



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

|  |   |
|--|---|
| <b>I. General Information for the Month/Year of:</b> August 2020   |   |
| Consecutive System Name: Davis Shores  | PWS Identification Number: 3480272                |
| 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: 44  | Total Population Served at End of Month: 154      |
| 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   |   |

| <b>II. Daily Data for the Month/Year of:</b> 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               | 1.40  |  |
| 2   |   |  | 18               |   |  |
| 3   | 1.70  |  | 19               | 1.50  |  |
| 4   |   |  | 20               |   |  |
| 5   | 1.50  | Collected bactis   | 21               |   |  |
| 6   |   |  | 22               |   |  |
| 7   |   |  | 23               |   |  |
| 8   |   |  | 24               | 1.60  |  |
| 9   |   |  | 25               |   |  |
| 10  | 1.40  |  | 26               | 1.30  |  |
| 11  |   |  | 27               |   |  |
| 12  | 1.20  |  | 28               |   |  |
| 13  |   |  | 29               |   |  |
| 14  |   |  | 30               |   |  |
| 15  |   |  | 31               | 1.50  |  |
| 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