



# 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: Four Lakes		PWS Identification Number: 3354647	
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: 70		Total Population Served at End of Month: 228	
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
Contact Person's Telephone Number: (866) 842-8432, Ext. 1359		Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address: Partrick.Flynn@uiwater.com			

**B. Water Treatment Plant Information**

Plant Name: Four Lakes		Plant Telephone Number:		
Plant Address: Lot # 33 Alpha Ave		City: Montverde	State: Florida	
		Zip Code: 34756		
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: 88,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jonathan Miller	A	15280	Days Tue-Sat.
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri.
	Charles Schwades	C	7368	Days Mon-Fri.
	James A. Kilgore	C	21816	Days Mon-Fri.
	Jonathan Pagan	B	20091	Days Tue-Sat.
	Nick Branson	B	24056	Days Sun-Thurs.

**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

Jonathan David Miller  
Signature and Date

Jonathan David Miller  
Printed or Typed Name

A-0015280  
License Number

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PWS Identification Number: 3354647 Plant Name: Four Lakes

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

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combine Chlorine (Choramines)  
 Ultraviolet Radiation  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	CT Calculations, or UV Dose, to Demonstrate 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/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24	18,854												1.0	
2		24	18,473													
3	X	24	18,473												1.0	
4	X	24	12,163												1.0	
5	X	24	13,631												1.1	
6	X	24	19,397												1.1	
7	X	24	10,186												1.0	
8	X	24	13,495												1.0	
9		24	17,132													
10	X	24	17,132												0.8	
11	X	24	9,727												0.6	
12	X	24	14,756												0.7	
13	X	24	16,953												0.8	
14	X	24	14,818												0.5	
15	X	24	14,907												0.9	
16		24	21,593													
17	X	24	21,593												0.8	
18	X	24	14,102												0.8	
19	X	24	14,218												0.9	
20	X	24	16,594												1.0	
21	X	24	16,917												1.0	
22	X	24	13,913												0.9	
23		24	14,802													
24	X	24	14,802												0.4	
25	X	24	16,834												0.8	
26	X	24	21,190												1.0	
27	X	24	26,159												0.6	
28	X	24	16,170												1.0	
29	X	24	20,672												2.0	
30		24	15,321													
31	X	24	15,321												1.4	

Total	510,296
Average	16,461
Maximum	26,159

0 indicates no flow