

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

See page 4 for instructions.

I.	General Information for the Mo	nth/Year of: August, 2020									
A.	A. Public Water System (PWS) Information										
	·	VS Name: Lake Utility Services - Lake Saunders PWS Identification Number: 3354695									
	PWS Type:	munity Non-Transient Non-Com	munity	☐ Transi	ent Non-Community	Consecutive					
	Number of Service Connections a	t End of Month: 45		Total Popula	tion Served at End of Mor	nth: 161	: 161				
	PWS Owner: Utilities, Inc. of Flo	rida									
	Contact Person: Patrick Flynn			Contact Pers	on's Title: Vice President	State: Florida Zip Code: 32714					
	Contact Person's Mailing Address	s: 200 Weathersfield Ave.		City: Altamo	onte Springs	1 0					
	Contact Person's Telephone Num	Person's Telephone Number: (866) 842-8432, Ext. 1359 Contact Person's Fax Number: (407) 86									
	Contact Person's E-Mail Address:	Contact Person's E-Mail Address: Partrick.Flynn@uiwater.com									
B.	Water Treatment Plant Information	on									
	Plant Name: Lake Saunders	Plant Name: Lake Saunders Plant Telephone Number: (866) 842-8432									
	Plant Address: Alane Ct. & Carro	olls Ct.		City: Tavare	S	State: Florida	Zip Code: 32778				
	Type of Water Treated by Plant:	Water Treated by Plant: ✓ Raw Ground Water ✓ Purchased Finished Water									
	Permitted Maximum Day Operati	ng Capacity of Plant, gallons per day: 432,00	00								
	Plant Category (per subsection 62	2-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310	(4), F.A.C.): C					
	Licensed Operators	Name	Licens	se Class	License Number	Day(s)/Shift(s) Worked					
	Lead/Chief Operator:	Lead/Chief Operator: Jonathan Miller			15280	Days Tue-Sat.					
	Other Operators:				12562	Days Mon-Fri.					
		Charles Schwades	С		7368	Days Mon-Fri.					
		James A. Kilgore	С		21816	Days Mon-Fri.	· ·				
		Jonathan Pagan	В		20091	Days Tue-Sat.					
		Cedric Watkins Nick Branson	С		13132	Days Thur,Fri,Sat.					
		В		24056	Days Sun-Thurs.						
	Certification by Lead/Chief Ope										
	= = = = = = = = = = = = = = = = = = = =	ant operator licensed in Florida, am the lead/c	_		_	_					
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										
rat	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										
	Genathan David Miller Jonathan David Miller A-0015280										
Sic	gnature and Date		License Number								
_	Signature and Date Printed or Typed Name License Number DEP Form 62-555,900(3)										

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Effective August 28, 2003

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15,617

21,730

Average

Maximum

PWS Identification Number: 3354695 Plant Name: Lake Saunders														
III. Daily Data for the Month/Year of: August, 2020														
Means of Achieving Four-Log Virus Inactivation/Removal: *						Chlorine Chlorine Dioxide Ozone Com			nbine Chlorine (Choramines)					
Ultraviolet Radiation Other (Describe):														,
Type of Disinfectant Residual Maintained in Distribution System:						✓	Free Chlorine Combine Chlorine (Choramines)						Chlorine Dioxi	ide
				CT Calculations, or UV Dose, to D				o Demonstrate Four-Log Virus Inactivation, if Applicable*						
	C				CT C	T Calculations UV Dose								
							Lowest CT							
		ļ '				Disinfectant	Provided							
		ļ '			Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First	m		3.60	Lowest	Minimum	Disinfectant	
Doy of	staffed or Visited by		Not Overtity of		Concentration (C) Before or at First	Measurement Point During	Customer During	Temp.		Minimum CT	Operating UV Dose,	UV Dose	Concentration at Remote Point in	Emongonory on Ahnormal Operating Conditions
Day of the	Operator	Hours Plant	Net Quantity of Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,		pH of Water, if	Required,	mW-	Required, mW-	Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	(place x)	in Operation	Produced, gal	Rate, gpd	Peak Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24	13,750						•				1.4	y I
2		24	16,795											
3	X	24	16,795										1.6	
4	X	24	21,730										2.0	
5	X	24	17,500										1.7	
6	X	24	20,440										2.6	
7	X	24	14,700										1.6	
8	X	24	14,280										0.7	
9		24	17,480											
10	X	24	17,480										1.2	
11	X	24	14,800										1.1	
12	X	24	14,580										1.2	
13	X	24	18,060										1.4	
14	X	24	13,250										0.9	
15	X	24	13,350										1.2	
16		24	15,300											
17	X	24	15,300										1.2	
18	X	24	16,220										1.0	
19	X	24	14,560										1.1	
20	X	24	20,860										0.3	
21	X	24	11,780										1.2	
22	X	24	17,400										1.3	
23		24	12,390											
24	X	24	12,390										1.2	
25	X	24	15,290										2.0	
26	X	24	14,250										2.2	
27	X	24	19,740										2.8	
28	X	24	9,100										3.0	
29	X	24	13,710										2.2	
30	 '	24	15,430											
31	X	24	15,430										0.8	
Total			484,140	I										0 indicates no flow