



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: Orangewood		PWS Identification Number: 6511311
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		Total Population Served at End of Month: 6,464
Number of Service Connections at End of Month: 1,847		
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: Well 1	Plant Telephone Number: (800) 272-1919	
Plant Address: 4730 Darlington	City: Holiday	State: Florida Zip Code: 34690
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: 240,000		
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:	Jeffrey Becker	C	23456	Days: Mon - Sun
Other Operators:	William Stevens	C	14416	Days: Mon - Sun

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 (10) days.

Signature and Date: Jeffrey S Becker 9/2/20
 Printed or Typed Name: Jeffrey S Becker License Number: C-23456

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

PWS Identification Number: 6511311 Plant Name: Well 1

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 (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combine Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days started 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*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				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 Required, mg-min/L	UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
											Lowest Operating UV Dose, mW-sec/cm2	Minimum Required, mW-sec/cm2				
1	X	24	41,800		2.4									1.8		
2		24														
3	X	24	162,200		2.2									1.8		
4	X	24	73,300		2.3									1.5		
5	X	24	124,700		2.4									2.0		
6	X	24	69,300		2.4									1.8		
7	X	24	46,400		2.4									2.0		
8	X	24	45,400		2.4									2.1		
9		24														
10	X	24	87,200		2.4									1.9		
11	X	24	63,000		2.3									1.9		
12	X	24	52,400		2.3									2.0		
13	X	24	57,100		2.3									1.9		
14	X	24	49,400		2.3									1.9		
15	X	24	49,400		2.3									1.8		
16		24														
17	X	24	119,700		2.4									1.8		
18	X	24	52,700		2.3									1.9		
19	X	24	45,700		2.4									1.8		
20	X	24	51,300		2.4									1.8		
21	X	24	32,300		2.4									1.9		
22	X	24	52,100		2.3									1.9		
23		24														
24	X	24	94,900		2.4									2.0		
25	X	24	40,300		2.3									1.8		
26	X	24	41,600		2.3									1.9		
27	X	24	43,700		2.3									1.9		
28	X	24	47,000		2.3									1.9		
29	X	24	37,900		2.2									1.8		
30		24														
31	X	24	109,800		2.3									1.8		
Total			1,690,600													
Average			54,535													
Maximum			124,700													



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: Orangewood PWS Identification Number: 6511311

PWS Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 1,847 Total Population Served at End of Month: 6,464

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: Well 2 Plant Telephone Number: (800) 272-1919

Plant Address: 4727 Darlington City: Holiday State: Florida Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 210,000

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		License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Jeffrey Becker</u>	<u>C</u>	<u>23456</u>	<u>Days: Mon - Sun</u>
Other Operators:	<u>William Stevens</u>	<u>C</u>	<u>14416</u>	<u>Days: Mon - Sun</u>

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 days.

Jeffrey S Becker 9/2/20

Signature and Date

Printed or Typed Name Jeffrey S Becker License Number C-23456

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

PWS Identification Number: 6511311

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

Plant Name: Well 2

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combine Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combine Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days plant started or visited by Operator (date/s)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	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 Required CT, mg-min/L	UV Dose		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
											Lowest Operating UV Dose, mW-sec/cm2	Minimum Required UV Dose, mW-sec/cm2		
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
CT Calculations														
1	X	24	63,200		2.4								1.8	
2		24												
3	X	24	155,200		2.4								1.8	
4	X	24	76,200		2.4								1.5	
5	X	24	77,500		2.5								2.0	
6	X	24	49,000		2.7								1.8	
7	X	24	29,400		2.4								2.0	
8	X	24	26,000		2.4								2.1	
9		24												
10	X	24	72,200		2.4								1.9	
11	X	24	46,000		2.5								1.9	
12	X	24	41,300		2.4								2.0	
13	X	24	40,400		2.5								1.6	
14	X	24	40,000		2.3								1.9	
15	X	24	41,900		2.3								1.8	
16		24												
17	X	24	80,900		2.4								1.8	
18	X	24	43,500		2.5								1.9	
19	X	24	35,800		2.5								1.8	
20	X	24	39,100		2.4								1.8	
21	X	24	49,500		2.5								1.9	
22	X	24	33,700		2.5								1.9	
23		24												
24	X	24	83,300		2.4								2.0	
25	X	24	31,800		2.4								1.8	
26	X	24	46,200		2.5								1.9	
27	X	24	35,100		2.5								1.9	
28	X	24	31,600		2.4								1.9	
29	X	24	36,100		2.4								1.8	
30		24												
31	X	24	73,300		2.3								1.8	
Total			1,378,200											
Average			44,458											
Maximum			77,600											



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: Orangewood		PWS Identification Number: 6511311	
PWS 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: 1,847		Total Population Served at End of Month: 6,464	
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: Patrick.Flynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wells 3 - 4		Plant Telephone Number: (800) 272-1919	
Plant Address: 2448 Arcadia Road		City: Holiday	State: Florida
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34690	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000			
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:	Jeffrey Becker	C	23456	Days: Mon - Sun
Other Operators:	William Stevens	C	14416	Days: Mon - Sun

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 (10) days.

Signature and Date: Jeffrey S Becker 9/2/20

Printed or Typed Name: Jeffrey S Becker License Number: C-23456

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

PWS Identification Number: 6511311 August, 2020 Plant Name: Wells 3 - 4

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combine Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Chlorine Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days started 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		
				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/cm ²	Minimum UV Dose Required, mW-sec/cm ²					
1	X	24	18,500		2.3											1.8	
2		24															
3	X	24	73,600		2.2											1.8	
4	X	24	46,400		2.3											1.5	
5	X	24	300		2.0											2.0	
6	X	24	700		2.0											1.8	
7	X	24	7,100		2.0											2.0	
8	X	24	6,000		2.1											2.1	
9		24															
10	X	24	14,600		2.1											1.9	
11	X	24	5,000		2.1											1.9	
12	X	24	3,900		2.3											2.0	
13	X	24	2,200		2.3											1.9	
14	X	24	2,300		2.4											1.9	
15	X	24	0		2.2											1.8	
16		24															
17	X	24	0		2.0											1.8	
18	X	24	0		2.0											1.9	
19	X	24	0		2.0											1.8	
20	X	24	0		1.8											1.8	
21	X	24	0		1.8											1.9	
22	X	24	0		1.7											1.8	
23		24															
24	X	24	0		1.8											1.8	
25	X	24	900		2.0											1.8	
26	X	24	800		2.0											1.9	
27	X	24	500		2.1											1.9	
28	X	24	600		2.1											1.9	
29	X	24	500		2.0											1.8	
30		24															
31	X	24	0		1.1											1.8	
Total			183,900														
Average			5,932														
Maximum			46,400														



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: Orangewood		PWS Identification Number: 6511311
PWS 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: 1,847		Total Population Served at End of Month: 6,464
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
Contact Person's Telephone Number: (866) 842-8432, Ext. 1359		State: Florida
Contact Person's E-Mail Address: Patrick.Flynn@uiwater.com		Contact Person's Fax Number: (407) 869-6961
B. Water Treatment Plant Information		
Plant Name: Well 1 BVTP		Plant Telephone Number: (800) 272-1919
Plant Address: 1733 Orange Dr.		City: Holiday
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		State: Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200		Zip Code: 34690
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:	Jeffrey Becker	C	23456	Days: Mon - Sun
Other Operators:	William Stevens	C	14416	Days: Mon - Sun

II. Certification by Lead/Chief Operator

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Signature and Date: Jeffrey S Becker 9/2/20

Printed or Typed Name: Jeffrey S Becker License Number: C-23456

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

PWS Identification Number: 6511311 Plant Name: Well 1 BVTIP

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 (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combine Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days started or visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	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	UV Dose		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
											Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	41,100		2.4								1.8	
2		24												
3	X	24	118,600		2.4								1.7	
4	X	24	50,700		2.4								1.9	
5	X	24	53,100		2.2								1.9	
6	X	24	29,300		2.0								1.8	
7	X	24	8,800		2.0								2.0	
8	X	24	7,100		2.4								2.1	
9		24												
10	X	24	20,600		1.3								1.9	
11	X	24	17,200		2.8								2.2	
12	X	24	14,800		2.8								2.0	
13	X	24	13,900		2.8								1.9	
14	X	24	13,500		2.6								2.0	
15	X	24	13,800		2.6								2.1	
16		24												
17	X	24	34,000		2.5								2.0	
18	X	24	14,200		2.5								2.0	
19	X	24	10,600		2.4								1.9	
20	X	24	13,600		2.4								1.9	
21	X	24	12,500		2.3								1.9	
22	X	24	6,100		2.3								1.9	
23		24												
24	X	24	22,400		2.5								2.0	
25	X	24	6,300		2.5								2.0	
26	X	24	10,600		2.4								2.1	
27	X	24	7,600		2.5								2.1	
28	X	24	13,100		2.5								2.1	
29	X	24	10,300		2.5								2.1	
30		24												
31	X	24	29,300		2.4								2.0	
Total			593,100											
Average			19,132											
Maximum			59,300											



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

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PWS Name: Orangewood PWS Identification Number: 6511311

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Number of Service Connections at End of Month: 1,847 Total Population Served at End of Month: 6,464

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Contact Person: Patrick Flynn Contact Person's Title: Vice President

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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: Well 2 BVTP Plant Telephone Number: (800) 272-1919

Plant Address: 2031 Pleasure City: Holiday State: Florida Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700 (12,700)

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
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Signature and Date: Jeffrey S Becker 9/2/20

Printed or Typed Name: Jeffrey S Becker License Number: C-23456

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

PWS Identification Number: 6511311

Plant Name: Well 2 BVTTP

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

Means of Achieving Four-Log Virus Inactivation/Renovation: * 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 started or Operator (face 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*										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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24	10,500		2.4										1.8	
2		24														
3	X	24	36,400		2.5										1.7	
4	X	24	22,400		2.5										1.9	
5	X	24	15,300		2.4										1.9	
6	X	24	7,300		2.5										2.1	
7	X	24	3,000		2.4										2.0	
8	X	24	2,500		2.4										2.1	
9		24														
10	X	24	7,700		2.4										2.0	
11	X	24	19,700		2.7										2.2	
12	X	24	17,700		2.6										2.0	
13	X	24	11,200		2.6										1.9	
14	X	24	12,300		2.5										2.0	
15	X	24	10,300		2.6										2.1	
16		24														
17	X	24	25,500		2.5										2.0	
18	X	24	7,400		2.4										2.0	
19	X	24	9,300		2.4										2.0	
20	X	24	8,700		2.4										1.9	
21	X	24	16,100		2.4										1.9	
22	X	24	10,400		2.4										1.9	
23		24														
24	X	24	25,000		2.4										2.0	
25	X	24	12,200		2.4										2.0	
26	X	24	13,800		2.5										2.1	
27	X	24	14,800		2.5										2.1	
28	X	24	9,700		2.4										2.1	
29	X	24	7,300		2.4										2.1	
30		24														
31	X	24	16,100		2.4										2.0	
Total			352,600													
Average			11,374													
Maximum			22,400													

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

PWS Identification Number: 6511311 Plant Name: Well 3 BVT/P

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*
 CT Calculations UV Dose

Day of the Month	Days staffed or Visited by the Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations				UV Dose		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	
				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
1	X	24	0		2.9						1.8	
2		24										
3	X	24	0		1.7						1.7	
4	X	24	0		2.5						1.9	
5	X	24	0		2.7						1.9	
6	X	24	126,000		2.7						2.1	
7	X	24	160,000		2.7						2.2	
8	X	24	162,000		2.7						2.1	
9		24										
10	X	24	393,000		2.5						2.0	
11	X	24	142,000		2.5						2.2	
12	X	24	129,000		2.3						2.0	
13	X	24	157,000		2.4						1.9	
14	X	24	124,000		2.4						2.0	
15	X	24	145,000		2.5						2.1	
16		24										
17	X	24	363,000		2.5						2.0	
18	X	24	150,000		2.4						2.0	
19	X	24	113,000		2.4						1.9	
20	X	24	157,000		2.4						1.9	
21	X	24	137,000		2.4						1.9	
22	X	24	135,000		2.4						1.9	
23		24										
24	X	24	312,000		2.4						2.0	
25	X	24	111,000		2.2						2.0	
26	X	24	116,000		2.4						2.1	
27	X	24	125,000		2.5						2.1	
28	X	24	86,000		2.5						2.1	
29	X	24	114,000		2.5						2.1	
30		24										
31	X	24	334,000		2.4						2.0	
Total			3,791,000									
Average			122,290									
Maximum			162,000									



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSS THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of: August, 2020

Community Water System (CWS) Name: Orangewood

Public Water System (PWS) Identification Number AS NOTED 6511311

Day of Month	Permitted Maximum Day Operating Capacity of Each Plant: gallons per day				Net Quantity of Finished Water Produced by Each Plant: gallons						Total
	Plant 1 Name: Well 1	Plant 2 Name: Well 2	Plant 3 Name: Wells 3-4	Plant 4 Name: BTTP Well 1	Plant 5 Name: BTTP Well 2	Plant 6 Name: BTTP Well 3	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
1	240,000	210,000	75,000	23,200	12,700	175,100					736,000
2	41,800	63,200	18,500	41,100	10,500						175,100
3	162,200	155,200	73,600	118,600	36,400						546,000
4	73,300	76,200	46,400	50,700	22,400						269,000
5	124,700	77,500	300	53,100	15,300						270,900
6	69,300	49,000	700	29,300	7,300						281,600
7	46,400	29,400	7,100	8,800	3,000						254,700
8	45,400	26,000	6,000	7,100	2,500						249,000
9											
10	87,200	72,200	14,600	20,600	7,700						595,300
11	63,000	46,000	5,000	17,200	19,700						292,900
12	52,400	41,300	3,900	14,800	17,700						259,100
13	57,100	40,400	2,200	13,900	11,200						281,800
14	49,400	40,000	2,300	13,500	12,300						241,500
15	49,400	41,900	0	13,800	10,300						260,400
16											
17	119,700	80,900	0	34,000	25,500						623,100
18	52,700	43,500	0	14,200	7,400						267,800
19	45,700	35,800	0	10,600	9,300						214,400
20	51,300	39,100	0	13,600	8,700						269,700
21	32,300	49,500	0	12,500	16,100						247,400
22	52,100	33,700	0	6,100	10,400						237,300
23											
24	94,900	83,300	0	22,400	25,000						537,600
25	40,300	31,800	900	6,300	12,200						202,500
26	41,600	46,200	800	10,600	13,800						229,000
27	43,700	35,100	500	7,600	14,800						226,700
28	47,000	31,600	600	13,100	9,700						188,000
29	37,900	36,100	500	10,300	7,300						206,100
30											
31	109,800	73,300	0	29,300	16,100						562,500
Total	1,690,600	1,378,200	183,900	593,100	352,600	3,791,000					7,989,400
Avg.	54,535	44,458	5,932	19,132	11,374	122,290					257,723
Max.	124,700	77,600	46,400	59,300	22,400	162,000					461,114

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 2639 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Unit 10, Fort Myers, FL 33913 • 239-674-8130 • Fax 239-674-8128 • E84492



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 8/5/2020 13:20
 Analysis Date & Time: 8/5/20 14:28
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 6 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

- Total Coliform/*E. coli* Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Orangewood **PWS I.D.:** 6511311

PWS Address: 244B Arcadia **City:** Holiday

PWS or PWS Owner's Phone #: 727-934-9137 **Fax #:** _____

Collector: Jeff Becker **Collector's Phone #:** 410-808-7988

Type of Supply: (check only one)

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

- Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 8/5/20

DCN#: AD-D045 Effective 01/95, Printable Revision 4/11/17

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab			
						Non-Coliform	Total Coliform	Fecal (<i>E. coli</i>) Enterococci, or Coliphage ^a	Data Qualifier ^a
1	Well 1	825	R	0		A	A		001
2	Well 2	835	R	0		A	A		002
3	Well 3	750	R	0		A	A		003
4	Well 4	755	R	0		A	A		004
5	2545 Cheral	800	D	2.0		A	A		005
6	2624 Templewood	815	D	2.1		A	A		006
7	4726 Bonton	8:10	D	2.0		A	A		008

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (check one).

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):
 A certified operator (# 23456)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
Lab Signature: [Signature]
Title: _____
 Date & Time Report Issued: 8/6/2020

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

- Satisfactory DEP/DOH USE ONLY
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: [Signature]
 Date: 8/5/20 Time: 930
 Received By: [Signature]
 Date: 8/5/2020 Time: 1115

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
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- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 2639 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Unit 10, Fort Myers, FL 33913 • 239-674-8130 • Fax 239-674-8128 • E84492



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 04 AUG '20 . 1400
 Analysis Date & Time: 8-4-20 1550
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 6 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

- Total Coliform/*E. coli* Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Orangewood (BVTP) **PWS I.D.:** 6511311

PWS Address: 2448 Arcadia Rd **City:** Holiday

PWS or PWS Owner's Phone #: 727-934-9137 **Fax #:** _____

Collector: Jeff Becker **Collector's Phone #:** 410-809-7988

Type of Supply: (check only one)

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

- Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 8/4/20

DCN#: AD-D045

Effective 01/95, Printable Revision 4/11/17

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	Well 1	845	R	0		A	A			001
2	Well 2	900	R	0		A	A			002
3	Well 3	1010	R	0		A	A			003
4	1841 Holiday	835	D	1.9		A	A			004
5	2111 Hess	820	D	1.9		A	A			005
6	2040 Orange	830	D	1.8		A	A			006
7	5128 Botney	910	D	1.5		A	A			007

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (check one).

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):
 A certified operator (# 23456)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
Lab Signature: [Signature]
Title: _____
 Date & Time Report Issued: 8/5/20

Satisfactory DEP/DOH USE ONLY
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: [Signature]
 Date: 8/4/20 Time: 1045
 Received By: [Signature]
 Date: 8/4/2020 Time: 1150