

RAVENNA PARK

MAPS

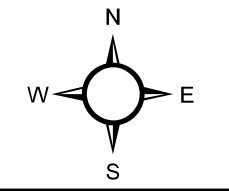
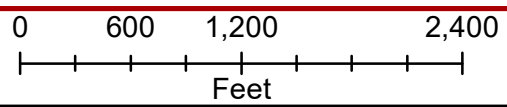
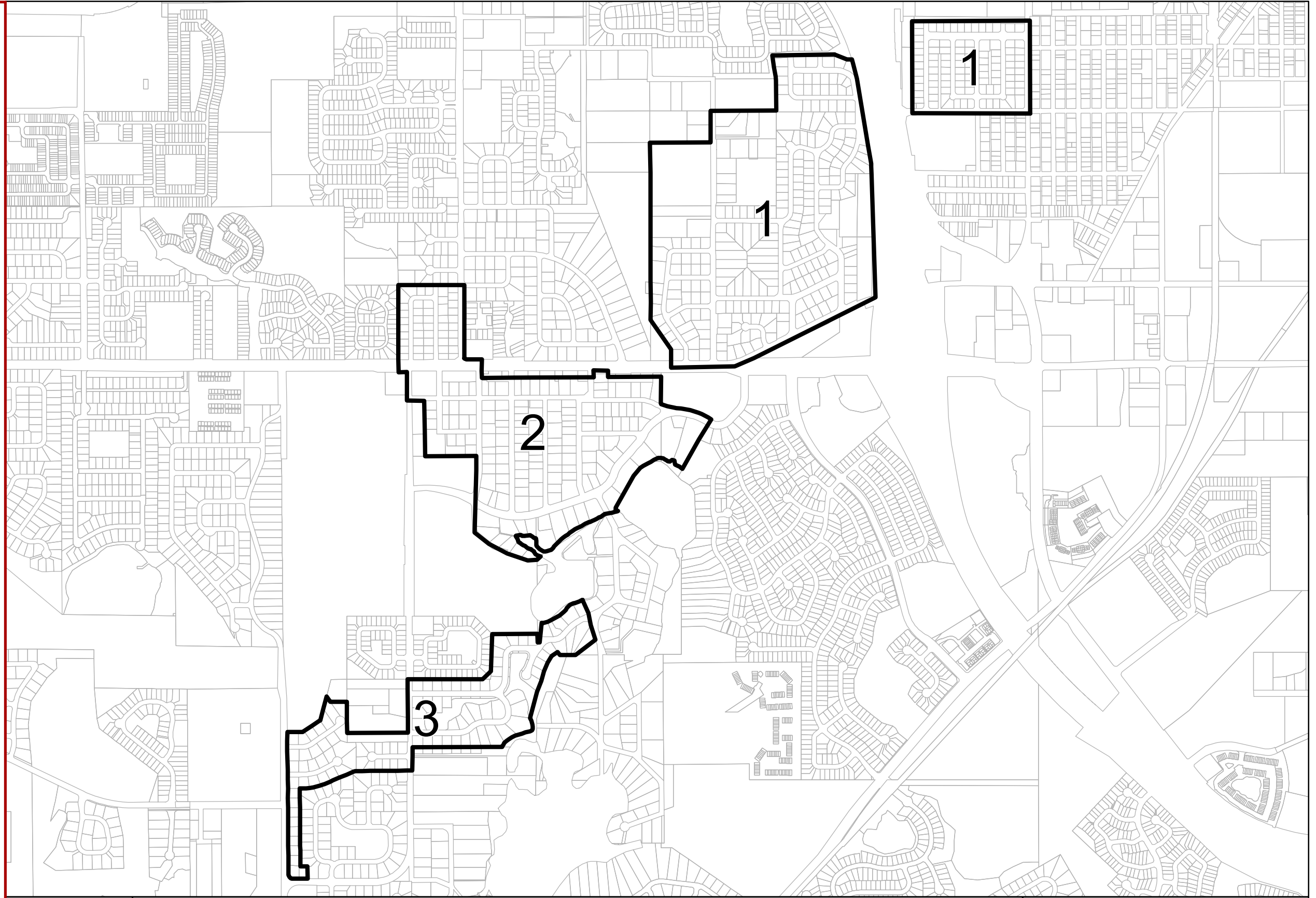
A detailed map showing (a) the location and size of the applicant's distribution and collection lines as well as its plant sites, and (b) the location and respective classification of the applicant's customers

[Commission Rule 25-30.440(1)]

Includes the Phillips water system since it is interconnected

December 2019

- Fire
- Irrigation
- 1" Main
- 1.25" Main
- 1.5" Main
- 2" Main
- 2.5" Main
- 3" Main
- 4" Main
- 6" Main
- 8" Main
- 10" Main
- 12" Main
- 14" Main
- 16" Main
- 18" Main
- ▭ Service Area
- ▨ Treatment Plant
- ▭ Commercial
- ▭ Multi-Family
- ▭ RV Park
- ▭ Single Family



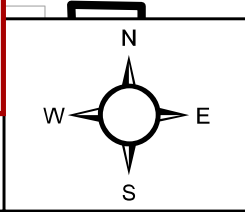
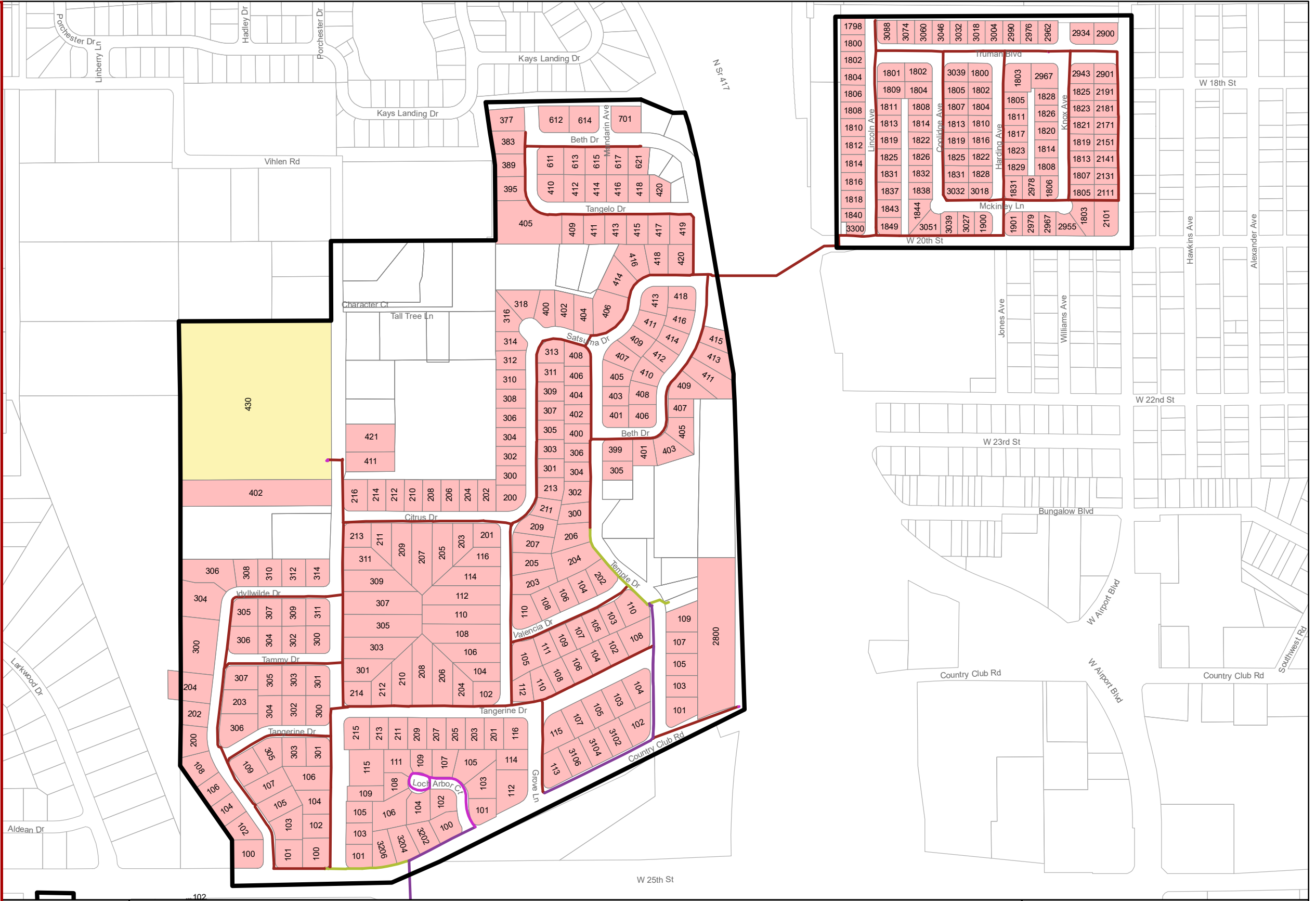
Ravenna Park Water Distribution System

Overview



December 2019

- Fire
- Irrigation
- 1" Main
- 1.25" Main
- 1.5" Main
- 2" Main
- 2.5" Main
- 3" Main
- 4" Main
- 6" Main
- 8" Main
- 10" Main
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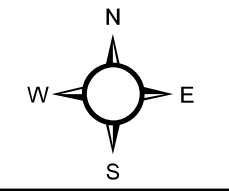
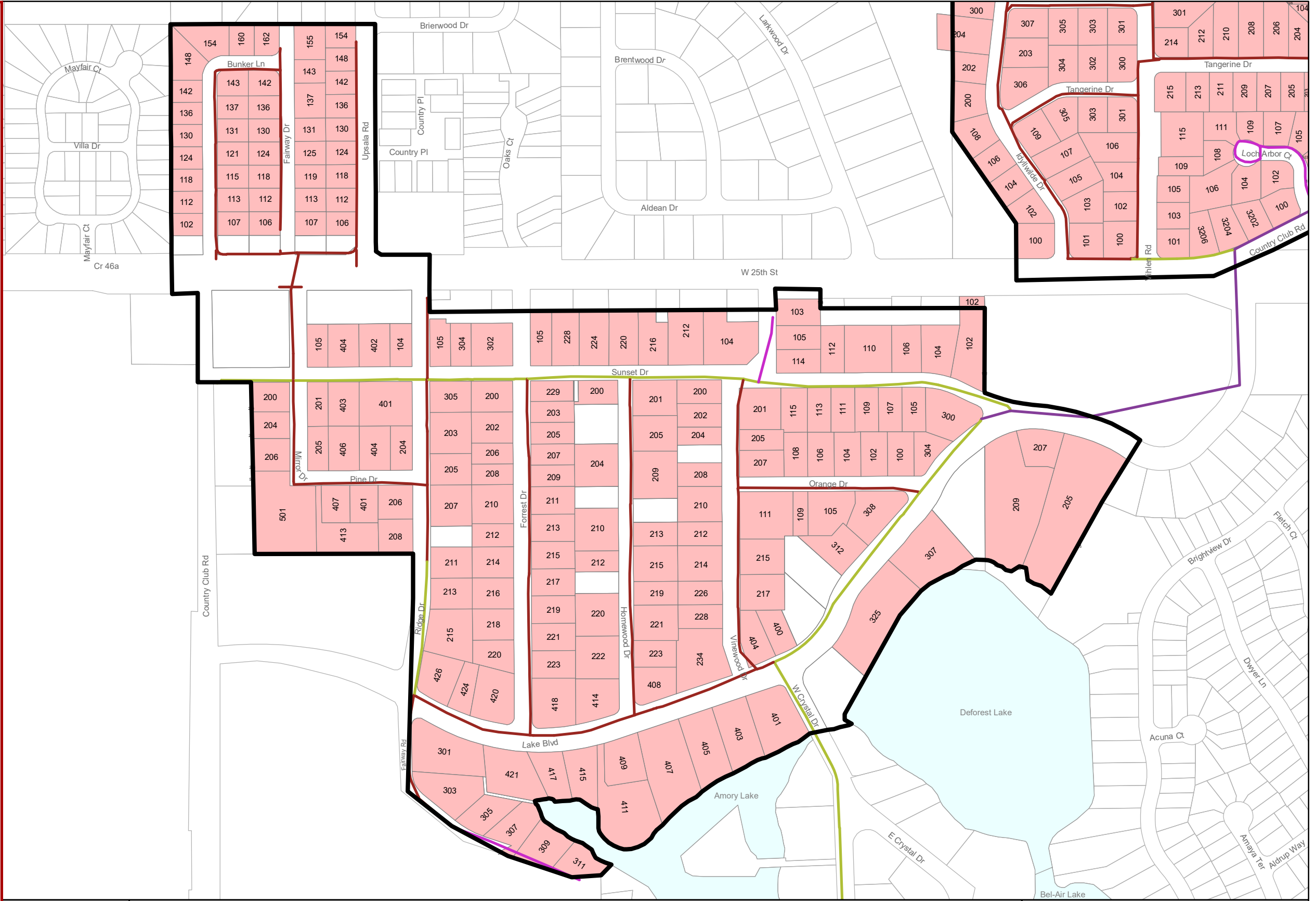


Ravenna Park Water Distribution System

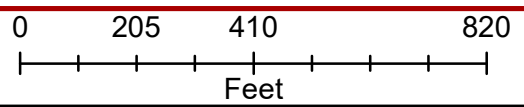


December 2019

- Fire
- Irrigation
- 1" Main
- 1.25" Main
- 1.5" Main
- 2" Main
- 2.5" Main
- 3" Main
- 4" Main
- 6" Main
- 8" Main
- 10" Main
- 12" Main
- 14" Main
- 16" Main
- 18" Main
- Service Area
- Treatment Plant
- Commercial
- Multi-Family
- RV Park
- Single Family

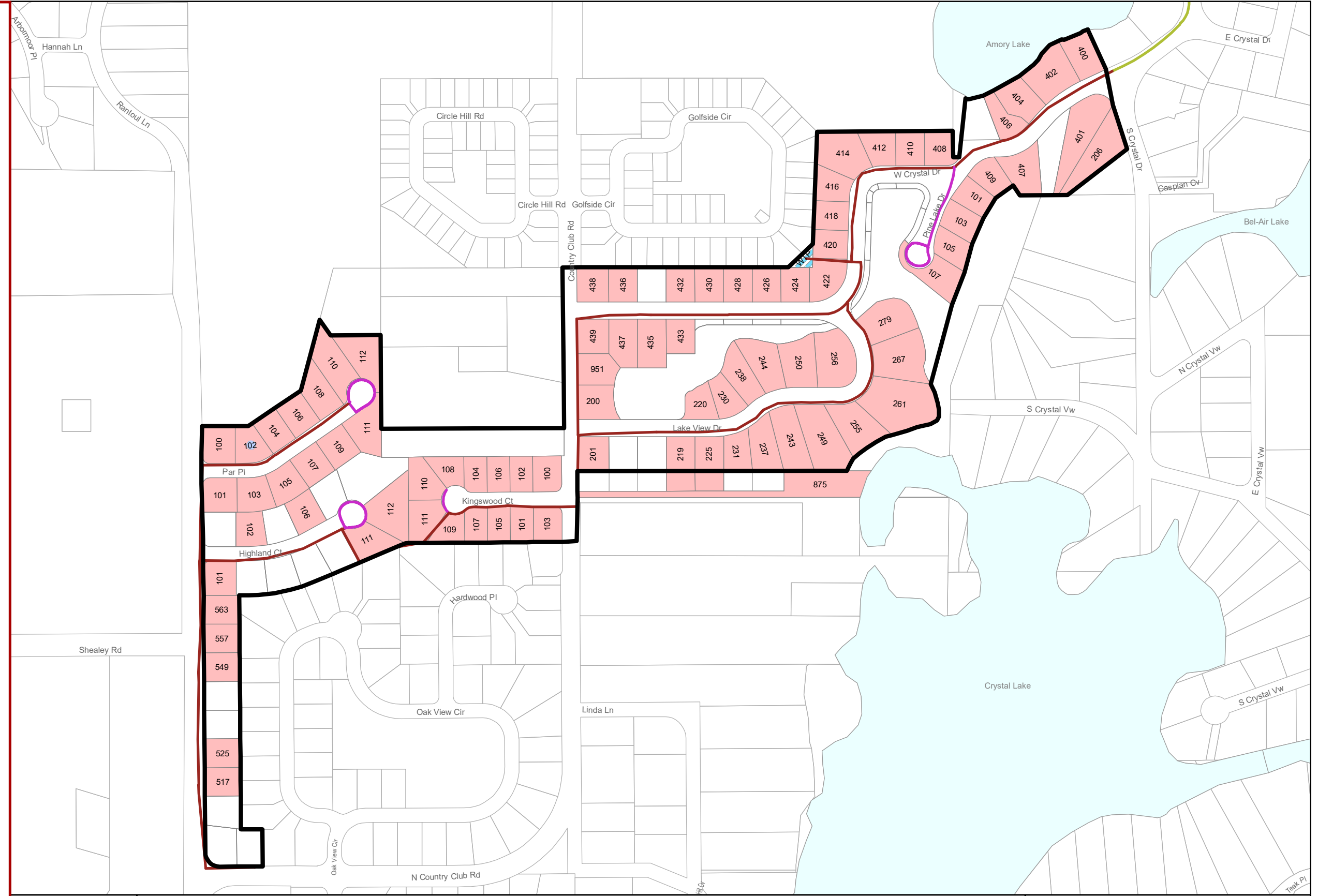


Ravenna Park (Crystal Lake) Water Distribution System

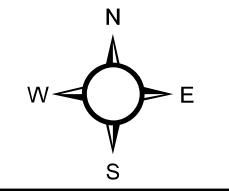
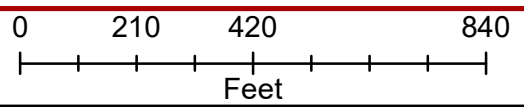


December 2019

- Fire
- Irrigation
- 1" Main
- 1.25" Main
- 1.5" Main
- 2" Main
- 2.5" Main
- 3" Main
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- 6" Main
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- ▭ Multi-Family
- ▭ RV Park
- ▭ Single Family

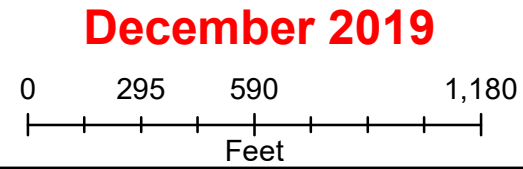
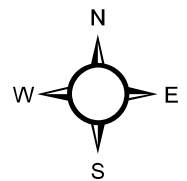


Ravenna Park (Phillips) Water Distribution System





- Lift Station
- Reuse
- Manhole
- Pressurized Main
- Gravity Main
- Treatment Plant
- Commercial
- Multi-Family
- RV Park
- Single Family



Ravenna Park Sewer Collections System



A list of chemicals used for water and wastewater treatment, by type, showing the dollar amount and quantity purchased, the unit prices paid and the dosage rates utilized.

[Rule 25-30.440 (2), F.A.C.]

The wastewater system is collection only and does not use chemicals

Utilities, Inc. of Florida - Ravenna Park
Docket No. 2020049
Schedule of Chemicals
Test Year Ended December 31, 2019

Date of Invoice	Sodium Hypochlorite			Polyphosphate		
	Units (gal)	Unit Price	Total	Units (gal)	Unit Price	Total
1/8/2019 Ravenna Park	110	1.30	143.00			
1/15/2019 Phillips				448	0.91	407.68
1/22/2019 Ravenna Park	137	1.30	178.10			
2/5/2019 Ravenna Park	165	1.30	214.50			
2/19/2019 Ravenna Park	137	1.30	178.10			
3/5/2019 Ravenna Park	175	1.30	227.50			
3/19/2019 Ravenna Park	140	1.30	182.00			
4/2/2019 Ravenna Park	165	1.30	214.50			
4/2/2019 Phillips	50	1.30	65.00			
4/16/2019 Ravenna Park	175	1.30	227.50			
4/30/2019 Ravenna Park	165	1.30	214.50			
5/14/2019 Ravenna Park	165	1.30	214.50			
5/28/2019 Ravenna Park	134	1.30	174.20			
6/11/2019 Ravenna Park	190	1.30	247.00			
6/25/2019 Ravenna Park	195	1.30	253.50			
7/9/2019 Ravenna Park	165	1.30	214.50			
7/23/2019 Ravenna Park	130	1.30	169.00			
8/6/2019 Ravenna Park	170	1.30	221.00			
8/6/2019 Phillips	36	1.30	46.80			
8/20/2019 Ravenna Park	110	1.30	143.00			
9/3/2019 Ravenna Park	140	1.30	182.00			
9/17/2019 Ravenna Park	165	1.30	214.50			
10/1/2019 Ravenna Park	205	1.30	266.50			
10/15/2019 Ravenna Park	206	1.30	267.80			
10/29/2019 Ravenna Park	175	1.30	227.50			
11/12/2019 Ravenna Park	165	1.30	214.50			
11/26/2019 Ravenna Park	160	1.30	208.00			
12/10/2019 Ravenna Park	170	1.30	221.00			
12/23/2019 Ravenna Park	145	1.30	188.50			
TOTAL			5,518.50			407.68
Quantity Purchased	4,245			448		
Unit of Measure	Gallons			Pounds		
Average Unit Price		1.30			0.91	
Use Type		Water			Water	
Application		Disinfecting agent			Corrosion inhibitor	
Chemical volume (gal)		<u>4,245</u>			<u>448</u>	
Dosing rate (ppm)		<u>10.5</u>			<u>2.1</u>	
Treated volume (mg)		40.550			1.004	

The most recent chemical analyses for each water system conducted by a certified laboratory covering the inorganic, organic turbidity, microbiological, radionuclide, secondary and unregulated contaminants specified in Chapter 62-550, F.A.C.

[Commission Rule 25-30.440(3)]

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Beuenna Park PWS I.D. #

3	5	9	1	0	6	1
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System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 200 Weathersfield Ave
City: Altamonte Springs ZIP Code: 32714
Phone #: 407-682-5651 Fax #: 407-682-5713 E-Mail Address: sgosnell@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)
Sample Number: 359363DW1 Sample Date: 3/7/18 Sample Time: 11:30 AM PM (Circle One)
Sample Location (be specific): POE Location Code: P.O.E. Distribution
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Replacement (of Invalidated Sample)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance*	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites **	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Avg Residence Time		
<input type="checkbox"/> Near First Customer		

* See 62-550.500(6) for requirements and restrictions
And 62-550.512(3) for nitrate or nitrite exceedances.
** See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

I, Allan Finch, Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and collection information is complete and correct.

Signature: Allan Finch Date: 4-5-18
Certified Operator #: B-7806 Phone #: (407) 948-9843 Sampler's Fax: (407) 682-5713
Sampler's E-Mail: afinch@uiwater.com

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2018

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 03/07/18

PWS ID (From Page 1): 3591061

Sample Number (From Page 1): 359363DW1

Lab Assigned Report # or Job ID: 359363

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

- | <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> | <u>Radionuclides</u> | <u>Secondaries</u> |
|---|---|--|---|--|--|
| <input checked="" type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30 | <input checked="" type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input checked="" type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos | | | | | |

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 03/30/18

* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory Yes No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 359363DW1
PWS ID (From Page 1): PWS#3591061 Ravenna Park

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.200	U	EPA300.0	0.200	03/08/18	11:15 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.200	U	EPA300.0	0.200	03/08/18	11:15 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1010	Barium	2	mg/L	0.00900		EPA200.8	0.00200	03/07/18		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1020	Chromium	0.1	mg/L	0.00160		EPA200.8	0.00100	03/07/18		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	03/16/18		E83018
1025	Fluoride	4	mg/L	0.200	U	EPA300.0	0.200	03/08/18		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	03/08/18		E83018
1036	Nickel	0.1	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	03/07/18		E83018
1052	Sodium	160	mg/L	18.9		EPA200.7	0.500	03/08/18		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	03/07/18		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 359363DW1
PWS ID (From Page 1): PWS#3591061 Ravenna Park

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	03/07/18		E83018
1017	Chloride	250	mg/L	30.9		EPA300.0	0.400	03/08/18		E83018
1022	Copper	1	mg/L	0.0103		EPA200.8	0.00100	03/07/18		E83018
1025	Fluoride	2	mg/L	0.400	U	EPA300.0	0.400	03/08/18		E83018
1028	Iron	0.3	mg/L	0.0209		EPA200.7	0.0100	03/08/18		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	03/08/18		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	03/07/18		E83018
1055	Sulfate	250	mg/L	7.49		EPA300.0	1.00	03/08/18		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	03/07/18		E83018
1905	Color	15	CU	5.00	U	SM2120 B	5.00	03/07/18	03:00 PM	E83018
1920	Odor	3	TON@40C	1.00	U	SM2150 B	1.00	03/07/18	03:00 PM	E83018
1925	pH	6.5 -8.5	pH	8.04		SM4500-H B	0.0100	03/11/18	04:00 PM	E83018
1930	Total Dissolved Solids	500	mg/L	206		SM2540 C	2.50	03/10/18		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	03/07/18	11:00 AM	E83018

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 359363DW1
PWS ID (From Page 1): PWS#3591061 Ravenna Park

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA524.2	0.200	0.5	03/08/18		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2990	Benzene	1	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2996	Styrene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 359363DW1
PWS ID (From Page 1): PWS#3591061 Ravenna Park

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lat Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	03/13/18	03/14/18		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/13/18	03/14/18		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	03/13/18	03/14/18		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	03/13/18	03/14/18		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	03/07/18	03/14/18		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	03/08/18	03/19/18		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	03/09/18	03/16/18		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		03/08/18		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	03/09/18	03/14/18		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		03/12/18		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA525.2	0.0700	0.07	03/09/18	03/14/18		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	03/09/18	03/14/18		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	03/07/18	03/14/18		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	03/07/18	03/14/18		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	03/13/18	03/14/18		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		03/12/18		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA525.2	0.100	0.1	03/09/18	03/14/18		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA525.2	0.200	0.2	03/09/18	03/14/18		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	03/13/18	03/14/18		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/13/18	03/14/18		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	03/07/18	03/14/18		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	03/07/18	03/14/18		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	03/13/18	03/14/18		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	03/09/18	03/14/18		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	03/07/18	03/14/18		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	03/13/18	03/14/18		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	03/13/18	03/14/18		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	03/13/18	03/14/18		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	03/13/18	03/14/18		E83018



Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 West Park Industrial Plaza
 571 N.W. Mercantile Pl., Ste. 111
 Port St. Lucie, FL 34986
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878

Flowers Chemical Labs-Keys
 3980 Overseas Highway
 Ste. 103
 Marathon, FL 33050
 Bus: 305-743-8598
 Fax: 305-743-8598

www.flowerslabs.com

Client: Utilities, Inc.
 Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714
(407) 682-5651
 Phone: Allen Finch
 Sampled By (PRINT): Allen Finch
 Sample Signature: [Signature] Date Sampled: 3-7-18

Public Water System Name: Ravenna Parks
 PWS ID#: 3591061 P.O. #:
 FCL Lab Coordinator: Kit#:
 Public Water System Type: Community Non-Community Limited Use Commercial / Public Non-transient / Non Community

COMMENTS:

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES					Primary Inorg.	Secondaries	VOCs	SOCs	NO ₂ /NO ₃	TTHM	THAA	Pb/Cu	GA / RA228 RA226	Asbestos	Field	
						NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃											pH	Cl ₂ Res
1	P.O.E. Distribution	3-7-18	1130	359363 DW1							X	X	X	X								
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>[Signature]</u>	<u>3-7-18</u>	<u>1340</u>				<u>[Signature]</u>	<u>3/7</u>	<u>1340</u>	<u>[Signature]</u>	<u>3/7</u>	<u>1340</u>

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: RAVENNA PARK PWS I.D. #

3	5	9	1	0	6	1
---	---	---	---	---	---	---

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: TEMPLE AVE

City: SANFORD ZIP Code: 32771

Phone #: (407)869-1919 Fax #: _____ E-Mail Address: SEE RELATED PARTIES

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 432399DW1 Sample Date: 03/27/2020 Sample Time: 09:05 AM PM (Circle One)

Sample Location (be specific): POE to Dist. Location Code: POE to Dist.

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites ** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Avg Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.
** See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Don Hasty, LEAD OPERATOR, do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: 4-2-2020
Certified Operator #: A6625 Phone #: 407 948-4210 Sampler's Fax: 407 682-5713
Sampler's E-Mail: DHASTY@VEWATER.COM

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2020

ATTACH CURRENT DOH ANALYTE SHEET*

Phone #: 407-339-5984

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 03/27/20

PWS ID (From Page 1): 3591061

Sample Number (From Page 1): 432399DW1

Lab Assigned Report # or Job ID: 432399

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Partial
<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input checked="" type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 03/29/20

* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory Yes No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

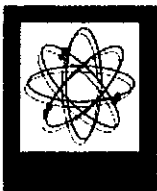
Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 432399DW1
PWS ID (From Page 1): 3591061 Ravenna Park

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.200	U	EPA300.0	0.200	03/27/20	07:30 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.200	U	EPA300.0	0.200	03/27/20	07:30 PM	E83018



Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 West Park Industrial Plaza
 571 N.W. Mercantile Pl., Ste. 111
 Port St. Lucie, FL 34986
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878

Flowers Chemical Labs-Keys
 3980 Overseas Highway
 Ste. 103
 Marathon, FL 33050
 Bus: 305-743-8598
 Fax: 305-743-8598

www.flowerslabs.com

Client UTILITIES INC OF FL		Public Water System Name RAVENNA PARK	
Address 200 WEATHERS FIELD AVE		PWS ID# 3591061	P.O. #
ALTAMONTE SPRINGS, FL 32714		FCL Lab Coordinator ROBERT	Kit#
Phone 866 842-8432		Public Water System Type: <input type="checkbox"/> Limited Use Commercial / Public <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-transient / Non Community	
Sampled By (PRINT): DON HASTY		COMMENTS	

Sampler Signature <i>[Signature]</i>		Date Sampled 3-27-2020		PRESERVATIVES																																				
DRINKING WATER - Chain of Custody F.A.C. 62 - 550				NUMBER	NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃	Primary Inorg.											Secondary		VOCs		SOCs		NO ₃ /NO ₂		TTHM		THAA		Pb/Cu		GA / RA228 RA226		Asbestos		Field pH Cl ₂ Res	
ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME							LAB NO.																														
1	POE TO DIST.	3-27-20	0905	432399DW1	1																																			
2																																								
3																																								
4																																								
5																																								
6																																								
7																																								
8																																								
9																																								
10																																								
Relinquished By / Affiliation <i>[Signature]</i>		Date 3-27-20	Time	Accepted By / Affiliation		Date	Time	Relinquished By / Affiliation		Date	Time	Accepted By / Affiliation <i>[Signature]</i>		Date 3/27	Time 11:47																									

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: RAVENNA PARK PWS I.D. #

3	5	9	1	0	6	1
---	---	---	---	---	---	---

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: TEMPLE AVE

City: SANFORD ZIP Code: 32771

Phone #: (407)869-1919 Fax #: _____ E-Mail Address: SEE RELATED PARTIES

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 409298DW1 Sample Date: 08/12/2019 Sample Time: 09:50

AM

 PM (Circle One)

Sample Location (be specific): 108 Par Place Location Code: 108 Par Place

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 2.00 mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Distribution
<input type="checkbox"/> Entry Point (to Distribution)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)
<input type="checkbox"/> Raw (at well or intake)
<input type="checkbox"/> Max Residence Time
<input type="checkbox"/> Avg Residence Time
<input type="checkbox"/> Near First Customer | <input checked="" type="checkbox"/> Routine Compliance (with 62-550)
<input type="checkbox"/> Confirmation of MCL Exceedance*
<input type="checkbox"/> Composite of Multiple Sites **
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sampling Procedure Used or Other Comments: _____ | <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Clearance (permitting) |
|---|---|--|

* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances. ** See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Don Hasty, LEAD OPERATOR, do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: AUGUST 26, 2019
 Certified Operator #: A6625 Phone #: 407 948-4210 Sampler's Fax: 407 682-5713
 Sampler's E-Mail: DLHASTY@VFWATER.COM

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2020

ATTACH CURRENT DOH ANALYTE SHEET*

Phone #: 407-339-5984

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 08/12/19

PWS ID (From Page 1): 3591061

Sample Number (From Page 1): 409298DW1

Lab Assigned Report # or Job ID: 409298

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input checked="" type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 08/19/19

* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory Yes No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 409298DW1
Disinfectant Residual (mg/L): 2.0000000
PWS ID (From Page 1): 3591061 Ravenna

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	5.43		EPA552.3	2.00	2.0	08/15/19		E83018
2451	Dichloroacetic Acid	N/A	ug/L	1.00	U	EPA552.3	1.00	1.0	08/15/19		E83018
2452	Trichloroacetic Acid	N/A	ug/L	7.89		EPA552.3	1.00	1.0	08/15/19		E83018
2453	Monobromoacetic Acid	N/A	ug/L	2.83	I	EPA552.3	1.00	1.0	08/15/19		E83018
2454	Dibromoacetic Acid	N/A	ug/L	2.96	I	EPA552.3	1.00	1.0	08/15/19		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	19.1		EPA552.3	1.00	---	08/15/19		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	33.6		EPA524.2	0.500	1.0	08/16/19		E83018
2942	Bromoform	N/A	ug/L	0.830	I	EPA524.2	0.500	1.0	08/16/19		E83018
2943	Bromodichloromethane	N/A	ug/L	22.4		EPA524.2	0.500	1.0	08/16/19		E83018
2944	Dibromochloromethane	N/A	ug/L	11.2		EPA524.2	0.500	1.0	08/16/19		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.0		EPA524.2	0.500	---	08/16/19		E83018

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)

*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii)

**** Laboratories that use EPA methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: RAVENNA PARK PWS I.D. #

3	5	9	1	0	6	1
---	---	---	---	---	---	---

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: TEMPLE AVE
 City: SANFORD ZIP Code: 32771
 Phone #: (407)869-1919 Fax #: _____ E-Mail Address: SEE RELATED PARTIES

SAMPLE INFORMATION (to be completed by sampler)
 Sample Number: 409298DW2 Sample Date: 08/12/2019 Sample Time: 09:00

AM

 PM (Circle One)
 Sample Location (be specific): 2900 Truman Location Code: 2900 Truman

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.50 mg/L Field pH: _____

- | | | |
|---|---|---|
| <u>Sample Type (Check Only One)</u> | <u>Reason(s) for Sample (Check all that apply)</u> | |
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites ** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Avg Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances. ** See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, DON HASTY, LEAD OPERATOR, do HEREBY CERTIFY
 (Print Name) (Print Title)

that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: AUGUST 26, 2019
 Certified Operator #: A6625 Phone #: 407 948-4210 Sampler's Fax: 407 682-5713
 Sampler's E-Mail: DLHASTY@UIWATER.COM

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2020

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 08/12/19

PWS ID (From Page 1): 3591061

Sample Number (From Page 1): 409298DW2

Lab Assigned Report # or Job ID: 409298

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All Except Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos

Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite**

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 08/19/19

* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory Yes No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 409298DW2
Disinfectant Residual (mg/L): 1.500000
PWS ID (From Page 1): 3591061 Ravenna

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	6.06		EPA552.3	2.00	2.0	08/15/19		E83018
2451	Dichloroacetic Acid	N/A	ug/L	9.16		EPA552.3	1.00	1.0	08/15/19		E83018
2452	Trichloroacetic Acid	N/A	ug/L	9.23		EPA552.3	1.00	1.0	08/15/19		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.44		EPA552.3	1.00	1.0	08/15/19		E83018
2454	Dibromoacetic Acid	N/A	ug/L	1.97		EPA552.3	1.00	1.0	08/15/19		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	27.9		EPA552.3	1.00	---	08/15/19		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	42.2		EPA524.2	0.500	1.0	08/16/19		E83018
2942	Bromoform	N/A	ug/L	0.780		EPA524.2	0.500	1.0	08/16/19		E83018
2943	Bromodichloromethane	N/A	ug/L	21.6		EPA524.2	0.500	1.0	08/16/19		E83018
2944	Dibromochloromethane	N/A	ug/L	11.1		EPA524.2	0.500	1.0	08/16/19		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	75.7		EPA524.2	0.500	---	08/16/19		E83018

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)

*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii)

**** Laboratories that use EPA methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.



Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 West Park Industrial Plaza
 571 N.W. Mercantile Pl., Ste. 111
 Port St. Lucie, FL 34986
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878

Flowers Chemical Labs-Keys
 3980 Overseas Highway
 Ste. 103
 Marathon, FL 33050
 Bus: 305-743-8598
 Fax: 305-743-8598

www.flowerslabs.com

Client: UTILITIES INC OF FL
 Address: 200 WEATHERSFIELD AVE
 ALTAMONTE SPRINGS, FL 32714
 Phone: 866 842-8432

Public Water System Name: RAVENNA PARK
 PWS ID#: 3591061
 FCL Lab Coordinator: ROBERT

Public Water System Type: Community Non-Community Limited Use Commercial / Public Non-transient / Non Community

Comments:

Sampled By (PRINT): DON HASTY
 Sampler Signature: *Don Hasty*
 Date Sampled: 8-12-19

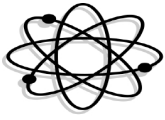
DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES					Primary Inorg.	Secondarys	VOCs	SOCs	NO ₂ /NO ₃	TTHM	THAA	Pb/Cu	GA / RA228 RA226	Asbestos	pH	Field Cl ₂ Res	
						NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃													
1	108 PAR PLACE	8-12-19	0950	409298DW	3																		2.0
2	2900 TRUMAN BLVD	8-12-19	0900		23																		1.5
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<i>[Signature]</i>	8-12-19	239				<i>[Signature]</i>	8/12	14:39			

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs, FL 32715-0597
571 NW Mercantile Pl, Suite 111, Port St. Lucie, FL 34986
812 SW Harvey Green Dr, Madison, FL 32340
3980 Overseas Hwy, Suite 103, Marathon, FL 33050

Phone: 407-339-5984 E83018 (Main Lab)
Phone: 772-343-8006 E86562 (South Lab)
Phone: 850-973-6878 E82405 (North Lab)
Phone: 305-743-8598 E35834 (Keys Lab)

Utilities Inc. - Drinking Water
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PO #: BU252118
Client Project #: 3591061
Date Sampled: Aug 8, 2018
Sep 5, 2018; Invoice: 376184

Invoice

Description	Amount	Units	Extension
Pb/CuDW	20.00	10	200.00
TOTAL			200.00

This invoice is due upon receipt.

Please remit to: P.O. Box 150597
Altamonte Springs, FL 32715-0597

VISA, MasterCard, and American Express cards will be accepted.

There will be a 1.5% service charge per month on all unpaid balances.

**Lead and Copper Tap Sample Analysis and Result Ranking
Reporting Format 62-550.730(5)(a)**

System Name: BU252118

Date Submitted to Lab: 08/28/18

PWS-ID: 3591061

Analysis Date: 09/4/18

Laboratory Name: Flowers Chemical Laboratories, Inc.

Lab Analysis Method: EPA200.8

Lab-ID: E83018

Lead or Copper (list one): Lead

Contact Person: Dr. Jefferson S. Flowers

Method Detection Limit: .001

Phone: (407) 339-5984

90th Percentile Value: 0.00150

A	Rank (ascending)	Location Code Number	Lab Sample ID	Date Site Sampled	Lead (mg/L)
	1	100 Loch Arbor	376184DW6	08/8/18	0.00100 U
	2	112 Grove	376184DW3	08/8/18	0.00100 U
	3	102 Ipyllwilde Idyllwilde	376184DW5	08/27/18	0.00100 U
	4	206 Temple	376184DW8	08/26/18	0.00100 U
	5	101 Ipyllwilde Idyllwilde	376184DW4	08/8/18	0.00100 U
	6	102 Tangerine	376184DW1	08/26/18	0.00100 U
	7	306 Tammy	376184DW7	08/27/18	0.00100 I
	8	406 Beth	376184DW10	08/8/18	0.00140 I
	9	3102 Country Club	376184DW2	08/15/18	0.00150 I
	10	106 Satsuma	376184DW9	08/16/18	0.00160 I

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

Signature of Authorized Laboratory Representative:



Name (Please Print): Jefferson S. Flowers

Title and Date: Technical Director 09/05/18

**Lead and Copper Tap Sample Analysis and Result Ranking
Reporting Format 62-550.730(5)(a)**

System Name: BU252118

Date Submitted to Lab: 08/28/18

PWS-ID: 3591061

Analysis Date: 09/4/18

Laboratory Name: Flowers Chemical Laboratories, Inc.

Lab Analysis Method: EPA200.8

Lab-ID: E83018

Lead or Copper (list one): Copper

Contact Person: Dr. Jefferson S. Flowers

Method Detection Limit: .001


Phone: (407) 339-5984

90th Percentile Value: 0.237

A	Rank (ascending)	Location Code Number	Lab Sample ID	Date Site Sampled	Copper (mg/L)
	1	102 Tangerine	376184DW1	08/26/18	0.0193
	2	112 Grove	376184DW3	08/8/18	0.0227
	3	206 Temple	376184DW8	08/26/18	0.0336
	4	106 Satsuma	376184DW9	08/16/18	0.0374
	5	101 Ipyllwilde Idyllwilde	376184DW4	08/8/18	0.0758
	6	306 Tammy	376184DW7	08/27/18	0.0854
	7	102 Ipyllwilde Idyllwilde	376184DW5	08/27/18	0.0866
	8	3102 Country Club	376184DW2	08/15/18	0.108
	9	100 Loch Arbor	376184DW6	08/8/18	0.237
	10	406 Beth	376184DW10	08/8/18	0.333

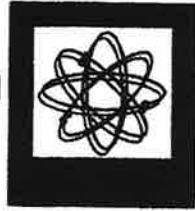
CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

Signature of Authorized Laboratory Representative:



Name (Please Print): Jefferson S. Flowers

Title and Date: Technical Director 09/05/18



Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878

www.flowerslabs.com

Client: UTILITIES INC OF FL
 Address: 200 WEATHERSFIELD AVE
 ALTAMONTE SPRINGS, FL 32714
 Phone: 806 842-8432
 Sampled By (PRINT): HOMEOWNER / RESIDENT
 Sampler Signature: _____ Date Sampled: _____

Public Water System Name: RAVENNA PARK
 PWS ID#: 3591061
 FCL Lab Coordinator: ROBERT
 P.O. #: _____ Kit #: _____

Public Water System Type: Limited Use Commercial / Public
 Community Non-Community Non-transient / Non-Community

COMMENTS: _____

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES					ANALYTES										Field					
						NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃	Primary Inorg.	Secondary	VOCs	SOCs	NO ₂ /NO ₃	THM	THAA	Pb/Cu	GA / RA228	RA228	Asbestos	pH	Cl ₂ Res			
1	102 TAMBERINE	8-26-18	0615		1																					
2	302 COUNTRY CLUB	8-15-18	1400		1																					
3	112 GROVE	8-8-18	0625		1																					
4	101 IRYLLWILDE	8-8-18	0717		1																					
5	102 IRYLLWILDE	8-27-18	0630		1																					
6	100 LOCH ARBOR	8-8-18	0522		1																					
7	306 TAMMY	8-27-18	0548		1																					
8	206 TEMPLE	8-26-18	2105		1																					
9	106 SATSUMA	8-16-18	0500		1																					
10	406 BETH	8-8-18	0624		1																					

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
Donly	8-28-18										

KNL Environmental Testing
3202 N. Florida Ave.
Tampa, FL 33603

Ph: (813) 229-2879 Fax: (813) 229-0002

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

RADIONUCLIDES

62-550.310(6)

Client ID: Flowers 259177DW1

KNL Report Number/Job ID: 15.1251

PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	2.1		EPA 900.0	1.4	3	0.9	2-27-15	0800	E84025
4020	Radium-226	5	pCi/L	0.8		EPA 903.0	0.2	1	0.2	3-3-15	1635	E84025
4030	Radium-228		pCi/L	1.4		EPA Ra-05	1.0	1	0.8	3-4-15	1308	E84025


Reporting Format 62-550.730
Effective January 1995, Revised February 2010.

- * Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- ** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- *** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.
- **** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Page of

Test results meet all requirements of the NELAC standards. Statement of estimated uncertainty available upon request. Test results refer only to sample(s) listed.
Contact person: Jim Hayes (813) 229-2879.

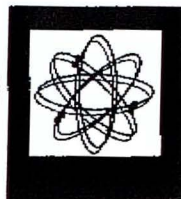
Approved by:



James W. Hayes
Laboratory Director

FLOWERS

CHEMICAL LABORATORIES
INCORPORATED



Flowers Chemical Laboratories, Inc.
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

Flowers Chemical Labs-South
West Park Industrial Plaza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34986
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Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

Flowers Chemical Labs-Keys
3980 Overseas Highway
Ste. 103
Marathon, FL 33050
Bus: 305-743-8598
Fax: 305-743-8598

www.flowerslabs.com

Client Utilites, Inc.	Public Water System Name Ravenna Park	
Address 200 Weatherfield Ave. Altamonte Springs, Fl, 32714	PWS ID# 3591061	P.O. #
Phone 407-869-1919	FCL Lab Coordinator	Kit #
Sampled By (PRINT): Pedro Figueroa	Public Water System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Limited Use Commercial / Public <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-transient / Non-Community	COMMENTS

Sampler Signature <i>[Signature]</i>	Date Sampled 8/16/15	PRESERVATIVES	Field pH
			2.0

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES						Primary Inorg.	Secondary	VOCs	SOCs	NO ₂ /NO ₃	TTHM	THAA	Pb/Cd	GA/RA226/RA228	Asbestos	Field pH	Field Cl ₂ Res
						NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃													
1	plant Hydro Tank sanit	8/16/15	11:00 AM																			2.0	
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<i>[Signature]</i>	8/16/15	11:59							<i>[Signature]</i>	8/16/15	11:59

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Tri-Tech Analytical Laboratories, Inc.
4403 Vineland Road, Suite B-1-2
Orlando, Fl. 32811
DOH# E83294



Lab Receipt Date & Time: 4-22-20 1630
Analysis Date & Time: 4-22-20 1645
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 2004-473 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: Ravenna Park **PWS I.D.** 3591061

PWS Address: 111 Temple Drive City: Sanford

PWS or PWS Owner's Phone #: 866 842-8432 Fax #: 407-869-6961

Collector: Don Hasty Collector's Phone #: 407 948-4210

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: 4-21-20

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² : <u>9222Bmf</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
R1	WELL # 1	1520	R	---			A			1
R2	WELL # 2	1515	R	---			A			2
R3	WELL # 3 (PHILLIPS)	1600	R	---			A			3
R4	403 KINGSWOOD CT 107	1545	D	1.8			A			4
R5	108 TANGERINE DR	1535	D	2.0			A			5

Average of disinfectant residuals for distribution routine & repeat samples. Free chloring or Total chlorine (circle one). 1.9

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# A 6625 _____)
 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: _____
Date Report Issued: _____
Lab Signature: _____
Title: _____

Utilities Inc. of Fl
Ravenna Park WTP
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

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

¹ For Sample Types see Instructions item I 16.
² For Analysis Methods see Instructions item II 6.
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 mw or plant samples in the average.
Page 1 of 1

RAVENNA PARK

MORs

The wastewater system is collection only and does not file DMRs



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: January, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida	Zip Code: 32773
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday
	Jim Swegheimer	C	7183	Monday - Friday

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

 Signature and Date	February 4, 2019 Printed or Typed Name	Don Hasty License Number
------------------------	---	-----------------------------

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: January, 2019

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 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*										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, gpm	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	62,000											1.6	
2	X	24	115,500											1.6	
3	X	24	67,400											2.0	
4	X	24	83,000											1.5	
5	X	24	87,500											1.6	
6		24	112,200												
7	X	24	112,200											1.6	
8	X	24	92,300											2.0	
9	X	24	99,500											1.6	
10	X	24	97,200											1.7	
11	X	24	107,800											2.0	
12	X	24	98,800											2.0	
13		24	111,800												
14	X	24	111,800											1.0	Collected bactis
15	X	24	129,800											2.4	
16	X	24	103,300											2.1	
17	X	24	72,900											2.2	
18	X	24	95,700											1.6	
19	X	24	87,600											1.4	
20		24	100,300												
21	X	24	100,300											2.4	
22	X	24	80,700											2.0	
23	X	24	89,100											1.6	
24	X	24	95,100											1.8	
25	X	24	87,500											1.9	
26	X	24	73,800											1.8	
27		24	98,800												
28	X	24	98,900											2.2	
29	X	24	92,900											1.7	
30	X	24	84,100											1.6	
31	X	24	91,800											1.8	

Total	2,941,600
Average	94,890
Maximum	129,800

*Refer to the instructions for this report to determine which plants must provide this information.



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: February, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday
	Jim Swegheimer	C	7183	Monday - Friday

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

March 1, 2019
Don Hasty
A 6625

Signature and Date
Printed or Typed Name
License Number

DEP Form 62-555.900(3) Alternate

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: February, 2019

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 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, gpm	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	106,100											1.6	
2	X	24	82,900											1.8	
3		24	95,600												
4	X	24	95,600											2.1	
5	X	24	122,000											1.7	
6	X	24	106,500											2.4	
7	X	24	100,000											1.7	
8	X	24	72,500											2.4	
9	X	24	107,200											1.8	
10		24	102,400												
11	X	24	102,400											1.6	
12	X	24	84,400											2.2	Collected Bactis
13	X	24	115,400											2.4	
14	X	24	64,300											2.4	
15	X	24	92,700											2.0	
16	X	24	111,700											2.0	
17		24	116,100												
18	X	24	116,200											2.4	
19	X	24	66,700											2.2	
20	X	24	122,800											2.4	
21	X	24	107,300											2.4	
22	X	24	100,500											2.1	
23	X	24	84,400											2.2	
24		24	98,400												
25	X	24	98,400											2.1	
26	X	24	92,400											2.2	
27	X	24	156,100											2.4	
28	X	24	123,000											2.4	
Total			2,844,000												
Average			101,571												
Maximum			156,100												

*Refer to the instructions for this report to determine which plants must provide this information.



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: March, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 601		Total Population Served at End of Month: 2,105	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 379,200				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Allan Finch	B	7806	Sunday-Thursday
	Barner Cooks	C	22170	Tuesday -Saturday

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

Signature and Date	April 8, 2019	Don Hasty	A 6625
		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: March, 2019

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 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, gpm	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	62,544											1.6	
2	X	24	116,553											2.4	
3		24	114,743												
4	X	24	114,743											2.6	
5	X	24	132,976											2.6	
6	X	24	78,040											2.6	
7	X	24	149,620											2.1	
8	X	24	96,977											2.0	
9	X	24	101,432											2.2	
10		24	119,012												
11	X	24	119,012											2.2	
12	X	24	111,175											2.0	
13	X	24	113,522											1.6	Collected Bactis
14	X	24	144,810											1.8	
15	X	24	96,522											1.8	
16	X	24	136,114											1.6	
17		24	95,862												
18	X	24	95,861											2.0	
19	X	24	117,560											2.1	
20	X	24	85,653											1.8	
21	X	24	90,355											2.0	
22	X	24	87,432											1.8	
23	X	24	77,700											1.8	
24		24	132,700												
25	X	24	132,700											2.2	
26	X	24	78,377											2.1	
27	X	24	111,612											2.0	
28	X	24	106,881											2.4	
29	X	24	127,997											2.0	
30	X	24	82,794											2.0	
31		24	114,694												

Total	3,345,973
Average	107,935
Maximum	149,620

*Refer to the instructions for this report to determine which plants must provide this information.



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: April, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 601		Total Population Served at End of Month: 2,105	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 379,200				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday
	Jim Swegheimer	C	7183	Monday - Friday

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

	May 1, 2019	Don Hasty	A 6625
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: April, 2019

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 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, gpm	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	115,015											1.7	
2	X	24	110,924											2.0	
3	X	24	152,506											2.4	
4	X	24	71,314											2.4	
5	X	24	128,899											2.2	
6	X	24	104,863											2.2	
7		24	104,190												
8	X	24	104,101											2.0	
9	X	24	91,852											1.9	
10	X	24	121,825											2.4	
11	X	24	85,848											1.8	
12	X	24	126,105											1.9	
13	X	24	112,872											2.0	
14		24	107,498												
15	X	24	107,498											2.4	Collected Bactis
16	X	24	100,670											1.8	
17	X	24	124,544											2.2	
18	X	24	118,400											2.0	
19	X	24	139,200											2.2	
20	X	24	108,000											2.4	
21		24	104,600												
22	X	24	104,600											2.0	
23	X	24	106,700											2.2	
24	X	24	135,300											2.1	
25	X	24	123,835											2.0	
26	X	24	107,664											2.2	
27	X	24	141,548											2.0	
28		24	120,007												
29	X	24	120,007											2.0	
30	X	24	139,899											2.2	

Total	3,440,284
Average	114,676
Maximum	152,506

*Refer to the instructions for this report to determine which labs must provide this information.



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: May, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 601		Total Population Served at End of Month: 2,105	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 379,200				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday
	Jim Swegheimer	C	7183	Monday - Friday

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

Signature and Date	June 6, 2019	Don Hasty	A 6625
		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: May, 2019

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 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, gpm	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	162,855											1.8	
2	X	24	119,145											2.4	
3	X	24	80,600											2.0	
4	X	24	115,752											2.0	
5		24	118,696												
6	X	24	118,696											1.8	
7	X	24	109,773											1.8	
8	X	24	118,595											1.8	
9	X	24	152,390											2.3	
10	X	24	94,857											2.1	
11	X	24	118,964											2.0	
12		24	134,726												
13	X	24	134,726											1.8	
14	X	24	93,700											1.8	
15	X	24	122,600											1.8	
16	X	24	107,900											1.6	
17	X	24	150,348											2.0	
18	X	24	100,576											2.2	
19		24	135,637												
20	X	24	135,637											1.3	Collected Bactis
21	X	24	138,261											1.5	
22	X	24	160,728											1.7	
23	X	24	178,500											1.9	
24	X	24	110,400											2.0	
25	X	24	156,066											2.2	
26		24	192,150												
27	X	24	192,150											1.0	
28	X	24	129,203											1.9	
29	X	24	170,912											1.7	
30	X	24	116,500											2.0	
31	X	24	113,201											1.8	
Total			4,084,244												
Average			131,750												
Maximum			192,150												

*Refer to the instructions for this report to determine which plants must provide this information.



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: June, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 601		Total Population Served at End of Month: 2,105	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida	Zip Code: 32773
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: 379,200				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday
	Jim Swegheimer	C	7183	Monday - Friday

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

Signature and Date	July 1, 2019 Don Hasty Printed or Typed Name	A 6625 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: June, 2019

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 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, gpm	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	129,815											1.8	
2		24	136,200												
3	X	24	136,341											1.6	
4	X	24	136,300											1.7	
5	X	24	211,700											2.0	
6	X	24	80,800											2.0	
7	X	24	105,800											1.7	
8	X	24	143,000											1.6	
9		24	124,200												
10	X	24	124,200											1.5	
11	X	24	127,800											1.7	
12	X	24	91,000											2.0	
13	X	24	92,100											1.8	
14	X	24	95,700											1.9	
15	X	24	100,600											1.6	
16		24	109,500												
17	X	24	109,500											2.1	
18	X	24	108,700											2.8	
19	X	24	90,000											2.1	
20	X	24	75,600											1.7	
21	X	24	117,400											2.0	
22	X	24	89,300											1.8	
23		24	131,500												
24	X	24	131,500											1.8	
25	X	24	89,800											1.6	Collected Bactis
26	X	24	95,800											1.7	
27	X	24	148,600											1.8	
28	X	24	87,200											2.2	
29	X	24	145,200											2.0	
30		24	122,000												

Total	3,487,156
Average	116,239
Maximum	211,700

*Refer to the instructions for this report to detrine which lants must provide this information.



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: July, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 611		Total Population Served at End of Month: 2,138	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432	
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773
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: 379,200			
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday
	Jim Swegheimer	C	7183	Monday - Friday

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

Signature and Date	August 1, 2019 Printed or Typed Name	Don Hasty License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: July, 2019

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 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*										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, gpm	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	122,000											1.6	
2	X	24	83,000											2.1	
3	X	24	99,900											1.8	
4	X	24	123,200											1.8	
5	X	24	106,800											1.4	
6	X	24	108,300											1.4	
7		24	122,000												
8	X	24	122,100											1.6	
9	X	24	87,400											1.8	
10	X	24	89,100											1.6	
11	X	24	91,900											1.8	
12	X	24	100,800											1.6	
13	X	24	108,700											1.8	
14		24	108,000												
15	X	24	108,000											1.7	
16	X	24	105,900											1.9	
17	X	24	134,800											1.4	Collected Bactis
18	X	24	106,600											1.8	
19	X	24	85,300											1.4	
20	X	24	108,100											2.2	
21		24	112,400												
22	X	24	112,400											1.9	
23	X	24	149,100											1.6	
24	X	24	68,600											2.0	
25	X	24	123,900											1.7	
26	X	24	110,400											1.6	
27	X	24	138,500											1.4	
28		24	120,800												
29	X	24	120,800											1.6	
30	X	24	108,300											1.4	
31	X	24	70,000											1.6	
Total			3,357,100												
Average			108,294												
Maximum			149,100												

*Refer to the instructions for this report to determine which plants must provide this information.



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: Aug, 2019

A. Public Water System (PWS) Information	
PWS Name: Ravenna Park	PWS Identification Number: 3591061
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 611	Total Population Served at End of Month: 2,138
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: pcflynn@uiwater.com	

B. Water Treatment Plant Information				
Plant Name: Ravenna Park	Plant Telephone Number: (866) 842-8432			
Plant Address: 111 Temple Drive	City: Sanford State: Florida Zip Code: 32773			
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: 379,200				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday
	Jim Swegheimer	C	7183	Monday - Friday

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

	September 3, 2019	Don Hasty	A 6625
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: Aug, 2019

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 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, gpm	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	115,000											1.8	
2	X	24	116,400											1.5	
3	X	24	100,100											1.2	
4		24	99,800												
5	X	24	99,800											1.5	
6	X	24	100,300											1.5	Collected Bactis
7	X	24	115,300											1.1	
8	X	24	84,100											1.7	
9	X	24	104,900											1.5	
10	X	24	110,609											1.6	
11		24	117,358												
12	X	24	103,000											1.5	
13	X	24	100,300											2.0	
14	X	24	96,900											1.6	
15	X	24	94,966											1.5	
16	X	24	120,379											1.5	
17	X	24	123,774											1.4	
18		24	116,655												
19	X	24	116,655											1.6	
20	X	24	89,857											1.4	
21	X	24	100,916											1.6	
22	X	24	148,506											1.4	
23	X	24	111,836											1.7	
24	X	24	100,438											1.6	
25		24	116,400												
26	X	24	116,400											1.8	
27	X	24	167,100											1.2	
28	X	24	87,900											1.5	
29	X	24	109,200											1.6	
30	X	24	116,300											1.5	
31	X	24	125,300											1.2	
Total			3,426,449												
Average			110,531												
Maximum			167,100												

*Refer to the instructions for this report to determine which plants must provide this information.



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: Sept, 2019

A. Public Water System (PWS) Information

PWS Name: <u>Ravenna Park</u>		PWS Identification Number: <u>3591061</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>611</u>		Total Population Served at End of Month: <u>2,138</u>	
PWS Owner: <u>Utilities, Inc. of Florida</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Vice President</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Florida</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>(866) 842-8432, Ext. 1359</u>		Contact Person's Fax Number: <u>(407) 869-6961</u>	
Contact Person's E-Mail Address: <u>pcflyn@uiwater.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Ravenna Park</u>		Plant Telephone Number: <u>(866) 842-8432</u>		
Plant Address: <u>111 Temple Drive</u>		City: <u>Sanford</u>	State: <u>Florida</u> Zip Code: <u>32773</u>	
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: <u>379,200</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Don Hasty</u>	<u>A</u>	<u>6625</u>	<u>Monday - Friday</u>
Other Operators:	<u>Barner Cooks</u>	<u>B</u>	<u>22170</u>	<u>Tuesday - Saturday</u>
	<u>Allan Finch</u>	<u>B</u>	<u>7806</u>	<u>Sunday - Thursday</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

 Signature and Date	<u>October 1, 2019</u> Printed or Typed Name	<u>Don Hasty</u> License Number
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DEP Form 62-555 900(3) Alternate

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: Sept, 2019

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

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

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										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, gpm	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		
											Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	120,300												
2	X	24	120,300											0.7	
3	X	24	99,300											0.9	
4	X	24	106,400											1.0	
5	X	24	90,900											2.1	
6	X	24	163,100											2.0	
7	X	24	55,400											2.2	
8		24	152,700												
9	X	24	152,700											2.2	
10	X	24	108,000											2.0	
11	X	24	117,800											1.8	
12	X	24	81,500											1.8	
13	X	24	103,800											2.0	
14	X	24	120,800											2.0	
15		24	111,500												
16	X	24	111,500											1.4	
17	X	24	117,700											1.7	
18	X	24	97,900											1.1	
19	X	24	151,800											1.6	
20	X	24	75,600											1.8	
21	X	24	121,500											1.6	
22		24	122,500												
23	X	24	122,500											1.7	
24	X	24	154,300											1.8	
25	X	24	109,100											1.7	
26	X	24	66,880											1.5	Collected Bactis
27	X	24	66,600											1.5	
28	X	24	111,100											1.6	
29		24	133,600												
30	X	24	133,600											1.2	

Total	3,400,680
Average	109,699
Maximum	163,100

*Refer to the instructions for this report to determine which tests must provide this information.



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: October, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 611	Total Population Served at End of Month: 2,138		
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 379,200				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Jim Swegheimer	C	7183	Monday - Friday
	Barner Cooks	B	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday

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

 Signature and Date	November 5, 2019 Printed or Typed Name	Don Hasty License Number
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DEP Form 62-555 900(3) Alternate

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: Oct, 2019

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 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, gpm	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	110,500											1.6	
2	X	24	119,000											2.2	
3	X	24	122,367											2.2	Collected Bactis
4	X	24	122,800											1.9	
5	X	24	125,100											2.0	
6		24	112,900												
7	X	24	113,000											2.1	
8	X	24	96,500											2.0	
9	X	24	86,400											2.1	
10	X	24	108,600											2.1	
11	X	24	108,200											2.2	
12	X	24	128,000											2.0	
13		24	108,000												
14	X	24	108,000											2.0	
15	X	24	115,600											1.5	
16	X	24	124,800											2.1	
17	X	24	135,200											1.8	
18	X	24	67,400											2.0	
19	X	24	98,200											2.0	
20		24	106,100												
21	X	24	106,100											2.0	
22	X	24	95,300											2.1	
23	X	24	128,800											1.8	
24	X	24	102,900											2.0	
25	X	24	75,200											1.9	
26	X	24	111,500											1.6	
27		24	108,700												
28	X	24	108,700											2.1	
29	X	24	98,100											1.8	
30	X	24	114,100											2.0	
31	X	24	109,900											1.8	
Total			3,375,967												
Average			108,902												
Maximum			135,200												

*Refer to the instructions for this report to determine which tests must provide this information.



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: November, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 611		Total Population Served at End of Month: 2,138	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida	Zip Code: 32773
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: 379,200				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Jim Swegheimer	C	7183	Monday - Friday
	Barner Cooks	B	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday

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

	December 2, 2019	Don Hasty	A 6625
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: November, 2019

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 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, gpm	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	96,100												2.0	
2	X	24	127,400												1.8	
3		24	114,100													
4	X	24	114,100												2.1	
5	X	24	100,900												2.0	
6	X	24	104,500												1.8	
7	X	24	108,300												1.8	
8	X	24	92,200												2.1	
9	X	24	123,500												2.0	
10		24	101,800													
11	X	24	101,800												2.0	
12	X	24	133,800												1.8	
13	X	24	123,600												2.0	
14	X	24	62,100												2.0	Collected bactis
15	X	24	105,300												1.8	
16	X	24	121,700												1.8	
17		24	120,200													
18	X	24	120,100												1.8	
19	X	24	96,600												1.4	
20	X	24	106,300												1.8	
21	X	24	115,800												1.6	
22	X	24	71,400												1.4	
23	X	24	127,200												1.4	
24		24	101,600													
25	X	24	101,600												1.4	
26	X	24	89,400												1.7	
27	X	24	100,200												1.7	
28	X	24	113,200												2.0	
29	X	24	105,500												1.8	
30	X	24	114,900												1.4	

Total	3,215,200
Average	103,716
Maximum	133,800

*Refer to the instructions for this report to determine which tests must provide this information.



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: December, 2019

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 611		Total Population Served at End of Month: 2,138	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 379,200				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday-Saturday
	Allan Finch	B	7806	Monday - Friday
	Jim Swegheimer	C	7183	Monday - Friday

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

	January 2, 2020	Don Hasty	A 6625
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: Dec, 2019

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 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, gpm	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		24	108,700												
2	X	24	108,700											2.2	
3	X	24	102,400											2.2	
4	X	24	117,900											2.1	
5	X	24	97,800											2.0	Collected bactis
6	X	24	131,800											1.8	
7	X	24	101,200											2.0	
8		24	117,500												
9	X	24	117,500											2.1	
10	X	24	102,700											2.0	
11	X	24	134,800											2.1	
12	X	24	99,100											2.0	
13	X	24	106,400											2.0	
14		24	90,500											2.2	
15	X	24	113,300												
16	X	24	113,300											2.1	
17	X	24	66,500											2.2	
18	X	24	112,000											2.2	
19	X	24	81,700											2.0	
20	X	24	111,400											1.8	
21	X	24	97,500											1.8	
22		24	92,600												
23	X	24	92,600											2.2	
24	X	24	94,500											1.8	
25	X	24	109,800											2.1	
26	X	24	132,600											2.0	
27	X	24	91,400											1.8	
28	X	24	77,100											1.6	
29		24	95,300												
30	X	24	95,300											1.2	
31	X	24	88,000											1.8	

Total	3,201,900
Average	103,287
Maximum	134,800

*Refer to the instructions for this report to determine which tests must provide this information.

PWS Identification Number: 3591061

Plant Name: Ravenna Park – Phillips Section

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2019

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, % [†] =
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- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
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- C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): polyphosphate

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ = 4.0
--

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
--

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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: January, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
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: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432	
Plant Address: 111 Temple Drive		City: Sanford	State: Florida
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: 300,000			
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Fred Rodgers	B	13175	Monday - Friday
	Dean Cowart	C	23912	Tuesday - Friday
	Barner Cooks	C	22170	Saturday
	Allan Finch	B	7806	Monday

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

 Signature and Date	February 2, 2018	Don Hasty	A 6625
		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: January, 2018

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 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*										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, gpm	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	96,400											1.0	
2	X	24	75,700											0.8	Collected Bactis
3	X	24	85,200											0.5	
4	X	24	93,500											1.0	
5	X	24	98,400											1.2	
6	X	24	37,300											1.0	
7	X	24	88,000												
8	X	24	88,000											1.2	
9	X	24	111,100											1.2	
10	X	24	78,000											1.6	
11	X	24	60,500											1.8	
12	X	24	101,700											1.5	
13	X	24	80,800											1.3	
14	X	24	85,700												
15	X	24	77,400											1.4	
16	X	24	89,900											1.2	
17	X	24	86,700											2.3	
18	X	24	80,900											1.6	
19	X	24	75,800											1.1	
20	X	24	61,200											1.0	
21	X	24	105,500												
22	X	24	105,600											0.8	
23	X	24	75,300											0.8	
24	X	24	87,500											1.5	
25	X	24	78,500											1.5	
26	X	24	81,600											1.4	
27	X	24	56,100											1.2	
28	X	24	93,600												
29	X	24	96,900											0.8	
30	X	24	67,800											1.4	
31	X	24	83,500											1.3	
Total			2,584,100												
Average			83,358												
Maximum			111,100												

*Refer to the instructions for this report to determine which plants must provide this information.



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: February, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
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: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432	
Plant Address: 111 Temple Drive		City: Sanford	State: Florida
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: 300,000			
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Fred Rodgers	B	13175	Monday - Friday
	Dean Cowart	C	23912	Tuesday - Friday
	Barner Cooks	C	22170	Saturday
	Allan Finch	B	7806	Monday

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

Signature and Date	March 4, 2018	Don Hasty	A 6625
		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: February, 2018

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 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, gpm	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	49,600											0.8	Collected Bactis
2	X	24	93,700											2.2	
3	X	24	65,500											2.4	
4		24	89,500												
5	X	24	88,100											2.2	
6	X	24	65,400											2.4	
7	X	24	142,600											2.6	
8	X	24	60,500											2.5	
9	X	24	103,500											2.4	
10	X	24	56,000											2.5	
11		24	88,000												
12	X	24	88,100											2.4	
13	X	24	128,100											2.0	
14	X	24	92,400											2.1	
15	X	24	88,700											2.2	
16	X	24	90,800											2.1	
17	X	24	74,800											2.2	
18		24	94,000												
19	X	24	94,000											2.0	
20	X	24	124,600											2.1	
21	X	24	68,200											2.2	
22	X	24	139,700											2.4	
23	X	24	95,000											2.2	
24	X	24	67,400											2.2	
25		24	112,700												
26	X	24	112,700											2.4	
27	X	24	62,500											2.2	
28	X	24	142,900											2.1	
Total			2,579,000												
Average			92,107												
Maximum			142,900												

*Refer to the instructions for this report to determine which plants must provide this information.



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: March, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
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: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida	
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Allan Finch	B	7806	Sunday-Thursday
	Barner Cooks	C	22170	Tuesday -Saturday

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

	April 2, 2018	Don Hasty	A 6625
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: March, 2018

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 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, gpm	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	86,200											2.0	
2	X	24	106,500											1.8	
3	X	24	63,900											1.8	
4		24	117,700												
5	X	24	117,700											2.0	Collected Bactis
6	X	24	106,300											2.1	
7	X	24	88,600											2.2	
8	X	24	68,200											2.0	
9	X	24	120,600											1.7	
10	X	24	89,400											1.6	
11		24	95,900												
12	X	24	95,900											2.8	
13	X	24	55,900											2.1	
14	X	24	124,500											2.0	
15	X	24	92,600											1.7	
16	X	24	90,700											2.2	
17	X	24	67,300											2.0	
18		24	105,100												
19	X	24	100,000											1.8	
20	X	24	104,300											1.8	
21	X	24	51,400											1.6	
22	X	24	108,300											1.6	
23	X	24	50,300											2.2	
24	X	24	95,600											2.2	
25		24	94,300												
26	X	24	94,300											2.1	
27	X	24	86,400											2.1	
28	X	24	90,500											2.2	
29	X	24	128,800											2.0	
30	X	24	86,900											2.0	
31	X	24	94,300											2.0	
Total			2,878,400												
Average			92,852												
Maximum			128,800												

*Refer to the instructions for this report to determine which plants must provide this information.



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: April, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Corrado Bainbridge	C	18099	Sunday - Thursday
	Barner Cooks	C	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday

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

Signature and Date	May 4, 2018 Don Hasty Printed or Typed Name	A 6625 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: April, 2018

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 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, gpm	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		24	87,700												
2	X	24	87,200										2.0		
3	X	24	126,000										1.8		
4	X	24	98,600										2.4		
5	X	24	78,700										2.2		
6	X	24	112,000										2.2		
7	X	24	152,100										2.0		
8		24	97,800												
9	X	24	97,800										1.7		
10	X	24	100,800										2.2		
11	X	24	86,800										2.4	Collected Bactis	
12	X	24	135,600										2.0		
13	X	24	130,700										1.8		
14	X	24	93,200										1.8		
15		24	91,100												
16	X	24	91,100										1.9		
17	X	24	87,500										1.6		
18	X	24	107,400										1.8		
19	X	24	83,100										2.0		
20	X	24	181,000										2.1		
21	X	24	85,600										1.2		
22		24	82,900												
23	X	24	82,900										1.8		
24	X	24	80,900										1.9		
25	X	24	94,400										1.7		
26	X	24	85,900										1.7		
27	X	24	134,800										1.7		
28	X	24	73,200										1.6		
29		24	104,600												
30	X	24	104,600										1.5		

Total	3,056,000
Average	101,867
Maximum	181,000

*Refer to the instructions for this report to determine which labs must provide this information.



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: May, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Corrado Bainbridge	C	18099	Sunday - Thursday
	Barner Cooks	C	22170	Tuesday - Saturday
	Allan Finch	B	7806	Sunday - Thursday

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

 Signature and Date	June 1, 2018 Printed or Typed Name	Don Hasty License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: May, 2018

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 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, gpm	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	104,000											1.8	
2	X	24	158,900											1.5	
3	X	24	123,800											2.4	
4	X	24	135,300											1.6	
5	X	24	67,900											1.4	
6		24	105,800												
7	X	24	105,800											1.5	Collected Bactis
8	X	24	123,200											1.7	
9	X	24	160,300											1.6	
10	X	24	106,300											1.6	
11	X	24	73,900											1.4	
12	X	24	160,300											1.0	
13		24	88,800												
14	X	24	88,800											1.2	
15	X	24	69,400											1.4	
16	X	24	87,500											1.5	
17	X	24	188,500											1.4	
18	X	24	69,900											1.8	
19	X	24	74,100											1.6	
20		24	115,600												
21	X	24	115,600											1.4	
22	X	24	84,500											1.2	
23	X	24	74,700											0.5	
24	X	24	103,800											1.5	
25	X	24	84,500											1.6	
26	X	24	95,400											1.4	
27		24	80,500												
28	X	24	80,500											1.5	
29	X	24	78,400											1.4	
30	X	24	79,600											1.5	
31	X	24	72,100											1.5	

Total	3,157,700
Average	101,861
Maximum	188,500

*Refer to the instructions for this report to determine which plants must provide this information.



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: June, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida	Zip Code: 32773
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	C	22170	Saturday
	Allan Finch	B	7806	Sunday

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

 Signature and Date	July 3, 2018	Don Hasty
	Printed or Typed Name	A 6625
	License Number	

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: June, 2018

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 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, gpm	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	78,100												1.6	
2	X	24	79,600												1.4	
3		24	86,400													
4	X	24	86,400												1.4	
5	X	24	112,000												1.4	
6	X	24	73,500												1.3	
7	X	24	81,700												1.5	
8	X	24	130,800												1.0	
9	X	24	93,300												1.2	
10		24	96,300													
11	X	24	96,200												1.0	
12	X	24	143,500												1.4	
13	X	24	132,700												1.6	
14	X	24	106,000												1.6	
15	X	24	88,700												1.4	
16	X	24	85,600												1.6	
17		24	97,200													
18	X	24	97,200												1.4	Collected Bactis
19	X	24	135,800												1.6	
20	X	24	73,900												1.4	
21	X	24	135,500												1.8	
22	X	24	109,900												1.4	
23	X	24	83,500												1.4	
24		24	108,600													
25	X	24	108,500												1.2	
26	X	24	102,800												1.4	
27	X	24	100,800												1.4	
28	X	24	96,300												1.7	
29	X	24	107,000												1.6	
30	X	24	64,400												1.4	

Total	2,992,200
Average	96,523
Maximum	143,500

*Refer to the instructions for this report to determine which labs must provide this information.



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: July, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida	
		Zip Code: 32773		
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Fred Rodgers	B	13175	Sunday
	Barner Cooks	C	22170	Saturday

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

	August 1, 2018	Don Hasty
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: July, 2018

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 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, gpm	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		24	112,000												
2	X	24	112,000											1.7	
3	X	24	71,000											1.5	
4	X	24	121,300											2.0	
5	X	24	134,600											1.4	
6	X	24	110,500											1.5	
7	X	24	75,400											1.4	
8		24	119,900												
9	X	24	119,900											1.4	
10	X	24	88,000											1.4	
11	X	24	66,300											1.6	Collected Bactis
12	X	24	146,400											1.7	
13	X	24	106,500											1.8	
14	X	24	69,500											1.6	
15		24	121,300												
16	X	24	121,300											1.6	
17	X	24	86,000											1.0	
18	X	24	103,800											1.0	
19	X	24	100,100											1.4	
20	X	24	94,800											1.4	
21	X	24	72,500											1.4	
22		24	115,900												
23	X	24	115,900											1.4	
24	X	24	84,000											1.0	
25	X	24	103,600											1.1	
26	X	24	91,200											1.5	
27	X	24	93,100											1.4	
28	X	24	74,100											1.2	
29		24	130,400												
30	X	24	130,400											1.4	
31	X	24	143,600											1.5	
Total			3,235,300												
Average			104,365												
Maximum			146,400												

*Refer to the instructions for this report to determine which plants must provide this information.



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: Aug, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 300,000				
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:	Don Hastly	A	6625	Monday - Friday
Other Operators:	Fred Rodgers	B	13175	Sunday
	Barner Cooks	C	22170	Tuesday - Saturday

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

 Signature and Date	September 1, 2018	Don Hastly	A 6625
		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: Aug, 2018

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 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, gpm	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	76,000												1.6	
2	X	24	142,400												1.5	
3	X	24	101,300												1.2	
4	X	24	159,800												1.1	
5		24	122,000													
6	X	24	122,000												0.5	
7	X	24	127,400												0.4	
8	X	24	111,400												1.5	
9	X	24	122,300												1.5	
10	X	24	113,900												1.5	
11	X	24	106,500												1.5	
12		24	111,200													
13	X	24	111,200												1.4	
14	X	24	116,700												1.5	
15	X	24	97,400												1.5	
16	X	24	77,800												1.5	Collected Bactis
17	X	24	148,100												1.4	
18	X	24	72,100												1.2	
19		24	144,300													
20	X	24	138,300												1.4	
21	X	24	111,600												1.2	
22	X	24	25,500												1.6	
23	X	24	111,400												2.6	
24	X	24	100,600												1.5	
25	X	24	67,500												1.4	
26		24	116,800													
27	X	24	116,800												1.6	
28	X	24	105,600												1.5	
29	X	24	89,900												1.6	
30	X	24	93,700												1.6	
31	X	24	80,700												1.6	

Total	3,342,200
Average	107,813
Maximum	159,800

*Refer to the instructions for this report to determine which plants must provide this information.



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: Sept, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Fred Rodgers	B	13175	Saturday-Sunday
	Barner Cooks	C	22170	Saturday-Sunday

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

	October 3, 2018	Don Hasty	A 6625
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: Sept, 2018

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 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*										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, gpm	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	93,200											1.4	
2		24	90,400												
3	X	24	90,400											1.6	
4	X	24	93,600											1.6	
5	X	24	80,900											1.2	
6	X	24	93,000											1.5	
7	X	24	105,900											1.6	
8	X	24	70,300											1.4	
9		24	101,700												
10	X	24	101,700											1.2	
11	X	24	104,800											1.5	
12	X	24	75,800											0.8	Collected Bactis
13	X	24	131,900											1.0	
14	X	24	106,200											1.4	
15	X	24	0											1.2	
16		24	0												
17	X	24	76,000											1.9	
18	X	24	104,600											1.4	
19	X	24	102,600											2.0	
20	X	24	23,900											1.8	
21	X	24	3,000											2.0	
22	X	24	117,300											1.8	
23		24	117,300												
24	X	24	117,400											1.5	
25	X	24	104,300											0.6	
26	X	24	600											1.4	
27	X	24	0											1.8	
28	X	24	151,700											1.8	
29	X	24	116,500											1.6	
30		24	116,500												

Total	2,491,500
Average	80,371
Maximum	151,700

*Refer to the instructions for this report to detrine which lants must provide this information.



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: October, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida	
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	C	22170	Friday - Saturday
	Allan Finch	B	7806	Sunday - Thursday

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

	November 1, 2018	Don Hasty	A 6625
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: Oct, 2018

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 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, gpm	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	116,600											1.9	
2	X	24	117,700											1.7	
3	X	24	142,500											1.4	
4	X	24	115,200											1.6	
5	X	24	121,100											1.8	
6	X	24	82,600											1.6	
7		24	118,100												
8	X	24	118,100											2.1	Collected Bactis
9	X	24	99,700											1.8	
10	X	24	110,800											2.0	
11	X	24	121,900											1.7	
12	X	24	125,800											1.7	
13	X	24	82,800											1.4	
14		24	140,700												
15	X	24	140,700											1.6	
16	X	24	103,400											0.6	
17	X	24	124,400											2.1	
18	X	24	97,100											1.8	
19	X	24	136,800											2.0	
20	X	24	82,800											1.8	
21		24	118,700												
22	X	24	118,600											0.5	
23	X	24	110,600											1.8	
24	X	24	120,500											1.6	
25	X	24	128,800											1.6	
26	X	24	155,600											1.6	
27	X	24	111,100											1.4	
28		24	128,700												
29	X	24	128,700											1.6	
30	X	24	92,500											1.6	
31	X	24	126,400											1.8	

Total	3,639,000
Average	117,387
Maximum	155,600

*Refer to the instructions for this report to determine which plants must provide this information.



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: November, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	523	Total Population Served at End of Month:	1,832
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday-Saturday
	Allan Finch	B	7806	Sunday-Thursday
	Jim Swegheimer	C	7183	Monday - Friday

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

 Signature and Date	December 4, 2018	Don Hasty	A 6625
		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: November, 2018

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 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, gpm	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	117,600											1.6	
2	X	24	79,800											1.7	
3	X	24	126,700											1.4	
4		24	122,300												
5	X	24	122,300											2.2	
6	X	24	97,400											1.6	
7	X	24	85,700											1.8	
8	X	24	138,600											2.1	
9	X	24	90,300											1.8	
10	X	24	85,000											2.0	
11		24	121,100												
12	X	24	121,100											1.8	
13	X	24	108,100											1.7	
14	X	24	80,400											1.8	Collected Bactis
15	X	24	130,800											1.8	
16	X	24	75,100											2.0	
17	X	24	99,300											2.0	
18		24	118,000												
19	X	24	118,000											1.8	
20	X	24	128,100											2.0	
21	X	24	98,600											1.9	
22	X	24	100,700											1.7	
23	X	24	129,600											2.0	
24	X	24	93,500											2.0	
25		24	125,000												
26	X	24	125,000											2.2	
27	X	24	105,300											2.4	
28	X	24	95,900											2.4	
29	X	24	106,800											2.4	
30	X	24	102,800											2.4	

Total	3,248,900
Average	104,803
Maximum	138,600

*Refer to the instructions for this report to determine which plants must provide this information.



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: December, 2018

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 523		Total Population Served at End of Month: 1,832	
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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenna Park		Plant Telephone Number: (866) 842-8432		
Plant Address: 111 Temple Drive		City: Sanford	State: Florida Zip Code: 32773	
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: 300,000				
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:	Don Hasty	A	6625	Monday - Friday
Other Operators:	Barner Cooks	B	22170	Tuesday-Saturday
	Allan Finch	B	7806	Sunday-Thursday
	Jim Swegheimer	C	7183	Monday - Friday

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

	January 7, 2019	Don Hasty	A 6625
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 Plant Name: Ravenna Park

III. Daily Data for the Month/Year of: Dec, 2018

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 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*										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, gpm	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	101,500											2.4	
2		24	106,100												
3	X	24	106,100											2.4	Collected Bactis
4	X	24	116,400											2.4	
5	X	24	103,200											2.0	
6	X	24	84,100											2.2	
7	X	24	104,600											2.0	
8	X	24	105,100											2.0	
9		24	107,400												
10	X	24	107,400											1.8	
11	X	24	146,800											1.8	
12	X	24	105,500											2.2	
13	X	24	109,800											2.2	
14	X	24	86,800											2.0	
15	X	24	84,000											2.2	
16		24	100,700												
17	X	24	100,700											2.1	
18	X	24	125,900											2.0	
19	X	24	93,700											2.4	
20	X	24	69,700											2.1	
21	X	24	126,800											2.0	
22	X	24	73,400											2.2	
23		24	93,500												
24	X	24	93,600											2.3	
25	X	24	108,700											2.2	
26	X	24	102,600											2.3	
27	X	24	95,000											2.2	
28	X	24	85,400											2.1	
29	X	24	51,800											2.0	
30		24	115,500												
31	X	24	115,600											2.2	

Total	3,127,400
Average	100,884
Maximum	146,800

*Refer to the instructions for this report to determine which plants must provide this information.

RAVENNA PARK

Most Recent Sanitary Survey

The wastewater system is collection only and does not get compliance inspections



FLORIDA DEPARTMENT OF Environmental Protection

CENTRAL DISTRICT OFFICE
3319 MAGUIRE BLVD, SUITE 232
ORLANDO FLORIDA 32803

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

March 23, 2020

Patrick C. Flynn, Vice President
Utilities Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714
pcflyn@uiwater.com

Re: Ravenna Park
PW Facility ID #3591061
Seminole County

Dear Mr. Flynn:

Department personnel conducted an inspection of the above-referenced facility on February 13, 2020. Based on the information provided during and following the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Viviana Useche at 407-897-2919 or via e-mail at Viviana.Useche@FloridaDEP.gov.

Sincerely,

A handwritten signature in cursive script that reads "David Smicherko".

David Smicherko
Environmental Manager, Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Scott Gosnell, Utilities Inc., sgosnell@uiwater.com

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name RAVENNA PARK County Seminole PWS ID # 3591061-1
Plant Location 111 Temple Dr, Sanford, FL 32771 Phone 407-869-1919
Owner Name Utilities Inc. of Florida Attn: Patrick C. Flynn Phone 407-869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Scott Gosnell Title Area Manager Phone 407/682-5651
This Survey Date 02/13/2020 Last Survey Date 02/14/2017 Last Compliance Inspection Date 06/01/98

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 300,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination, aeration

SERVICE AREA CHARACTERISTICS

Food Service: Yes No N/A

Number of Service Connections 513

Population Served 1796 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Don Hasty A-6625

Hrs/day: *Required* *Visit *Actual* *Visit

Days/wk: *Required* 5+1 *Actual* 5+1

Non-consecutive Days? Yes No N/A

Comments *Visits must total 0.6/week

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 109,687 gpd

Maximum Day (from MORs) 211,700 gpd 06/19

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 6" Water Specialties

Date Last Calibrated 02/21/2019

RAW WATER SOURCE

GROUND; Number of Wells 2

PURCHASED from PWS ID # _____

Emergency Water Source City of Sanford

Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Groban

Capacity of Standby (kW) 70

Switchover: Automatic Manual

Hrs Operated Under Load 4hr / month

What equipment does it operate?

Well Pumps _____

High Service Pumps _____

Treatment Equipment _____

Satisfy avg. daily demand? Yes No Unknown

Audio-visual alarm? Yes No

Comments _____

PLANS AND MAPS

Coliform Sampling Plan Yes No N/A

D/DBP Monitoring Plan Yes No N/A

Lead and Copper Plan Yes No N/A

Distribution System Map Yes No N/A

Emergency Response Plan Yes No N/A

Comments _____

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual Yes No

Preventive Maintenance Program Yes No N/A

Flushing Program Yes No N/A

Records Yes No N/A

Isolation Valve Exercise Yes No N/A

Records Yes No N/A

Comments Annual flushing during 2019. Quarterly flushing will start in 2020

CROSS CONNECTION CONTROL

BFPAs 4 # Tested 4

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 03/2018

Comments CCCP approved by DEP on 03/2018

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAH2573)	2 (AAH2574)		
Year Drilled		1959	1965		
Depth Drilled		475'	460'		
Drilling Method		Unknown	Unknown		
Type of Grout		Cement	Unknown		
Static Water Level		6'	3'		
Pumping Water Level		Unknown	16'		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	190 gpm		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		195'	148'		
Diameter (outside casing)		6"	8"		
Material (outside casing)		Steel	Steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	WWTF >200'	WWTF >200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Vertical turbine	Vertical turbine		
	Manufacturer Name	Goulds	Goulds		
	Model Number	6DHHC-6	DHHC-6		
	Rated Capacity (gpm)	Unknown	Unknown		
	Motor Horsepower	20	15		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		OK	OK		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Security		Yes	Yes		
Well Vent Protection		N/A	N/A		

COMMENTS Well 1 is by the building and Well 2 is behind the tank

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 85 gpd
 Chlorine Feed Rate 67%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant >2.2 Remote >2.2
 Remote tap location Lift station on Beth Drive
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Into aerator
 Booster Pump Info N/A
 Comments Chlorine pump: 2 online; 1 spare
1 chlorine storage tank with secondary containment

AERATION (Gases, Fe, & Mn Removal)

Type Cascade Capacity 440 gpm
 Aerator Condition Good
 Visible Algae Growth None
 Protective Screen Condition Good
 Frequency of Cleaning 2x a year
 Date Last Inspected/Cleaned 02/2020
 Comments _____

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated
 (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	G	H/ft
Capacity (gal)	20,000	3,000
Material	Steel	Steel
Gravity Drain	Yes	Yes
By-Pass Piping	Yes	Yes
Protected Openings	Yes	Yes
Sight Glass or Level Indicator	Yes	No
PRV/ARV	N/A	Both
Pressure Gauge	No	Yes
On/Off Pressure	13'/15'	56/69
Access Secured	Yes	Yes
Access Manhole	Yes	Yes
Tank Sample Tap Location	N/A	On tank
Date of Inspection	*	6/8/16
Date of Cleaning	*	6/8/16

Comments *New tank installed in 08/16

HIGH SERVICE PUMPS

Pump Number	1	2
Type	Centrifugal	Centrifugal
Make	Goulds	Peerless
Model	3656	820A
Capacity (gpm)	Unknown	250
Motor HP	15	15
Date Installed	Unknown	1986

Comments _____

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name PHILLIPS SECTION County Seminole PWS ID # 3591061-02
Plant Location Temple Avenue, Sanford, FL 32771 Phone 407/869-1919
Owner Name Utilities Inc. of Florida Attn: Patrick C. Flynn Phone 407/869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Scott Gosnell Title Area Manager Phone 407/682-5651
This Survey Date 02/12/2020 Last Survey Date 02/14/2017 Last Compliance Inspection Date 06/01/98

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 79,200 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination, aeration

SERVICE AREA CHARACTERISTICS

Food Service: Yes No N/A

Number of Service Connections 513
Population Served 1796 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Plant
Comments Phillips Section – Plant offline for repairs at the time of inspection

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Don Hasty A-6625

Hrs/day: *Required* *Visit *Actual* *Visit
Days/wk: *Required* 5+1 *Actual* 5+1
Non-consecutive Days? Yes No N/A
Comments *Visits must total 0.6/week

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Average Day (from MORs) N/A
Maximum Day (from MORs) N/A
Comments No MORs submitted. Plant is shut down due to repairs.

Flow Measuring Device Flow Meter
Meter Size & Type 6" Water Specialties
Date Last Calibrated 02/21/2019

RAW WATER SOURCE

GROUND; Number of Wells 2
 PURCHASED from PWS ID #
 Emergency Water Source City of Sanford
Emergency Water Capacity

STANDBY POWER SOURCE: Yes

Source Groban
Capacity of Standby (kW) 70
Switchover: Automatic Manual
Hrs Operated Under Load 4hr / month
What equipment does it operate?
 Well Pumps
 High Service Pumps
 Treatment Equipment
Satisfy avg. daily demand? Yes No Unknown
Audio-visual alarm? Yes No
Comments

PLANS AND MAPS

Coliform Sampling Plan Yes No N/A
D/DBP Monitoring Plan Yes No N/A
Lead and Copper Plan Yes No N/A
Distribution System Map Yes No N/A
Emergency Response Plan Yes No N/A
Comments

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual Yes No
Preventive Maintenance Program Yes No N/A
Flushing Program Yes No N/A
Records Yes No N/A
Isolation Valve Exercise Yes No N/A
Records Yes No N/A
Comments

CROSS CONNECTION CONTROL

BFPAs 4 # Tested 4
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date 11/13/07
Comments CCCP approved by DEP on 1/25/08

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAH2571)			
Year Drilled	1955			
Depth Drilled	250'			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	13'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	92"			
Diameter (outside casing)	6"			
Material (outside casing)	Black Steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	WWTF >200'		
	Reuse Water	N/A		
	WW Plumbing	>100'		
	Other Sanitary Hazard	None Observed		
PUMP	Type	Vertical Turbine		
	Manufacturer Name	Goulds		
	Model Number	6DHHC-6		
	Rated Capacity (gpm)	Unknown		
	Motor Horsepower	20		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 85 gpd
 Chlorine Feed Rate 40%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant _____ Remote 2.2
 Remote tap location Lift Station on Beth Drive
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Into aerator
 Booster Pump Info N/A
 Comments 1 chlorine storage tank with secondary containment

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated
 (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H/ft	
Capacity (gal)	3,000	
Material	Steel	
Gravity Drain	Yes	
By-Pass Piping	Yes	
Protected Openings	Yes	
Sight Glass or Level Indicator	No	
PRV/ARV	Both	
Pressure Gauge	Yes	
On/Off Pressure	58/64	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location	On tank	
Date of Inspection	6/8/16	
Date of Cleaning	6/8/16	

Comments _____
Sigh glass broken- plant offline for repairs

DEFICIENCIES:

No deficiencies noted at the time of inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2019 results have been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2020, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2020.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or frwa@frwa.net, for free technical assistance with your system. FRWA has extended benefits offered to members.
- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.
Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]
- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:
 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

COMMENTS (continued):

- Suppliers of water shall issue precautionary “boil water” notices as required or recommended in the Department of Health’s “Guidelines for the Issuance of Precautionary Boil Water Notices” as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]



Inspector Signature

Viviana Penuela Useche

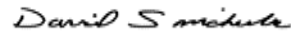
Printed Name

Environmental Specialist

Title

3-20-2020

Date



Reviewer Signature

Printed Name

Environmental Manager

Title

3/23/2020

Date

RAVENNA PARK

Permits

The wastewater system is collection only and does not require a permit

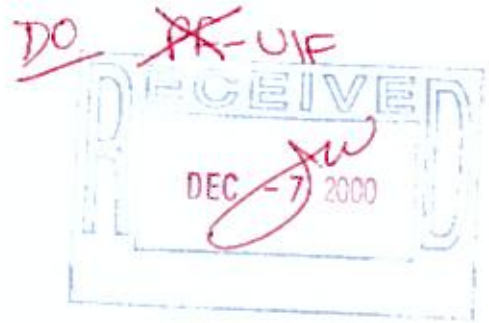


POST OFFICE BOX 1429 **PALATKA, FLORIDA 32178-1429**
 TELEPHONE 904-329-4500 SUNCOM 904-866-4404
 TDD 904-329-4450 TDD SUNCOM 866-4450

FAX (Executive) 329-4125 (Legal) 329-4485 (Permitting) 329-4315 (Administration/Finance) 329-4508

SERVICE CENTERS

618 E. South Street Orlando, Florida 32801 407-897-4300 TDD 407-897-5860	7775 Baymeadows Way Suite 102 Jacksonville, Florida 32256 904-730-8270 TDD 904-448-7900	PERMITTING: 305 East Drive Melbourne, Florida 32904 407-884-4940 TDD 407-722-5368	OPERATIONS: 2133 N. Wickham Road Melbourne, Florida 32935-8199 407-752-3100 TDD 407-752-3102
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November 15, 2000

Utilities Inc of Florida
200 Weathersfield Ave
Altamonte Springs, FL 32714

**SUBJECT: Consumptive Use Permit Number 8352
RAVENNA PARK**

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on November 15, 2000.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Sincerely,
Gloria Lewis
Gloria Lewis, Director
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

**Agent: THE COLINAS GROUP INC
515 N. VIRGINIA AVENUE
Winter Park, FL 32789**

William Kerr, CHAIRMAN
MELBOURNE BEACH

Ometrias D. Long, VICE CHAIRMAN
APOPKA

Joff K. Jennings, SECRETARY
MATLAND

Duane Ottenstroef, TREASURER
SWITZERLAND

Dan Roach
FERNANDINA BEACH

William M. Segal
MATLAND

Otis Mason
ST. AUGUSTINE

Clay Albright
EAST LAKE WLR

Reid Hughes
DAYTONA BEACH

PERMIT NO. 8352
PROJECT NAME: RAVENNA PARK

DATE ISSUED: November 15, 2000

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 44.57 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 1099.

LOCATION:

Site: Ravenna Park
Seminole County

Section(s): 34

Township(s): 19S

Range(s): 30E

ISSUED TO:

Utilities Inc of Florida
200 Weathersfield Ave
Altamonte Springs, FL 32714

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

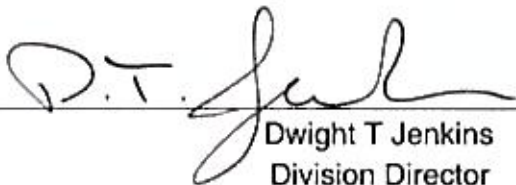
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 15, 2000

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____


Dwight T Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8352
UTILITIES INC OF FLORIDA
DATED NOVEMBER 15, 2000

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the

permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
10. The permittee must ensure that all service connections are metered.
11. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - a) Irrigation using a micro-irrigation system is allowed anytime.
 - b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
12. All submittals made to demonstrate compliance with this permit must include the

permit number 8352 plainly labeled on the submittals.

13. This permit will expire on November 15, 2020.
14. Maximum annual ground water withdrawals must not exceed 44.57 million gallons.
15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.
16. The permittee must assure that all service connections are metered.
17. The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.
18. Wells no. 1 and 2 must continue to be monitored with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications. The permittee has elected to monitor both wells with a common flowmeter.
19. Total withdrawals from wells no. 1 and 2 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31
20. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
21. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is

greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

22. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

23. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(3), F.S., every 5 years during the term of the permit. The permittee shall submit the report by January 31 of the required year. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:
 - (a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, February 8, 1999; and
 - (b) supply all of the information specifically required by the compliance report condition(s) on the permit.

Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections 120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written decision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.
15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

Utilities Inc of Florida
200 Weathersfield Ave
Altamonte Springs, FL 32714

at 4:00 p.m. this ^{5th} ~~10th~~ day of ^{December} ~~November~~, 2000.



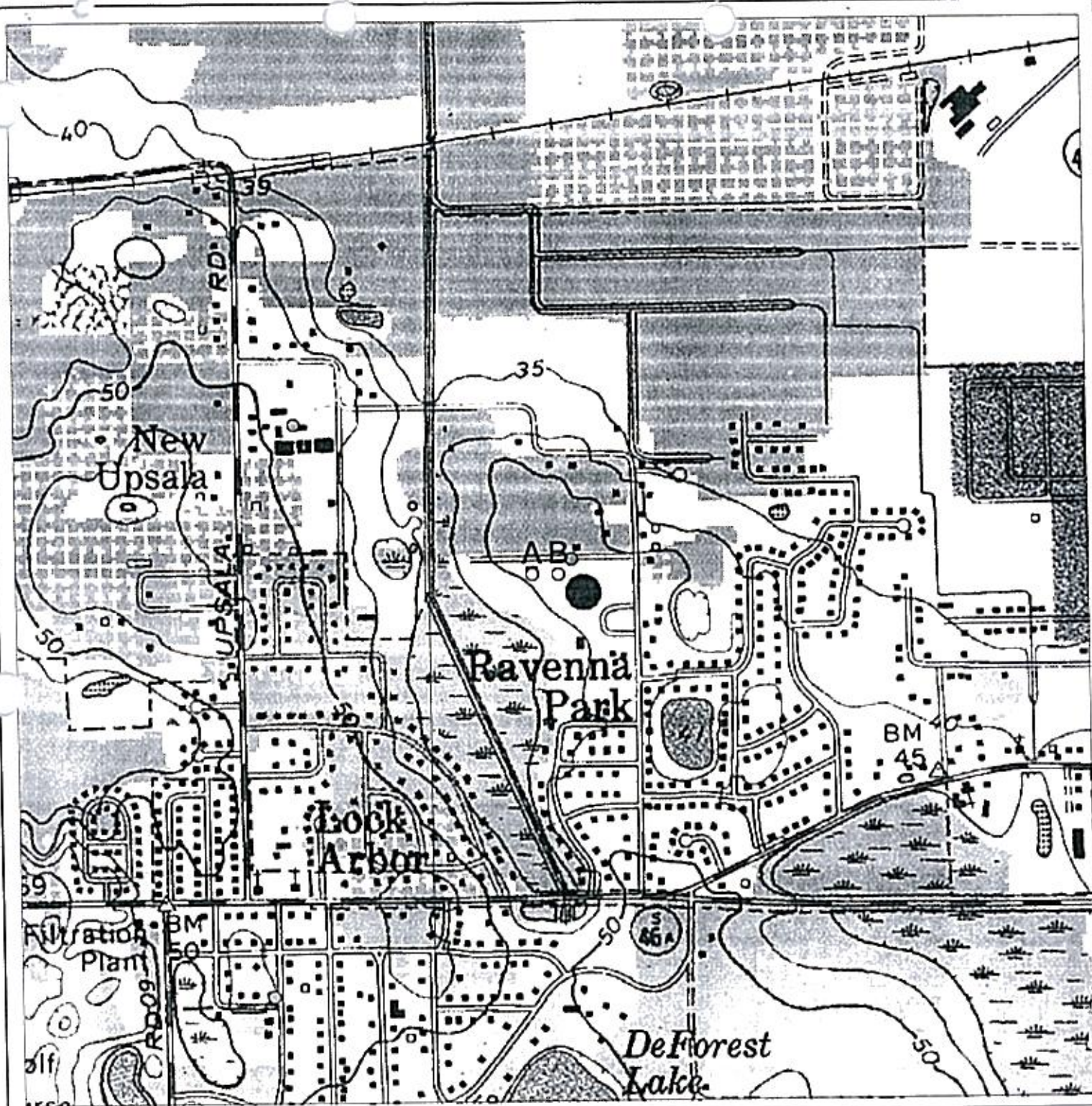
Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(904) 329-4152

Permit Number: 8352

3 J R W E D
UTILITIES INC OF FLORIDA
6552 15-NOV-2020
FLORIDAN AQUIFER
HOUSEHOLD
RAVENNA PARK
RAVENNA PARK
3.000 INCHES

3 J R W E D
UTILITIES INC OF FLORIDA
6552 15-NOV-2020
FLORIDAN AQUIFER
HOUSEHOLD
RAVENNA PARK
RAVENNA PARK
3.000 INCHES



8352



0.06 0 0.06 Miles



Scale 1:11084

- Quad Index 12K NAD83
- Cup_wells
- Cup_pumps
- Cup_bnd

The St. Johns River Water Management District prepares and uses this information for its own purposes and this information may not be suitable for other purposes. This information is provided "as is". Further documentation of this data can be obtained by contacting: St. Johns River Water Management District, Geographic Information Systems, Program Management, P.O. Box 1429, Palaska, Florida 32178-1429, (904) 329-4176.

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

Post Office Box 1429

Palatka, Florida 32178-1429

Consumptive Use Permit Number: **8352** - *RAVENNA PARK*

Permittee Name: **Utilities Inc of Florida**

Date of Permit Issuance: **November 15, 2000** Station Name: **1**

Pump Capacity: **200 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: ____/____/____

Date of This Calibration: ____/____/____

Name of Person Performing Calibration: _____

Method or Equipment Used for Calibration: _____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (____) _____ - _____

Please Retain a Copy for Your Records

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

Post Office Box 1429

Palatka, Florida 32178-1429

Consumptive Use Permit Number: **8352** - *RAVINA PARK*

Permittee Name: **Utilities Inc of Florida**

Date of Permit Issuance: **November 15, 2000** Station Name: **2**

Pump Capacity: **240 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: ____/____/____

Date of This Calibration: ____/____/____

Name of Person Performing Calibration: _____

Method or Equipment Used for Calibration: _____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (____) _____ - _____

Please Retain a Copy for Your Records



St. Johns River Water Management District
 P. O. Box 1425
 Palatka, Florida 32178-1425

WATER USE RECORD

FORM EN - 50

CUP# **8352**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **RAVENNA PARK**

WELL NAME **1**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH 'NUMBER' WITHOUT TOUCHING THE SIDES OF THE BOX

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL ABANDONED (40C-3, FAC)
- COMMENTS: (PLEASE PRINT): _____
- WELL CAPPED
- PROPERTY SOLD

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

	GALLONS					OR METER READINGS				
JAN 01										
FEB 01										
MAR 01										
APR 01										
MAY 01										
JUN 01										

Step 3. CONTACT NAME _____

PHONE NUMBER _____



15594



36204



St. Johns River Water Management District
P. O. Box 1425
Palatka, Florida 32178-1425

WATER USE RECORD

FORM EN - 50

CUP# **8352**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **RAVENNA PARK**

WELL NAME **2**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL CAPPED
- WELL ABANDONED (40C-3, FAC)
- PROPERTY SOLD
- COMMENTS: (PLEASE PRINT): _____

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JAN 01																			
FEB 01																			
MAR 01																			
APR 01																			
MAY 01																			
JUN 01																			

Step 3. CONTACT NAME _____
PHONE NUMBER _____



15595



36204



St. Johns River Water Management District
P. O. Box 1429
Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# **8352**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **RAVENNA PARK**

WELL NAME **1**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL ABANDONED (40C-3, FAC)
- COMMENTS: (PLEASE PRINT): _____
- WELL CAPPED
- PROPERTY SOLD

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JUL 00

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

AUG 00

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

SEP 00

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

OCT 00

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

NOV 00

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

DEC 00

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Step 3. CONTACT NAME _____

PHONE NUMBER _____



15594



36204



St. Johns River Water Management District
P. O. Box 1429
Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# **8352**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **RAVENNA PARK**

WELL NAME **2**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL ABANDONED (40C-3, FAC)
- COMMENTS: (PLEASE PRINT): _____
- WELL CAPPED
- PROPERTY SOLD

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JUL 00

AUG 00

SEP 00

OCT 00

NOV 00

DEC 00

Step 3. CONTACT NAME _____

PHONE NUMBER _____



15595

Any Notices of Violation, Consent Orders, Letters of Notice, or Warning Letters from the health department or the DEP in the previous five years

Rule 25-30.440(7)

NONE

TEST YEAR COMPLAINTS

[All test year complaints for the following systems are logged in one account and are being provided with the Golden Hills water system documents: Golden Hills, Crescent Heights, Davis Shores, Orangewood, Summertree, Lake Tarpon, Bear Lake, Jansen, Little Wekiva, Oakland Shores, Park Ridge, Ravenna Park, Weathersfield, Crownwood, Phillips and Orangewood]

PRE-TEST YEAR SECONDARY WATER QUALITY COMPLAINTS

[All pre-test year water quality complaints for the following systems are logged in one account and are being provided with the Golden Hills water system: Golden Hills, Crescent Heights, Davis Shores, Summertree, Lake Tarpon, Bear Lake, Jansen, Little Wekiva, Oakland Shores, Park Ridge, Ravenna Park, Weathersfield, and Oranewood]