



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: August 2020	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System 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: FL Zip Code: 32714
Contact Person's Telephone Number: 866 842-8432	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: Patrick.Flynn@uiwater.com	

II. Daily Data for the Month/Year of: August 2020					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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
1			17	1.50	
2			18		
3	1.60		19	1.70	
4			20		
5	1.10	Collected bactis	21		
6			22		
7			23		
8			24	1.40	
9			25		
10	0.90		26	1.60	
11			27		
12	1.10		28		
13			29		
14			30		
15			31	1.5	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

SEPTEMBER 1, 2020

 Don Hasty

 A 6625

Signature and Date
Printed or Typed Name
License Number or Title