



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b> August 2020			
System Name: Summertree		PWS Identification Number: 6511423	
System 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: 1,208		Total Population Served at End of Month: 3,020	
System Owner: Utilities, Inc. of Florida		Contact Person's Title: Vice President	
Contact Person: Patrick C. Flynn		Contact Person's Mailing Address: 200 Weathersfield Avenue	
Contact Person's Mailing Address: 200 Weathersfield Avenue		City: Altamonte Springs	State: FL
Contact Person's E-Mail Address: Patrick.Flynn@uiwater.com		Zip Code: 32714	
Contact Person's Telephone Number: (866) 842-8432, Ext. 1359			

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

[Signature]      9/2/20      **Jeffrey S Becker**      **23456**  
 Signature and Date      Printed or Typed Name      License Number or Title

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:																	
Type of Disinfectant Residual Maintained in Distribution System:						Free Chlorine						Combined Chlorine (Chloramines)					
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL						
1	4					17	4										
2						18	4										
3	4					19	4										
4	4					20	4										
5	4					21	4										
6	4					22	4										
7	4					23	4										
8	4					24	4										
9						25	4										
10	4					26	4										
11	4					27	4										
12	4					28	4										
13	4					29	4										
14	4					30											
15	4					31	4										
16						Total	0	0	0	0	0						

V = percentage of samples in which disinfectant residual is undetectable =  $(c+d+e)/(a+b) \times 100 = \% \text{NaN}$

For previous month, V = %

**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: 8/5/20 12:00  
 Analysis Date & Time: 8/5/20 1601  
**Sample Acceptance Criteria:**  
 Sample Preservation:  On Ice  Not On Ice. 06 °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: Summertree PWS I.D.: 6511423

PWS Address: 11633 Paradise Pt Wy City: Port Richey

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: 8/4/20

DCN#: AD-D045

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

Sample #	Sample Point (Location or Specific Address)	To be completed by collector of sample				pH	To be completed by lab				
		Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	Analysis Method(s) <sup>2</sup>		Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	11841 Boynton	1505	D	2.6			A	A		201	
2	11332 Aspenwood	1500	D	1.8			A	A		202	
3	11408 Clear Oak	1450	D	2.0			A	A		203	
Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> <input type="checkbox"/> Free chlorine or <input checked="" type="checkbox"/> Total chlorine (check one).						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: _____ Title: _____ Date & Time Report Issued: <u>8/6/2020</u>					
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____  Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>23456</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water											
(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)						<input type="checkbox"/> Satisfactory <span style="float: right;">DEP/DOH USE ONLY</span> <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> 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