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**CLASS "C"**  
**WATER AND/OR WASTEWATER UTILITIES**

(Gross Revenue of Less Than \$200,000 Each)

**ANNUAL REPORT**

WS907-09-AR

**SILVER LAKE UTILITIES, Inc.**

Exact Legal Name of Respondent

**636-W / 546-S**

Certificate Number(s)

Submitted To The

**STATE OF FLORIDA**

REGISTRATION  
REGULATION

10 MAR 25 AM 4:35

Attest  
Public Service Commission

**PUBLIC SERVICE COMMISSION**

FOR THE

**YEAR ENDED DECEMBER 31, 2009**

## GENERAL INSTRUCTIONS

1. Prepare this report in conformity with the 1996 National Association of Regulatory Utility Commissioners (NARUC) Uniform System of Accounts for Water and Wastewater Utilities as adopted by Rule 25-30.115 (1), Florida Administrative Code.
2. Interpret all accounting words and phrases in accordance with the Uniform System of Accounts (USOA). Commission Rules and the definitions on next page.
3. Complete each question fully and accurately, even if it has been answered in a previous annual report. Enter the word "None" where it truly and completely states the fact.
4. For any question, section, or page which is not applicable to the respondent enter the words "Not Applicable." Do not omit any pages.
5. Where dates are called for, the month and day should be stated as well as the year.
6. All schedules requiring dollar entries should be rounded to the nearest dollar.
7. Complete this report by means which result in a permanent record. You may use permanent ink or a typewriter. Do not use a pencil.
8. If there is not enough room on any schedule, an additional page or pages may be added provided the format of the added schedule matches the format of the schedule in the report. Additional pages should reference the appropriate schedules, state the name of the utility, and state the year of the report.
9. If it is necessary or desirable to insert additional statements for the purpose of further explanation of schedules, such statements should be made at the bottom of the page or on an additional page. Any additional pages should state the name of the utility and the year of the report, and reference the appropriate schedule.
10. The utility shall file the original and two copies of the report with the Commission at the address below, and keep a copy for itself. Pursuant to Rule 25-30.110 (3), Florida Administrative Code, the utility must submit the report by March 31 for the preceding year ending December 31.

Florida Public Service Commission  
Division of Economic Regulation  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850
11. Pursuant to Rule 25-30.110 (7) (a), Florida Administrative Code, any utility that fails to file its annual report or extension on or before March 31, or within the time specified by any extension approved in writing by the Division of Economic Regulation, shall be subject to a penalty. The penalty shall be based on the number of calendar days elapsed from March 31, or from an approved extended filing date, until the date of filing. The date of filing shall be included in the days elapsed.

## GENERAL DEFINITIONS

**ADVANCES FOR CONSTRUCTION** - This account shall include advances by or in behalf of customers for construction which are to be refunded either wholly or in part. (USOA)

**ALLOWANCE FOR FUNDS USED DURING CONSTRUCTION ( AFUDC )** - This account shall include concurrent credits for allowance for funds used during construction based upon the net cost of funds used for construction purposes and a reasonable rate upon other funds when so used. Appropriate regulatory approval shall be obtained for "a reasonable rate". (USOA)

**AMORTIZATION** - The gradual extinguishment of an amount in an account by distributing such amount over a fixed period, over the life of the asset or liability to which it applies, or over the period during which it is anticipated the benefit will be realized. (USOA)

**CONTRIBUTIONS IN AID OF CONSTRUCTION ( CIAC )** - Any amount or item of money, services, or property received by a utility, from any person or governmental agency, any portion of which is provided at no cost to the utility, which represents an addition or transfer to the capital of the utility, and which is utilized to offset the acquisition, improvement, or construction costs of the utility's property, facilities, or equipment used to provide utility services to the public. (Section 367.021 (3), Florida Statutes)

**CONSTRUCTION WORK IN PROGRESS ( CWIP )** - This account shall include the cost of water or wastewater plant in process of construction, but not yet ready for services. (USOA)

**DEPRECIATION** - The loss in service value not restored by current maintenance, incurred in connection with the consumption or prospective retirement of utility plant in the course of service from causes which are known to be in the current operation and against which the utility is not protected by insurance. (Rule 25-30.140 (i), Florida Administrative Code)

**EFFLUENT REUSE** - The use of wastewater after the treatment process, generally for reuse as irrigation water or for in plant use. (Section 367.021 (6), Florida Statutes)

**EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WATER)** - (Rule 25-30.515 (8), Florida Administrative Code.)

- (a) 350 gallons per day;
- (b) The number of gallons a utility demonstrates in the average daily flow for a single family unit; or
- (c) The number of gallons which has been approved by the DEP for a single family residential unit.

**EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WASTEWATER)** - Industry standard of 80% of Water ERC or 280 gallons per day for residential use.

**GUARANTEED REVENUE CHARGE** - A charge designed to cover the utility's costs including, but not limited to the cost of the operation, maintenance, depreciation, and any taxes, and to provide a reasonable return to the utility for facilities, a portion of which may not be used and useful to the utility or its existing customers. (Rule 25-30.515 (9), Florida Administrative Code)

**LONG TERM DEBT** - All Notes, Conditional Sales Contracts, or other evidences of indebtedness payable more than one year from date of issue. (USOA)

**PROPRIETARY CAPITAL ( For proprietorships and partnerships only )** - The investment of a sole proprietor, or partners, in an unincorporated utility. (USOA)

**RETAINED EARNINGS** - This account reflects corporate earnings retained in the business. Credits would include net income or accounting adjustments associated with correction of errors attributable to a prior period. Charges to this account would include net losses, accounting adjustments associated with correction of errors attributable to a prior period or dividends. (USOA)

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# FINANCIAL SECTION

REPORT OF

Silver Lake Utilities, Inc.  
(EXACT NAME OF UTILITY)

106 S.W. County Road 721 Okeechobee, Fl. 34974 Mailing Address	106 S.W. County Road 721 Okeechobee, Fl. 34974 Street Address	Glades County
--	---	------------------

Telephone Number (863) 763-3041 Date Utility First Organized 12/3/2007

Fax Number (863) 467-4951 E-mail Address \_\_\_\_\_

Sunshine State One-Call of Florida, Inc. Member No. 41004

Check the business entity of the utility as filed with the Internal Revenue Service:

- Individual     Sub Chapter S Corporation     1120 Corporation     Partnership

Name, Address and phone where records are located: 106 S.W. County Road 721  
Okeechobee, Fl. 34974    (863) 763-3041

Name of subdivisions where services are provided: Lykes Ranch

CONTACTS:

Name	Title	Principal Business Address	Salary Charged Utility
Person to send correspondence: <u>Robert J. Bostanche</u>	<u>Assistant Controller</u>	<u>106 S.W. County Road 721</u> <u>Okeechobee, Fl. 34974</u>	
Person who prepared this report: <u>Robert J. Bostanche</u>	<u>Assistant Controller</u>	<u>Same</u>	
Officers and Managers: <u>Howell L. Ferguson</u>	<u>CEO</u>	<u>400 N. Tampa St. Suite 2200</u> <u>Tampa, Fl. 33602</u>	\$ None
<u>Charles P. Lykes, Jr.</u>	<u>President</u>	<u>Same</u>	\$ None
<u>Frederick J. Bennett</u>	<u>CFO</u>	<u>Same</u>	\$ None
<u>Richard Chase</u>	<u>Secretary</u>	<u>Same</u>	\$ None
			\$

Report every corporation or person owning or holding directly or indirectly 5 percent or more of the voting securities of the reporting utility:

Name	Percent Ownership in Utility	Principal Business Address	Salary Charged Utility
<u>Lykes Bros. Inc.</u>		<u>400 N. Tampa St. Suite 2200</u> <u>Tampa, Fl. 33602</u>	\$ None
			\$
			\$
			\$
			\$
			\$
			\$

UTILITY NAME: Silver Lake Utilities, Inc.

REVISED 06-21-2010

YEAR OF REPORT DECEMBER 31, 2009
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INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
Gross Revenue:					
Residential_____		\$ 14,660	\$ _____	\$ _____	\$ 14,660
Commercial_____		44,580	_____	_____	44,580
Industrial_____		_____	_____	_____	_____
Multiple Family_____		_____	_____	_____	_____
Guaranteed Revenues__		_____	_____	_____	_____
Other (Specify)_ Plant Cap Chg		7,195	_____	_____	7,195
Total Gross Revenue___		\$ 66,435	\$ _____	\$ _____	\$ 66,435
Operation Expense (Must tie to pages W-3 and S-3)	W-3 S-3	\$ 316,043	\$ _____	\$ _____	\$ 316,043
Depreciation Expense____	F-5	35,864	_____	_____	35,864
CIAC Amortization Expense_	F-8	_____	_____	_____	_____
Taxes Other Than Income__	F-7	2,276	_____	_____	2,276
Income Taxes_____	F-7	_____	_____	_____	_____
Total Operating Expense		\$ 354,183	_____	_____	\$ 354,183
Net Operating Income (Loss)		\$ -287,748	\$ _____	\$ _____	\$ -287,748
Other Income:					
Nonutility Income_____		\$ _____	\$ _____	\$ _____	\$ _____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Other Deductions:					
Miscellaneous Nonutility Expenses_____		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense_____		-51,213	_____	_____	-51,213
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Net Income (Loss)		\$ -338,961	\$ _____	\$ _____	\$ -338,961

COMPARATIVE BALANCE SHEET

ACCOUNT NAME	Reference Page	Current Year	Previous Year
<b>Assets:</b>			
Utility Plant in Service (101-105)	F-5,W-1,S-1	\$ 1289121	\$ 637493
Accumulated Depreciation and Amortization (108)_____	F-5,W-2,S-2	<u>-287743</u>	<u>-224725</u>
Net Utility Plant_____		\$ 1001378	\$ 412768
Cash_____		120747	53939
Customer Accounts Receivable (141)_____		5984	5016
Other Assets (Specify):_____			
_____			
_____			
_____			
Total Assets_____		\$ <u>1128109</u>	\$ <u>471723</u>
<b>Liabilities and Capital:</b>			
Common Stock Issued (201)_____	F-6		
Preferred Stock Issued (204)_____	F-6		
Other Paid in Capital (211)_____			
Retained Earnings (215)_____	F-6	<u>-337165</u>	<u>-27338</u>
Proprietary Capital (Proprietary and partnership only) (218)_____	F-6		
Total Capital_____		\$ <u>-337165</u>	\$ <u>-27338</u>
Long Term Debt (224)_____	F-6	\$	\$
Accounts Payable (231)_____		53591	58744
Notes Payable (232)_____		1750000	750000
Customer Deposits (235)_____		500	
Accrued Taxes (236)_____		144	144
Other Liabilities (Specify)_____			-309827
Net Loss		<u>-338961</u>	
_____			
_____			
Advances for Construction_____			
Contributions in Aid of Construction - Net (271-272)_____	F-8		
Total Liabilities and Capital_____		\$ <u>1128109</u>	\$ <u>471723</u>



UTILITY NAME Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

GROSS UTILITY PLANT

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other Than Reporting Systems	Total
Utility Plant in Service (101)	\$ <u>1255025</u>	\$ _____	\$ _____	\$ <u>1255025</u>
Construction Work in Progress (105) _____	<u>34095</u>	_____	_____	<u>34095</u>
Other (Specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Utility Plant _____	\$ <u>1289120</u>	\$ _____	\$ _____	\$ <u>1289120</u>

ACCUMULATED DEPRECIATION (AD) AND AMORTIZATION OF UTILITY PLANT

Account 108	Water	Wastewater	Other Than Reporting Systems	Total
Balance First of Year _____	\$ <u>224619</u>	\$ _____	\$ _____	\$ <u>224619</u>
<u>Add Credits During Year:</u>				
Accruals charged to depreciation account _____	\$ <u>90384</u>	\$ _____	\$ _____	\$ <u>90384</u>
Salvage _____	_____	_____	_____	_____
Other Credits (specify) _____	_____	_____	_____	_____
Total Credits _____	\$ <u>90384</u>	\$ _____	\$ _____	\$ <u>90384</u>
<u>Deduct Debits During Year:</u>				
Book cost of plant retired _____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of removal _____	_____	_____	_____	_____
Other debits (specify) _____	_____	_____	_____	_____
Reversal of Aquisition to Payables	<u>27259</u>	_____	_____	<u>27259</u>
Total Debits _____	\$ <u>27259</u>	\$ _____	\$ _____	\$ <u>27259</u>
Balance End of Year _____	\$ <u>287744</u>	\$ _____	\$ _____	\$ <u>287744</u>

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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CAPITAL STOCK ( 201 - 204 )

	Common Stock	Preferred Stock
Par or stated value per share _____	N/A	N/A
Shares authorized _____	_____	_____
Shares issued and outstanding _____	_____	_____
Total par value of stock issued _____	_____	_____
Dividends declared per share for year _____	_____	_____

RETAINED EARNINGS ( 215 )

	Appropriated	Un- Appropriated
Balance first of year _____	\$ N/A	\$ (337,165)
Changes during the year (Specify): _____ _____	_____ _____	_____ _____
Balance end of year _____	\$ _____	\$ (337,165)

PROPRIETARY CAPITAL ( 218 )

	Proprietor Or Partner	Partner
Balance first of year _____	\$ _____	\$ _____
Changes during the year (Specify): _____ _____	_____ _____	_____ _____
Balance end of year _____	\$ _____	\$ _____

LONG TERM DEBT ( 224 )

Description of Obligation (Including Date of Issue and Date of Maturity):	Interest		Principal per Balance Sheet Date
	Rate	# of Pymts	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total _____			\$ _____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

**TAX EXPENSE**

(a)	Water (b)	Wastewater (c)	Other (d)	Total (e)
Income Taxes:				
Federal income tax _____	\$ _____	\$ _____	\$ _____	\$ _____
State income Tax _____	_____	_____	_____	_____
Taxes Other Than Income:				
State ad valorem tax _____	_____	_____	_____	_____
Local property tax _____	334	_____	_____	334
Regulatory assessment fee _____	1942	_____	_____	1942
Other (Specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Tax Expense _____	\$ 2276	\$ _____	\$ _____	\$ 2276

**PAYMENTS FOR SERVICES RENDERED BY OTHER THAN EMPLOYEES**

Report all information concerning outside rate, management, construction, advertising, labor relations, public relations, or other similar professional services rendered the respondent for which aggregate payments during the year to any corporation, partnership, individual, or organization of any kind whatever amounting to \$500 or more.

Name of Recipient	Water Amount	Wastewater Amount	Description of Service
Lykes Bros. Inc.	\$ 217920	\$ _____	All labor, minor repairs & maintenance and administrative services
Pugh Utilities Services Inc.	\$ 14062	\$ _____	Contract Other
Short Environmental Labs, Inc.	\$ 10995	\$ _____	Contract Testing
Rose, Sundstrom & Bentley, LLP	\$ 5680	\$ _____	Contract Legal
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**CONTRIBUTIONS IN AID OF CONSTRUCTION ( 271 )**

(a)	Water (b)	Wastewater (c)	Total (d)
1) Balance first of year _____	\$ _____	\$ N/A	\$ _____
2) Add credits during year _____ 7L capacity charges	\$ 7195	\$ _____	\$ _____
3) Total _____	_____	_____	_____
4) Deduct charges during the year _____	_____	_____	_____
5) Balance end of year _____	_____	_____	_____
6) Less Accumulated Amortization _____	_____	_____	_____
7) Net CIAC _____	\$ 7195	\$ N/A	\$ _____

**ADDITIONS TO CONTRIBUTIONS IN AID OF CONSTRUCTION DURING YEAR (CREDITS)**

Report below all developers or contractors agreements from which cash or property was received during the year.	Indicate "Cash" or "Property"	Water	Wastewater
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-total _____		\$ _____	\$ _____
Report below all capacity charges, main extension charges and customer connection charges received during the year.			
Description of Charge	Number of Connections	Charge per Connection	
7L Plant Capacity Charge (CIAC)	1	\$ 6600	\$ 6600
Meter Fee		575	575
Initial Connection		20	20
Total Credits During Year (Must agree with line # 2 above.) _____			\$ 7195

**ACCUMULATED AMORTIZATION OF CIAC (272)**

	Water	Wastewater	Total
Balance First of Year _____	\$ N/A	\$ N/A	\$ N/A
Add Debits During Year: _____	_____	_____	_____
Deduct Credits During Year: _____	_____	_____	_____
Balance End of Year (Must agree with line #6 above.)	\$ _____	\$ _____	\$ _____

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

UTILITY NAME Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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**SCHEDULE "A"**

**SCHEDULE OF COST OF CAPITAL USED FOR AFUDC CALCULATION (1)**

Class of Capital (a)	Dollar Amount (b)	Percentage of Capital (c)	Actual Cost Rates (d)	Weighted Cost [ c x d ] (e)
Common Equity	\$ _____	_____ %	_____ %	_____ %
Preferred Stock	_____	_____ %	_____ %	_____ %
Long Term Debt	_____	_____ %	_____ %	_____ %
Customer Deposits	_____	_____ %	_____ %	_____ %
Tax Credits - Zero Cost	_____	_____ %	0.00 %	_____ %
Tax Credits - Weighted Cost	_____	_____ %	_____ %	_____ %
Deferred Income Taxes	_____	_____ %	_____ %	_____ %
Other (Explain)	_____	_____ %	_____ %	_____ %
Total	\$ <u>          0</u>	<u>      0.00</u> %		<u>      0.00</u> %

(1) Must be calculated using the same methodology used to calculate AFUDC rate approved by the Commission.

**APPROVED AFUDC RATE**

Current Commission approved AFUDC rate:	<u>None</u> %
Commission Order Number approving AFUDC rate:	_____



**WATER  
OPERATING  
SECTION**

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

**WATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization	\$ 170938	\$	\$	\$ 170938
302	Franchises				
303	Land and Land Rights	1593	2042		3635
304	Structures and Improvements		116355		116355
305	Collecting and Impounding Reservoirs				
306	Lake, River and Other Intakes				
307	Wells and Springs	178867	92085	600	270352
308	Infiltration Galleries and Tunnels				
309	Supply Mains		2639		2639
310	Power Generation Equipment		75083		75083
311	Pumping Equipment	5572	62193		67765
320	Water Treatment Equipment	18215	233699		251914
330	Distribution Reservoirs and Standpipes	14344	12989		27333
331	Transmission and Distribution Lines	208379	45206		253585
333	Services				
334	Meters and Meter Installations	10329	4290		14619
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant and Miscellaneous Equipment				
340	Office Furniture and Equipment				
341	Transportation Equipment				
342	Stores Equipment				
343	Tools, Shop and Garage Equipment				
344	Laboratory Equipment				
345	Power Operated Equipment		617		617
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	Total Water Plant	\$ 608237	\$ 647198	\$ 600	\$ 1254835



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (i)
301	Organization	40	%	2.50 %	\$ 10137	\$	\$ 2727	\$ 12864
304	Structures and Improvements	27	%	3.70 %		2655	9031	6376
305	Collecting and Impounding Reservoirs		%					
306	Lake, River and Other Intakes		%					
307	Wells and Springs	27	%	3.70 %	98327	12189	29688	115826
308	Infiltration Galleries & Tunnels		%					
309	Supply Mains	32	%	3.13 %			75	75
310	Power Generating Equipment	17	%	5.88 %			3949	3949
311	Pumping Equipment	17	%	5.88 %	4503	7961	18724	15266
320	Water Treatment Equipment	17	%	5.88 %	14566	186	12784	27164
330	Distribution Reservoirs & Standpipes	30	%	3.33 %	7975		516	8491
331	Trans. & Dist. Mains	38	%	2.63 %	88606	4268	12273	96611
333	Services		%					
334	Meter & Meter Installations	12	%	8.33 %	505		617	1122
335	Hydrants		%					
336	Backflow Prevention Devices		%					
339	Other Plant and Miscellaneous Equipment		%					
340	Office Furniture and Equipment		%					
341	Transportation Equipment		%					
342	Stores Equipment		%					
343	Tools, Shop and Garage Equipment		%					
344	Laboratory Equipment		%					
345	Power Operated Equipment		%					
346	Communication Equipment		%					
347	Miscellaneous Equipment		%					
348	Other Tangible Plant		%					
	Totals				\$ 224619	\$ 27259	\$ 90384	\$ 287744 *

\* This amount should tie to Sheet F-5.

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	\$ _____
603	Salaries and Wages - Officers, Directors, and Majority Stockholders	_____
604	Employee Pensions and Benefits	_____
610	Purchased Water	_____
615	Purchased Power	_____
616	Fuel for Power Production	<u>6403</u>
618	Chemicals	_____
620	Materials and Supplies	<u>3804</u>
630	Contractual Services:	<u>7673</u>
	Billing	_____
	Professional	<u>50000</u>
	Testing	<u>134161</u>
	Other	<u>10887</u>
640	Rents	<u>48472</u>
650	Transportation Expense	<u>51623</u>
655	Insurance Expense	<u>111</u>
665	Regulatory Commission Expenses (Amortized Rate Case Expense)	_____
670	Bad Debt Expense	_____
675	Miscellaneous Expenses	<u>2909</u>
	Total Water Operation And Maintenance Expense	\$ <u>316043</u> *

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	<u>44</u>	<u>46</u>	<u>46</u>
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
<b>General Service</b>					
5/8"	D	1.0	<u>8</u>	<u>11</u>	<u>11</u>
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	<u>2</u>	<u>3</u>	<u>7.5</u>
1 1/2"	D,T	5.0	<u>1</u>	<u>1</u>	<u>5</u>
2"	D,C,T	8.0	<u>2</u>	<u>2</u>	<u>16</u>
3"	D	15.0	<u>1</u>	<u>1</u>	<u>15</u>
3"	C	16.0	_____	_____	_____
3"	T	17.5	_____	_____	_____
Unmetered Customers	_____	_____	<u>0</u>	<u>0</u>	<u>0</u>
Other (Specify)	_____	_____	<u>0</u>	<u>0</u>	<u>0</u>
<b>** D = Displacement C = Compound T = Turbine</b>			<b>Total</b>	<u>58</u>	<u>64</u>
				<u>64</u>	<u>100.5</u>

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Systemwide

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January	0	749,316	94,362	654,954	654,954
February	0	629,139	77,015	552,124	552,124
March	0	866,041	131,661	734,380	734,380
April	0	930,560	161,330	769,230	769,230
May	0	937,341	112,121	825,220	825,220
June	0	881,804	88,044	793,760	793,760
July	0	812,080	53,590	758,490	758,490
August	0	780,795	56,465	724,330	724,330
September	0	770,140	52,979	717,161	717,161
October	0	983,090	89,030	894,060	894,060
November	0	1,046,450	138,085	908,365	908,365
December	0	930,700	179,561	751,139	751,139
Total for Year	0	10,317,456	1,234,243	9,083,213	9,083,213

If water is purchased for resale, indicate the following:

Vendor N/A

Point of delivery N/A

If water is sold to other water utilities for redistribution, list names of such utilities below: N/A

**MAINS (FEET)**

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year (Ft.)
PVC	6"	24200	0	0	24,200
PVC	3"	11620	1980	0	13,600
PVC	2"	2415	1380	0	3,795
PVC	1 1/2"	1140	0	0	1,140
PVC	1 1/4"	920	0	0	920
PVC	1"	4930	0	0	4,930
PVC	3/4"	540	360	0	900

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Basinger Barn 1 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1994	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" - 90'	_____	_____	_____
Well Screen _____	20'	_____	_____	_____
Depth of Wells _____	90'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2 HP	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	10,800	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

\* Submersible, centrifugal

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Barn 1 WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day__	Ground Well No. 1	_____	_____
Type of Source_____	_____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)__	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Aerator Tanks_____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator__42 GPH	Pulsefeeder	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Basinger Barn 1 WTP

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 1,050 Gals / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 5
3. Present system connection capacity (in ERCs \*) using existing lines. 5
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?  
Permitted by the Highlands County Health Department Limited Use Commercial Permit No. LUC017
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID No.  
Permitted by the Highlands County Health Department Limited Use Commercial Permit No. LUC017
12. Water Management District Consumptive Use Permit #
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
-------------------------------------

SYSTEM NAME: Basinger Barn 3 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1993	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" - 90	_____	_____	_____
Well Screen _____	20'	_____	_____	_____
Depth of Wells _____	90'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2 HP	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	10,800	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Barn 3 WTP

YEAR OF REPORT  
DECEMBER 31, 2009

SOURCE OF SUPPLY

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____ Type of Source _____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping _____	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment _____	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration _____	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection _____	_____	_____	_____
Chlorinator .42 Gal/Hr _____	Stenner 85MPH40	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Basinger Barn 3 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 1,050 GPD / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 5
3. Present system connection capacity (in ERCs \*) using existing lines. 5
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number  
Permitted by the Highlands County Health Department Permit No. LUC021 Limited Use Commercial
12. Water Management District Consumptive Use Permit Number
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
-------------------------------------

SYSTEM NAME: Basinger Grove Barn 4 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1993	_____	_____	_____
Types of Well Construction and Casing _____	Rotary - PVC	_____	_____	_____
Casing Diameter and Depth _____	4" - unk'	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
Depth of Wells _____	unk	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	60	_____	_____	_____
Motor - HP _____	2	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	43,200	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Grove Barn 4 WTP

YEAR OF REPORT DECEMBER 31, 2009
-------------------------------------

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_ _ _ _	<u>Ground Well No. 1</u>	_____	_____
Type of Source_ _ _ _ _	_____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_ _ _ _ _	_____	_____	_____
Make_ _ _ _ _	_____	_____	_____
Permitted Capacity (GPD)_ _ _	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_ _ _ _ _	_____	_____	_____
Reverse Osmosis_ _ _ _ _	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_ _ _ _ _	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._ _ _ _ _	_____	_____	_____
Gravity GPD/Sq.Ft._ _ _ _ _	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .5 GPH	<u>Stenner 85MPH40</u>	_____	_____
Ozone_ _ _ _ _	_____	_____	_____
Other_ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	<u>None</u>	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Basinger Grove Barn 4 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 1,050 GPD / 350 GPD = 3
2. Maximum number of ERC's that can be served. 6
3. Present system connection capacity (in ERCs \*) using existing lines. 6
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A  
Permitted by the Highlands County Health Department Permit No. LUC017
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number  
Permitted by the Highlands County Health Department Permit No. LUC017
12. Water Management District Consumptive Use Permit n/a
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Basinger Barn 10 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1993	_____	_____	_____
Types of Well Construction and Casing _____	Rotary - Steel	_____	_____	_____
Casing Diameter and Depth _____	10" - 172'	_____	_____	_____
Well Screen _____	6" - 440'	_____	_____	_____
Depth of Wells _____	778'	_____	_____	_____
Diameters of Wells _____	6"	_____	_____	_____
Pump - GPM _____	50 GPM	_____	_____	_____
Motor - HP _____	7.5 HP	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	36,000	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel	_____	_____	_____
Capacity of Tank _____	3,000	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Barn 10 WTP

YEAR OF REPORT  
DECEMBER 31, 2009

SOURCE OF SUPPLY

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	14,400	_____	_____
Type of Source_____	Ground	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator_9 GPH	Pulsatron LPA3EA	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Basinger Barn 10 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 14,400 Gals Permitted Capacity / 350 Gals per ERC = 41
2. Maximum number of ERC's that can be served. 41
3. Present system connection capacity (in ERCs \*) using existing lines. 41
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? n/a  
System permitted by the Highlands County Health Department Permint No. LU 28-57 00230
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID # 5284153  
System permitted by the Highlands County Health Department Permint No. LU 28-57-00230
12. Water Management District Consumptive Use Permit #  
SFWMMD WUP 22-00146-W
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
-------------------------------------

SYSTEM NAME: Basinger Grove Office and Shop WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	2007	_____	_____	_____
Types of Well Construction and Casing _____	Rotary - PVC	_____	_____	_____
Casing Diameter and Depth Well Screen _____	5" - 400' Open Hole	_____	_____	_____
Depth of Wells _____	975	_____	_____	_____
Diameters of Wells _____	5"	_____	_____	_____
Pump - GPM _____	70	_____	_____	_____
Motor - HP _____	5	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	50,400	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel - 1	Steel - 2	_____	_____
Capacity of Tank _____	575	575	_____	_____
Ground or Elevated _____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Grove Office and Shop WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	12,900	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .5 GPH	Stenner 85MPH40	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Basinger Grove Office and Shop WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 12,900 GPD / 350 GPD = 36.8
2. Maximum number of ERC's that can be served. 36.8 (by SFWMD Permit at 12,900 GPD)
3. Present system connection capacity (in ERCs \*) using existing lines. 28.5
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N/  
System permitted by the Highlands County Health Department Permit No. 28-57-00221
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number n/a  
Highlands County Health Department Permit No. 28-57-00221
12. Water Management District Consumptive Use Permit  
SWFWMD No. 28-00317-W at 10,000 GPD Average and 38,760 Maximum GPD
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Boar Hammock WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	unk	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	4"	_____	_____	_____
Well Screen _____	unk	_____	_____	_____
Depth of Wells _____	180	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	30 GPM	_____	_____	_____
Motor - HP _____	1	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	21,600	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Boar Hammock WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____ Type of Source _____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Boar Hammock WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 1,750 / 350 Gals per ERC = 5
2. Maximum number of ERC's that can be served. 5
3. Present system connection capacity (in ERCs \*) using existing lines. 5
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Glades County Health Department Limited Use Commercial Permit Number 22-57-00002
12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days)/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Boar Hammock 4500 U.S. 27 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	unk	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" 150'	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
Depth of Wells _____	175'	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	25 GPM	_____	_____	_____
Motor - HP _____	3/4	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	18,000	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Boar Hammock 4500 U.S. 27 WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____ Type of Source _____	Ground Well No. 1 _____ _____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	Aerator _____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping _____	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment _____	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration _____	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection _____	_____	_____	_____
Chlorinator _____	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Boar Hammock 4500 U.S. 27 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N.
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit Number
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Boar Hammock 5475 U.S. 27 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	unk	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" 135'	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
Depth of Wells _____	182'	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	25 GPM	_____	_____	_____
Motor - HP _____	3/4	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	18,000	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Boar Hammock 5475 U.S. 27 WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____ Type of Source _____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	Water Softener	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Boar Hammock 5475 U.S. 27 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
  2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Boatramp Nursery WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1992	_____	_____	_____
Types of Well Construction and Casing _____	Rotary - Steel	_____	_____	_____
Casing Diameter and Depth _____	10" - 172'	_____	_____	_____
Well Screen _____	6" - 440'	_____	_____	_____
Depth of Wells _____	778'	_____	_____	_____
Diameters of Wells _____	6"	_____	_____	_____
Pump - GPM _____	80	_____	_____	_____
Motor - HP _____	7.5	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	43,200	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel	_____	_____	_____
Capacity of Tank _____	1,500	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Boatramp Nursery WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	5,600	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .9 GPH	Pulsatron LPA3EA	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Boatramp Nursery WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 5,600 GPD / 350 GPD = 16
2. Maximum number of ERC's that can be served. 6
3. Present system connection capacity (in ERCs \*) using existing lines. 616
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A  
System permitted by the Highlands County Health Department Permit No. LU 28-57-00204
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number n/a  
Highlands County Health Department Permit No. LUC 28-57-00230
12. Water Management District Consumptive Use Permit  
SWFWMD Permit No. 28-00146-W
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Brighton Grove Office WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	2007	2007	_____	_____
Types of Well Construction and Casing _____	Rotary	Rotary	_____	_____
Casing Diameter and Depth _____	6" - 120'	6" - 120"	_____	_____
Well Screen _____	20' - 4" x 0.02	20' - 4" x 0.02	_____	_____
Depth of Wells _____	120'	120'	_____	_____
Diameters of Wells _____	6"	6"	_____	_____
Pump - GPM _____	22 GPM	22 GPM	_____	_____
Motor - HP _____	1 HP	1 HP	_____	_____
Motor Type * _____	Submersible	Submersible	_____	_____
Yields of Wells in 12 Hr GPD _____	15,840 GPD	15,840 GPD	_____	_____
Auxiliary Power _____	_____	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	HDPE	_____	_____	_____
Capacity of Tank _____	850 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	Baldor	Baldor	_____	_____
Type _____	Electric	Electric	_____	_____
Rated Horsepower _____	3 HP	5 HP	_____	_____
<b>Pumps</b>				
Manufacturer _____	Goulds	Goulds	_____	_____
Type _____	Centrifugal	Centrifugal	_____	_____
Capacity in GPM _____	25 GPM	50 GPM	_____	_____
Average Number of Hours Operated Per Day _____	0.5	0.5	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Brighton Grove Office WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	SFWMD .45 MGM	SFWMD .45 MGM	_____
Type of Source _____	Ground	Ground	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	Carbon Filter 25 GPM	Carbon Filter 25 GPM	_____
Make _____	Pentair Model 3150	Pentair Model 3150	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	25 GPM	50 GPM	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Aerator Tanks _____	300 Gal Aerator	300 Gal Aerator	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 GPH	LMI AA7 Meter Pump	LMI AA7 Meter Pump	LMI AA7 Meter Pump
Ozone _____	CL2 to Aerator No. 1	CL2 to Aerator No. 2	CL2 to Storage Tank
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Brighton Grove Office WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 2,500 Gals / 350 Gals per ERC = 7
2. Maximum number of ERC's that can be served. 12
3. Present system connection capacity (in ERCs \*) using existing lines. 14
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 1
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?  
N/A System is permitted by the Glades County Health Department Permit Nos. 22-57-964865 and 22-57-967423
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID No.  
Glades County Health Department Permit No. 22-57-964485 (South Well) and 22-57-967423 (North Well)
12. Water Management District Consumptive Use Permit  
SFWMDC WUP 22-00392-W
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* An ERC is determined based on one of the following methods:
- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
  - (b) If no historical flow data are available use:  
 $ERC = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Brighton Ranch Office WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	2007	2007	_____	_____
Types of Well Construction and Casing _____	Rotary	Rotary	_____	_____
Casing Diameter and Depth _____	6" - 162'	6" - 162"	_____	_____
Well Screen _____	20' - 4" x 0.02	20' - 4" x 0.02	_____	_____
Depth of Wells _____	180'	180'	_____	_____
Diameters of Wells _____	6"	6"	_____	_____
Pump - GPM _____	25 GPM	25 GPM	_____	_____
Motor - HP _____	2 HP	2 HP	_____	_____
Motor Type * _____	Submersible	Submersible	_____	_____
Yields of Wells in 12 Hr GPD _____	18,000 GPD	18,000 GPD	_____	_____
Auxiliary Power _____	22 Kw Diesel	22 Kw Diesel	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	HDPE	_____	_____	_____
Capacity of Tank _____	6,500 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	Baldor	Baldor	_____	_____
Type _____	Electric	Electric	_____	_____
Rated Horsepower _____	5 HP	5 HP	_____	_____
<b>Pumps</b>				
Manufacturer _____	Goulds	Goulds	_____	_____
Type _____	Centrifugal	Centrifugal	_____	_____
Capacity in GPM _____	40 GPM	40 GPM	_____	_____
Average Number of Hours Operated Per Day _____	2 Hours	2 Hours	_____	_____
Auxiliary Power _____	22 Kw Diesel	22 Kw Diesel	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Brighton Ranch Office WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	<u>SFWMD 0.09 MGD</u>	<u>SFWMD 0.09 MGD</u>	_____
Type of Source _____	<u>Ground</u>	<u>Ground</u>	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	<u>Carbon Filter 57 GPM</u>	<u>Degassifier 25 GPM</u>	<u>Calcite 142 GPM</u>
Make _____	<u>Pentair Model 3150</u>	<u>DeLoach Industries</u>	<u>Miami TO3648</u>
Permitted Capacity (GPD) _____	<u>FDEP 10,500 GPD</u>	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	<u>40 GPM</u>	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 GPH	<u>LMI AA7 Meter Pump</u>	<u>LMI AA7 Meter Pump</u>	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	<u>22 Kw Diesel</u>	<u>22 Kw Diesel</u>	<u>22 Kw Diesel</u>

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Brighton Ranch Office WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 10,500 Gals Permitted Capacity / 350 Gals per ERC = 30
2. Maximum number of ERC's that can be served. 30 .
3. Present system connection capacity (in ERCs \*) using existing lines. 40
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 1
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? December 2008
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID  
FDEP ID# 5284153
12. Water Management District Consumptive Use Permit  
SFWMD Permit No. 22-00392-W
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* An ERC is determined based on one of the following methods:
- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
  - (b) If no historical flow data are available use:  
 $ERC = (\text{Total SFR gallons sold} / \text{omit } 000 / 365 \text{ days} / 350 \text{ gallons per day})$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Buckhorn Housing WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1990	_____	_____	_____
Types of Well Construction and Casing _____	Rotary - PVC	_____	_____	_____
Casing Diameter and Depth Well Screen _____	230	_____	_____	_____
Depth of Wells _____	300	_____	_____	_____
Diameters of Wells _____	6"	_____	_____	_____
Pump - GPM _____	70	_____	_____	_____
Motor - HP _____	7	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	50,400	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel	Steel	_____	_____
Capacity of Tank _____	1,500	900	_____	_____
Ground or Elevated _____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Buckhorn Housing WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_ _ _ _	0.01 MGD	_____	_____
Type of Source_ _ _ _ _	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_ _ _ _ _	_____	_____	_____
Make_ _ _ _ _	_____	_____	_____
Permitted Capacity (GPD)_ _ _	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_ _ _ _ _	_____	_____	_____
Reverse Osmosis_ _ _ _ _	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_ _ _ _ _	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _ _ _ _ _	_____	_____	_____
Gravity GPD/Sq.Ft. _ _ _ _ _	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_ _ _ _ _	_____	_____	_____
Other_ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Buckhorn Housing WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 33,500 GPD / 350 Gals per ERC = 96
2. Maximum number of ERC's that can be served. 96 (by FDEP Permit 33,000 GPD)
3. Present system connection capacity (in ERCs \*) using existing lines. 96 by current permit
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number  
FDEP ID No. 5284101
12. Water Management District Consumptive Use Permit Number  
SFWMDCUP 22-00290-W at 0.01 MGD, 3,875,000 Gals/Year
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Farabee Road WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1960	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool 4"	_____	_____	_____
Casing Diameter and Depth Well Screen _____	4" - 60'	_____	_____	_____
Depth of Wells _____	120'	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD Auxiliary Power _____	10,800 None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank _____ Ground or Elevated _____	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Farabee Road WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	Aeration Tank	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
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SYSTEM NAME: Farabee Road WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit Number  
N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Iron Pens WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1995	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" - unk	_____	_____	_____
Well Screen _____	unk	_____	_____	_____
Depth of Wells _____	185	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	22	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	15,840	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Iron Pens WTP

YEAR OF REPORT  
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	Ground Well No. 1	_____	_____
Type of Source_____	_____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Line Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
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SYSTEM NAME: Iron Pens WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 3
3. Present system connection capacity (in ERCs \*) using existing lines. 3
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Highlands County Health Department LUC020
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_

- \* An ERC is determined based on one of the following methods:
- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
  - (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Lake Placid WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1991	_____	_____	_____
Types of Well Construction and Casing _____	Rotary - PVC	_____	_____	_____
Casing Diameter and Depth _____	8" - 630'	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
Depth of Wells _____	775'	_____	_____	_____
Diameters of Wells _____	8"	_____	_____	_____
Pump - GPM _____	100 GPM	_____	_____	_____
Motor - HP _____	15	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	72,000	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel	Steel	_____	_____
Capacity of Tank _____	1,000 Gal	1,500 Gal	_____	_____
Ground or Elevated _____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Lake Placid WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	15,900	_____	_____
Type of Source _____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	FDEP 10,610	_____	_____
High service pumping Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment Unit Rating _____	_____	_____	_____
Filtration Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection Chlorinator 6 GPD _____	Stenner 85MPH40	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Lake Placid WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 41,000 GPD / 350 Gals per ERC = 117  
Number of ERC's that can be served. 30 (by FDEP Permit No. 5284113 at 10,600 GPD)
3. Present system connection capacity (in ERCs \*) using existing lines. 30 by current FDEP permit
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number  
FDEP ID No. 5284113
12. Water Management District Consumptive Use Permit Number  
SWFWMD No. 20013367 at 15,900 GPD Average 41,000 GPD Peak Month
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* An ERC is determined based on one of the following methods:
- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
  - (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Lake Placid Dinner Lake Road WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1985	_____	_____	_____
Types of Well Construction and Casing _____	Rotary - Steel	_____	_____	_____
Casing Diameter and Depth _____	4"- unk	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
Depth of Wells _____	150'	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	2	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	14,400	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Lake Placid Dinner Lake Road WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	1,200	_____	_____
Type of Source _____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .2 GPH	Pulsefeeder	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 1,400 GPD / 350 GPD = 4
- 2. Maximum number of ERC's that can be served. 4
- 3. Present system connection capacity (in ERCs \*) using existing lines. 4
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP? N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number  
Private system no permit required
- 12. Water Management District Consumptive Use Permit Number  
SWFWMD No. 20013367 at 1,200 GPD Average 1,800 GPD Peak Month
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Lakeport Road 3140 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1975	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool 2	_____	_____	_____
Casing Diameter and Depth Well Screen _____	2" -60'	_____	_____	_____
Depth of Wells _____	120'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD Auxiliary Power _____	10,800 None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank _____ Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Lakeport Road 3140 WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Lakeport Road 3140 WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Lakeport Road 3600 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1975	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool 2	_____	_____	_____
Casing Diameter and Depth Well Screen _____	2" -60'	_____	_____	_____
Depth of Wells _____	120'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD Auxiliary Power _____	10,800 None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank _____ Ground or Elevated _____	_____	_____	_____	_____
	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Lakeport Road 3600 WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____



GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
  - 2. Maximum number of ERC's that can be served. 2
- 3. Present system connection capacity (in ERCs \*) using existing lines. 2
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP?N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
- 12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT	
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SYSTEM NAME: Moore Haven Cane Farm House No. 1 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	2002	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool	_____	_____	_____
Casing Diameter and Depth _____	2	_____	_____	_____
Well Screen _____	2" - 25'	_____	_____	_____
Depth of Wells _____	50	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	10,800	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Moore Haven Cane Farm House No. 1 WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	_____	_____	_____
Type of Source _____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment Unit Rating _____	_____	_____	_____
Filtration Pressure Sq. Ft. _____	Softener	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection Chlorinator .42 Gal/Hr _____	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
  - 2. Maximum number of ERC's that can be served. 2
- 3. Present system connection capacity (in ERCs \*) using existing lines. 2
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP? N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
- 12. Water Management District Consumptive Use Permit\
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days)/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Moore Haven Cane Farm House No. 2 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	2002	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool	_____	_____	_____
Casing Diameter and Depth _____	2	_____	_____	_____
Well Screen _____	2" - 25'	_____	_____	_____
Depth of Wells _____	50	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	10,800	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Moore Haven Cane Farm House No. 2 WTP

YEAR OF REPORT  
DECEMBER 31, 2009

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	_____	_____	_____
Type of Source _____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	Softener	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Moore Haven Cane Farm House No. 2 WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
  2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* An ERC is determined based on one of the following methods:
- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
  - (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Muse 21530 County Road 721 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1955	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool 2" Steel	_____	_____	_____
Casing Diameter and Depth Well Screen _____	2" - unk	_____	_____	_____
Depth of Wells _____	unk	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD Auxiliary Power _____	10,800 None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank _____ Ground or Elevated _____	_____	_____	_____	_____
	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Muse 21530 County Road 721 WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____ Type of Source _____	Ground Well No. 1 _____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment Unit Rating _____	_____	_____	_____
Filtration Pressure Sq. Ft. _____	Aeration Tank _____	_____	_____
Gravity GPD/Sq.Ft. _____	Softener _____	_____	_____
Disinfection Chlorinator .42 Gal/Hr _____	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Muse 21530 County Road 721 WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
  2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_

- \* An ERC is determined based on one of the following methods:
- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
  - (b) If no historical flow data are available use:  
 $ERC = (Total\ SFR\ gallons\ sold\ (omit\ 000/365\ days/350\ gallons\ per\ day))$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: North Island WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	unk	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" - unk	_____	_____	_____
Well Screen _____	unk	_____	_____	_____
Depth of Wells _____	240'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	1/2 HP	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	14,400	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: North Island WTP

YEAR OF REPORT  
DECEMBER 31, 2009

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	Ground Well No. 1	_____	_____
Type of Source _____	_____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: North Island WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 1,050 / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 3 5
3. Present system connection capacity (in ERCs \*) using existing lines. 5
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System  
Glades County Health Department Limited Use Commercial Permit Number 22-57-00003
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Palmdale Mulch Facility WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1991	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth Well Screen _____	10" - 750'	_____	_____	_____
Depth of Wells _____	1,535	_____	_____	_____
Diameters of Wells _____	10"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	Goulds 2 HP	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD Auxiliary Power _____	14,400 No	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	HDPE	_____	_____	_____
Capacity of Tank _____	1,500 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	Baldor	Baldor	_____	_____
Type _____	Electric	Electric	_____	_____
Rated Horsepower _____	5 HP	5 HP	_____	_____
<b>Pumps</b>				
Manufacturer _____	Goulds	Goulds	_____	_____
Type _____	Centrifugal	Centrifugal	_____	_____
Capacity in GPM _____	40 GPM	40 GPM	_____	_____
Average Number of Hours Operated Per Day _____	1.5 Hours	1.5 Hours	_____	_____
Auxiliary Power _____	No	No	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Palmdale Mulch Facility WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	1,800	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator 24 GPD	Chemtech 150	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Palmdale Mulch Facility WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 14,400 GPD / 350 Gals per ERC = 41
2. Maximum number of ERC's that can be served. 50
3. Present system connection capacity (in ERCs \*) using existing lines. 50
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 1
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A  
System is permitted by the Glades County Health Department as Limited Use Commercial
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID  
Glades County Department of Health Limited Use Commercial 22-BID-1168648
12. Water Management District Consumptive Use Permit # SFWMD WUP 22-00274-W
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* An ERC is determined based on one of the following methods:
- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
  - (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Silver Lake Lodge WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	unk	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool	_____	_____	_____
Casing Diameter and Depth	2" Steel	_____	_____	_____
Well Screen_____	2" - unk	_____	_____	_____
Depth of Wells_____	unk	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	_____	_____	_____	_____
Capacity of Tank_____	_____	_____	_____	_____
Ground or Elevated_____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Silver Lake Lodge WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	Ground Well No. 1	_____	_____
Type of Source _____	_____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	Aeration Tank	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	Pulseatron	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Silver Lake Lodge WTP

### GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
  2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* An ERC is determined based on one of the following methods:
- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
  - (b) If no historical flow data are available use:  
 $ERC = (Total\ SFR\ gallons\ sold\ (omit\ 000/365\ days/350\ gallons\ per\ day))$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Todd 8772 Hwy 98 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1985	_____	_____	_____
Types of Well Construction and Casing _____	rotary PVC	_____	_____	_____
Casing Diameter and Depth Well Screen _____	4" - 100'	_____	_____	_____
Depth of Wells _____	180'	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	1	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD Auxiliary Power _____	14,400 None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank _____ Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Todd 8772 Hwy 98 WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	Ground Well No. 1	_____	_____
Type of Source_____	_____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	Chemtech	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Todd 8772 Hwy 98 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit Number
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_

- \* An ERC is determined based on one of the following methods:
- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
  - (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Wild Island WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1975	_____	_____	_____
Types of Well Construction and Casing_____	_____	_____	_____	_____
Casing Diameter and Depth	2" - unk	_____	_____	_____
Well Screen_____	unk	_____	_____	_____
Depth of Wells_____	unk	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2 HP	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Steel	_____	_____	_____
Capacity of Tank_____	80 Gal	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Wild Island WTP

YEAR OF REPORT DECEMBER 31, 2009
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	Ground Well No. 1	_____	_____
Type of Source _____	_____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr _____	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Wild Island WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
  2. Maximum number of ERC's that can be served. 3
3. Present system connection capacity (in ERCs \*) using existing lines. 3
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Permitted by the Highlands County Health Department Permit No. LUC020
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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SYSTEM NAME: Wild Island 4040 County Road 621 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1975	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool 2	_____	_____	_____
Casing Diameter and Depth _____	2" - 25'	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
Depth of Wells _____	50'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	1	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	14,400	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Wild Island 4040 County Road 621 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

**WASTEWATER  
OPERATING  
SECTION**

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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**WASTEWATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
351	Organization_____	\$ _____	\$ _____	\$ _____	\$ _____
352	Franchises_____	_____	_____	_____	_____
353	Land and Land Rights_____	_____	_____	_____	_____
354	Structures and Improvements_____	_____	_____	_____	_____
355	Power Generation Equipment_____	_____	_____	_____	_____
360	Collection Sewers - Force_____	_____	_____	_____	_____
361	Collection Sewers - Gravity_____	_____	_____	_____	_____
362	Special Collecting Structures_____	_____	_____	_____	_____
363	Services to Customers_____	_____	_____	_____	_____
364	Flow Measuring Devices_____	_____	_____	_____	_____
365	Flow Measuring Installations_____	_____	_____	_____	_____
370	Receiving Wells_____	_____	_____	_____	_____
371	Pumping Equipment_____	_____	_____	_____	_____
380	Treatment and Disposal Equipment_____	_____	_____	_____	_____
381	Plant Sewers_____	_____	_____	_____	_____
382	Outfall Sewer Lines_____	_____	_____	_____	_____
389	Other Plant and Miscellaneous Equipment_____	_____	_____	_____	_____
390	Office Furniture and Equipment_____	_____	_____	_____	_____
391	Transportation Equipment_____	_____	_____	_____	_____
392	Stores Equipment_____	_____	_____	_____	_____
393	Tools, Shop and Garage Equipment_____	_____	_____	_____	_____
394	Laboratory Equipment_____	_____	_____	_____	_____
395	Power Operated Equipment_____	_____	_____	_____	_____
396	Communication Equipment_____	_____	_____	_____	_____
397	Miscellaneous Equipment_____	_____	_____	_____	_____
398	Other Tangible Plant_____	_____	_____	_____	_____
	Total Wastewater Plant_____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u> *

\* This amount should tie to sheet F-5.

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WASTEWATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (i)
354	Structures and Improvements		%	%	\$	\$		\$
355	Power Generation Equipment		%	%				
360	Collection Sewers - Force		%	%				
361	Collection Sewers - Gravity		%	%				
362	Special Collecting Structures		%	%				
363	Services to Customers		%	%				
364	Flow Measuring Devices		%	%				
365	Flow Measuring Installations		%	%				
370	Receiving Wells		%	%				
371	Pumping Equipment		%	%				
380	Treatment and Disposal Equipment		%	%				
381	Plant Sewers		%	%				
382	Outfall Sewer Lines		%	%				
389	Other Plant and Miscellaneous Equipment		%	%				
390	Office Furniture and Equipment		%	%				
391	Transportation Equipment		%	%				
392	Stores Equipment		%	%				
393	Tools, Shop and Garage Equipment		%	%				
394	Laboratory Equipment		%	%				
395	Power Operated Equipment		%	%				
396	Communication Equipment		%	%				
397	Miscellaneous Equipment		%	%				
398	Other Tangible Plant		%	%				
	Totals				\$ 0	\$ 0	\$ 0	\$ 0*

\* This amount should tie to Sheet F-5.

UTILITY NAME: \_\_\_\_\_ Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2009
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**WASTEWATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
701	Salaries and Wages - Employees _____	\$ _____
703	Salaries and Wages - Officers, Directors, and Majority Stockholders _____	_____
704	Employee Pensions and Benefits _____	_____
710	Purchased Wastewater Treatment _____	_____
711	Sludge Removal Expense _____	_____
715	Purchased Power _____	_____
716	Fuel for Power Production _____	_____
718	Chemicals _____	_____
720	Materials and Supplies _____	_____
730	Contractual Services:	
	Billing _____	_____
	Professional _____	_____
	Testing _____	_____
	Other _____	_____
740	Rents _____	_____
750	Transportation Expense _____	_____
755	Insurance Expense _____	_____
765	Regulatory Commission Expenses (Amortized Rate Case Expense) _____	_____
770	Bad Debt Expense _____	_____
775	Miscellaneous Expenses _____	_____
	<b>Total Wastewater Operation And Maintenance Expense _____</b>	<b>\$ _____ 0 *</b>

\* This amount should tie to Sheet F-3.

**WASTEWATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Equivalent Customers (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
All meter sizes	D	1.0	_____	_____	_____
<b>General Service</b>					
5/8"	D	1.0	_____	_____	_____
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
2"	D,C,T	8.0	_____	_____	_____
3"	D	15.0	_____	_____	_____
3"	C	16.0	_____	_____	_____
3"	T	17.5	_____	_____	_____
Unmetered Customers	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____
<b>Total</b>			<u>    0    </u>	<u>    0    </u>	<u>    0    </u>

\*\* D = Displacement  
C = Compound  
T = Turbine



**PUMPING EQUIPMENT**

Lift Station Number _____ Make or Type and nameplate data on pump _____ <hr/> Year installed _____ Rated capacity _____ Size _____ Power: Electric _____ Mechanical _____ Nameplate data of motor _____ <hr/>	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**SERVICE CONNECTIONS**

Size (inches) _____ Type (PVC, VCP, etc.) _____ Average length _____ Number of active service connections _____ Beginning of year _____ Added during year _____ Retired during year _____ End of year _____ Give full particulars concerning inactive connections _____ <hr/>	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**COLLECTING AND FORCE MAINS**

	Collecting Mains				Force Mains			
Size (inches) _____	_____	_____	_____	_____	_____	_____	_____	_____
Type of main _____	_____	_____	_____	_____	_____	_____	_____	_____
Length of main (nearest foot) _____	_____	_____	_____	_____	_____	_____	_____	_____
Beginning of year _____	_____	_____	_____	_____	_____	_____	_____	_____
Added during year _____	_____	_____	_____	_____	_____	_____	_____	_____
Retired during year _____	_____	_____	_____	_____	_____	_____	_____	_____
End of year _____	_____	_____	_____	_____	_____	_____	_____	_____

**MANHOLES**

Size (inches) _____ Type of Manhole _____ Number of Manholes: Beginning of year _____ Added during year _____ Retired during year _____ End of Year _____ <hr/>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: N/A

YEAR OF REPORT DECEMBER 31, 2009
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**TREATMENT PLANT**

Manufacturer _____			
Type _____			
"Steel" or "Concrete" _____			
Total Permitted Capacity _____			
Average Daily Flow _____			
Method of Effluent Disposal _____			
Permitted Capacity of Disposal _____			
Total Gallons of Wastewater treated _____			

**MASTER LIFT STATION PUMPS**

Manufacturer _____						
Capacity (GPM's) _____						
Motor:						
Manufacturer _____						
Horsepower _____						
Power (Electric or Mechanical) _____						

**PUMPING WASTEWATER STATISTICS**

Months	Gallons of Treated Wastewater	Effluent Reuse Gallons to Customers	Effluent Gallons Disposed of on site
January _____			
February _____			
March _____			
April _____			
May _____			
June _____			
July _____			
August _____			
September _____			
October _____			
November _____			
December _____			
Total for year _____	0	0	0

If Wastewater Treatment is purchased, indicate the vendor: \_\_\_\_\_

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME: Systemwide

**GENERAL WASTEWATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present number of ERCs\* now being served. 0 \_\_\_\_\_
2. Maximum number of ERCs\* which can be served. 0 \_\_\_\_\_
3. Present system connection capacity (in ERCs\*) using existing lines. 0 \_\_\_\_\_
4. Future connection capacity (in ERCs\*) upon service area buildout. 0 \_\_\_\_\_
5. Estimated annual increase in ERCs\*. 0 \_\_\_\_\_
6. Describe any plans and estimated completion dates for any enlargements or improvements of this system  
Properties within the service area have applications submitted for permitting and entitlements. This process should be complete in late 2010 or early 2011. The design and construction of the wastewater facilities will coincide with development of these properties.
7. If the utility uses reuse as a means of effluent disposal, provide a list of the reuse end users and the amount of reuse provided to each, if known. N/A
8. If the utility does not engage in reuse, has a reuse feasibility study been completed? N/A \_\_\_\_\_  
If so, when? \_\_\_\_\_
9. Has the utility been required by the DEP or water management district to implement reuse? N/A \_\_\_\_\_  
If so, what are the utility's plans to comply with this requirement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. When did the company last file a capacity analysis report with the DEP? N/A \_\_\_\_\_
11. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
12. Department of Environmental Protection ID # N/A \_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/280 gallons per day).

# CERTIFICATION OF ANNUAL REPORT

I HEREBY CERTIFY, to the best of my knowledge and belief:

- |  |                                |    |  |
|--|--------------------------------|----|--|
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 1. | The utility is in substantial compliance with the Uniform System of Accounts prescribed by the Florida Public Service Commission in Rule 25-30.115 (1), Florida Administrative Code.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 2. | The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission.  |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 3. | There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial statement of the utility.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 4. | The annual report fairly represents the financial condition and results of operations of the respondent for the period presented and other information and statements presented in the report as to the business affairs of the respondent are true, correct, and complete for the period for which it represents. |

**Items Certified**

- |   |   |   |   |
|---|---|---|---|
| 1.<br><input checked="" type="checkbox"/> | 2.<br><input checked="" type="checkbox"/> | 3.<br><input checked="" type="checkbox"/> | 4.<br><input checked="" type="checkbox"/> |
|---|---|---|---|

  
 \_\_\_\_\_  
 Howell L. Ferguson, CEO

Date: 3/16/10

- |   |   |   |   |
|---|---|---|---|
| 1.<br><input checked="" type="checkbox"/> | 2.<br><input checked="" type="checkbox"/> | 3.<br><input checked="" type="checkbox"/> | 4.<br><input checked="" type="checkbox"/> |
|---|---|---|---|

  
 \_\_\_\_\_  
 Fredrick J. Bennett, CFO

Date: 3/16/2010

\* Each of the four items must be certified YES or NO. Each item need not be certified by both officers. The items being certified by the officer should be indicated in the appropriate area to the left of the signature.

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.

**Reconciliation of Revenue to  
Regulatory Assessment Fee Revenue  
Water Operations  
Class C**

**Company: Silver Lake Utilities, Inc. 636-W**

**For the Year Ended December 31, 2009**

(a)	(b)	(c)	(d)
Accounts	Gross Water Revenues Per Sch. F-3	Gross Water Revenues Per RAF Return	Difference (b) - (c)
Gross Revenue:			
Residential	14,660	14,660	\$0
Commercial	44,580	44,580	\$0
Industrial	0	0	\$0
Multiple Family	0	0	\$0
Guaranteed Revenues	0	0	\$0
Other	0	0	\$0
<b>Total Water Operating Revenue</b>	<b>\$59,240</b>	<b>\$59,240</b>	<b>\$0</b>
<b>LESS: Expense for Purchased Water from FPSC-Regulated Utility</b>	<b>0</b>	<b>0</b>	<b>\$0</b>
<b>Net Water Operating Revenues</b>	<b>\$59,240</b>	<b>\$59,240</b>	<b>\$0</b>

Explanations:  $\$59,240 \times 0.045 = \$2,665.80$  RAF

**Instructions:**

For the current year, reconcile the gross water revenues reported on Schedule F-3 with the gross water revenues reported on the company's regulatory assessment fee return. Explain any differences reported in column (d).

**Reconciliation of Revenue to  
Regulatory Assessment Fee Revenue  
Wastewater Operations  
Class C**

**Company: Silver Lake Utilities, Inc. 546-S**

**For the Year Ended December 31, 2009**

(a)	(b)	(c)	(d)
Accounts	Gross Wastewater Revenues Per Sch. F-3	Gross Wastewater Revenues Per RAF Return	Difference (b) - (c)
Gross Revenue:			
Residential	0	0	0
Commercial	0	0	0
Industrial	0	0	0
Multiple Family	0	0	0
Guaranteed Revenues	0	0	0
Other	0	0	0
<b>Total Wastewater Operating Revenue</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LESS: Expense for Purchased Wastewater from FPSC-Regulated Utility</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Wastewater Operating Revenues</b>	<b>0</b>	<b>0</b>	<b>0</b>

Explanations: no revenues so minimum \$25.00 RAF

**Instructions:**

For the current year, reconcile the gross wastewater revenues reported on Schedule F-3 with the gross wastewater revenues reported on the company's regulatory assessment fee return. Explain any differences reported in column (d).