LAKE IDLEWILD UTILITY COMPANY

January 5, 2016

Office of Commission Clerk Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399 2016 JAN -7 AM 9: 30
COMMISSION

Re: Docket No. 150236-WU - Application of Lake Idlewild Utility Company for Staff Assisted Rate Case in Lake County – Response to Staff's First Data Request

Dear Commission Clerk,

Please find attached Lake Idlewild Utility Company's (Lake Idlewild) response to Staff's First Data Request in the above referenced docket.

 Purchased Water: All utility related bills from the beginning of the test year to present which include meter number and location, gallons used, dollars paid, and the Utility's account numbers.

Response: Not applicable. There was no purchased water or wastewater.

2. <u>Purchased Power</u>: All utility related electricity bills from the beginning of the test year to present, which include meter number and location, kilowatts used, dollars paid, and the electric company's account numbers.

Response: Copies of all test year purchased power invoices were previously provided to the FPSC auditor.

 Chemicals: A list of all chemicals used in the treatment of water, amounts purchased, quantity purchased, unit prices paid and dosage rates utilized.

Response: Copies of all test year chemical invoices were previously provided to the FPSC auditor.

The dosage rate is 20 mg/L/Day.

4. <u>Contractual Services – Testing</u>: A list of tests along with costs paid to outside laboratories for testing the water treatment during the test year.

Response: The cost of all testing is included in the monthly operation and maintenance fee charged by U.S. Water Service Corporation. All invoices from U.S. Water Services

AFD _____APA ____ECO ____ENG _____GCL ____IDM ____TEL

CLK

Lake Idlewild Utility Company Staff First Data Request January 5, 2016

> Corporation, as well as the contract, were previously provided to the FPSC auditor. Below is a listing of all DEP required testing for Lake Idlewild, along with the frequency.

Lake Idlewild

75 Connections Population - 170

Parameter	Frequency		
Total Coliform,	Monthly		
TTHMs	Annually		
Nitrates	Annually		
L&C	Annually		
Tri-Annuals	Every 3 years		

5. Contractual Services – Other: The costs of operation and maintenance work not performed by utility employees with an explanation of the type of work performed. These costs include the operator's fee, moving and grounds keeping and contracted repair for the water system.

Response: Copies of all test year Outside Service - Other invoices were previously provided to the FPSC auditor, in addition to the Operation and Maintenance Contract.

6. Transportation Expenses: A schedule of all vehicles by serial number and description owned or leased by the utility, original cost or lease documents, whom the vehicles are assigned to, and an explanation of how they are allocated to the utility, or a copy of the log book showing miles on personal vehicles associated with utility business. All vehicles are to be available for inspection.

Response: Not applicable. There are no vehicles owned or leased by the utility.

7. Copies of monthly operation reports for water from October 1, 2014, to September 30, 2015, which includes: Total water purchased or pumped, total wash water, total of each chemical in points, chemical dosages rates (average).

Response: See Attached.

8. Copies of your most recent Primary and Secondary Water Quality test results.

Response: See Attached.

9. Copy of monthly totals of metered water sold for each month of the test year.

Response: See Schedule F-1 - Document No. 07020-15.

10. A written summary, by permit number, of all Department of Environmental Protection, Water Management District, and/or County Health Department permits.

Response: Find attached copies of each permit and inspection reports. (PWS ID # 335-4656 WUP # 5753 Attached)

Lake Idlewild Utility Company Staff First Data Request January 5, 2016

11. If any plant addition has been made or will be required due to a written order from a governmental agency, please provide a copy of that order.

Response: Not applicable.

12. A list of all service complaints received during the test year and four years prior to the test year. Please include an explanation of how each complaint was resolved.

Response: See attached. Also, find attached a Request for Confidentiality for this item, as the information contains customer names, account numbers, and phone numbers.

13. A listing of all assets owned by the utility.

Example: 200' – 8" PVC (Sewer)

250' – 6" PVC Pipe (Water)

50' – 6" PVC Fire Hydrants (Water)

Response: See the 2014 Annual Report on file with the Commission. On Pages W-4 through W-6, the data is contained for the water system. The utility was purchased in 2014.

- 14. Number of customers classified as to meter size and class (commercial or residential) for the following points in time:
 - a) A minimum of 4 years prior to the beginning of the test (or calendar last) year.
 - b) The beginning of the last calendar year.
 - c) The end of the last calendar year.
 - d) Present.

Response: The utility was purchased in 2014. For the calendar years 2013 and 2014, see the 2013 Annual Report and the 2014 Annual Report on file with the Commission. All billing information was previously provided to the FPSC auditor under request for confidential treatment.

15. Please provide a copy of the utility's engineering maps for water showing location and size of water mains throughout the service area and customer location and classification.

Response: Please find the enclosed map.

- 16. Please fill out the spreadsheet attached concerning any pro forma items. Please include any bid proposals or estimates for the pro forma items.
- 17. Response: Not applicable.

Lake Idlewild Utility Company Staff First Data Request January 5, 2016

Respectfully Submitted,

Troy Rendell

Manager of Regulated Utilities

// for Lake Idlewild Utility Company



Kirby B. Green III, Director . David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500 On the Internet at floridaswater.com.

July 6, 2010

WBB Utilities Inc 4223 Bair Ave Fruitland Park, FL 34731

SUBJECT:

Consumptive Use Permit Number 5753

Lake Idlewild

Dear Sir/Madam:

Enclosed is your permit as authorized by the Executive Director of St. Johns River Water Management District on July 06, 2010.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,

Robert Bresley

Robert Presley, Director

Division of Regulatory Information Management

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

PERMIT NO. 5753

PROJECT NAME: Lake Idlewild

DATE ISSUED: July 6, 2010

A PERMIT AUTHORIZING:

The District authorizes as limited by the attached conditions the use of 22.0 million gallons per year (0.06 million gallons per day annual average) for household and unaccounted for type uses.

LOCATION:

Site: Lake Idlewild

Lake County

Section(s):

34, 35

Township(s):

18S

Range(s):

24E

ISSUED TO:

WBB Utilities Inc. 4223 Bair Ave Fruitland Park, FL 34731

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated July 6, 2010

AUTHORIZED BY:

St. Johns River Water Management District Department of Resource Management

Catherine Walker, PE MBA **Division Director**

"EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 5753 WBB Utilities Inc DATED JULY 6, 2010

- District authorized staff, upon proper identification, will have permission to enter, inspect, and observe permitted and related facilities in order to determine compliance with the approved plans, specifications, and conditions of this permit.
- 2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage is declared by the District Governing Board, the permittee must adhere to the water shortage restrictions as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
- 3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification, or abandonment is other than that specified and described on the consumptive use permit application form.
- Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
- 5. Legal uses of water existing at the time of permit application may not be significantly adversely impacted by the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
- 6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
- 7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or with in 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612.
- 8. A District issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve, or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- 9. The permittee's use of water as authorized by this permit shall not cause an interference with an existing legal use of water as defined in District rules. If interference occurs, the District may revoke the permit in whole or in part to abate the adverse impact unless otherwise mitigated by the permittee. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee

- shall submit a mitigation plan to the District, and obtain District approval, prior to implementing any mitigation.
- 10. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification by the District.
- 11. The permittee shall meter all service connections.
- 12. All irrigation shall be in conformity with the requirements set forth in subsection 40C-2.042(2), F.A.C.
- 13. The permittee's consumptive use shall not adversely impact wetlands, lakes, and spring flows or contribute to a violation of minimum flows and levels adopted in Chapter 40C-8, F.A.C., except as authorized by a SJRWMD-approved minimum flow or level (MFL) recovery strategy. If unanticipated significant adverse impacts occur, the SJRWMD shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts are mitigated by the permittee pursuant to a District-approved plan.
- 14. All submittals made to demonstrate compliance with this permit must include the permit number 5753 plainly labeled.
- 15. This permit will expire on August 1, 2020.
- 16. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed 22.0 million gallons (0.06 million gallons per day average).
- 17. Well A (GRS #8933) and Well B (GR\$ #8934), as listed on the application, must continue to be monitored with totalizing flowmeters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
- 18. Total withdrawals from Well A (GRS #8933) and Well B (GRS #8934), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period Report Due Date
January - June July 31
July - December January 31

- 19. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
- 20. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
- 21. The lowest quality water source, such as reclaimed water or surface/storm water, must be use as irrigation water when deemed feasible pursuant to District rules and applicable state law.

October	19, 2009, in accordan	ce with the sched	rvation Plan submitted to ule contained therein.	
		: :		
		!		

Notice Of Rights

- 1. A person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to Chapter 28-106 and Rule 40C-1.1007. Florida Administrative Code, the petition must be filed (received) either by delivery at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka Florida 32178-1429 (4049 Reid St., Palatka; FL 32177) or by e-mail with the District Clerk at Clerk@sjrwmd.com, within twenty-six (26) days of the District depositing the notice of intended District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of intended District decision (for those persons to whom the District emails actual notice), or within twentyone (21) days of newspaper publication of the notice of intended District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. The District will not accept a petition sent by facsimile (fax), as explained in paragraph no. 5 below. Mediation pursuant to Section 120.573, Florida Statutes, is not available.
- 2. If the District takes action that substantially differs from the notice of intended District decision, a person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the District, but this request for administrative hearing shall only address the substantial deviation. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) at the office of the District Clerk at the mail/street address or email address described in paragraph no. 1 above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District emailing the notice of final District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of final District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. Mediation pursuant to Section 120.573, Florida Statutes, is not available.
- 3. A person whose substantial interests are or may be affected has the right to a formal administrative hearing pursuant to Sections 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must also comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
- 4. A person whose substantial interests are or may be affected has the right to an informal administrative hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must also comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

Notice Of Rights

- 5. A petition for an administrative hearing is deemed filed upon receipt of the complete petition by the District Clerk at the District Headquarters in Palatka, Florida during the District's regular business hours. The District's regular business hours are 8:00 a.m. 5:00 p.m., excluding weekends and District holidays. Petitions received by the District Clerk after the District's regular business hours shall be deemed filed as of 8:00 a.m. on the District's next regular business day. The District's acceptance of petitions filed by email is subject to certain conditions set forth in the District's Statement of Agency Organization and Operation (issued pursuant to Rule 28-101.001, Florida Administrative Code), which is available for viewing at floridaswater.com. These conditions include, but are not limited to, the petition being in the form of a PDF or TIFF file and being capable of being stored and printed by the District. Further, pursuant to the District's Statement of Agency Organization and Operation, attempting to file a petition by facsimile is prohibited and shall not constitute filing.
- 6. Failure to file a petition for an administrative hearing within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Rule 28-106.111, Florida Administrative Code).
- 7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, Chapter 28-106, Florida Administrative Code, and Rule 40C-1.1007, Florida Administrative Code. Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means the District's final action may be different from the position taken by it in this notice. A person whose substantial interests are or may be affected by the District's final action has the right to become a party to the proceeding, in accordance with the requirements set forth above.
- 8. Pursuant to Section 120.68, Florida Statutes, a party to the proceeding before the District who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.
- 9. A District action is considered rendered, as referred to in paragraph no. 8 above, after it is signed on behalf of the District, and is filed by the District Clerk.
- 10. Failure to observe the relevant time frames for filing a petition for judicial review as described in paragraph no. 8 above will result in waiver of that right to review.

NOR.DOC.001 Revised 7/27/09

Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

WBB Utilities Inc 4223 Bair Ave Fruitland Park, FL 34731

At 4:00 p.m. this oth day of July, 2010.

Robert Crealey

Division of Regulatory Information Management Robert Presley, Director

St. Johns River Water Management District Post Office Box 1429 Palatka, FL 32178-1429 (386) 329-4570 Permit Number: 5753



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

CENTRAL DISTRICT 3319 MAGUIRE BOULEVARD, SUITE 232 ORLANDO, FLORIDA 32803 GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

HERSCHEL T VINYARD JR. SECRETARY

July 23, 2014

Stanley Bair, President WBB Utilities, Inc. 4223 Bair Avenue Fruitland Park, FL 34731 Bairport2@gmail.com

Re:

Lake Idlewild Estates

PW 3354656 Marion County

OCD-CAP-14-PWS-3693

Dear Bair:

Department personnel conducted an inspection of the above-referenced facility on July 1, 2014. Based on the information provided during the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Daniel Shideler at 407-897-4133 or via e-mail at Daniel Shideler@dep.state.fl.us.

Sincerely,

Danielle Bentzen, Manager

1 poille Bentson

Central District

Florida Department of Environmental Protection

Enclosure: Inspec

Inspection Report

cc: Stan Coe, Diversified Water [smcoe@earthlink.net]

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Location 4116 Bair Avenue, Fruitland Park, FL 34731 Owner Name WBB Utilities, Inc. Owner Address 4223 Bair Avenue, Fruitland Park, FL 34731 Contact Person Stanley Bair Title President Phone 352-787-3107 Title President P
Owner Name WBB Utilities, Inc. Owner Address 4223 Bair Avenue, Fruitland Park, FL 34731 Contact Person Stanley Bair Title President Phone 352-787-3107 This Survey Date 07/01/14 Last Survey Date 07/06/11 Last Compliance Inspection Date 05/17/99 PWS TYPE: Community PLANT CATEGORY & CLASS: 5C GROUND; Number of Wells 2 PURCHASED from PWS ID # PWS STATUS: Approved Emergency Water Source Emergency Water Capacity TREATMENT PROCESSES IN USE Hypochlorination Switchover: Automatic Manual
Title President Phone 352-787-3107 This Survey Date 07/01/14 Last Survey Date 07/06/11 Last Compliance Inspection Date 05/17/99 PWS TYPE: Community PLANT CATEGORY & CLASS: 5C MAX-DAY DESIGN CAPACITY: 432,000 gpd PWS STATUS: Approved TREATMENT PROCESSES IN USE Hypochlorination Title President Phone 352-787-3107 Last Compliance Inspection Date 05/17/99 RAW WATER SOURCE GROUND; Number of Wells 2 PURCHASED from PWS ID # Emergency Water Source Emergency Water Capacity STANDBY POWER SOURCE: Not Required Source U.S.M.C. Capacity of Standby (kW) 45 Switchover: □ Automatic ☑ Manual
This Survey Date 07/01/14 PWS TYPE: Community PLANT CATEGORY & CLASS: 5C MAX-DAY DESIGN CAPACITY: 432,000 gpd PWS STATUS: Approved TREATMENT PROCESSES IN USE Hypochlorination Hypochlorination Last Compliance Inspection Date 05/17/99 RAW WATER SOURCE GROUND; Number of Wells 2 PURCHASED from PWS ID # Emergency Water Source Emergency Water Capacity STANDBY POWER SOURCE: Not Required Source U.S.M.C. Capacity of Standby (kW) 45 Switchover: ☐ Automatic ☑ Manual
PWS TYPE: Community PLANT CATEGORY & CLASS: 5C MAX-DAY DESIGN CAPACITY: 432,000 gpd PWS STATUS: Approved TREATMENT PROCESSES IN USE Hypochlorination RAW WATER SOURCE ☐ GROUND; Number of Wells2 ☐ PURCHASED from PWS ID # ☐ Emergency Water Source Emergency Water Capacity STANDBY POWER SOURCE: Not Required SourceU.S.M.C. Capacity of Standby (kW)45 Switchover: ☐ Automatic ☑ Manual
PLANT CATEGORY & CLASS: 5C MAX-DAY DESIGN CAPACITY: 432,000 gpd PWS STATUS: Approved TREATMENT PROCESSES IN USE Hypochlorination MAX-DAY DESIGN CAPACITY: 432,000 gpd Emergency Water Source Emergency Water Capacity STANDBY POWER SOURCE: Not Required Source U.S.M.C. Capacity of Standby (kW) 45 Switchover: ☐ Automatic ☑ Manual
MAX-DAY DESIGN CAPACITY: 432,000 gpd PWS STATUS: Approved Emergency Water Source Emergency Water Capacity STANDBY POWER SOURCE: Not Required Source U.S.M.C. Capacity of Standby (kW) 45 Switchover: ☐ Automatic ☑ Manual
MAX-DAY DESIGN CAPACITY: 432,000 gpd ☐ Emergency Water Source
PWS STATUS: Approved Emergency Water Capacity STANDBY POWER SOURCE: Not Required Source U.S.M.C. Capacity of Standby (kW) 45 Switchover: □ Automatic ☑ Manual
TREATMENT PROCESSES IN USE Hypochlorination STANDBY POWER SOURCE: Not Required Source U.S.M.C. Capacity of Standby (kW) 45 Switchover: Automatic Manual
TREATMENT PROCESSES IN USE Hypochlorination SourceU.S.M.C. Capacity of Standby (kW)45 Switchover: ☐ Automatic ☒ Manual
Hypochlorination Capacity of Standby (kW) 45 Switchover: Automatic Manual
Switchover: Automatic Manual
Switchover. Automatic Minaria
DIS COETALEO CINCEL CAU I IIIS/1110.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mall Dumps
Food Service: Yes No N/A High Service Pumps
Number of Service Connections75 Satisfy avg. daily demand?YesNo \(\subseteq \text{Unknown} \)
Population Served 170 Basis Operator Audio-visual alarm? Yes No
Comments
OPERATION & MAINTENANCE LOG: Yes
Location Chlorine storage room
Comments PLANS AND MAPS
Coliform Sampling Plan Yes \(\subseteq No \subseteq N/A
D/DBP Monitoring Plan Yes \(\sum \text{No } \sum \text{N/A}
Coliform Sampling Plan D/DBP Monitoring Plan Yes No N/A D/DBP Monitoring Plan Yes No N/A Lead and Copper Plan Yes No N/A Lead and Copper Plan Yes No N/A Plantification Class Number:
Operator(s) & Certification Class-Number. Distribution System Map Tes 1140 14/A
Stan Coe C-5219 Emergency Response Plan ☐ Yes ☐ No ☒ N/A
Hrs/day: Required *Visit Actual *Visit Comments Lead and copper plan approved 12/15/09.
Hrs/day: Required *Visit Actual *Visit Days/wk: Required 5+1 Actual 3
Non-consecutive Days?
Comments Staffing by Class C or higher operator 3 Operation & Maintenance Manual Yes No
visits/week for a total of 0.3 hour/week. Reduction Preventive Maintenance Program Yes No
approved in 8/26/2011. Flushing Program Yes No N/A
Records ⊠ Yes ∐ No ∐ N/A
MONTHLY OPERATION REPORTS (MORs) Isolation Valve Exercise ☐ Yes ☐ No ☐ N/A
MORs submitted regularly? ☐ Yes ☐ No ☐ N/A Records ☐ Yes ☐ No ☐ N/A
Data missing from MORs? No Yes N/A Comments
Average Day (from MORs) 57,000 gpd
Maximum Day (from MORs) 66,500 gpd Comments Flows based on May 2014 MORs CROSS CONNECTION CONTROL
Committee 1 lows based on May 2014 Mores
BFPAs None noted # Tested Unknown WWTP RPZ N/A Date Tested N/A
WWTP RPZ N/A Date Tested N/A Flow Measuring Device Flow Meter Written Plan Yes Date Unknown
Meter Size & Type 6" Kent Comments
Date Last Calibrated 7/12/13

PWS ID#_	3354656
Date	07/01/14

GROUND WATER SOURCE

Well Nur	nber (Florida Unique Well ID #)	1 (4 4 000 45)			
Well Number (Florida Unique Well ID #) Year Drilled		1 (AAC2847) 1980	2 (AAC2848)		
Depth Drilled		210'	1989		
			252'6"		
Drilling Method Type of Grout		Rotary	Combination		
Type of Grout Static Water Level		Neat Cement	Cement		
L		35'	57'		
Pumping Water Level Design Well Yield		Unknown	Unknown		
Test Yield		30 gpm	600 gpm		
		Unknown	Unknown		
	eld (if different than rated capacity)	50 gpm	750 gpm		
Strainer		Open hole	Open hole		
Length (outside casing)		93'	153'		
Diameter (outside casing)		6"	8"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None noted	None noted		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		*Yes	**Yes		+
Septic Tank		>200'	>200'	 	
SET	Reuse Water	N/A	N/A		+
BACKS	WW Plumbing	>100'	>100'		-
	Other Sanitary Hazard	None observed	None observed		
	Туре	Submersible	Vertical turbine		
	Manufacturer Name	Franklin	U.S. Motors		
PUMP	Model Number	2821139003	EF23		
	Rated Capacity (gpm)	50	750		
	Motor Horsepower	5	50		
Well casin	g 12" above grade?	Yes	Yes		
Well Casin	g Sanitary Seal	Ok	Ok		+
Raw Wate	r Sampling Tap	Yes	Yes		+
Above Gro	und Check Valve	Yes	Yes		
Security		Yes	Yes		
Well Vent I	Protection	ARV – Yes	ARV - Yes		
					1

COMMENTS	
	

					PWS ID #	3354656			
					Date	7/1/14			
CHLORINATION (Dis	sinfectio	n)							
Type: 🔲 Gas 🔯 H		,		STORAGE FACILITIES					
Make Pulsatron		Capacity	/ 12 gpd	(G) Ground (C) Clearwell (E) Elevated					
Chlorine Feed Rate _	100% st	roke rate)	(B) Bladder (H) Hy	dropneumatic	/ flow-through			
Avg. Amount of Cl ₂ ga	as used		N/A	Tank Type/Number	H				
Chlorine Residuals: I Remote tap location	Plant <u>2</u>	2+ F	Remote <u>1.8</u>	Capacity (gal)	7,500				
DPD Test Kit: Or			n operator	Material	Steel				
□ No	one	□ Not	Used Daily	Gravity Drain	Yes				
Injection Points <u>Prio</u> Booster Pump Info <u>N</u>	r to hydro	pneuma	tic tank.	By-Pass Piping	Yes	"			
Comments				Protected Openings	Yes				
		<u> </u>			Yes				
				Sight Glass or Level Indicator					
Chlorine Gas Use	YES	NO	Comments	PRV/ARV	ARV				
Requirements				Pressure Gauge	Yes				
Dual System				On/Off Pressure	45/60				
Auto-switchover				Access Secured	Yes				
Alarms: Loss of Cl ₂ capability	_			Access Manhole	Yes				
Loss of Cl ₂ capability		ΗI		Tank Sample Tap	Discharge				
Cl ₂ leak detection		H		Location	piping				
Scale				Date of Inspection	06/2013				
Chained Cylinders				Date of Cleaning	06/2013				
Reserve Supply						1			
Adequate Air-pak				Comments	Comments				
Sign of Leaks				- Comments					
Fresh Ammonia	🗆								
Ventilation									
Room Lighting				LICH SERVICE DUM	DC				
Warning Signs				Pump Number	<u>P5</u>				
Repair Kits				Туре					
Fitted Wrench				Make					
Housing/Protection				Model					
AERATION (Gases, F				Capacity (gpm)					
Type	c	apacity	·	Motor HP					
TypeAerator Condition		_		Date Installed					
Visible Algae Growth									
Protective Screen Co	ndition			Comments					
Frequency of Cleaning Date Last Inspected/C	g			Oominents					
Date Last Inspected/0	Cleaned_								
Comments		· ·		- 16 CIE					

PWS ID # ____

PWS ID#_	3354656	
Date	7/1/14	

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The samples have not been received for 2014 as of the date of the letter.
- Stage 2 DBPs are due July September 2014.
- Monitoring schedules are available on the Central District's Drinking Water Website.
 http://www.dep.state.fl.us/central/Home/DrinkingWater/InHouseCompliance/MonitoringSchedules/MonitoringSchedules.htm

COMMENTS:

- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of
 any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system.
 [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as
 possible, but never later than noon of the next business day, in the event of any of the following emergency or
 abnormal operating conditions:
 - o The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - o The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]
- Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C.
 [Rule 62-555.350(11), F.A.C.]

Inspector's Signature	Vaniel Stidler		Title: Environmental Specialist II	Date:	7/22/14
Reviewer's Signature	Danielle	Bentzen	Title: Environmental Manager	Date:	7/22/14

R=Visek Colded 6A+ Ral 228)

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

System Name: Lake IS/owill E.	states	PWS i.D. #: 3	354656
System Type (check one): Community Address: 423 B41- A	<	ransient Noncommunity	
City: Fruitian Park, Phone #: 352-267-2845 Fax	F1, #: 352-787-7966 E-Mail Ad	ZIP Code:	34731
SAMPLE INFORMATION (to be completed by sample			
	Entry tap at Plant	Sample Time: 3:02	AM PM (Circle One)
Disinfectant Residual (required when reporting trihale	omethanes and haloacetic acids): 0.6 mg/L	Field pH:	Location Code: POE
Sample Type (Check Only One)		1 1	
Distribution	Routine Compliance (with 62-550)	Replacement (of Invalidated Sam	antal
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with	
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites **	Clearance (permitting)	62-550)
Raw (at well or intake)	Fother: 34v. SAMPlike	Clearance (permitting)	
Max Residence Time	Sampling Procedure Used or Other Comments:		
Avg Residence Time			
Near First Customer			
	* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.		
Stanley M. Coz	sampler certification	, do HEREBY CE	RTIFY
that the above public water system and collection in	(Print Title)		
O System and confection in	formation is complete and correct.		
Signature: Stanley M. Cae		_ Date:	12
Certified Operator #: Phon	ne #: 352 787 - 7966 Sal	mpler's Fax: _352.787	- 7966
Sampler's E-Mail: SMCOC @ Car	-thlibk. net	1907 10 SERVICE 10	

LABORATORY CERTIFIC	ATION INFORMATION (to	o be completed by lab - plea	se type or print legibly)		
Lab Name: Flowers Chen			tification #: E83018	Certification	on Expiration Date: 6/30/2013
					RENT DOH ANALYTE SHEET*
Address: P. O. Box 1505 Were any analyses subco	97, Altamonte Springs, FL ontracted? Yes No		DOH certification number(s	T CUL OF	Phone #: 407-339-5984
			ATTACH DO	H ANALYTE SHEET FOR E	ACH SUBCONTRACTED LAB*
ANALYSIS INFORMATIO	N(to be completed by lab)	Date Sa	mple(s) Received: 09/20/12		TOT GODGOTT THACTED EAD
PWS ID (From Page 1): _		Sample Number (From	Page 1): 185884DW1	Lab Assigne	d Report # or Job ID: 185884
Group(s) analyzed and res	sults attached for compliance	e with Chapter 62-550, F.A	A.C. (check all that apply)		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Ryproducts	Badionuclides	Secondaries
All Except Asbestos	☐ All 30	MAII 21	Trihalomethanes	☐ Single Sample	MAII 14
Partial	All Except Dioxin	Partial	☐ Haloacetic Acids	☐ Qtrly Composite**	Partial
□ Nitrate	☐ Partial		Chlorite		
□Nitrite	☐ Dioxin Only		Bromate		
Asbestos					
		LAB CER	TIFICATION		
I, Jefferson S. Flowers, T	echnical Director, do HEREE	BY CERTIFY that all attached	d analytical data are correct	and unless noted meet all	requirements of the
National Environmental L	aboratory Accreditation Cor	nference (NELAC).			
Signature:		Date: 10	/08/12		
* Failure to provide a valid a	and current Florida DOH certific	ation number and a current An	aluta Chast for the attacked		
report and possible enforcem	nent against the public water s	estem for failure to sample and	may result in notification of the	nalysis results will result in reje	ection of the
** Please provide radiologica	al sample dates & locations for	each quarter.	Thay result in notification of tr	ne DOH Bureau of Laboratory :	Services.
NON DETERM		NOTIFICATION IS REQUIRED			
NON-DETECTS A	ARE TO BE REPORTED AS	THE MDL WITH A "U" QUA	LIFIER. (Non-detects reporte	ed as "BDL" or with a "<"	are not acceptable.)
	(to be completed by DEF				
	ysis Satisfactory☐Yes ☐				e or highlight group(s) above)
Person Notified:		Date Notified:		wing Official:	
		Page	2 of 9		

INORGANIC CONTAMINANTS 62-550.310(1)

Contar	n			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1040	Nitrate (as N)	10	mg/L	0.254		EPA300.0	0.0500	09/21/12	01:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	09/21/12	01:00 PM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	09/24/12		E83018
1010	Barium	2	mg/L	0.0215		EPA200.8	0.00200	09/24/12		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	09/24/12		E83018
1020	Chromium	0.1	mg/L	0.00208		EPA200.8	0.00100	09/24/12		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	09/25/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	09/21/12		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	09/24/12		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	09/26/12		E83018
1036	Nickel	0.1	mg/L	0.00100	U	EPA200.8	0.00100	09/24/12		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	09/24/12		E83018
1052	Sodium	160	mg/L	6.62		EPA200.7	0.500	09/25/12		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	09/24/12		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	09/24/12		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	09/24/12		E83018

SECONDARY CONTAMINANTS 62-550.320

Contar	n			Analysis		Analytical	Lab	Analusia	A 1 1 -	
ID	Contam Name	MCL_	Units	Result	Qualifier	Method	MDL	Analysis Date	Analysis	DOH Lab
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200		Time	Cert #
1017	Chloride	250	mg/L	12.4		EPA300.0	0.400	09/24/12		E83018
1022	Copper	1	mg/L	0.00387		EPA200.8		09/21/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	· · · · -	0.00100	09/24/12		E83018
1028	iron	0.3	•	0.0148	U	EPA300.0	0.200	09/21/12		E83018
1032	Manganese	0.05	mg/L			EPA200.7	0.0100	09/25/12		E83018
1050	Silver		mg/L	0.0100	U	EPA200.7	0.0100	09/25/12		E83018
1055	Sulfate	0.1	mg/L	0.000500	U	EPA200.8	0.000500	09/24/12		E83018
1095		250	mg/L	19.4		EPA300.0	1.00	09/21/12		E83018
-	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	09/24/12		E83018
1905	Color	15	CU	5.00	U	SM2120 B	5.00	09/26/12	09:15 AM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	09/21/12	11:15 AM	
1925	рH	6.5 -8.5	pН	8.10		SM4500-H B	0.0100	09/21/12		E83018
1930	Total Dissolved Solids	500	mg/L	180		SM2540 C			01:18 PM	E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	2.50	09/25/12	_	E83018
	- -	- · · -		0.200	0	31V1354U C	0.200	09/21/12	04:00 PM	E83018

VOLATILE ORGANICS 62-550.310(2)(b)

Contar	m			Analysis		Analytical	Lab		Analysis	Analysis	DOLL -1
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	RDL		Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12	Tille	E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	09/24/12		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5			E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500		09/24/12		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2		0.5	09/24/12		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		E83018
2996	Styrene	100	ug/L	0.500	U		0.500	0.5	09/24/12		E83018
	-11.0.00	100	ug/L	0.500	0	EPA502.2	0.500	0.5	09/24/12		E83018

SYNTHETIC ORGANICS 62-550.310(2)(c)

Conta	m			Analysis		Analytical	Lab		Extraction	Analysis	A !	50114
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	RDL	Date	Date	Analysis Time	DOH Lab
2005	Endrin	2	ug/L	0.0100	Ū	EPA505	0.0100	0.01		09/26/12	TIME	Cert #
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02		09/26/12		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.02	09/25/12			E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	09/25/12			E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	09/23/12			E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	09/24/12			E83018
2033	Endothall	100	ug/L	9.00	Ü	EPA548.1	9.00	9				E83018
2034	Glyphosate	700	ug/L	6.00	Ū	EPA547	6.00	6	09/24/12			E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	Ū	EPA525.2	0.600	0.6		09/28/12		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	Ü	EPA531.1	2.00	2.0	09/27/12			E83018
2037	Simazine	4	ug/L	0.0700	Ü	EPA507	0.0700		00/04/40	10/02/12		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	Ü	EPA525.2	0.600	0.07	09/24/12			E83018
2040	Picloram	500	ug/L	0.100	Ü	EPA515.4	0.800	0.6	09/27/12			E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4		0.1	09/24/12			E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA515.4	0.200	0.2	09/24/12	· · · -		E83018
2046	Carbofuran	40	ug/L	0.900	U		0.100	0.1	09/25/12			E83018
2050	Atrazine	3	ug/L ug/L	0.100	_	EPA531.1	0.900	0.9		10/02/12		E83018
2051	Alachior	2	ug/L ug/L	0.100	U	EPA507	0.100	0.1	09/24/12			E83018
2065	Heptachlor	0.4	•	0.200	U	EPA507	0.200	0.2	09/24/12			E83018
2067	Heptachlor epoxide	0.4	ug/L		U	EPA505	0.0100	0.04	09/25/12			E83018
2105	2,4-D		ug/L	0.0100	U	EPA505	0.0100	0.02	09/25/12	09/26/12		E83018
2110	2,4.5-TP	70 50	ug/L	0.100	U	EPA515.4	0.100	0.1	09/24/12	09/26/12		E83018
2274	_, ., .	50	ug/L	0.200	U	EPA515.4	0.200	0.2	09/24/12	09/26/12		E83018
	Hexachlorobenzene	1 .	ug/L	0.100	U	EPA505	0.100	0.1	09/25/12	09/26/12		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	09/27/12	09/28/12		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	09/24/12	09/26/12		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	09/25/12	09/26/12		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	09/25/12	09/26/12		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	09/25/12			E83018
2959	Chlordane	2	u g/L	0.0100	U	EPA505	0.0100	0.2	09/25/12	09/26/12		E83018

KNL Laboratory Services, Inc. 2742 N. Florida Ave. P.O. Box 1833
Tampa, FL 33601

Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES

62-550.310(6)

Client ID: Flowers 185884DW1

KNL Report Number/Job ID: 12.7996

PWS ID(From Page 1):

CHOILID	. 110WCIS 10300725 (,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Contam	Contam Name	MCL	Units	Analysis	Qualifier	Analytical	Lab	RDL	Analysis	Analysis	Analysis	DOH Lab
ID				Result	*	Method	MDL		Error	Date	Time	Certification #
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	2.7		EPA 900.0	1.0	3	1.0	10-08-12	0800	E84025
4030	Radium-228	5	pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	10-08-12	1005	E84025

Reporting Format 62-550.730

Effective January 1995, Revised February 2010.

- * Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
 - I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- ** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- *** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.
- **** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Page 3 of 3

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:

James W. Hayes Laboratory Director

Janu W. Hegus

LABORATORY CERTIFICATION INFORMATION (to be c	ompleted by lab – please type or print legibly)
Lab Name: KNL Laboratory Services	Florida DOH Certification #: E 84025 Certification Expiration Date: June Renewel
•	ATTACH CURRENT DOH ANALYTE SHEET*
Address: P. O. Box 1833 Tampa, FL 33601	Phone #: 813-229-2879
Were any analyses subcontracted? ☐Yes ⊠No If yes,	please provide DOH certification number(s):
	ATTACH DOM AND THE SHEEL FOR CAUL CODOCITION
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received: 10-1-12 (858840N) Lab Assigned Report # or Job ID: 12,7996 Chapter 62-550, F.A.C. (Check all that apply):
PWS ID (From Page 1):Samp	le Number (From Page 1): Lab Assigned Report # or Job ID:
Group(s) Analyzed & Results attached for compliance with	· = ··= p· ·-·
Inorganics Synthetic Organics Vol	atile Organics Disinfection Byproducts Radionuclides Secondaries All 21 Trihalomethanes Misingle Sample All 14 Partial Chlorite Bromate
☐Asbestos	LAB CERTIFICATION
James Hayes	Laboratory Manager , do HEREBY CERTIFY
	(Drint Title)
that all attached analytical data are correct and unless noted m	eet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).
Down Harry	Date: 10-9-12
Signature:	and the stacked analysis results will result in rejection of the
report, possible enforcement against the public water system **Please provide radiological sample dates & locations for each	ation number and a current Analyte Sheet for the attached analysis results will result in rejection of the for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. h quarter.
CONFIRMATION & NOTIFICATION NON-DETECTS ARE TO BE REPORTED AS	IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
1000	
COMPLIANCE DETERMINATION (to be completed by DE	or DOH – attach notes as necessary)
Sample Collection & Analysis Satisfactory: Yes No	Replacement Sample or Report Requested (direls or highlight group(s) above)
Person Notified:Date	Notified: DEP/DOH Reviewing Official:
Reporting Format 62-550 730 Effective January 1995, Revised February 2010	Page 2 of 9'

Check Box That Applies To Your Location

Flowers Chemical Laboratories, Inc.

> 481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984 Fax: 407-260-6110

Howers Chemical Labs South

West Park Industrial Plaza 571 N.W. Mercantile Pl., Ste. 111 Port St. Lucie, FL 34986 Bus: 772-343-8006 Fax: 772-343-8089 Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, Ft. 32340 Bus: 850-973-6878 Fax: 850-973-6878 Howers Chemical Labs Feys

3890 P473 3890 Overseas Highway, Ste. 103 Marathon, FL 33050 Bus: 305-743-8598 Fax: 305-743-8598



	NNLOAD REPOR	RTS,	INVO	ICES AI	ND CHA	INS OF	CUST	ODY	W۱	NW.	TIO	wer	SIE	IDS.	CO	m									
Client	KNLL	رماه	ſ					Proje	ect Ne	me									P	.O. #					
Addres								Clie	ni Cor	ntaci						**********			F	AX				Marie Land Control Land	
			-,					FCL	Proje	ct Mar	nager				••				E.	MAIL					
²hone										d Due andare		0:	R		Ī		Τ		R	ush Ci	rarges	May A	oply		
lampk	ed By (PRINT):							Pick Fee	-Up	\$					Vehic Surci	ek egrar	\$					Samp	ling s		
3ampk	er Signature			C	ate Sampled				PA	ESER	VATIV	/ES		ANAL	YSES			9/ a	7	7	7	7	//	COMME!	J. £
	GW - ground water SW - surface water		/ - drinki O - soil/s		WW - wa sludge	HW - w		NOW.	H,SO,	HNO,		Na ₂ S ₂ O ₃			/	y	AV AV		v /	/	//	//	/ /w	solids ethod	Total # Contains
ITEM NO.	SAMPLE ID		DATE	TIME	MATRIX	(LAB U	SE ONLY) B NO.	¥	Ŧ	¥,	₹	翌			<u> </u>	3A	ŞΛ	y	_	_	_	_	<u> </u>	ond.	
1	185470 WW	1	9/17	0710	ww					~						/	1			<u> </u>	<u> </u>				2
2	195620 m	1	9/18	0825	WW										/	\checkmark	1								2
3	185623DW	1	9/18	9900	DW					/							/								2
4	185641 ww		9/19	0909	ww					~					/	/	1			ير					2
5	185884DW1	- 1	9/20	1510	DW										/		•			2	7	99	7 ~	99	72
6	186121DWI		9/24	1300	DW					/					/	/	1		7/	8		/ /	٥ 	سلسنے	2
7	186414DW1	1	7/26	1200	DW					~					/	/	~								2
8	186538 DW7		1/27	1215	bW					1						/	~								2
9																									
10																									
Re	linquished By / Affiliation	Date	Tim	e Ac	cepted By / Affi	liation	Date	Time		Relin	quishe	d By /	Allille	ation		Date	. 1	(ime		Acce	oted By	/ Affilia	tion	Date	Time
									_	g &		_		Kar	-9/	8	211	100		51	M	N	170	1-1-12	1105
		1	ì	1			i l	l	1					•	٦	•	ŀ						•	1	i

FINANCE CHARGES PRESENTO FAST SIME INVOICES

LOWERS

CHEMICAL LABORATORIES



☐ Silowers Chemical
Laboratories, Inc.
481 Newburyport Ave.
Alternonie Springs, FL 32701
Bus: 407-939-5984
Fax: 407-260-8110

[] Flowers Chemical
Labs-Soutia
West Park industrial Pluza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucia, Ft. 34986

571 N.W. Marcantile Pl., 1 Port St. Lucia, Ft. 34986 Bus: 772-348-8089 Fax: 772-848-8089 ☐ litewers Chemical Labs-North 812 S.W. Havey Greene Dr. Madison, FL 32340 Bus: 650-973-8878

Fax: 850-973-6878

Sie. 103 Mezathon, FL 33050 Bus: 305-743-8598 Fax: 305-743-8598

Latis-Neys 3980 Overseas Highway

☐ Flowers Chemical

www.flowerslabs.com

Diversici-1	Win	ter	Svas								L.	Namo		I	21-	ب	:1)	١ ,	És	-					
PO 13 14 49	23	22							16 KD		3	3	5	40	15	1			P.O	. #	***				
essbuce.	FI.	34	1749					FCI	طويا	Coon	dinator								Kit						
352-787-7	766							4		_	r Syst				□ Lin							com,	IENTS	Nes 11/5	1/12
352-787-7 By IPAINT: Stanley MC	0 4	Date Samp	old 12		F	PIRE	SERV	ATIVE		<u>··</u>		7	7	7	7	7	7	/	7	/	*/	7		7/	;· ··
ING WATER - Chain of C				199	<u>#</u>	<u>₹</u>	ฉ้ำ		N= 3,0,		./					\$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			/ ~ /	200		/ /			
SAMPLE DESCRIPTION	DATE	TIME	LAS NO.	3	ğ	2	ğ	Ŧ	Ž		7 ₹	73	2	78	3/1		1/2	7/4	78	7	7	7	7	PH PM	oid Ci _g Ree
POE	9/20	3:4	18286100	19				7			<u>/</u>	/	/	/	-		· · · · · ·	4 - 1 - 1 - 1	/		 -=	-	 		, .,
MRT Park Tap			1858840	w:	2										_	V	/								······································
														-								_		•	
												-		-				4		-		-			
A				-			_															ļ			
					1																				*************
uished By / Attitiation. Date	Time		Company / Allind	Ser-	_	Date		Time		Rel	ngulah	ed By	Allia	ion	0	ale etc	Timi	•	A	ocuple	d By/	Affilial	an	Dete	Time
a 9/20	1649	111	upl		- 1	13/	41	64	4						+			+					5	9/21/12	072/

Flowers Chemical Laboratories KIT REQUEST FORM 481 Newburyport Ave. Astamonto Springs, FL 32701 Phone (407) 339-6964 Pax (407) 260-8110 FCL Project MERKERET JESON Plastic Preservative Glass Containers Co TENERAL FOLIA L Pak Bottl mt. mt. L L L rectes 28 N H (G2 u 2 H3 2 s OB 8 O / 2 4 N O ML MDB n H, 6 Ç Colde n Asc . A Α 1 0 C Ø n PARAMETERS 1 Primary/Suc IOC (w/o Ast) 1 Primary/Sec IOC (Metals) 3 VOC. (B) 3 1 Cn (A) (Pimary IOC) 1 X 2 04 X 2 SOC: 587,548,1,647 2 3OC: 525.2 2 DW X 3 30C: 584/505 3 X X 1 Diguat/ 549,2 SOC 1 DW 2 SOC: 531.1 2 1 SOC: 515.4 1 1 Odar/Color 2 GA/R228 1 HAA 1 OW Ship To: Date Ordered: Date to be Shipped: Client# Date Needed: Diversified Water Services 09/05/12 1200 English Road Extra Coplana: (L) (M) (S) Customer Pick Up: Leesburg, FL, 34748 Trip Blanks: | wiHCI w/o HCI Custody Chein: Env. 2 DW Date Time: SHIPPING METHOD Bullen: ATTN: Stan Cos Temp Blank: Special Notes: Cooler IU K STD. DKL DHL Next Day Amfill then add NaOH Fed-Ex Flowers Account

Fed-Ex Client Account#

Thank You for Your Business

Other.

B=fill then add HCl, no

CCJ01 090512

heads pace

Project:

Sampling Dates:

SAMPLE KIT ID:

Location:

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or pring legibly) PW8 I.D. # 3 3 5 4 Bystem Name: Lake FAlewild Estates ☐ Transient Noncommunity ☐ Nontransient Noncommunity Community System Type (check one): ZIP Code: 34731 352-787-7966 E-Mail Address: 352-267-2845 Fax# _ SAMPLE INFORMATION (to be completed by sampler) Semple Time: 5:45 Sample Date: __ Sample Number: 185896 ocation Code: Park tap Max. Res. Sample Location (be specific): ___ mg/L Field pH: _ Disinfectant Residual (required when reporting trihalomethenes and haloacetic acids): Respon(s) for Sample (Chack all that apply) Sample Type (Check Only One) Replacement (of invalidated Sample) Floutine Compliance (with 62-550) **Distribution** Special (not for compliance with 62-550) Confirmation of MCL Exceedance* Entry Point (to Distribution) Clearance (permitting) Composite of Multiple Sites ** Plant Tap (not for compliance with 62-550) Rew (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Avg Residence Time Near First Customer ™ See 62-550.550(4) for requirements and * See 62-550.500(5) for requirements and restrictions attach a results page for each site. And 62-550.512(3) for nitrate or nitrite exceedances. do HEREBY CERTIFY (Print Title) that the above public water system and collection information is complete and correct. Certified Operator #: Sampler's E-Mail:

Lead and Copper Tap Sample Analysis and Result Ranking Reporting Format 62-550.730(5)(a)

System Name: Lake Idlewild Est.

PWS-ID: 3354656

Laboratory Name: Flowers Chemical Laboratories, Inc.

Lab-ID: E83018

Contact Person: Dr. Jefferson S. Flowers

Phone: (407) 339-5984

Date Submitted to Lab: 09/20/12

Analysis Date: 09/24/12

Lab Analysis Method: EPA200.8

Lead or Copper (list one): Lead

Method Detection Limit: .001

90th Percentile Value: 0.00232

A Rank (ascending)	Location Code Number	Lab Sample ID	Date Site	Lead
1 2 3 4 5 6 7 8 9	4116 Bair Ave. 4103 Bergen Hall Rd. 4027 Williams St. 4036 Williams St. 4129 Bair Ave. 4038 Bergen Hall Rd. 4223 Bair Ave. 4145 Bair Ave. 4217 Idlewild Dr. 4219 Bair Ave.	185886DW6 185886DW8 185886DW10 185886DW9 185886DW5 185886DW7 185886DW4 185886DW3 185886DW2 185886DW1	Sampled 09/7/12 09/7/12 09/7/12 09/7/12 09/7/12 09/7/12 09/7/12 09/7/12	0.00100 U 0.00100 U 0.00100 U 0.00100 U 0.00106 0.00124 0.00137 0.00179 0.00232 0.00748

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I

Signature of Authorized Laboratory Representative:

Name (Please Print): Jefferson S. Flowers Title and Date: Technical Director 09/25/12

Lead and Copper Tap Sample Analysis and Result Ranking Reporting Format 62-550.730(5)(a)

System Name: Lake Idlewild Est.

Date Submitted to Lab: 09/20/12

PWS-ID: 3354656

Analysis Date: 09/24/12

Laboratory Name: Flowers Chemical Laboratories, Inc.

Lab Analysis Method: EPA200.8 Lead or Copper (list one): Copper

Lab-ID: E83018

Method Detection Limit: .001

Contact Person: Dr. Jefferson S. Flowers

Phone: (407) 339-5984

90th Percentile Value: 0.202

Α	Rank	Location Code Number	Lab Sample ID	Date Site	Copper
	(ascending)	1		Sampled	(mg/L)
	1	4103 Bergen Hall Rd.	185886DW8	09/7/12	0.00650
	2	4036 Williams St.	185886DW9	09/7/12	0.0174
	3	4038 Bergen Hall Rd.	185886DW7	09/7/12	0.0193
	4	4129 Bair Ave.	185886DW5	09/7/12	0.0216
	5	4145 Bair Ave.	185886DW3	09/7/12	0.0356
	6	4219 Bair Ave.	185886DW1	09/7/12	0.0783
	7	4116 Bair Ave.	185886DW6	09/7/12	0.107
	8	4027 Williams St.	185886DW10	09/7/12	0.122
	9	4217 Idlewild Dr.	185886DW2	09/7/12	0.202
	10	4223 Bair Ave.	185886DW4	09/7/12	0.243

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

Signature of Authorized Laboratory Representative:

Name (Please Print): Jefferson S. Flowers Title and Date: Technical Director 09/25/12

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



See Pages 4 for Instructions. October, 2014 General Information for the Month/Year of: A. Public Water System (PWS) Information 3354656 PWS Identification Number: PWS Name: Lake Idlewild Estates Consecutive Transient Non-Community Non-Transient Non-Community ✓ Community PWS Type: 170 Total Population Served at End of Month: 75 Number of Service Connections at End of Month: Lake Idlewild Estates PWS Owner: Compliance Manager Contact Person's Title: Melisa Rotteveel Contact Person: City: New Port Rich State: Florida Zip Code: 34652 4939 Cross Bayou Blvd Contact Person's Mailing Address: 727.849.4219 Contact Person's Fax Number: 866-753-8292 Contact Person's Telephone Number: Contact Person's E-Mail Address: mrotteveel@uswatercorp.net **B. Water Treatment Plant Information** 866.753.8292 Plant Telephone Number: Plant Name: Lake Idlewild Estates Zip Code: 34731 City: Fruitland Park State: Florida Plant Address: 4116 Bair Avenue ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: 432,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): License Number Day(s) / Shift(s) Worked License Class Name Licensed Operators Utility Manager Days 1st Shift 3531 Lead/Chief Operator: Ron Derossett 7274 Other Operators: Peter Marchisio II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain/them, together with copies of this report, at a convenient location for at least ten years. A - 3531 Ron Derossett License Number Printed or Typed Name Signature and Date

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Mean of Achieving Four-Log Variant Assistance Choice Choice	PWS I	dentificaito	n Number:		3354656		Plant Name:	Lake Idlewi	ld Estates						
Marcin of Achieving Four-Locy Virus Inactivation/ (Professor) Choracy Disorder Chor		Daily Data	for the A	lonth/Year	of:		October, 2014								
Type of Disinfectant Residual Maintained in Distribution System: Free Chloride Combined Chloratines Chlora						val: 🔽 Free C	hlorine [Chlorine Di	oxide	Czone	Comi	bined Chlori	ne (Chlora	mines)	
Type of Disinfectiant Residual Maintained in Distribution System. For Free Chlorine Combined Chlorine (Chloramines) Chloramines Chlorine (Chloramines) Chloramines Chlorine (Chloramines) Chloramines Chlor							,	Cinornic D	0,400	,	,		(+	,	
Days Plant Sanitade or Visual by V	_						Free Chlo	vrine [Combin	ned Chlorine	(Chloramine	es)	Chlorine l	Dioxide	
Day of Plent Day	1 ype	of Disinfe	ctant Resi	duai Maintai	ned in Disti	Tourion System.							F	Table 1	
Doys Plans Doy of Operation Dosinification Dosinofocuting Dosino		TAX S		以 类型。	<u> </u>	I Calculations, or			POUL-IDOS	virus mac	uvanon, n			1	
Day of Plant Plant							C1 Calc	ulations		 		- 0,	1		
2 2 240 25000	the -	Staffed or Visited by Operator (Place	in	of Finished Water Producted, gal.	1	Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	Temp of Water, ^O C	pH of Water, if Applicable	CT Required,	Operating UV Dose,	UV Dose Required, mW-	Disinfectant Concentration at Remote Point in Distribution System, mg/L	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
3		Х		<u> </u>		1.4								1.1	
3			<u> </u>			1 1				_				0.8	
10		X				1.1						<u> </u>			
10	in the little war.	<u> </u>		<u> </u>											
1	····	×				1.3								1.0	
S		<u> </u>													
10		х		<u> </u>		1.4				-				1.2	
11	9		24.0	40,000											
12	10	Х				1.2								0.9	
13															
14						1.2								10	
15		X				1.3				<u> </u>					
16	****************	v				1.3		· · · · · · · · · · · · · · · · · · ·						1.0	
17 X 24.0 27,000 1.1															
18		х				1.1								0.8	
20 X 24.0 44,000 1.3 1.0 1.0			24.0	27,000											
20	19		24.0	26,000								ļ			
22 X 24.0 45,000 1.5		X				1.3								1.0	
23						1.2	7. 77.			ļ				13	
24 X 24,0 58,000 1.1 0.8 25 24,0 58,000 0 0 0 26 24,0 58,000 0 0 0 27 X 24,0 54,000 0 0 0 28 24,0 55,000 0 </td <td>4</td> <td>X</td> <td></td> <td></td> <td></td> <td>1.3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.7</td> <td></td>	4	X				1.3								1.7	
25		v				1 1								0.8	
26 24,0 58,000 1.3 1.0 27 X 24,0 54,000 1.3 1.0 28 24,0 54,000 1.3 1.0 29 X 24,0 55,000 1.3 1.0 30 24,0 55,000 1.4 1.2 Total 1,371,000 Avgerage 44,226		^_				1,1									
27 X 24.0 54,000 1.3 1.0 28 24.0 54,000 1.3 1.0 29 X 24.0 55,000 1.3 1.0 30 24.0 55,000 1.4 1.2 31 X 24.0 57,000 1.4 1.2 Total Avgerage 44,226															
28		х				1.3								1.0	
24 33,000 1.3 33,000 1.3 30 30 30 30 30 30 30															
31 X 24.0 57,000 1.4 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2	29	Х	24.0			1.3								1.0	
Fotal 1,371,000 Avgerage 44,226															
Avgerage 44,226		х	24.0			1.4								1.2]	

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

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



See Pages 4 for Instructions.

See Tages 4 101 Histi							
I. General Information	for the Month/Yo	ear of: November, 20)14				
A. Public Water Systen	n (PWS) Informati	on					
PWS Name:	Lake Idlewild Estates					PWS Identification Number:	3354656
PWS Type:	✓ Community	Non-Transient Non-Communit	у 🔲 Т	ransient Non-Com	munity	Consecutive	
Number of Service Connec	tions at End of Month:	75			Total	Population Served at End of M	fonth: 170
PWS Owner:	Lake Idlewild Estates						
Contact Person:	Melisa Rotteveel						Compliance Manager
Contact Person's Mailing A		939 Cross Bayou Blvd			City: New Port Rich	State: Florida	Zip Code: 34652
Contact Person's Telephone		66-753-8292		· · · · · · · · · · · · · · · · · · ·	Conta	ct Person's Fax Number: 7.	27.849.4219
Contact Person's E-Mail A		nrotteveel@uswatercorp.net					
B. Water Treatment Pl	ant Information			. ,,		.	
Plant Name:	Lake Idlewild Estates					Plant Telephone Number:	866.753.8292
Plant Address:	4116 Bair Avenue		·		City: Fruitland Park	State: Florida	Zip Code: 34731
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fin				
Permitted Maximum Day C	······································			432,000			
Plant Category (per subsect	tion 62-699.310(4), F.A.		TO UNITED INC.	2 1		ass (per subsection 62-699.31	
Licensed Operators	part -	Name		License Class	License Number		s) / Shift(s) Worked
Lead/Chief Operator:				A	3531	Utility Manager Days 1st Shi	<u>ft</u>
Other Operators:	Peter Marchisio			C	7274		
							75° 75° 75° 75° 75° 75° 75° 75° 75° 75°
	<u> </u>						
				ļ			
						<u> </u>	
garages et de							
The second secon							
· · · · · · · · · · · · · · · · · · ·				<u></u>			
I. Certification by Lead	l/Chief Operator						
		perator licensed in Florida, am	the lead/chie	f operator of the	water treatment p	lant identified in part I of	f this report. I certify that the
							als used at this plant conform to NSF
							al operations records for this plant
							als used and chemical feed rates; and
							PWS owner so the PWS owner can
					mese additional o	perations records to the r	ws owner so the Pws owner can
retain meny, together v	win copies of this re	eport, at a convenient location i	tor at least ter	n years.			
	1	1.11.					
<u> </u>	F.	12/5/14	Ron Derossett	·····			A - 3531
Signature and Date			Printed or Typ	oed Name			License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS I	dentificaito	n Number:		3354656		Plant Name:	Lake Idlewi	ld Estates						
	aily Data	for the N	Ionth/Year	of:		November, 201	4							
			g Virus Inacti	······································	val: 🔽 Free C		Chlorine D		Ozone	re 6 .		(0)		
	traviolet R		Othe			morne ;	Chiorine Di	ioxide	Ozone	Com	oined Chlori	ne (Chlorai	mines)	
-						f== n		* a:	LCU :	(63)				
Type	DI Disinte	ctant Resid	Jual Maintai		ibution System:	Free Chk				(Chloramine		Chlorine	Dioxide	
				C	CT Calculations, or	UV Dose, to	Demostate	Four-Log	g Virus Inac	tivation, if				
3.3	stoder (CT Calc	ulations			• .	UV	Dose		
			*			ra villine hodbata ava	Lowest CT		1					
			in a			Disinfectant	Provided		1					
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity	l	Dismfectant	(T) at C	First			1		Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant			Before or at First	Point During	During Peak		1	Minimum	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the Month	(Place "X")	in Operation	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg- min/L	Temp or	pH of Water, if Applicable	mg-min/L	UV Dose.	mW- sec/cm ²	Distribution	Involves Taking Water System Components
1	Estator Julian	24.0	gal. 57,000	Rate, gpd.	Peak Flow, mg/L	minutes	mist	water, C	, ii Applicable	mg-mnvc	mW-sec/cm ²	sec/cm	System, mg/L	Out of Operation
2	 	24.0	57,000					 	1		<u> </u>			
3	х	24.0	45,500		1.3			 	1				1.0	
4		24.0	45,500	<u> </u>		· · · · · · · · · · · · · · · · · · ·			1		<u> </u>			
5	X	24.0	59,500		1,6								1.2	
6		24.0	59,500											
7	X	24.0	54,000		1,5				<u> </u>				1.3	× ·
8 9		24.0	54,000					ļ	<u> </u>					
10	x	24.0 24.0	54,000		, , ,				 					
11		24.0	35,000 35,000		1.5								1.3	
12	х	24.0	48,000		1.4			-					1.1	
13		24.0	48,000		1.4		***************************************	-						
14	X	24.0	59,000		1.4			<u> </u>	1	l			1.1	
15		24.0	59,000			·								
16		24.0	59,000											
17	Х	24.0	31,000		1.4								1.1	
18 19	- v	24.0	31,000					ļ						
20	X	24.0 24.0	30,000 30,000		1.4	 		ļ					1.1	
21	х	24.0	38,000		1.2								0.8	
22		24.0	38,000				,		 				9.8	
23		24.0	38,000											
24	Х	24.0	24,000		1.6								1.4	
25		24.0	24,000											
26	X	24.0	21,500		1.5								1.2	
27	, l	24.0	21,500											
28 29	X	24.0	30,000		1.3	· · · · · · · · · · · · · · · · · · ·							1.0	
30		24.0 24.0	30,000						}					
31		24.0	30,000					<u> </u>	 					
rotal .		47.0	1,246,000		<u> </u>			L	1	L			L	
Avgerage		- 40 January 1	41.522											

59,500

Maximum

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

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



Polymer Page 3 Due in December

See Pages 4 for Instr	uctions.							<u> </u>		
I. General Information for the Month/Year of: December, 2014										
A. Public Water System (PWS) Information										
PWS Name:	Lake Idlewild Estate						PWS Identification Nur	mber:	3354656	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity T	ransient Non-Comi	munity		Consecutive			
Number of Service Connec	tions at End of Mont	h: 75				Total F	Population Served at End	l of Month:	170	
PWS Owner:	Lake Idlewild Estate									
Contact Person:	Melisa Rotteveel						t Person's Title:	Compliance N	~ ~~	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd						New Port Rich	State: Florida		Zip Code:	34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727.849.4219										
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net										
B. Water Treatment Pla	ant Information									
Plant Name:	Lake Idlewild Estate	es					Plant Telephone Number	er:	866.753.829	
Plant Address:	4116 Bair Avenue				City:	Fruitland Park	State: Florida		Zip Code:	34731
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000										
Plant Category (per subsection 62-699.310(4), F.A.C.):							ass (per subsection 62-69			
Licensed Operators		Name		License Class	Licen	se Number		Day(s) / Shift(s) Worked	·
Lead/Chief Operator:	Ron Derossett			Α		3531	Utility Manager Days Is	st Shift		
	Peter Marchisio			С		7274				
									·····	
, and the second										
II. Certification by Lead	I/Chief Operato	r							7	
I, the undersigned water	er treatment plan	t operator licensed in Florida	, am the lead/chie	f operator of the	water	treatment pl	ant identified in par	t I of this repor	rt. I certify t	that the
information provided i	in this report is tr	rue and accurate to the best of	my knowledge a	nd belief. I certi	ify that	all drinking	water treatment che	emicals used at	this plant co	onform to NSF
information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant										
were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and										
(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can										
retain them, together-with copies of this report, at a convenient location for at least ten years.										
rotani moni togomor-w	enii copics or mis	s roport, at a convenient total	101 W. 10001 101	- ,						
	1	1/2	n. n						A - 3531	
1/5/13				Ron Derossett						ber
Signature and Date				Printed or Typed Name						DCI

PWS I	/S Identification Number: 3354656 Plant Name: Lake Idlewild Estates													
h	1. Daily Data for the Month/Year of: December, 2014													
			g Virus Inactiv		val: ▼ Free C	L	Chlorine Di	ovide	C Ozone	Coml	oined Chlori	ne (Chlorar	nines)	
	traviolet Ra			r (Describe):		,	Ciliorate Di	0.440	, 525	,	,,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0111012	,	
					ibution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
Type C	i Distillet	lan Kesi	Juai iviailitai	C	CT Calculations, or							:	l l	
					1 Calculations, or	CT Calc		our Bog	111001111		UVI	Oose		
Y.					I	C1 Calc							1	
							Lowest CT							
					Lowest Residual	Disinfectant Contact Time	Provided Before or at				-		Lowest Residual	
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First				1.0	Minimum	Disinfectant	·
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	-	Hours plant			Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,		mW-	Distribution	Involves Taking Water System Components Out of Operation
Month		Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L 0.8	Out of Operation
1 5	Х	24.0	33,000		1.1								0.0	
3	х	24.0 24.0	33,000 30,000		1.4								1.2	
4	_^_	24.0	30,000											
5	х	24.0	35,000		1.1								0.8	
6		24.0	35,000											
7		24.0	35,000											
8	X	24.0	30,000		1.1								0.8	
9		24.0	30,000		1.4								1.1	
10	X	24.0	26,000 26,000		1.4					***************************************				
11	×	24.0 24.0	45,000		1.1								0.7	
13		24.0	45,000						-					
14		24.0	44,000											
15	Х	24.0	31,000		0.7								0.4	
16		24.0	31,000										0.3	
17	Х	24.0	31,000		0.6								0.3	
18 19	x	24.0 24.0	31,000 23,000		0.8					<u></u>			0.5	
20		24.0	23,000		0.0									
21		24.0	24,000											
22	х	24.0	43,000		0.8								0.5	ALIMANUM NATIONAL AND
23		24.0	43,000											
24	Х	24.0	18,000		0.7								0.4	
25		24.0	18,000		1.0								0.8	
26 27	X	24.0 24.0	36,000 35,000		1.0								V. U	
28		24.0	35,000											
29	-x	24.0	22,000		0.8								0.5	
30		24.0	22,000											
31	х	24.0	24,000		1.4								1.2	
otal	,		967,000											

31,194

45,000

Avgerage

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

>WS	SID:	3354945	Plant Name:	Lake Idlewild	Estates	
V.	Summary of Use of Poly	mer Containing Acrylam	ide. Polymer C	Containing E	pichlorohydrin, and Iron	or Manganese Sequestrant for the Year: * 2014
A.	Is any polymer containing the mo					ne polymer dose and the acry lamide level in the polymer are as
1	follows: Polymer Dose ppm =				Acrylamide Level, %'=	
	Is any polymer containing the mo	onomer <u>epichlorohydrin</u> used at t	the water treatment	plant?	☑ No ☐ Yes	, and the poly mer dose and the epichlorohy drin level in the
1	polymer are as follows:				Epichlorohydrin Level, %'=	
1	Polymer Dose ppm =					questrant, sequestrant dose, ect., are as follows:
C.	Is any iron or manganese sequest	rant used at the water treatment	plant?	✓ No	Yes, and the type of sec	luestrant, sequestrant dose, eet., are as tonows.
	Type of Sequestrant (polyphosph	ate or sodium silicate):		www.co.co.		
	Sequestrant Dose, mg/L of phosp	ohate as PO4 or mg/L of silicate a	ıs SiO ₂ =			
	If sodium silicate is used, the am	ount of added plus naturally occu	urring silicate, in m	ng/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



	C. D A for a longton	ations								
	See Pages 4 for Instru General Information	for the Month/Vor	ar of: January, 2015							
	General Information	for the Month/162	di (ii. Barida), 2010							
A. i	Public Water System	(PWS) Information	n				PWS Identification Num	ber:	3354656	
ſ	PWS Name:	Lake Idlewild Estates			- Seat Non Come	mucibe I	Consecutive			
	PWS Type:	✓ Community	Non-Transient Non-Community		ensient Non-Comr		Population Served at End	of Month:	170	
1	Number of Service Connect	ions at End of Month:	75			Trotai	opulation serves at ano			
Ī	PWS Owner:	Lake Idlewild Estates				Conta	ct Person's Title:	Compliance Ma	anager	
[Contact Person:	Melisa Rotteveel		······································			State: Florida		Zip Code: 34652	
9	Contact Person's Mailing A		39 Cross Bayou Blvd				ct Person's Fax Number:	727.849.4219	<u> </u>	
(Contact Person's Telephone		6-753-8292			Conta	0010130131			
	Contact Person's E-Mail Ad	G1055.	rotteveel@uswatercorp.net							
B. <u>`</u>	Water Treatment Pla						Plant Telephone Numbe	Γ:	866.753.8292	
l	TOUR TRANSPORT	Lake Idlewild Estates				City: Fruitland Park	State: Florida		Zip Code: 34731	
	Tarte I radii poo.	4116 Bair Avenue	TT.	Purchased Finis		City. Traiband Fast				***************************************
	Type of Water Treatment by	t reast.			432,000					
	Permitted Maximum Day O				432,000	Plant C	lass (per subsection 62-69	9.310(4), F.A.C.):	С	
1	Plant Category (per subsecti	on 62-699.310(4), F.A.C	z.).		License Class	License Number		Day(s) / Shift(s)	Worked	
	Licensed Operators		Name		A	3531	Utility Manager Days 1s			
	Lead/Chief Operator:	····			C	7274				
19	Other Operators:	Peter Marchisio								
-										
ŀ										
1										
1										
ı										
ı										
١										
L										
T	Certification by Lead	/Chief Operator								
			perator licensed in Florida, am	the lead/chief	operator of the	water treatment p	lant identified in par	t I of this report	t. I certify that th	.e
_			1	re anhalusand	ad belief LCEMI	ITV INNI NU ULIUKUD	e water irealities one	MILLOUIS ASOU OF	titio piant contorn	
				agation 67 33	~ 4/11/41 H A C	I also certity in	ai the iomownie addi	HOHAL ODOLARION	2 10001 02 101 11110	,
				at during the	month indicated	ianove: ilitecoi	us of afflowing of circ	illiogis asoa mit	a cilciliteat toca t	G. D. J
1	were prepared each da	y mat a neemsed op	ocess performance records. Fur	rthermore Is	gree to provide	these additional o	perations records to	the PWS owner	so the PWS owr	ner can
(2) if applicable, appro	priate treatment pro	ocess performance records. The	a at least ten	uears		•			
r	etain them, together w	oth copies of this re	port, at a convenient location for	oi at icasi ich	years.					
	- \)							A - 3531	
	きる	10	2/4/65	Ron Derossett					License Number	
S	ignature and Date		1	Printed or Typ	ed Name				Meense (dameet	

PWS I	/S Identification Number: 3354656 Plant Name: Lake Idlewild Estates													
	aily Data	for the N	Ionth/Year	of:		January, 2015								
			g Virus Inacti		val: ▼ Free C	hlorine [Chlorine Di	oxide	☐ Ozone	Comb	oined Chlori	ne (Chlorai	nines)	
	traviolet R		Othe	r (Describe):		,				,				
						₩ Free Chk	rine [Combir	ned Chlorine	(Chloramine	:s)	Chlorine I	Dioxide	
Type	t Disinted	ctant Resid	luai Maintai	ned in Distr	ibution System: T Calculations, or							*		<u> </u>
				residence C	Cl Calculations, or			roui-Log	y mus mac		UV	Dose	1	
			101 102			CT Calc	ulations	T	1 1 1 1 1 1			T	1	
	-						Lowest CT							
		set in the set			Section 1	Disinfectant	Provided						I amount Plant don't	
	Days Plant				Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual Disinfectant	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	1			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement Point During	Customer During Peak			Minimum	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
Day of		Hours plant	Water	Park Flow	Before or at First			Temp of	pH of Water,	PLOTE I	UV Dose,	mW-	Distribution	Involves Taking Water System Components
the (Place in Producted, Peak Flow Customer During Peak Flow, Flow, mg. 1emp of pH of Water C Required, Ov Dosc, IIII Distribution involves faking water system components														
Month "X") Operation gal. Rate, gpd. Peak Flow, mg/L minutes min/L Water, "C if Applicable mg-min/L inw-section section System, mg/L Out of operation and the section of th														
2	X	24.0	32,000		1.5								1.2	
3		24.0	32,000											
4		24.0	32,000										0.8	
5	Х	24.0	25,000		1.0							<u> </u>	0.0	
6		24.0	25,000					<u> </u>					1.0	
7	X	24.0	19,000		1.2			 				-		
8		24.0	19,000		1.0			 	1				0.7	
9	X	24.0	32,000 32,000		1.0		<u> </u>	 						
10		24.0 24.0	32,000		<u> </u>						.,,			
12	х	24.0	21,000		1.0								0.7	
13		24.0	21,000											
14	х	24.0	17,000		1.2								1.0	
15		24.0	17,000										0,8	
16	X	24,0	29,000		1.0								0.8	
17		24.0	29,000				 					<u> </u>		
18		24.0	29,000		1.1		 	 					0.8	
19 20	Х	24.0 24.0	22,000 22,000		1.1			 	<u> </u>	-,				
21	$-\mathbf{x}$	24.0	26,000		1.3								1.1	
22		24.0	26,000											
23	\overline{x}	24.0	24,000		1.1					,			0.8	
24		24.0	24,000											
25		24.0	24,000					ļ	-				0,6	
26	х	24.0	20,000		0,9			 					0,0	
27		24.0	20,000				ļ	 					1.0	
28	X	24.0	27,000		1.2		<u> </u>							
29		24.0	27,000		1.1		 	<u> </u>					0.8	
30	<u>X</u>	24.0 24.0	40,000 40,000		1.1		<u> </u>	 						
31 Total														
Avgerage	· · · · · · · · · · · · · · · · · · ·		26,097											

40,000

Avgerage

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



See Pages 4 for Inst		Year of: February, 2	016						
I. General Information	1 for the Month/	Year or: Febluary, 2	015			······································			
A. Public Water Syster	n (PWS) Informa	rtion							
PWS Name:	Lake Idlewild Estate					PWS Identification Number	ber: 3.	354656	-
PWS Type:	✓ Community	Non-Transient Non-Commu	nityT	ransient Non-Com		Consecutive		70	
Number of Service Connec	tions at End of Month	n: 75			Total f	Population Served at End of	of Month: 1	70	
PWS Owner:	Lake Idlewild Estate	S				. D b. Tid	Compliants Man	ngar .	
Contact Person:	Melisa Rotteveel				City: New Port Rich	et Person's Title: State: Florida	Compliance Mana	ip Code: 34652	
Contact Person's Mailing /		4939 Cross Bayou Blvd			<u> </u>	t Person's Fax Number:	727.849.4219	ip Code. 34032	H-11-111111111111111111111111111111111
Contact Person's Telephon	e Number:	866-753-8292	- 4		Contac	a Person's Pax Number.	727.043.4213		
Contact Person's E-Mail A		mrotteveel@uswatercorp.ne	<u>et</u>						
B. Water Treatment Pl						Plant Telephone Number	- 86	66.753.8292	
Plant Name:	Lake Idlewild Estate	\$			City: Fruitland Park			ip Code: 34731	***************************************
Plant Address:	4116 Bair Avenue		Purchased Fini		City. Fruitiand Fark	State. Horida	<u> </u>		
Type of Water Treatment b		Raw Ground Water	Purchased Fini	432,000					
Permitted Maximum Day (432,000	Plant Cl	lass (per subsection 62-699	9.310(4), F.A.C.):	С	
Plant Category (per subsec	tion 62-699.310(4), F.	A.C.J.		License Class	License Number		ay(s) / Shift(s) V	Vorked	
Licensed Operators		Name		A A	3531	Utility Manager Days 1st			
Lead/Chief Operator:				c	7274		······································		
Other Operators:	Peter Marchisio			<u> </u>	7.2.7				
L.,,	<u> </u>								
II. Certification by Lea-	d/Chief Operator	r							
I, the undersigned wat	er treatment plant	operator licensed in Florida, a	m the lead/chie	f operator of the	water treatment pl	lant identified in part	I of this report.	I certify that the	NOD
information provided	in this report is to	ue and accurate to the hest of m	ny knowledge a:	nd belief. I certi	ify that all drinking	water treatment cher	micais used at ini	is piant comorni t	0 NSF
International Standard	160 or other appli	cable standards referenced in s	ubsection 62-51	55.320(3). F.A.C	 I also certify that 	it the following additi	ional operations	recoras for this pi	lant
ware prepared each de	without a licensed	operator staffed or visited this i	plant during the	month indicated	d above: (1) record	ds of amounts of cher	nicais used and c	memicai teed rate	s, and
(2) if applicable appr	onciate treatment	process performance records.	Furthermore, I	agree to provide	these additional of	perations records to the	he PWS owner s	o the PWS owner	can
retain them temether	with conies of this	report, at a convenient location	n for at least ter	n vears.					
recont their together	This copies of this	report, at a convenient rocation		- ,					
	4		Dan Danners				А	- 3531	
			Ron Derossett					cense Number	
Signature and Date			Printed or Typ	nea ivame					

PWS I	dentificaito	n Number:		3354656		Plant Name:	Lake Idlewi	ld Estates	}					
t			Ionth/Year	of:		February, 2015						····		
			g Virus Inacti		val: ▼ Free C		Chlorine D	invida	Ozone	Com	bined Chlori	ne (Chlora	nines)	
1						-morne j	Chiorine D	юмие) Ozone) Com	onica Chlori	ik (Chora	ittiics)	
L	traviolet R			er (Describe)				1:	1011-	(Chlain-	\ F	Chlorine l	Diovida	
Type	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chk				(Chloramine	•		T	
	1	1		(T Calculations, or	r UV Dose, to	Demostate	Four-Lo	g Virus Inac	tivation, if	Applicable [*]	,		
				East :		CT Calc					UVI	Dose]	
1											ľ			
						District Contract	Lowest CT Provided	1			l			
1	Davis Dlamb				Lowest Residual	Disinfectant Contact Time	Before or at						Lowest Residual	v v
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions: Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water,		UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, 'C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0	40,000					<u> </u>	 				1.0	
2	X	24.0	27,000		1.2	<u> </u>			 	<u> </u>			1.0	
3	ļ	24.0	27,000					ļ					1.1	
4	X	24.0	13,000		1.3.			 	-	 			***	
5		24.0	13,000		1.0					 			0.7	
7	x	24.0 24.0	34,000 34,000	<u> </u>	1.0		 			1				
8	ļ	24.0	34,000				<u> </u>		-		1			
9	x	24.0	24,000		1.1				<u> </u>	1		***************************************	0.8	
10		24.0	24,000						1					
11	х	24.0	20,000		1.3								1.1	
12		24.0	20,000											
13	Х	24.0	20,000		1.6								1.5	
14		24.0	21,000					L					<u> </u>	
15		24.0	21,000										1.6	
16	X	24.0	14,000		1.8				ļ				1.6	
17		24.0	14,000					ļ	<u> </u>				1.7	
18	X	24.0	15,000		1.8		<u> </u>	 	<u> </u>				3,7	
19 20		24.0	15,000 36,000		1.1			 	ļ				0.9	
20	Х	24.0 24.0	36,000		1.1		<u> </u>	 	<u> </u>	 		***************************************		
22		24.0	36,000					l						
23	х	24.0	20,000		1.4								1.3	
24		24.0	20,000											
25	Х	24.0	17,000		1.3								1.1	
26		24.0	17,000											
27	Х	24.0	26,000		1.2								1.0	
28		24.0	26,000											
29		24.0							<u> </u>	<u> </u>				
30		24.0												
31	I	24.0						<u> </u>	<u> </u>	<u> </u>			L	
Total .			664,000											
Avgerage	•	[23,714											

40,000

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



Car Danie 4 fan Insti	ations								
See Pages 4 for Instr I. General Information		ear of: March, 2015	5						
I. General Intormation	HOT the Month A	an Oi.							
A. Public Water System	(PWS) Informati	on	44,000			Inmert de di Mat	77	54656	
PWS Name:	Lake Idlewild Estates					PWS Identification Numb	ег: 33	134030	
PWS Type:	✓ Community	Non-Transient Non-Commur	nityT	ransient Non-Comi	1110111C)	Consecutive	f Month: 17	· · · · · · · · · · · · · · · · · · ·	
Number of Service Connec	tions at End of Month:	75			[lotal l	Population Served at End o	I MORIN: 17	V	
PWS Owner:	Lake Idlewild Estates				- IC-1-	-t De-cap's Titles	Compliance Mana	aer	
Contact Person:	Melisa Rotteveel				City: New Port Rich	ct Person's Title: State: Florida		p Code: 346	52
Contact Person's Mailing A		939 Cross Bayou Blvd				t Person's Fax Number:	727,849,4219	p. coac. 340	
Contact Person's Telephone		66-753-8292	_'1		Contac	A Person's Pax Number.	127.049.4219		
Contact Person's E-Mail Ac		nrotteveel@uswatercorp.ne	<u>et </u>					,	
B. Water Treatment Pla						Plant Telephone Number:	86	6.753.8292	
Plant Name:	Lake Idlewild Estates				City: Fruitland Park			p Code: 347	/31
Plant Address:	4116 Bair Avenue		Purchased Fin		City. Finitiality Falk	State. Horida	1224	r	
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	432,000					
Permitted Maximum Day C				432,000	Plant Cl	ass (per subsection 62-699	310(4) F.A.C.):	С	
Plant Category (per subsect	ion 62-699.310(4), F.A.	.0.).		License Class			y(s) / Shift(s) W	orked	
Licensed Operators		Name		A A	3531	Utility Manager Days 1st			
Lead/Chief Operator:				C	7274	<u></u>			***************************************
Other Operators:	Peter Marchisio				3271				
	<u> </u>								
II. Certification by Lead	I/Chief Operator						6.1.	, , c , t ,	41.
I, the undersigned water	er treatment plant o	perator licensed in Florida, a	m the lead/chie	f operator of the	water treatment pl	lant identified in part l	of this report.	certify that	tne
information provided i	in this report is true	and accurate to the best of m	iv knowledge a	nd belief. I certi	ify that all drinking	water treatment chem	ncais used at this	s piant come	othi to not
International Standard	60 or other applica	ble standards referenced in s	ubsection 62-5	55.320(3). F.A.C	I also certify that	it the following addition	onai operations r	ecords for the	ns piant
were prepared each da	withat a licensed or	perator staffed or visited this t	nlant during the	month indicated	d above: (I) record	is of amounts of chem	ncais used and c	nemicai ieed	i fales, and
(2) if applies the approx	opriate treatment pr	rocess performance records.	Furthermore, I	agree to provide	these additional of	perations records to th	e PWS owner so	the PWS or	wner can
retain them together	with conject of this re	eport, at a convenient location	n for at least tei	n years.					
Totalii uscili togetilei w	rai copies of ims i	bott, at a conforment tocation							
K3 <	76	3/8/15	Ron Derossett			white was a second		- 3531	
Signature and Date			Printed or Typ	oed Name			Lic	ense Number	

PWS 16	lentificaito	n Number:		3354656		Plant Name:	Lake Idlewi	ld Estates						
L			lonth/Year			March, 2015								
						Chlorine	Chlorina Di	ovide	Ozone	Com!	bined Chlori	ne (Chlorai	nines)	
			y Virus Inacti	vation/Remov		.morne į	Chiornie Di	OXIGE	Ozone	, Com	onica Chion	no (cincia	,,	
	traviolet R			er (Describe):					ed Chlorine	(Chloromine	e) [Chlorine I	Dioxide	
Type o	f Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo							T	
		I		C	T Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, it	Applicable	r 		
						CT Calc					UV	Dose	1	
				·			Lowest CT		r			ļ		
						Disinfectant	Provided						Lowest Residual	
	Days Plant			1	Lowest Residual	Contact Time (T) at C	Before or at First					Minimum	Disinfectant	
	Staffed or		Net Quantity		Disinfectant Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
	Visited by		of Finished	1.	Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
Day of	and the second second second	Hours plant	Water Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
the Month	(Place "X")	in Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
Monu	- A.J.	24.0	26,000	rune, spe		<u> </u>						<u> </u>		
2	х	24.0	24,000		1.3								1.1	
$\frac{1}{3}$		24.0	24,000											
4	х	24.0	26,000		1.4								1.2	
5		24.0	26,000								<u> </u>		0.0	
6	X	24.0	3 6 ,000		-1,1								0.8	
7		24.0	36,000					<u> </u>						
8		24.0	36,000					ļ			<u> </u>	 	1.1	
9	Х	24.0	29,000		1,3	.,,,.		<u> </u>			 	<u> </u>	1.1	
10		24.0	29,000				<u> </u>	<u> </u>				 	1.4	
11	Х	24.0	30,000		1.5						<u> </u>	 	<u> </u>	
12		24.0	30,000				ļ	 					0.8	
13	Х	24.0	43,000	ļ	1.1		<u> </u>							
14		24.0	43,000											
15		24.0	43,000		1.0		 				 		0.8	
16	X	24.0	36,000 36,000		1.0		<u> </u>							
17 18	- V	24.0 24.0	37,000		1.3								1.1	
19	X	24.0	3,700		1.5									
20	х	24.0	42,600		1.0		t e	<u> </u>					0.8	
21	_^_	24.0	42,700										<u></u>	
22		24.0	42,700											
23	×	24,0	34,000		1.0								0.7	
24		24.0	34,000											
25	х	24.0	30,000		1.1						ļ		0.7	
26		24.0	30,000											
27	Х	24.0	26,700		0.8								0.7	
28		24.0	26,700									<u> </u>	 	
29		24.0	26,600					ļ			ļ	 	0,6	
30	Х	24.0	33,000		0.9			<u> </u>					0.6	
31		24.0	33,000		***************************************		<u> </u>	<u></u>	<u></u>	L	<u></u>	<u> </u>	L	
Total			995,700											
Avgerage	:		32,119											

43,000

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



See Pages 4 for Instr													
l. General Information	for the Month/Y	ear of: April, 20	015										
A. Public Water System	(PWS) Informat	ion											
PWS Name:	Lake Idlewild Estates					PWS Identification Numb	er:	3354656					
PWS Type:	✓ Community	Non-Transient Non-Corr	nmunity	Transient Non-Com	munity	Consecutive							
Number of Service Connect		75			Total I	opulation Served at End o	f Month:	170					
PWS Owner:	Lake Idlewild Estates												
Contact Person:	Melisa Rotteveel					t Person's Title:	Compliance Ma						
Contact Person's Mailing A	ddress: 4	939 Cross Bayou Blvd			City: New Port Rich			Zip Code: 34652					
Contact Person's Telephone	Number: 8	66-753-8292			Contac	et Person's Fax Number:	727.849.4219						
Contact Person's E-Mail Ad	Contact Person's E-Mail Address: mrotteveel@uswatercorp.net												
Water Treatment Plant Information													
Plant Name: Lake Idlewild Estates Plant Telephone Number: 866.753.8292													
Plant Address: 4116 Bair Avenue City: Fruitland Park State: Florida Zip Code: 34731													
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fi	nished Water									
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:		432,000	· · · · · · · · · · · · · · · · · · ·								
Plant Category (per subsect	ion 62-699.310(4), F.A	.C.):	V			ass (per subsection 62-699		<u>C</u>					
Licensed Operators	27 L 21	Name		License Class	License Number	<u> </u>	ay(s) / Shift(s)	Worked					
Lead/Chief Operator:	Ron Derossett			Α	3531	Utility Manager Days 1st	Shift						
Other Operators:	Gary Kissick			С	7846								
	<u> </u>												
I. Certification by Leac	I/Chief Operator		1 1 1/1	: C C Al-	- weter treatment n	lant identified in part	Lof this report	t Certify that the					
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the													
information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NST													
International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant													
were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed fales, and													
(2) if applicable, appro	(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can												
retain them, together with copies of this report, at a convenient location for at least ten years.													
	Tetativitieni, ipgenier with copies of this report, at a convenient location for ac least ten years.												
) 71	Sloles	Ron Deross					A - 3531					
Signature and Date	C		Printed or T	Typed Name				License Number					

PWS I	WS Identification Number: 3354656 Plant Name: Lake Idlewild Estates													
·			Ionth/Year	of:		April, 2015								
	_ •		g Virus Inactiv		ral: ▼ Free C	hlorine	Chlorine Die	oxide	Ozone	☐ Comb	ined Chloria	ne (Chloran	nines)	
	raviolet R			r (Describe):										
Type o	f Disinfed	tant Resid	lual Maintair	ned in Distri	ibution System:	▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s)	Chlorine [Dioxide	
7.				С	T Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	tivation, if A	Applicable*	•		
						CT Calc					UVI	Oose		
					· init		Lowest CT							
ALL NOTES						Disinfectant	Provided	9		3 - 4				
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
A. S. C.	Staffed or		Net Quantity	1.11	Disinfectant	(T) at C	First			40.44	Lowest	Minimum UV Dose	Disinfectant	Emergency or Abnormal Operating
	Visited by		of Finished	5	Concentration (C)	Measurement	Customer			Minimum	Operating	Required,	Concentration at Remote Point in	Conditions; Repair or Maintenance Work that
Day of		Hours plant	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
the Month	(Place "X")	in Operation	gai.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	33,000		1.0								0.8	
2 2		24.0	41,000										0.7	
3	Х	24.0	41,000		0.9								0.7	
4		24.0	48,000											
5 6	х	24.0 24.0	48,000 48,000		1.0								0.7	
7	A	24.0	45,000		1.0									
8	х	24.0	45,000		1.2								1.0	
9		24.0	63,000										0.0	
10	Х	24.0	63,000		1.1	. 1. 24						<u> </u>	0.9	
11		24.0	46,000						_					
12 13	- v	24.0 24.0	46,000 46,000		1.2							 	1.0	
13	X	24.0	27,000		1.2									
15	X.	24.0	27,000		1.7								1.5	
16		24.0	29,000										0.0	
17	X	24.0	29,000		1.1							ļ	0.9	
18		24.0	44,000						 				<u> </u>	
19 20	×	24.0 24.0	43,000 43,000		0.8			—		 	 		0.5	
21	^	24.0	35,000		0.0									
22	х	24.0	35,000		1.0							ļ	0.7	
23		24.0	60,000								_		0.6	
24	X	24.0	60,000		0.9			<u> </u>	<u> </u>	<u> </u>	 	 	0.6	
25		24.0	54,000		 		<u> </u>	!		1	 	 		
26 27	х	24.0 24.0	53,000 53,000		0.7			-	 		 	<u> </u>	0.8	
28		24.0	21,000		0.7				1					
29	х	24.0	21,000		1.4		l						1.1	
30	-	24.0	42,000							<u> </u>	<u> </u>	1		
31		24.0	42,000				<u> </u>	L	<u></u>	<u> </u>		<u> </u>	<u> </u>	
Total			1.331.000	1										

42,935

63,000

Avgerage

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



See Pages 4 for Instructions.			w			
I. General Information for the Month/Year of:	M ay, 2015					
A. Public Water System (PWS) Information				PWS Identification Number	er: 3354656	
PWS Name: Lake Idlewild Estates	nsient Non-Community Tr	ransient Non-Commun		Consecutive		
1 W3 Type.	75	0.		opulation Served at End of	Month: 170	
Number of Service Connections at End of Month:	13			<u></u>		
PWS Owner: Lake Idlewild Estates			Contact	Person's Title:	Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Baye	an Rhyd	City	y: New Port Rich	State: Florida	Zip Code:	34652
Contact 1 0 30 n 5 1 to 1 1 5 1 to 1 5 5 1	A BIVG			Person's Fax Number:	727.849.4219	
	uswatercorp.net					
B. Water Treatment Plant Information	guowatoroorpoz					
Plant Name: Lake Idlewild Estates				Plant Telephone Number:	866.7 53.8 2 92	
		City	y: Fruitland Park	State: Florida	Zip Code:	34731
	ınd Water Purchased Fini	shed Water				
Type of Water Treatment by Plant: ✓ Raw Ground Permitted Maximum Day Operating Capacity of Plant, gallons per		432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Cla	ss (per subsection 62-699.	310(4), F.A.C.): C	
	ame	License Class Li	cense Number	Da	y(s) / Shift(s) Worked	
Lead/Chief Operator: Ron Derossett		Α	3531	Utility Manager Days 1st S	Shift	
Other Operators: Gary Kissick		С	7846			
Other Operators. Oary Rissick						
- 3.1.77 36 31.1						
II. Certification by Lead/Chief Operator					031 . 7	
I, the undersigned water treatment plant operator licer	nsed in Florida, am the lead/chie	f operator of the wa	iter treatment pla	ant identified in part I	of this report. I certify th	at the
information provided in this report is true and accurat	e to the best of my knowledge at	nd helief. I certify t	that all drinking	water treatment chem	icais used at this plant coi	ntorm to NSF
International Standard 60 or other applicable standard	Is referenced in subsection 62-55	55.320(3), F.A.C. I	also certify that	the following addition	nai operations records for	r this plant
were prepared each day that a licensed operator staffe	ed or visited this plant during the	month indicated ab	ove: (1) record	s of amounts of chemi	icais used and chemical re	ed rates; and
(2) if applicable, appropriate treatment process perfor	mance records. Furthermore, La	agree to provide the	se additional op	erations records to the	e PWS owner so the PWS	owner can
retain them, together with copies of this report, at a co	onvenient location for at least ten	vears.	-			
retain them together with copies of this report, at a co		·)				
1X / / TIT 1/11	Ron Derossett				A - 3531	
					License Number	er
Signature and Date	Printed or Typ	ea Name			incense italies	**

PWS I	dentificaito	n Number:		3354656		Plant Name:	Lake Idlewi	ld Estates						
L			Ionth/Year	of·		May, 2015								
			g Virus Inactiv		val: ▼ Free C		Chlorine Di	iovide	Ozone	□ Comb	oined Chlori	ne (Chlorai	nines)	
				er (Describe):		, morate	CHIOTHE D	0.000	,	,			-	
1.	traviolet R				***************************************	Free Chlo		Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
Type o	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:								Ι	
				C	T Calculations, or			Four-Log	Virus inac	uvation, ii	Applicable	N-an	1	
						CT Calc	ulations	T	T		UV	Jose		
1					and the second second		Lowest CT							
						Disinfectant	Provided	ľ					٠.	
i	D D'				Lowest Residual	Contact Time	Before or at						Lowest Residual	i de la companya de l
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
1	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components Out of Operation
Month	"X")	Operation	gai.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L 1.2	Out or Operation
- 1	X	24.0	57,000		1.3								1.2	
2		24.0	57,000				<u> </u>	ļ	ļ					
3		24.0	57,000				<u> </u>	ļ			<u> </u>		0,5	
4	X	24.0	47,000		0.8				<u> </u>				0.5	
. 5		24.0	47,000				ļ		 				1.4	
6	X	24.0	52,000		1.6			!						
7	·	24.0	52,000				ļ	ļ	<u> </u>		-		1.1	
8	X	24.0	80,000		1.3	<u> </u>	 	}						
9		24.0	80,000	<u> </u>				 	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		7	
10		24.0	80,000		1.5		<u> </u>		 		l		1.4	
11	X	24.0	37,000	<u> </u>	1.2			 			<u> </u>			
12		24.0	37,000 46,000		1.6		!						1.4	
13	X	24.0 24.0	46,000		1.0			 						
15	х	24.0	59,000		1.0		[0.8	
16		24.0	59,000											
17		24.0	59,000				İ							
18	х	24.0	47,000	<u> </u>	1.2					,			1.0	
19	- 11	24.0	47,000	1							ļ			
20	х	24.0	62,000		0.8				ļ		ļ	<u> </u>	0.5	
21		24.0	62,000								ļ		0.9	
22	Х	24.0	64,000		1.2				ļ		ļ		0.9	
23		24.0	64,000								ļ			
24		24.0	64,000								 		0.9	
25	Х	24.0	47,000		1.1								0.9	
26		24.0	47,000								 		1.0	
27	X	24.0	65,000		1.1		<u> </u>		 				1.0	
28		24,0	65,000										1.0	
29	X	24.0	74,000		1.1			 						
30		24.0	74,000					 	 					
31	1	24.0	74,000		<u> </u>		I	L	<u> </u>	L	<u> </u>	L		
Total			1,808,000											
Avgerage	:	1	58,323	i										

80,000

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



E PLOKIDA 1											
See Pages 4 for Insti	ructions.										
I. General Information	for the Month/Ye	ear of: June, 2015	5								
A. Public Water Systen	ı (PWS) Informati	on.									
PWS Name:	Lake Idlewild Estates					PWS Identification Numb	ber: 33	354656			
PWS Type:	Community Non-Transient Non-Community Transient Non-Community Consecutive										
Number of Service Connec		75			Tot	al Population Served at End o	of Month: 17	70			
PWS Owner:	Lake Idlewild Estates										
Contact Person;	Melisa Rotteveel					ntact Person's Title:	Compliance Mana	iger			
Contact Person's Mailing Address: 4939 Cross Bayou Blvd City: New Port Rich State: Florida Zip Code: 34652											
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727.849.4219											
Contact Person's E-Mail A		nrotteveel@uswatercorp.r	net								
B. Water Treatment Pl											
Plant Name:	Lake Idlewild Estates					Plant Telephone Number:	: 86	66.753.8292			
Plant Address:	4116 Bair Avenue				City: Fruitland P.	ark State: Florida	Zi	ip Code: 34731			
Type of Water Treatment b	v Plant:	✓ Raw Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day C		ant, gallons per day:		432,000							
Plant Category (per subsect		· · · · · · · · · · · · · · · · · · ·			Plan	Class (per subsection 62-699		C			
Licensed Operators	<u> </u>	Name		License Class	License Numb	er D	ay(s) / Shift(s) V	Vorked			
Lead/Chief Operator:	Ron Derossett			A	3531	Utility Manager Days 1st	Shift				
Other Operators:	Gary Kissick			C	7846						
			······································								
CANCEL CO. C.											
I. Certification by Lead	I/Chief Operator										
I, the undersigned wat	er treatment plant o	perator licensed in Florida,	am the lead/chie	ef operator of the	e water treatmen	t plant identified in part	I of this report.	I certify that the			
information provided i	in this report is true	and accurate to the best of	my knowledge a	and belief. I cert	ify that all drink	ing water treatment che	micals used at th	is plant conform to NSF			
International Standard	60 or other applica	ble standards referenced in	subsection 62-5	55.320(3), F.A.(C. I also certify	that the following addit	ional operations	records for this plant			
were prepared each da	v that a licensed on	erator staffed or visited this	plant during the	e month indicate	d above: (1) red	ords of amounts of cher	micals used and	chemical feed rates; and			
(2) if annliable anne	operate tractment of	ocess performance records.	Furthermore I	agree to provide	these additiona	l operations records to t	the PWS owner s	so the PWS owner can			
(2) if applicable, applicable	opriale freatment pr	enert of a generalism location	on for at least te	n veare	, most accuration						
retam them together v	vitil copies of this re	eport, at a convenient location	ou tot at least le	n yours.							
(ン)	M	2/2/2						N - 3531			
		7/7/15	Ron Derosset					icense Number			
Signature and Date			Printed or Ty	ped Name			l.	accuse (Number			

Signature and Date

PWS I	dentificaito	n Number:		3354656		Plant Name:	Lake Idlewi	d Estates						
111.	aily Data	for the N	Ionth/Year	of:	:	June, 2015								
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)													
	traviolet R	-	-	r (Describe):		r	CHOCKET D.			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
⊢	Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide													
type	oi Disinie	ciani Resid	iuai Maintai		T Calculations, or								I	
1				<u> </u>	1 Calculations, or	····		·Out-LOB	VII us III ac	tivation, it	UVI			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CT Calc	ulations	ri			UVI	JUSC		
				of Edition of the Control of the Con			Lowest CT					-		
						Disinfectant	Provided							
	Days Plant	150			Lowest Residual	Contact Time	Before or at	A May				Minimum	Lowest Residual Disinfectant	
le e	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day - 6	Visited by		of Finished Water		Concentration (C) Before or at First	Measurement Point During	Customer During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
Day of the	Operator (Place	Hours plant	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of		CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	x	24.0	30,000	The fire Control of	1.1	hadaan Adamada da							0.9	
2		24.0	30,000											**************************************
3	Х	24.0	38,000		1.2	***************************************			<u>watermilan in 111 marin 1</u>				1.1	
4		24.0	38,000										0.8	
. S	X	24.0	48,000		1.0								0.8	
6		24.0	48,000											
7 8	×	24.0 24.0	48,000 35,000		1.1								0.9	
9	^	24.0	35,000		4.1									
10	Х	24.0	33,000		1.0								0.7	
11		24.0	33,000											
12	Х	24.0	57,000		1.3								1.1	
13		24.0	57,000								ļ			
14		24.0	57,000									ļ	0.9	
15	X	24.0	50,000		1.1								0.9	
16 17		24.0 24.0	50,000 68,000		1.5						 		1.4	
18	Х	24.0	68,000		1.7									
19	x	24.0	62,000		1.1								0.9	
20		24.0	62,000											
21		24.0	62,000											
22	Х	24.0	65,000		1.1					ļ		ļ	0.9	
23		24.0	65,000										1.2	
24	X	24.0	55,000		1.4			 					1.2	
25 26	х	24.0 24.0	55,000 70,000		1.3			—	 	<u> </u>	 		1.1	
26	^	24.0	70,000		1.3				l	 	1	t		
28		24.0	70,000							1				
29	х	24.0	45,000		0.9								0.6	
30		24.0	45,000											
31		24.0						<u> </u>	L	<u> </u>			<u></u>	1
Total			1 549 000											

51,633

70,000

Avgerage

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



See Pages 4 for Instructions. I. General Information for the Month/Year of: July, 2015 A. Public Water System (PWS) Information PWS Identification Number: 3354656 PWS Name: Lake Idlewild Estates Consecutive Transient Non-Community Non-Transient Non-Community ✓ Community PWS Type: Total Population Served at End of Month: 170 75 Number of Service Connections at End of Month: Lake Idlewild Estates PWS Owner: Contact Person's Title: Compliance Manager Melisa Rotteveel Contact Person: Zip Code: 34652 City: New Port Rich State: Florida 4939 Cross Bayou Blvd Contact Person's Mailing Address: Contact Person's Fax Number: 727.849.4219 866-753-8292 Contact Person's Telephone Number: mrotteveel@uswatercorp.net Contact Person's E-Mail Address: **B.** Water Treatment Plant Information 866.753.8292 Plant Telephone Number: Lake Idlewild Estates Plant Name: Zip Code: 34731 City: Fruitland Park State: Florida 4116 Bair Avenue Plant Address: Purchased Finished Water ✓ Raw Ground Water Type of Water Treatment by Plant: 432,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked License Class | License Number Licensed Operators Name 3531 Utility Manager Days 1st Shift Lead/Chief Operator: Ron Derossett 7846 Other Operators: Gary Kissick II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A - 3531 Ron Derossett License Number Printed or Typed Name Signature and Date

PWS I	dentificaito	n Number:		3354656		Plant Name:	Lake Idlewi	ld Estates						
	··········		lonth/Year	of:	- 1	July, 2015								
			g Virus Inacti		val: 🔽 Free C	Chlorine	Chlorine D	ioxide	Ozone	☐ Coml	bined Chlori	ne (Chlora	mines)	
	traviolet R			er (Describe):		,	Citional C		•	•		,		
				•		Free Chlo	vine [Combi	ned Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
Type	of Disinfe	ctant Resi	dual Maintai	ned in Distr	ibution System:								<u> </u>	
				<u> </u>	CT Calculations, or			rour-Log	g virus inac	tivation, n	L UV	Nace	1	
					0.0000118	CT Calc	ulations	T	T		A SECURIT	Juse	1	
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at					Kalen.	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Lowest	Minimum UV Dose	Disinfectant	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement	Customer		1	Minimum	Operating	Required,	Concentration at Remote Point in	Conditions; Repair or Maintenance Work that
Day of	Operator	Hours plant	1 1 2 2 3 3 3 4		Before or at First	Point During	During Peak	Temp of	pH of Water,		UV Dose,	mW-	Distribution	Involves Taking Water System Components
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg- min/L	Water of	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm²	System, mg/L	Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L 0.9	minutes	HIMPL	i vator, c	1				0.6	
~ 11	X	24.0			0.9		 	 		<u> </u>				
3	x	24.0 24.0			1.0			 	†				0.6	
4		24.0												
5	1	24.0												
6	х	24.0			1.1		1						0,8	
7	 	24.0									<u> </u>			
8	х	24.0			1.0			<u> </u>			<u> </u>		0.7	
9		24.0	48,000					ļ	ļ				0.5	
10	Х	24.0	45,000		0.8				<u> </u>	ļ	ļ		0,3	
11		24.0	45,000					ļ			<u> </u>			
12		24.0	45,000		20			 	 		-		0.6	
13	Х	24.0	45,000		0.9		<u> </u>	 	 					
14 15	- v	24.0 24.0	45,000 34,000		0.8		ļ.————	<u> </u>					0.5	
16	X	24.0	34,000		0.0		<u> </u>	†		ļ				
17	х	24.0	37,000		1,4								1.2	
18	_ ^	24.0	37,000											
19		24.0	37,000											
20	х	24.0	34,000		1.3			<u> </u>	<u> </u>	ļ	<u> </u>		1.0	
21		24,0	34,000						<u> </u>	<u> </u>	ļ		0.9	
22	X	24.0	31,000		1.1		ļ	ļ	-	 	}		0.7	· ·
23		24.0	31,000						 	 	<u> </u>		1.1	
24	X	24.0	29,000		1.3			 					11.1	
25		24.0	29,000					 						
26 27	x	24.0 24.0	28,000 23,000		1.0	-			 	-	<u> </u>		0.7	
28	^	24.0	23,000		1,0		 			<u> </u>				
28 29	x	24.0 24.0	22,000		1.2			<u> </u>			T		1.0	
30	 ^ 	24.0	22,000				 							
31	x	24.0	27,000		1.1								0.8	
Total			1 213 000				· · · · · · · · · · · · · · · · · · ·							

39,129

67,000

Avgerage

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



See Pages 4 for Instructions.

DEP Form 62-555..900(3)Alternate

See Pages 4 for Insti							
I. General Information	n for the Month/Y	ear of: August, 2015	·				
A. Public Water Systen	n (PWS) Informat	ion					
PWS Name:	Lake Idlewild Estates				PWS Identification Num	nber: 3354656	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive		
Number of Service Connec	ctions at End of Month:	75		Total I	Population Served at End	of Month: 170	
PWS Owner:	Lake Idlewild Estates						
Contact Person:	Melisa Rotteveel			Contac	et Person's Title:	Compliance Manager	
Contact Person's Mailing A	Address: 4	939 Cross Bayou Blvd		City: New Port Rich	State: Florida	Zip Code:	34652
Contact Person's Telephone	e Number: 8	66-753-8292		Contac	t Person's Fax Number:	727.849.4219	
Contact Person's E-Mail A		nrotteveel@uswatercorp.net					
B. Water Treatment Pl	ant Information						
Plant Name:	Lake Idlewild Estates			yannanaanaanaanaanaanaanaanaanaanaanaana	Plant Telephone Number	r: 866.753.8292	
Plant Address:	4116 Bair Avenue			City: Fruitland Park	State: Florida	Zip Code: 3	34731
Type of Water Treatment b	y Plant:	Raw Ground Water Purcha	ised Finished Water				
Permitted Maximum Day C			252,000				
Plant Category (per subsect			······································		ass (per subsection 62-69		
Licensed Operators		Name	License Class	License Number	<u> </u>	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Ron Derossett		A	3531	Utility Manager Days 1st	t Shift	
Other Operators:	Gary Kissick		С	7846			
						NAME OF THE OWNER	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	<u> </u>						
					,		
I. Certification by Lead	I/Chief Operator						
		perator licensed in Florida, am the lea	d/chief operator of the	water treatment nic	ent identified in part	Lof this report Logrify th	at the
		and accurate to the best of my knowle					
•	•	-	•	•		•	
		ble standards referenced in subsection					
		erator staffed or visited this plant duri					
		ocess performance records. Furtherm		these additional op	erations records to the	he PWS owner so the PWS	owner can
retain-them, together w	ith copies of this re	eport, at a convenient location for at le	east ten years.				
		- 1 /					
4 4	25	9/4/15 Ron D	erossett			A - 3531	
Signature and Date		Printer	d or Typed Name			License Numbe	:r

Page 1

	PWS I	dentificaito	on Number:		3354656		Plant Name:	Lake Idlew	ild Estates						
Type of Disinfectant Residual Maintained in Distribution System: Free Chorine Combined Chlorine (Chlorine) Chlorine Disoide	III. I	Daily Data	a for the N	/lonth/Year	of:		August, 2015					***************************************			
Type of Disinfectant Residual Maintained in Distribution System: Free Chorine Combined Chlorine (Chlorine) Chlorine Disoide	Means	of Achievi	ing Four-Lo	g Virus Inacti	ivation/Remov	val: 🔽 Free (Chlorine I	Chlorine D	ioxide	□ Ozone	Com	bined Chlori	ine (Chlora	mines)	
Type of Disinfectant Residual Maintained in Distribution System: F Fee Clothers Combined Chlorine (Chloramines) Chlorine Disorder Chlorader 1		-	-			•				, com	onica cinori	ne (Cinora	11,410.57		
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CV Dose	-						▼ Free Chle	orine [Combin	ned Chlorine	(Chloramine	es)	Chlorine	Dioxide	
Day Plant Part Pa	1 ypc (JI DISMITE	The Test												
Day of Plant Day					1	s i Calculations, o									
Day of Day of Day of Operator House piles Project Proj			na choritane dia		* 1 20000 1 2000 1 2000 1 2000 1 2000 1 2000 1 2000 1 2000 1 2000 1 2000	er av de Vignera Augusta para da da Marangana di Prantangan da da da	I CI Can	AUBTIONS	•	ľ		OV.	DUSE		
2	the	Staffed or Visited by Operator (Place	Hours plant in	of Finished Water Producted, gal,		Disinfectant Concentration (C) Before or at First Customer During	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-			CT Required,	Operating UV Dose,	UV Dose Required, mW-	Disinfectant Concentration at Remote Point in Distribution	Conditions, Repair or Maintenance Work the Involves Taking Water System Components
3	1		24.0												
4	2		24.0												
S X 240 32,000 1.2 0.9 6 240 32,000 0.4 0.4 7 X 240 46,000 0.7 0.4 8 24.0 46,000 0.0 1.4 1.2 10 X 24.0 106,000 1.4 1.2 BWN-4116 Bair Avenue 11 24.0 106,000 1.4 1.4 1.4 BWN-4116 Bair Avenue 12 X 24.0 149,000 1.4 <		X	<u> </u>			1.2								0.9	
6											,				
7		X				1.2								0.9	
8															
9		Х				0.7							***************************************	0,4	
10															
11															
12		X				1.4									
13							•								BWN - 4116 Bair Avenue
14 X 240 38,000 1.4 1.3 15 24.0 38,000 1.2 1.2 177 X 24.0 31,000 1.2 1.2 18 24.0 31,000 1.4 1.3 19 X 24.0 32,000 1.4 1.3 20 24.0 32,000 1.0 0.8 21 X 24.0 33,000 1.0 0.8 22 24.0 33,000 1.3 1.3 1.3 23 24.0 33,000 1.3 1.3 1.3 24 X 24.0 29,000 1.3 1.3 1.3 25 24.0 29,000 1.4 1.3 1.3 1.3 27 24.0 42,000 1.4 1.3 1.3 1.3 28 X 24.0 28,000 1.0 0.9 0.9 29 24.0 28,000 1.0 0.9 0.9 0.9 30 24.0 28,000 1.5 0.0 <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>1.4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.4</td> <td>Day for Lad</td>		X				1.4								1.4	Day for Lad
15						1.4	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)							1 7	Rescinded
16 24.0 38,000 1.2 1.2 17 X 24.0 31,000 1.2 1.2 19 X 24.0 32,000 1.4 1.3 20 24.0 32,000 1.0 0.8 21 X 24.0 33,000 1.0 0.8 22 24.0 33,000 1.3 0.8 23 24.0 33,000 1.3 1.3 24 X 24.0 29,000 1.3 1.3 25 24.0 29,000 1.4 1.3 26 X 24.0 42,000 1.4 1.3 27 24.0 42,000 1.0 0.9 29 24.0 28,000 1.0 0.9 29 24.0 28,000 1.5 1.4 30 24.0 28,000 1.5 1.4 50tal 1,203,000 1.5 1.4						1.7								1,5	
17															
18		- 				12								1.2	
19										· · · · · · · · · · · · · · · · · · ·					
20		-x				1.4								1.3	
21 X 24.0 33,000 1.0 0.8 22 24.0 33,000															
23 24.0 33,000 1.3 1.3 24 X 24.0 29,000 1.3 1.3 25 24.0 29,000 1.4 1.3 26 X 24.0 42,000 1.4 1.3 27 24.0 42,000 1.0 0.9 28 X 24.0 28,000 1.0 0.9 29 24.0 28,000 1.0 0.9 30 24.0 28,000 1.5 1.4 Sotal 1,203,000 1.5 1.4	21	х				1.0							******	0.8	
24 X 24,0 29,000 1,3 1,3 1,2	22		24.0	33,000											
25 24.0 29,000 1.4 1.3 26 X 24.0 42,000 1.4 1.3 27 24.0 42,000 1.0 0.9 28 X 24.0 28,000 1.0 0.9 29 24.0 28,000 1.0 0.9 30 24.0 28,000 1.5 1.4 State 1,203,000 1.5 1.4															
26 X 24.0 42,000 1.4 1.3 27 24.0 42,000 1.0 0.9 28 X 24.0 28,000 1.0 0.9 29 24.0 28,000 1.0 0.9 30 24.0 28,000 0.9 0.9 31 X 24.0 30,000 1.5 1.4 Cotal 1,203,000		х				1.3								1.3	
27 24.0 42,000 0.9 28 X 24.0 28,000 1.0 0.9 29 24.0 28,000 0.9 30 24.0 28,000 0.9 31 X 24.0 30,000 1.5 Cotal 1,203,000															
28 X 24.0 28,000 1.0 0.9 29 24.0 28,000 0.9 30 24.0 28,000 0.9 31 X 24.0 30,000 1.5 Sotal 1,203,000		<u> </u>	-			1.4								1.3	
29															
30 24.0 28,000 31.3 1.4 1.4 1.4 1.4 1.5 1.4 1.4 1.5 1.4 1.4 1.5 1.5 1.4 1.4 1.5 1.5 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5		Х				1,0								0.9	
31 X 24.0 30,000 1.5 1.4 Otal 1,203,000															· · · · · · · · · · · · · · · · · · ·
Cotal 1,203,000															
		XL	24.0			1.5	1							1.4	

106,000

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



See Pages 4 for Instructions.

. General Information	for the Month/Ye	ear of: September, 2	2015						
A. Public Water System	(PWS) Informati	ion							
PWS Name:	Lake Idlewild Estates					PWS Identification Num	iber:	3354656	
PWS Type:	✓ Community	Non-Transient Non-Communit	tyT	ransient Non-Com	munity	Consecutive			
Number of Service Connect		75			Total I	opulation Served at End	of Month:	170	
PWS Owner:	Lake Idlewild Estates								
Contact Person:	Melisa Rottevcel					t Person's Title:	Compliance Ma	anager	
Contact Person's Mailing A	ddress: 4	939 Cross Bayou Blvd			City: New Port Rich	State: Florida		Zip Code:	34652
Contact Person's Telephone		66-753-8292			Contac	t Person's Fax Number:	727.849,4219	·	
Contact Person's E-Mail Ad	ldress: <u>n</u>	nrotteveel@uswatercorp.net	ţ						
3. Water Treatment Pla	ant Information								
Plant Name:	Lake Idlewild Estates					Plant Telephone Number	Γ:	866.753.8292	2
Plant Address:	4116 Bair Avenue				City: Fruitland Park	State: Florida		Zip Code:	34731
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day O	perating Capacity of Pl	ant, gallons per day:		252,000					
Plant Category (per subsect	ion 62-699.310(4), F.A	.C.): V			I	ass (per subsection 62-69			
Licensed Operators		Name		License Class	License Number	I	Day(s) / Shift(s)) Worked	
Lead/Chief Operator:	Ron Derossett			Α	3531	Utility Manager Days 1s	st Shift		
Other Operators:	Gary Kissick			С	7846				
I. Certification by Leac	I/Chief Operator								
I, the undersigned water	er treatment plant o	operator licensed in Florida, an	n the lead/chie	of operator of the	water treatment p	lant identified in par	t I of this repor	t. I certify	that the
information provided i	in this report is true	and accurate to the best of my	y knowledge a	and belief. I cert	ify that all drinking	g water treatment che	emicals used at	this plant c	onform to NSF
International Standard	60 or other applica	able standards referenced in su	bsection 62-5	55.320(3), F.A.	I also certify th:	at the following addi	tional operation	ns records f	or this plant
were prepared each da	v that a licensed or	perator staffed or visited this pl	lant during the	e month indicate	d above: (1) recor	ds of amounts of che	emicals used an	d chemical	feed rates; and
(2) if applicable appro	opriate treatment pi	rocess performance records. F	urthermore. I	agree to provide	these additional o	perations records to	the PWS owne	r so the PW	/S owner can
retain them together u	with copies of this r	report, at a convenient location	for at least te	n vears		•			
Totalii tiiciii, togetilei v	vitti copies or titis r	eport, at a convenient location	. Tot de touse to	,					
		10/5/15	5 5	:				A - 3531	
3 6		10/3//3	Ron Derosset						
Signature and Date			Printed or Ty	ped Name				License Nun	iber

PWS I	dentificaito	n Number:		3354656	"	Plant Name:	Lake Idlewi	d Estates						
	aily Data	for the N	lonth/Year	of:		September, 201	5	·						
			g Virus Inacti		val:	hlorine [Chlorine Di	ovide	Ozone	Comb	oined Chlori	ne (Chlorar	mines)	
1	traviolet R			r (Describe):		,	CHIOTHIC DI	OAIGC	i Ozone	, Come	mica Chiori	ne (Cinorai	inics)	
<u>_</u>						₩ Free Chlo	·	Cambin	ad Chlorina	(Chloramine)c) [Chlorine I	Dioxida Dioxida	
Type o	of Disinfe	ctant Resid	dual Maintai		ibution System:						4		Dioxide	
				g vsiga jakov 🕻	T Calculations, or	UV Dose, to								
					CT Calculations UV Dose									
	Days Plant				Lowest Residual Disinfectant	Disinfectant Contact Time (T) at C	Lowest CT Provided Before or at First					Minimum	Lowest Residual Disinfectant	
	Staffed or Visited by		Net Quantity of Finished		Concentration (C)	Measurement	Customer		al a mariata da		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	**************************************	Hours plant			Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			CT Required,	**************************************	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, 'C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm²	System, mg/L	Out of Operation
1		24.0	30,000		1 7			<u> </u>			<u> </u>		1.7	
3	Х	24.0 24.0	33,000 33,000		1.7							 	1.7	
4	Х	24.0	33,000		1.4								1.3	
5		24.0	33,000					l						
6		24.0	33,000											
7	Х	24.0	27,000		1.3								1.3	
. 8		24.0	27,000											
9	Х	24.0	40,000		1.5								1.5	
.10		24.0	40,000									ļ		
, <u>z</u> : 11	X	24.0	34,000		1.3							ļ	1.2	
12		24.0	34,000								<u> </u>	<u> </u>		
13	v	24.0	34,000 31,000		1.4						 		1.4	
14 15	Х	24.0 24.0	31,000		1.4				-				1	
16	х	24.0	21,000		1.5				<u> </u>				1.5	
17		24.0	21,000											
18	Х	24.0	40,000		1.3								1.2	
19		24.0	40,000				<u> </u>				ļ			
20		24.0	40,000					ļ			 	L	0.6	
21	Х	24.0	42,000		0.8			<u> </u>			-		0.6	
22 23	Х	24.0 24.0	42,000 42,000		1.5		 	 	 		<u> </u>	 	1.4	
24	^	24.0	42,000		1.2					l				
25	х	24.0	36,000	l	1.5		 	 					1.4	
26		24.0	36,000											
27		24.0	36,000											
28	Х	24.0	29,000		1.4					<u> </u>	<u> </u>	ļ	1.4	And the second s
29		24.0	29,000					ļ	ļ		_	 	 	
30	X	24.0	32,000		1.5	<u> </u>			<u> </u>	 	 		1.5	
31 Total		24.0	1.021.000		<u> </u>	<u> </u>	L	I	<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Lotal			I 1 (121 (100)	1										

34,033

42,000

Avgerage

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