

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

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General Information for the M							
. Public Water System (PWS) Info	rmation						
PWS Name: Little Wekiva	WS Name: Little Wekiva PWS Identification Number: 3590762						
PWS Type:							
	Number of Service Connections at End of Month: 61 Total Population Served at End of Month: 214						
PWS Owner: Utilities, Inc. of Flo	orida	*					
Contact Person: Patrick Flynn Contact Person's Title: Vice President							
Contact Person's Mailing Address		City: Al	City: Altamonte Springs State: Florida Zip Code: 32				
	iber: (866) 842-8432, Ext. 1359	Contact	Person's Fax Number: (407) 8	369-6961	* SHOULDSTONES		
Contact Person's E-Mail Address							
Water Treatment Plant Informati	on						
Plant Name: Little Wekiva			Plant Telephone Number:	(866) 842-8432			
Plant Address: 805 Little Wekiv	a Dr.	City:	Altamonte Springs	State: Florida	Zip Code: 327		
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished	l Water				
Permitted Maximum Day Operat	ing Capacity of Plant, gallons per day:	47,000					
Plant Category (per subsection 62	2-699.310(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)/S	Shift(s) Worked		
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday			
Other Operators:	Other Operators: Barner Cooks				Sunday - Saturday		
	Fred Rodgers	В	13175 Sunday - Saturday		У		
	Jim Swegheimer			Monday - Friday			
	Dean Cowart	C	23912	Sunday - Saturda	у		
	Circ						
	(2)						
	0.00						
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. Certification by Lead/Chief Op							
the undersigned water treatment p	lant operator licensed in Florida, am the lead/o	chief operator of the wa	ater treatment plant identified	in Part I of this rep	ort. I certify that the		
formation provided in this report is	s true and accurate to the best of my knowledg	e and belief. I certify t	hat all drinking water treatme	ent chemicals used a	at this plant conform		

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

1	September 1, 2020	Don Hasty	A 6625
Signature and Date	Printed	License Number	
DEP Form 62-555 900(3) Alternate			

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PWS Identification Number: 3590762 Plant Name: Little Wekiva								
III. Daily Data for the Month/Year of: Aug, 2020								
Means of Achieving Four-Log Virus Inactivation/Removal: *							Ultrafiltration	
Nanofiltration Reverse Osmosis UV Light Disinfection Conventional Filtration, Including Lime Softening Other (Describe):								
Type o	f Disinfe	ctant Resid	dual Maintaine	ed in Distribution	n System:	Free Chlorine Combine Chlorine (Choramines)	Chlorine Dioxid	e
Compliance Monitoring for Systems Using Chemical Disinfection for Virus Inactivation*								
						Disinfection Segment 1		
						DEP-specified minimum residual disinfectant concentration at end	Lowest Residual	
	Days			Lowest Residual	Lowest Residual	of segment: 2.2 mg/L	Disinfectant	
	plant staffed or			Disinfectant	Disinfectant		Concentration at	
Day of	Visited by	Hours Plant	Net Quantity of	Concentration at	Concentration at	Was the disinfectant residual concentration at the end of the segment ever	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	in	Finished Water	end of Disinfection	end of Disinfection	less than the DEP-specified minimum during the reporting month? No	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x )	Operation	Produced, gal	Segment 1, mg/l	Segment 2, mg/l	If yes,	System, mg/L	Components Out of Operation
1	X	24	9,100	2.2		Was it monitored at least every 4 hours until it returned to a value greater than	2.4	
2	X	24	12,300	2.7		or equal to the DEP-specified minimum?		
3	X	24	13,900	2.6			2.5	
4	X	24	13,000	2.8		Was it ever less than the DEP-specified minimum for more than 4 consecutive hours?	2.6	Collected bactis
5	X	24	14,300	2.7		nouis:	2.9	
6	X	24	16,000	2.5		If yes,	2.9	
7	X	24	12,200	2.6		What was the date and duration of this treatment technique violation?	2.4	
8	X	24	12,200	2.4		Disinfection Comment C	2.8	
9	X	24	12,600	2.4		<u>Disinfection Segment 2</u> • DEP-specified minimum residual disinfectant concentration at end of		
10	X	24	12,700	2.4		segment:	2.3	
11	X	24	11,800	2.2		Was the disinfectant residual concentration at the end of the segment ever	2.2	
12	X	24	11,200	2.2		less than the DEP-specified minimum during the reporting month?	1.6	
13	X	24	13,000	2.2		If yes,	1.4	
14	X	24	10,100	2.2		Was it monitored at least every 4 hours until it returned to a value greater than or equal to the DEP-specified minimum?	1.2	
15	X	24	10,700	2.6		Was it ever less than the DEP-specified minimum for more than 4 consecutive	2.6	
16	X	24	14,600	2.5		hours? If yes,	2.2	
17	X	24	14,000	2.4		What was the date and duration of this treatment technique violation?	2.3	
18	X	24 24	13,300	2.4		On-Line Disinfectant Analyzers	2.0	
19 20	X		12,900 13,200	2.4 2.7		Was continuous residual disinfectant monitoring equipment used during the	3.0	
	X	24	13,200	3.0		reporting month? Yes	2.2	
21	X	24	15,000	3.3			3.1	
23	X	24	10,800	2.6		If yes, Was the calibration of the equipment verified during the month? Yes	3.1	
24	X	24	11,900	3.3		was the cambration of the equipment verified during the month? Yes	2.0	
25	X	24	13,000	2.8		Did the equipment fail during the month? No	2.0	
26	X	24	11,700	2.6			2.3	
27	X	24	12,700	2.9		If yes,	2.0	
28	X	24	14,600	2.8		Were grab samples collected every 4 hours until the equipment was returned to service?	2.1	
29	X	24	14,000	2.6		10 301 YIGO :	1.8	
30	X	24	15,500	3.1		Date the equipment failed:	1.0	
31	X	24	10,800	3.0			2.4	
Total	41	27	206 100	5.0			2.7	

12,777 16,000

Average

Page 2

 $<sup>* \</sup> Only \ plants \ providing \ DEP-approved \ 4-log \ virus \ treatment \ must \ provide \ this \ information.$