



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: UIF - Golden Hills Golf and Turf		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 432		Total Population Served at End of Month: 1,813	
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: Golden Hills Golf and Turf		Plant Telephone Number: (352) 622-7090		
Plant Address: 8021 NW 49th St. Rd.		City: Ocala	State: Florida Zip Code: 34482	
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: 636,000				
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:	Marlin Richardson	A	17821	Days Sun - Thurs
Other Operators:	Cedric Watkins	C	13132	Days Tues - Sat
	Charles Schwades	C	7368	Days Mon - Fri
	Domenic Gentilucci	C	12562	Days Mon - Fri

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 ten

Marlin Richardson 9/1/20
 Signature and Date

Marlin Richardson
 Printed or Typed Name

A- 17821
 License Number

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PWS Identification Number: 6424076

Plant Name: Golden Hills

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	145,000											1.1	
2		24	143,000												
3	X	24	142,000											1.1	
4	X	24	125,000											0.8	
5	X	24	165,000											1.1	
6	X	24	167,000											0.8	
7	X	24	113,000											1.0	
8	X	24	145,000											0.8	
9		24	146,000												
10	X	24	146,000											1.1	
11	X	24	123,000											1.0	
12	X	24	92,000											0.6	
13	X	24	108,000											1.0	
14	X	24	122,000											1.2	
15	X	24	152,000											1.2	
16		24	168,000												
17	X	24	168,000											1.1	
18	X	24	95,000											0.8	
19	X	24	188,000											0.9	
20	X	24	75,000											1.0	
21	X	24	119,000											0.8	
22		24	107,000												
23	X	24	107,000											1.4	
24	X	24	113,000											0.7	
25	X	24	96,000											0.7	
26	X	24	100,000											1.4	
27	X	24	138,000											1.3	
28	X	24	100,000											1.3	
29	X	24	129,000											1.4	
30		24	117,000												
31	X	24	118,000											1.3	
Total			3,972,000												
Average			128,129												
Maximum			188,000												