

LAKE IDLEWILD UTILITY COMPANY

January 5, 2016

Office of Commission Clerk
Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

RECEIVED-FPSC
2016 JAN -7 AM 9:30
COMMISSION
CLERK

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.

1. 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. Purchased Power: 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.

3. 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. Contractual Services – Testing: 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

COM _____
 AFD _____
 APA _____
 ECO _____
 ENG Map _____
 GCL _____
 IDM _____
 TEL _____
 CLK _____

Lake Idlewild Utility Company
Staff First Data Request
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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.

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, mowing 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)

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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.

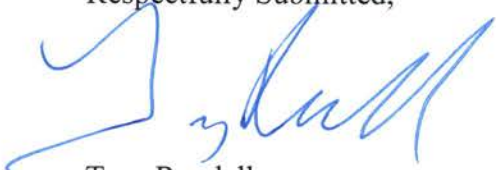
Response: Please find the enclosed map.

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
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Respectfully Submitted,

A handwritten signature in blue ink, appearing to read 'Troy Rendell', is written over the typed name.

Troy Rendell
Manager of Regulated Utilities
// for Lake Idlewild Utility Company



St. Johns River Water Management District

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 Presley

Robert Presley, Director
Division of Regulatory Information Management

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

cc: District Permit File

GOVERNING BOARD

W. Leonard Wood, CHAIRMAN FERNANDINA BEACH	Hersey "Herky" Huffman, SECRETARY ENTERPRISE	Hans G. Tanzler III, TREASURER JACKSONVILLE	Douglas C. Bournique VERO BEACH
Michael Ertel OVIEDO	Maryam H. Ghyabi ORMOND BEACH	Richard G. Hamann GAINESVILLE	Arlen N. Jumper FORT McCOY
			John A. Miklos ORLANDO

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

By: 

Catherine Walker, PE MBA
Division Director

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

1. 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.
4. 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 within 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 (GRS #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.

22. The permittee must implement the Water Conservation Plan submitted to the District on October 19, 2009, in accordance with the schedule 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@sjrwm.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 twenty-one (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 mails actual notice), within twenty-one (21) days of 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 e-mail 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 ^{12th} day of July, 2010.

Robert Presley

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

RICK SCOTT
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

Danielle Bentzen, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

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

State of Florida
 Department of Environmental Protection
 Central District
SANITARY SURVEY REPORT

Plant Name LAKE IDLEWILD ESTATES County Lake PWS ID # 3354656
 Plant Location 4116 Bair Avenue, Fruitland Park, FL 34731 Phone 352-787-4347
 Owner Name WBB Utilities, Inc. Phone 352-787-3107
 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
MAX-DAY DESIGN CAPACITY: 432,000 gpd
PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Hypochlorination

SERVICE AREA CHARACTERISTICS
Subdivision
 Food Service: Yes No N/A

Number of Service Connections 75
 Population Served 170 Basis Operator

OPERATION & MAINTENANCE LOG: Yes
 Location Chlorine storage room
 Comments _____

CERTIFIED OPERATOR: Yes
 Operator(s) & Certification Class-Number:
Stan Coe C-5219

Hrs/day: Required *Visit Actual *Visit
 Days/wk: Required 5+1 Actual 3
 Non-consecutive Days? Yes No N/A
 Comments Staffing by Class C or higher operator 3
visits/week for a total of 0.3 hour/week. Reduction
approved in 8/26/2011.

MONTHLY OPERATION REPORTS (MORs)
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A
 Average Day (from MORs) 57,000 gpd
 Maximum Day (from MORs) 66,500 gpd
 Comments Flows based on May 2014 MORs

Flow Measuring Device Flow Meter
 Meter Size & Type 6" Kent
 Date Last Calibrated 7/12/13

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
 Hrs Operated Under Load 1 hrs/mo.

What equipment does it operate?

Well Pumps _____
 High Service Pumps _____
 Treatment Equipment _____

Satisfy avg. daily demand? Yes No Unknown
 Audio-visual alarm? Yes No
 Comments _____

PLANS AND MAPS

Coliform Sampling Plan Yes No N/A
 D/DBP Monitoring Plan Yes No N/A
 Lead and Copper Plan Yes No N/A
 Distribution System Map Yes No N/A
 Emergency Response Plan Yes No N/A
 Comments Lead and copper plan approved 12/15/09.

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual Yes No
 Preventive Maintenance Program Yes No
 Flushing Program Yes No N/A
 Records Yes No N/A
 Isolation Valve Exercise Yes No N/A
 Records Yes No N/A
 Comments _____

CROSS CONNECTION CONTROL

BFPAs None noted # Tested Unknown
 WWTP RPZ N/A Date Tested N/A
 Written Plan Yes Date Unknown
 Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAC2847)	2 (AAC2848)		
Year Drilled	1980	1989		
Depth Drilled	210'	252'6"		
Drilling Method	Rotary	Combination		
Type of Grout	Neat Cement	Cement		
Static Water Level	35'	57'		
Pumping Water Level	Unknown	Unknown		
Design Well Yield	30 gpm	600 gpm		
Test Yield	Unknown	Unknown		
Actual Yield (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		
SET BACKS	Septic Tank	>200'	>200'	
	Reuse Water	N/A	N/A	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
PUMP	Type	Submersible	Vertical turbine	
	Manufacturer Name	Franklin	U.S. Motors	
	Model Number	2821139003	EF23	
	Rated Capacity (gpm)	50	750	
	Motor Horsepower	5	50	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	Ok	Ok		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Security	Yes	Yes		
Well Vent Protection	ARV - Yes	ARV - Yes		

COMMENTS

PWS ID # 3354656
 Date 7/1/14

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Pulsatron Capacity 12 gpd
 Chlorine Feed Rate 100% stroke rate
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 2.2+ Remote 1.8
 Remote tap location Spigot at storage shed
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank.
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated
 (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H	
Capacity (gal)	7,500	
Material	Steel	
Gravity Drain	Yes	
By-Pass Piping	Yes	
Protected Openings	Yes	
Sight Glass or Level Indicator	Yes	
PRV/ARV	ARV	
Pressure Gauge	Yes	
On/Off Pressure	45/60	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location	Discharge piping	
Date of Inspection	06/2013	
Date of Cleaning	06/2013	

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

Comments _____

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Frequency of Cleaning _____
 Date Last Inspected/Cleaned _____
 Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____

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:
 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - 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 *Daniel Hilder* Title: Environmental Specialist II Date: 7/22/14

Reviewer’s Signature *Danielle Bortzen* Title: Environmental Manager Date: 7/22/14

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

R = Viso &
Called GA + Paul 228)

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

System Name: Lake Idlowild Estates

PWS I.D. #: 3354656

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: 4223 Bair Ave

City: Fruitland Park, FL

ZIP Code: 34731

Phone #: 352-267-2845

Fax #: 352-787-7966

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 185884DW1

Sample Date: 9-20-12

Sample Time: 3:02

AM (Circle One)

Sample Location (be specific): Point of Entry tap at Plant

Location Code: POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.7

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550) Replacement (of Invalidated Sample)
 Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
 Composite of Multiple Sites** Clearance (permitting)
 Other: 3 yr. Sampling
 Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, Stanley M. Coe
(Print Name)

Lead Operator
(Print Title)

do HEREBY CERTIFY

that the above public water system and collection information is complete and correct.

Signature: Stanley M. Coe

Date: 12-5-12

Certified Operator #: C-5219 Phone #: 352-787-7966

Sampler's Fax: 352-787-7966

Sampler's E-Mail: smcoe@earthlink.net

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

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

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number(s):

E84025 RADS

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 09/20/12

PWS ID (From Page 1): _____

Sample Number (From Page 1): 185884DW1

Lab Assigned Report # or Job ID: 185884

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

Synthetic Organics

Volatile Organics

Disinfection Byproducts

Radionuclides

Secondaries

- All Except Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos

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

- All 21
- Partial

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

- Single Sample
- Qtrly Composite**

- All 14
- Partial

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).



Signature:

Date: 10/08/12

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

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

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory Yes No

Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____

Date Notified: _____

DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 185884DW1
PWS ID (From Page 1): 3354656

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab 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

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 185884DW1
PWS ID (From Page 1): 3354656

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	09/24/12		E83018
1017	Chloride	250	mg/L	12.4		EPA300.0	0.400	09/21/12		E83018
1022	Copper	1	mg/L	0.00387		EPA200.8	0.00100	09/24/12		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	09/21/12		E83018
1028	Iron	0.3	mg/L	0.0148		EPA200.7	0.0100	09/25/12		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	09/25/12		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	09/24/12		E83018
1055	Sulfate	250	mg/L	19.4		EPA300.0	1.00	09/21/12		E83018
1095	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	E83018
1925	pH	6.5 -8.5	pH	8.10		SM4500-H B	0.0100	09/21/12	01:18 PM	E83018
1930	Total Dissolved Solids	500	mg/L	180		SM2540 C	2.50	09/25/12		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	09/21/12	04:00 PM	E83018

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

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 185884DW1
PWS ID (From Page 1): 3354656

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	09/24/12		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		E83018
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	09/24/12		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	0.5	09/24/12		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	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	EPA502.2	0.500	0.5	09/24/12		E83018

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

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 185884DW1
PWS ID (From Page 1): 3354656

Contam ID	Contam Name	MCL	Units	Analysis		Analytical Method	Lab		Extraction Analysis		Analysis Time	DOH Lab Cert #
				Result	Qualifier		MDL	RDL	Date	Date		
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	09/25/12	09/26/12		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	09/25/12	09/26/12		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	09/25/12	09/26/12		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	09/25/12	09/26/12		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	09/24/12	09/26/12		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	09/24/12	09/27/12		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	09/24/12	09/28/12		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		09/28/12		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	09/27/12	09/28/12		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		10/02/12		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	09/24/12	10/01/12		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	09/27/12	09/28/12		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	09/24/12	09/26/12		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	09/24/12	09/26/12		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	09/25/12	09/26/12		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		10/02/12		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	09/24/12	10/01/12		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	09/24/12	10/01/12		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	09/25/12	09/26/12		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	09/25/12	09/26/12		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	09/24/12	09/26/12		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	09/24/12	09/26/12		E83018
2274	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	09/26/12		E83018
2959	Chlordane	2	ug/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):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab 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

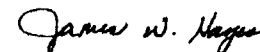
Reporting Format 62-550.730
Effective January 1995, Revised February 2010.

- * 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

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

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

Lab Name: KNL Laboratory Services Florida DOH Certification #: E 84025 Certification Expiration Date: June Renewal
 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 DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10-1-12
185884DN1

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 12.7996

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, James Hayes, Laboratory Manager, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: James Hayes Date: 10-9-12

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

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

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

Flowers Chemical Labs South
West Park Industrial Plaza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34988
Bus: 772-343-8006
Fax: 772-343-8089

Flowers Chemical Labs North
812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

Flowers Chemical Labs East
3980 Overseas Highway, Ste. 103
Marathon, FL 33050
Bus: 305-743-8598
Fax: 305-743-8598



DOWNLOAD REPORTS, INVOICES AND CHAINS OF CUSTODY www.flowerslabs.com

Client KNL Labs	Project Name	P.O. #
Address	Client Contact	FAX
Phone	FCL Project Manager	E-MAIL
Requested Due Date 10 Day Standard	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rush Charges May Apply
Sampled By (PRINT):	Pick-Up Fee \$ <input type="text"/>	Vehicle Surcharge \$ <input type="text"/>
Sampler Signature	Date Sampled	Sampling Fee \$ <input type="text"/>

ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	(LAB USE ONLY) LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total # Containers	
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₃				
1	185470WW1	9/17	0710	WW				✓			✓	✓	✓	2
2	185620WW1	9/18	0825	WW				✓			✓	✓	✓	2
3	185623DW1	9/18	0900	DW				✓			✓	✓	✓	2
4	185641WW1	9/19	0909	WW				✓			✓	✓	✓	2
5	185884DW1	9/20	1510	DW				✓			✓	✓	✓	2
6	186121DW1	9/24	1300	DW				✓			✓	✓	✓	2
7	186414DW1	9/26	1200	DW				✓			✓	✓	✓	2
8	186538DW1	9/27	1215	DW				✓			✓	✓	✓	2
9														
10														

Handwritten notes in table:
 - Diagonal lines across ANALYSES REQUEST column with text: "Glass Alpha RA 2226 RA 2228"
 - "12.7992-99" circled in row 5
 - "High solids method cond." in COMMENTS column
 - Signature and date "9/28/12" and "1100" in Relinquished By field
 - "Stowby 10-1-12 1105" in Accepted By field

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

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

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

System Name: Lake Fiddewild Estates PWS I.D. #

3	3	5	4	6	5	6
---	---	---	---	---	---	---

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: 4223 Bair Ave. ZIP Code: 34731

City: Fruitland Park, FL

Phone #: 352-267-2845 Fax #: 352-787-7966 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 18586 Sample Date: 9-7-12 Sample Time: 5:45 AM PM (Circle One)

Sample Location (be specific): Kitchen Taps Location Code: Park tap Max. Res.

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input checked="" type="checkbox"/> Other: <u>3 yr. lead and copper testing</u> | <input type="checkbox"/> Sampling Procedure Used or Other Comments: |
| <input type="checkbox"/> Max Residence Time | | |
| <input type="checkbox"/> Avg Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

* See 62-550.500(8) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances. ** See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Stanley M Coe Lead Operator do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and collection information is complete and correct.

Signature: Stanley M Coe Date: 10-3-12
Certified Operator #: C-5219 Phone #: 352-787-7966 Sampler's Fax: 352-787-7966
Sampler's E-Mail: SMCOE@earthlink.net

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

Lab-ID: E83018

Lead or Copper (list one): Lead

Contact Person: Dr. Jefferson S. Flowers

Method Detection Limit: .001

Phone: (407) 339-5984

90th Percentile Value: 0.00232

A	Rank (ascending)	Location Code Number	Lab Sample ID	Date Site Sampled	Lead (mg/L)
	1	4116 Bair Ave.	185886DW6	09/7/12	0.00100 U
	2	4103 Bergen Hall Rd.	185886DW8	09/7/12	0.00100 U
	3	4027 Williams St.	185886DW10	09/7/12	0.00100 U
	4	4036 Williams St.	185886DW9	09/7/12	0.00100 U
	5	4129 Bair Ave.	185886DW5	09/7/12	0.00106
	6	4038 Bergen Hall Rd.	185886DW7	09/7/12	0.00124
	7	4223 Bair Ave.	185886DW4	09/7/12	0.00137
	8	4145 Bair Ave.	185886DW3	09/7/12	0.00179
	9	4217 Idlewild Dr.	185886DW2	09/7/12	0.00232
	10	4219 Bair Ave.	185886DW1	09/7/12	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 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

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

Lab-ID: E83018

Lead or Copper (list one): Copper

Contact Person: Dr. Jefferson S. Flowers

Method Detection Limit: .001

Phone: (407) 339-5984

90th Percentile Value: 0.202

A	Rank (ascending)	Location Code Number	Lab Sample ID	Date Site Sampled	Copper (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.

I. General Information for the Month/Year of: October, 2014

A. Public Water System (PWS) Information

PWS Name: Lake Idlewild Estates		PWS Identification Number: 3354656	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 170	
PWS Owner: Lake Idlewild Estates		Contact Person's Title: Compliance Manager	
Contact Person: Melisa Rotteveel			
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
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			
Contact Person's Zip Code: 34652			

B. 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	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34731		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Peter Marchisio	C	7274	

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.

	Ron Derossett Printed or Typed Name	A - 3531 License Number
Signature and Date		

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

PWS Identificaiton Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: October, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	25,000		1.4							1.1	
2		24.0	25,000										
3	X	24.0	40,000		1.1							0.8	
4		24.0	40,000										
5		24.0	40,000										
6	X	24.0	35,000		1.3							1.0	
7		24.0	35,000										
8	X	24.0	40,000		1.4							1.2	
9		24.0	40,000										
10	X	24.0	64,000		1.2							0.9	
11		24.0	64,000										
12		24.0	64,000										
13	X	24.0	36,000		1.3							1.0	
14		24.0	36,000										
15	X	24.0	40,000		1.3							1.0	
16		24.0	40,000										
17	X	24.0	27,000		1.1							0.8	
18		24.0	27,000										
19		24.0	26,000										
20	X	24.0	44,000		1.3							1.0	
21		24.0	44,000										
22	X	24.0	45,000		1.5							1.3	
23		24.0	45,000										
24	X	24.0	58,000		1.1							0.8	
25		24.0	58,000										
26		24.0	58,000										
27	X	24.0	54,000		1.3							1.0	
28		24.0	54,000										
29	X	24.0	55,000		1.3							1.0	
30		24.0	55,000										
31	X	24.0	57,000		1.4							1.2	
Total			1,371,000										
Average			44,226										
Maximum			64,000										

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

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

PWS Identificaion Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: November, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	57,000												
2		24.0	57,000												
3	X	24.0	45,500		1.3									1.0	
4		24.0	45,500												
5	X	24.0	59,500		1.6									1.2	
6		24.0	59,500												
7	X	24.0	54,000		1.5									1.3	
8		24.0	54,000												
9		24.0	54,000												
10	X	24.0	35,000		1.5									1.3	
11		24.0	35,000												
12	X	24.0	48,000		1.4									1.1	
13		24.0	48,000		1.4										
14	X	24.0	59,000		1.4									1.1	
15		24.0	59,000												
16		24.0	59,000												
17	X	24.0	31,000		1.4									1.1	
18		24.0	31,000												
19	X	24.0	30,000		1.4									1.1	
20		24.0	30,000												
21	X	24.0	38,000		1.2									0.8	
22		24.0	38,000												
23		24.0	38,000												
24	X	24.0	24,000		1.6									1.4	
25		24.0	24,000												
26	X	24.0	21,500		1.5									1.2	
27		24.0	21,500												
28	X	24.0	30,000		1.3									1.0	
29		24.0	30,000												
30		24.0	30,000												
31		24.0													
Total			1,246,000												
Avgerage			41,533												
Maximum			59,500												

* 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 Instructions.

I. General Information for the Month/Year of: December, 2014

A. Public Water System (PWS) Information

PWS Name: Lake Idlewild Estates		PWS Identification Number: 3354656	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 170	
PWS Owner: Lake Idlewild Estates		Contact Person's Title: Compliance Manager	
Contact Person: Melisa Rotteveel			
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 Address: mrotteveel@uswatercorp.net			

B. 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 Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Peter Marchisio	C	7274	

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.

	Ron Derossett Printed or Typed Name	A - 3531 License Number
Signature and Date		

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

PWS Identification Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: December, 2014

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	33,000		1.1									0.8	
2		24.0	33,000												
3	X	24.0	30,000		1.4									1.2	
4		24.0	30,000												
5	X	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												
10	X	24.0	26,000		1.4									1.1	
11		24.0	26,000												
12	X	24.0	45,000		1.1									0.7	
13		24.0	45,000												
14		24.0	44,000												
15	X	24.0	31,000		0.7									0.4	
16		24.0	31,000												
17	X	24.0	31,000		0.6									0.3	
18		24.0	31,000												
19	X	24.0	23,000		0.8									0.5	
20		24.0	23,000												
21		24.0	24,000												
22	X	24.0	43,000		0.8									0.5	
23		24.0	43,000												
24	X	24.0	18,000		0.7									0.4	
25		24.0	18,000												
26	X	24.0	36,000		1.0									0.8	
27		24.0	35,000												
28		24.0	35,000												
29	X	24.0	22,000		0.8									0.5	
30		24.0	22,000												
31	X	24.0	24,000		1.4									1.2	
Total			967,000												
Average			31,194												
Maximum			45,000												

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

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

PWS ID:	3354945	Plant Name:	Lake Idlewild Estates
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2014

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, % ¹ =	
--------------------	--	------------------------------------	--

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ¹ =	
--------------------	--	---	--

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =

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

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2015

A. Public Water System (PWS) Information

PWS Name: Lake Idlewild Estates		PWS Identification Number: 3354656	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 170	
PWS Owner: Lake Idlewild Estates		Contact Person's Title: Compliance Manager	
Contact Person: Melisa Rotteveel			
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. 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
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34731	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Peter Marchisio	C	7274	

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.

2/4/15

 Signature and Date

Ron Derossett

 Printed or Typed Name

A - 3531

 License Number

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

PWS Identificaiton Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: January, 2015

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe): _____
 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L.	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm ²		
1		24.0	24,000										
2	X	24.0	32,000		1.5							1.2	
3		24.0	32,000										
4		24.0	32,000										
5	X	24.0	25,000		1.0							0.8	
6		24.0	25,000										
7	X	24.0	19,000		1.2							1.0	
8		24.0	19,000										
9	X	24.0	32,000		1.0							0.7	
10		24.0	32,000										
11		24.0	32,000										
12	X	24.0	21,000		1.0							0.7	
13		24.0	21,000										
14	X	24.0	17,000		1.2							1.0	
15		24.0	17,000										
16	X	24.0	29,000		1.0							0.8	
17		24.0	29,000										
18		24.0	29,000										
19	X	24.0	22,000		1.1							0.8	
20		24.0	22,000										
21	X	24.0	26,000		1.3							1.1	
22		24.0	26,000										
23	X	24.0	24,000		1.1							0.8	
24		24.0	24,000										
25		24.0	24,000										
26	X	24.0	20,000		0.9							0.6	
27		24.0	20,000										
28	X	24.0	27,000		1.2							1.0	
29		24.0	27,000										
30	X	24.0	40,000		1.1							0.8	
31		24.0	40,000										
Total			809,000										
Average			26,097										
Maximum			40,000										

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

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

PWS Identificaiton Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: February, 2015

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions. Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	40,000											
2	X	24.0	27,000		1.2								1.0	
3		24.0	27,000											
4	X	24.0	13,000		1.3								1.1	
5		24.0	13,000											
6	X	24.0	34,000		1.0								0.7	
7		24.0	34,000											
8		24.0	34,000											
9	X	24.0	24,000		1.1								0.8	
10		24.0	24,000											
11	X	24.0	20,000		1.3								1.1	
12		24.0	20,000											
13	X	24.0	20,000		1.6								1.5	
14		24.0	21,000											
15		24.0	21,000											
16	X	24.0	14,000		1.8								1.6	
17		24.0	14,000											
18	X	24.0	15,000		1.8								1.7	
19		24.0	15,000											
20	X	24.0	36,000		1.1								0.9	
21		24.0	36,000											
22		24.0	36,000											
23	X	24.0	20,000		1.4								1.3	
24		24.0	20,000											
25	X	24.0	17,000		1.3								1.1	
26		24.0	17,000											
27	X	24.0	26,000		1.2								1.0	
28		24.0	26,000											
29		24.0												
30		24.0												
31		24.0												
Total			664,000											
Average			23,714											
Maximum			40,000											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2015

A. Public Water System (PWS) Information

PWS Name: Lake Idlewild Estates		PWS Identification Number: 3354656	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 170	
PWS Owner: Lake Idlewild Estates		Contact Person's Title: Compliance Manager	
Contact Person: Melisa Rotteveel			
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
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 Plant Information

Plant Name: Lake Idlewild Estates		Plant Telephone Number: 866.753.8292	
Plant Address: 4116 Bair Avenue		City: Fruitland Park	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): v		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Peter Marchisio	C	7274	

II. Certification by Lead/Chief Operator

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

Signature and Date	3/8/15 Printed or Typed Name	A - 3531 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: March, 2015

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1		24.0	26,000													
2	X	24.0	24,000		1.3										1.1	
3		24.0	24,000												1.2	
4	X	24.0	26,000		1.4											
5		24.0	26,000												0.8	
6	X	24.0	36,000		1.1											
7		24.0	36,000													
8		24.0	36,000												1.1	
9	X	24.0	29,000		1.3										1.4	
10		24.0	29,000												0.8	
11	X	24.0	30,000		1.5											
12		24.0	30,000												0.8	
13	X	24.0	43,000		1.1											
14		24.0	43,000												0.8	
15		24.0	43,000													
16	X	24.0	36,000		1.0											
17		24.0	36,000												1.1	
18	X	24.0	37,000		1.3											
19		24.0	3,700												0.8	
20	X	24.0	42,600		1.0											
21		24.0	42,700													
22		24.0	42,700												0.7	
23	X	24.0	34,000		1.0										0.7	
24		24.0	34,000												0.7	
25	X	24.0	30,000		1.1										0.7	
26		24.0	30,000												0.7	
27	X	24.0	26,700		0.8											
28		24.0	26,700													
29		24.0	26,600													
30	X	24.0	33,000		0.9										0.6	
31		24.0	33,000													
Total			995,700													
Average			32,119													
Maximum			43,000													

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

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

PWS Identification Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: April, 2015

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	33,000		1.0							0.8	
2		24.0	41,000										
3	X	24.0	41,000		0.9							0.7	
4		24.0	48,000										
5		24.0	48,000										
6	X	24.0	48,000		1.0							0.7	
7		24.0	45,000										
8	X	24.0	45,000		1.2							1.0	
9		24.0	63,000										
10	X	24.0	63,000		1.1							0.9	
11		24.0	46,000										
12		24.0	46,000										
13	X	24.0	46,000		1.2							1.0	
14		24.0	27,000										
15	X	24.0	27,000		1.7							1.5	
16		24.0	29,000										
17	X	24.0	29,000		1.1							0.9	
18		24.0	44,000										
19		24.0	43,000										
20	X	24.0	43,000		0.8							0.5	
21		24.0	35,000										
22	X	24.0	35,000		1.0							0.7	
23		24.0	60,000										
24	X	24.0	60,000		0.9							0.6	
25		24.0	54,000										
26		24.0	53,000										
27	X	24.0	53,000		0.7							0.8	
28		24.0	21,000										
29	X	24.0	21,000		1.4							1.1	
30		24.0	42,000										
31		24.0	42,000										
Total			1,331,000										
Avgerage			42,935										
Maximum			63,000										

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2015

A. Public Water System (PWS) Information

PWS Name: Lake Idlewild Estates		PWS Identification Number: 3354656	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 170	
PWS Owner: Lake Idlewild Estates		Contact Person's Title: Compliance Manager	
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
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 Address: mrotteveel@uswatercorp.net			

B. 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 Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): v		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Gary Kissick	C	7846	

II. Certification by Lead/Chief Operator

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

Signature and Date

 6/4/12
 Printed or Typed Name

 A - 3531
 License Number

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

PWS Identificaiton Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: May, 2015

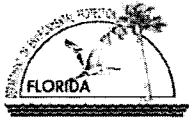
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe): _____

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	57,000		1.3										1.2	
2		24.0	57,000													
3		24.0	57,000													
4	X	24.0	47,000		0.8										0.5	
5		24.0	47,000													
6	X	24.0	52,000		1.6										1.4	
7		24.0	52,000													
8	X	24.0	80,000		1.3										1.1	
9		24.0	80,000													
10		24.0	80,000													
11	X	24.0	37,000		1.5										1.4	
12		24.0	37,000													
13	X	24.0	46,000		1.6										1.4	
14		24.0	46,000													
15	X	24.0	59,000		1.0										0.8	
16		24.0	59,000													
17		24.0	59,000													
18	X	24.0	47,000		1.2										1.0	
19		24.0	47,000													
20	X	24.0	62,000		0.8										0.5	
21		24.0	62,000													
22	X	24.0	64,000		1.2										0.9	
23		24.0	64,000													
24		24.0	64,000													
25	X	24.0	47,000		1.1										0.9	
26		24.0	47,000													
27	X	24.0	65,000		1.1										1.0	
28		24.0	65,000													
29	X	24.0	74,000		1.1										1.0	
30		24.0	74,000													
31		24.0	74,000													
Total			1,808,000													
Average			58,323													
Maximum			80,000													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2015

A. Public Water System (PWS) Information

PWS Name: Lake Idlewild Estates		PWS Identification Number: 3354656	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 170	
PWS Owner: Lake Idlewild Estates		Contact Person's Title: Compliance Manager	
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
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 Plant Information

Plant Name: Lake Idlewild Estates		Plant Telephone Number: 866.753.8292		
Plant Address: 4116 Bair Avenue		City: Fruitland Park	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Gary Kissick	C	7846	

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.

7/7/15
 Signature and Date

Ron Derossett
 Printed or Typed Name

A - 3531
 License Number

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

PWS Identificaiton Number:	3354656	Plant Name:	Lake Idlewild Estates
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III. Daily Data for the Month/Year of: June, 2015

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	30,000		1.1								0.9	
2		24.0	30,000											
3	X	24.0	38,000		1.2								1.1	
4		24.0	38,000											
5	X	24.0	48,000		1.0								0.8	
6		24.0	48,000											
7		24.0	48,000											
8	X	24.0	35,000		1.1								0.9	
9		24.0	35,000											
10	X	24.0	33,000		1.0								0.7	
11		24.0	33,000											
12	X	24.0	57,000		1.3								1.1	
13		24.0	57,000											
14		24.0	57,000											
15	X	24.0	50,000		1.1								0.9	
16		24.0	50,000											
17	X	24.0	68,000		1.5								1.4	
18		24.0	68,000											
19	X	24.0	62,000		1.1								0.9	
20		24.0	62,000											
21		24.0	62,000											
22	X	24.0	65,000		1.1								0.9	
23		24.0	65,000											
24	X	24.0	55,000		1.4								1.2	
25		24.0	55,000											
26	X	24.0	70,000		1.3								1.1	
27		24.0	70,000											
28		24.0	70,000											
29	X	24.0	45,000		0.9								0.6	
30		24.0	45,000											
31		24.0												
Total			1,549,000											
Average			51,633											
Maximum			70,000											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2015

A. Public Water System (PWS) Information

PWS Name: Lake Idlewild Estates		PWS Identification Number: 3354656	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 170	
PWS Owner: Lake Idlewild Estates		Contact Person's Title: Compliance Manager	
Contact Person: Melisa Rotteveel		Contact Person's Mailing Address: 4939 Cross Bayou Blvd	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. 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	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34731		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Gary Kissick	C	7846	

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.

8/6/15

 Signature and Date

Ron Derossett

 Printed or Typed Name

A - 3531

 License Number

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

PWS Identification Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: July, 2015

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	42,500		0.9								0.6	
2		24.0	42,500										0.6	
3	X	24.0	67,000		1.0									
4		24.0	67,000											
5		24.0	67,000											
6	X	24.0	46,000		1.1								0.8	
7		24.0	46,000										0.7	
8	X	24.0	50,000		1.0									
9		24.0	48,000										0.5	
10	X	24.0	45,000		0.8									
11		24.0	45,000											
12		24.0	45,000										0.6	
13	X	24.0	45,000		0.9									
14		24.0	45,000										0.5	
15	X	24.0	34,000		0.8									
16		24.0	34,000										1.2	
17	X	24.0	37,000		1.4									
18		24.0	37,000											
19		24.0	37,000											
20	X	24.0	34,000		1.3								1.0	
21		24.0	34,000										0.9	
22	X	24.0	31,000		1.1									
23		24.0	31,000										1.1	
24	X	24.0	29,000		1.3									
25		24.0	29,000											
26		24.0	28,000										0.7	
27	X	24.0	23,000		1.0									
28		24.0	23,000										1.0	
29	X	24.0	22,000		1.2									
30		24.0	22,000										0.8	
31	X	24.0	27,000		1.1									
Total			1,213,000											
Average			39,129											
Maximum			67,000											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2015

A. Public Water System (PWS) Information

PWS Name: Lake Idlewild Estates		PWS Identification Number: 3354656	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 170	
PWS Owner: Lake Idlewild Estates			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. 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
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34731	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 252,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Gary Kissick	C	7846	

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.

9/4/15
 Signature and Date

Ron Derossett
 Printed or Typed Name

A - 3531
 License Number

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

PWS Identification Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: August, 2015

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	27,000												
2		24.0	27,000												
3	X	24.0	21,000		1.2									0.9	
4		24.0	21,000												
5	X	24.0	32,000		1.2									0.9	
6		24.0	32,000												
7	X	24.0	46,000		0.7									0.4	
8		24.0	46,000												
9		24.0	46,000												
10	X	24.0	106,000		1.4									1.2	
11		24.0	106,000												BWN - 4116 Bair Avenue
12	X	24.0	49,000		1.4									1.4	
13		24.0	49,000												Rescinded
14	X	24.0	38,000		1.4									1.3	
15		24.0	38,000												
16		24.0	38,000												
17	X	24.0	31,000		1.2									1.2	
18		24.0	31,000												
19	X	24.0	32,000		1.4									1.3	
20		24.0	32,000												
21	X	24.0	33,000		1.0									0.8	
22		24.0	33,000												
23		24.0	33,000												
24	X	24.0	29,000		1.3									1.3	
25		24.0	29,000												
26	X	24.0	42,000		1.4									1.3	
27		24.0	42,000												
28	X	24.0	28,000		1.0									0.9	
29		24.0	28,000												
30		24.0	28,000												
31	X	24.0	30,000		1.5									1.4	
Total			1,203,000												
Average			38,806												
Maximum			106,000												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2015

A. Public Water System (PWS) Information

PWS Name: Lake Idlewild Estates		PWS Identification Number: 3354656	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 170	
PWS Owner: Lake Idlewild Estates			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
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 Address: mrotteveel@uswatercorp.net			

B. 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 Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 252,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Gary Kissick	C	7846	

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.

10/3/15
 Signature and Date

Ron Derossett
 Printed or Typed Name

A - 3531
 License Number

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

PWS Identificaiton Number: 3354656 Plant Name: Lake Idlewild Estates

III. Daily Data for the Month/Year of: September, 2015

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1		24.0	30,000											
2	X	24.0	33,000		1.7								1.7	
3		24.0	33,000											
4	X	24.0	33,000		1.4								1.3	
5		24.0	33,000											
6		24.0	33,000											
7	X	24.0	27,000		1.3								1.3	
8		24.0	27,000											
9	X	24.0	40,000		1.5								1.5	
10		24.0	40,000											
11	X	24.0	34,000		1.3								1.2	
12		24.0	34,000											
13		24.0	34,000											
14	X	24.0	31,000		1.4								1.4	
15		24.0	31,000											
16	X	24.0	21,000		1.5								1.5	
17		24.0	21,000											
18	X	24.0	40,000		1.3								1.2	
19		24.0	40,000											
20		24.0	40,000											
21	X	24.0	42,000		0.8								0.6	
22		24.0	42,000											
23	X	24.0	42,000		1.5								1.4	
24		24.0	42,000											
25	X	24.0	36,000		1.5								1.4	
26		24.0	36,000											
27		24.0	36,000											
28	X	24.0	29,000		1.4								1.4	
29		24.0	29,000											
30	X	24.0	32,000		1.5								1.5	
31		24.0												
Total			1,021,000											
Avgerage			34,033											
Maximum			42,000											

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