 days from date of bid.			
<b>Total</b>			\$110.00