



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

See page 4 for instructions.

**I. General Information for the Month/Year of:** August, 2020

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

PWS Name: Bear Lake		PWS Identification Number: 3590069	
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: 224		Total Population Served at End of Month: 784	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Vice President	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Florida   Zip Code: 32714
Contact Person's Telephone Number: (866) 842-8432, Ext. 1359		Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address: Patrick.Flynn@uiwater.com			

**B. Water Treatment Plant Information**

Plant Name: Bear Lake		Plant Telephone Number: (866) 842-8432		
Plant Address: 1345 Lake Asher Circle		City: Apopka	State: Florida   Zip Code: 32703	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water   <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Sunday - Saturday
	Fred Rodgers	B	13175	Sunday - Saturday
	Jim Swegheimer	C	7183	Monday - Friday
	Dean Cowart	C	23912	Sunday - Saturday

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

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

	September 1, 2020	Don Hasty	A 6625
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3590069 Plant Name: Bear Lake

### III. Daily Data for the Month/Year of: Aug, 2020

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

Nanofiltration  Reverse Osmosis  UV Light Disinfection  Conventional Filtration, Including Lime Softening  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combine Chlorine (Choramines)  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	Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*		Disinfection Segment 1	Disinfection Segment 2	On-Line Disinfectant Analyzers	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Lowest Residual Disinfectant Concentration at end of Disinfection Segment 1, mg/l	Lowest Residual Disinfectant Concentration at end of Disinfection Segment 2, mg/l					
1	X	24	59,400	2.6		<b>Disinfection Segment 1</b> • DEP-specified minimum residual disinfectant concentration at end of segment: <u>2.5</u> mg/L  • Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? <u>No</u>  If yes,... Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum?			2.4	
2	X	24	44,880	2.6					2.5	
3	X	24	55,440	2.5					2.1	Collected bactis
4	X	24	43,560	3.0		Was it ever less than the DEP-specified minimum for more than 4 consecutive hours?			2.8	
5	X	24	58,080	2.6					2.7	
6	X	24	36,960	3.4					2.7	
7	X	24	43,560	2.6		If yes,... What was the date and duration of this <b>treatment technique violation</b> ?			2.6	
8	X	24	38,280	2.5					2.2	
9	X	24	54,120	3.3		<b>Disinfection Segment 2</b> • DEP-specified minimum residual disinfectant concentration at end of segment: • Was the disinfectant residual concentration at the end of the segment ever less than the DEP-specified minimum during the reporting month? If yes,... Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum? Was it ever less than the DEP-specified minimum for more than 4 consecutive hours? If yes,... What was the date and duration of this <b>treatment technique violation</b> ?			2.2	
10	X	24	47,520	3.2					2.2	
11	X	24	54,120	2.9					2.6	
12	X	24	43,560	2.5					2.6	
13	X	24	43,560	2.5					2.4	
14	X	24	46,200	2.5					2.7	
15	X	24	44,880	2.6					2.4	
16	X	24	61,200	2.5					2.1	
17	X	24	72,000	2.5					2.7	
18	X	24	54,000	2.6					2.7	
19	X	24	42,000	2.6					2.9	
20	X	24	40,800	3.4		<b>On-Line Disinfectant Analyzers</b> • Was continuous residual disinfectant monitoring equipment used during the reporting month? <u>Yes</u>  If yes,... Was the calibration of the equipment verified during the month? <u>Yes</u>			2.0	
21	X	24	39,600	3.0					2.2	
22	X	24	44,400	2.6					2.4	
23	X	24	36,000	2.5		Did the equipment fail during the month? <u>No</u>			2.0	
24	X	24	44,400	2.5					2.3	
25	X	24	36,000	2.8					2.5	
26	X	24	45,600	3.0					2.6	
27	X	24	37,200	3.0		If yes,.. Were grab samples collected every 4 hours until the equipment was returned to service?			2.6	
28	X	24	43,200	3.1					2.4	
29	X	24	43,700	2.7		Date the equipment failed:				
30	X	24	43,700	2.6						
31	X	24	43,600	2.6						
Total			1,441,520							
Average			46,501							
Maximum			72,000							

\* Only plants providing DEP-approved 4-log virus treatment must provide this information.