

Chapter 25-30.440 Additional Engineering Information Required of Class A and B Water and Wastewater Utilities in an Application for Rate Increase.

1. See attached exhibit 1 *(only one copy)*
2. Chemicals Used in 1999 – Eight 150 lb. Cylinders at \$90.50 per cylinder
Sixteen 150 lb. Cylinders at 59.00 per cylinder
The dosage rate utilized is 40 lbs. Per day.
3. See attached exhibit 2
4. See attached exhibit 3
5. See attached exhibit 4
6. See attached exhibit 5
7. See attached exhibit 6

ORIGINAL

8. Kevin Egan – Holds a Florida Water Operating License, Class C.

Duties:

- a. Certified operator for Park Water Company System.
- b. Prepares and submits daily, monthly, quarterly, annual reports.
- c. Makes process control adjustments to system as necessary.
- d. Performs routine and preventative maintenance on well pumps, back-up systems, and chlorination system.
- e. Maintains distribution system.
- f. Installs, reads, and repairs water meters.
- g. Responsible for ordering plant and distribution system supplies.
- h. Handles customer complaints and questions.
- i. On call 24 hrs/day 7 days a week.
- j. Coordinator of subcontractor activity.

Salary Allocation Method - 100% to Salary Expense Account

9. Description of Vehicles

- a. 1993 Ford Ranger XLT, VIN – 1FTCR14A8PTA60273, Original Cost \$8771
the vehicle is assigned to Kevin Egan.
- b. 1991 Ford F-150, VIN – 1FTDF15YOMNB14514, Original Cost \$11,419
the vehicle is assigned to Tony Staiano.

Both vehicles are used solely for the purpose of day-to-day operations of the Park Water Company.

10. We had one complaint during the test year. The complaint # is 245383R by Milka Berk on 2/23/99. Park Water Company investigated the matter further and came to the conclusion that the residence in question had a leak on their side of the meter. The customer was notified of these findings. The customer subsequently paid the water bill in question.

DOCUMENT NUMBER-DATE

03604 MAR 22 8

FPSC-RECORDS/REPORTING

991627

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

Public Drinking Water System
Laboratory Analysis Reporting Format
for Lead and Copper Tap Samples

CERTIFIED LABORATORY NAME: Short Environmental Laboratories, Inc.
HRS CERTIFICATION NUMBER : 85344

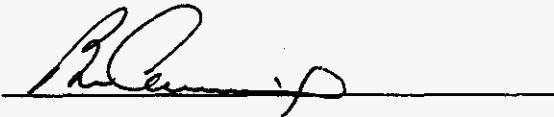
LABORATORY CONTACT: Bruce Cummings
AND PHONE NUMBER : (941) 655-4022

SUBCONTRACTORS NAME,
CERTIFICATION NUMBER,
AND PHONE NUMBER

The following sampling analytical results were submitted by the following public water system. Each sample container contained one liter of solution (+/-100ml). All samples were to the best of our knowledge taken properly by the following system and analyzed in accordance with the requirements listed on page 26560 of the June 7, 1991 Federal Register. Tap sampling dates were reported for each sample received.

PUBLIC WATER SYSTEM'S DER I.D. NUMBER: 6530408
PUBLIC WATER SYSTEM'S NAME: Park Water Company
(MUST BE INCLUDED WITH SAMPLE SUBMITTAL)

I do HEREBY CERTIFY that all data submitted are correct.

SIGNATURE 

NAME (PRINT) Bruce Cummings
LABORATORY Short Environmental Laboratories, Inc.
DATE 10/05/99

DER/ACPHU Reviewing Official:

DATA SUBMITTAL (CHECK ONE)

SATISFACTORY () UNSATISFACTORY ()
NOT PROPERLY IDENTIFIED ()

SHORT
ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY
 Short Environmental Labs HRS #85344
 Received On: 12-3-99/1308
 Received By: [Signature]
 Date/Time of Analysis: 12-3-99 @ 1500

**DRINKING WATER
 BACTERIOLOGICAL ANALYSIS**

RECEIVED
DEC 08 1999
**ENVIRONMENTAL
 ENGINEERING**

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285
 ADDRESS: 25 FIRST AVE. NORTH LAKE WALES COUNTY: POLK DISTRICT: 6
 COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE
 DATE AND TIME COLLECTED: 12-03-99 8:25 AM

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private Well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
 (Check Box) Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE			
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH
#1	Well #2	0	
#2	356 Jefferson ST.	.8	
#3	WARNER SOUTHERN S.S. BLK	.7	

TO BE COMPLETED BY LAB				
ANALYSIS METHOD:		MF	MTF	HMO-MUG
NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER
	A			115348
	A			115349
	A			115350

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNC : Too numerous to count

INVOICE ADDRESS (if different than address below): _____ INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER _____

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
25 FIRST AVE. NORTH
LAKE WALES, FL. 33853

- SATISFACTORY
- INCOMPLETE COLLECTION INFORMATION
- REPEAT SAMPLES
- REPLACEMENT SAMPLES

REVIEWING OFFICIAL: R Stadlacher

TITLE: ES

DN 655, 9/96 (Replaces HRS Form 655 which may be used) (Stock Number: 5740-000-0655-5)

11786

SHORT
ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY
 Short Environmental Labs HRS #85344
 Received On: 11-5-99/1535
 Received By: [Signature]
 Date/Time of Analysis: 11-5-99 @ 1045

**DRINKING WATER
 BACTERIOLOGICAL ANALYSIS**

RECEIVED
NOV 10 1999
**ENVIRONMENTAL
 ENGINEERING**

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285
 ADDRESS: 25 FIRST AVE. NORTH LAKE WALES COUNTY: POLK DISTRICT: 6
 COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285
 SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE
 DATE AND TIME COLLECTED: 11-5-99 8:30 A

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system
 TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE			
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH
#1	Well #2	∅	
#2	Genesis Pointe office	.8	
#3	502 JACKSON ST.	.6	

TO BE COMPLETED BY LAB				
ANALYSIS METHOD:		MF	MTF	NMO-MUG
NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER
	A			113729
	A			113730
	A			113731

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.
 P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNC - Too numerous to count

INVOICE ADDRESS (if different than address below): _____ INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER _____

DH 655, 9/76
 (Replaces files Form 655 which may be used)
 (Stock Number: 5740-000-0635-5)

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
25 FIRST AVE. NORTH
LAKE WALES, FL 33857

11398

() SATISFACTORY
 () INCOMPLETE COLLECTION INFORMATION
 () REPEAT SAMPLES
 () REPLACEMENT SAMPLES

REVIEWING OFFICIAL: R Hadellacher
ES

TITLE: _____

SHORT
 ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY

Short Environmental Labs HRS #85344
 Received On: 10-18-99 @ 12:25
 Received By: B. Lemmings
 Date/Time of Analysis: 10-18-99 @ 16:45

**DRINKING WATER
 BACTERIOLOGICAL ANALYSIS**

RECEIVED
OCT 27 1999
**ENVIRONMENTAL
 ENGINEERING**

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285

ADDRESS: 25 FIRST AVE. NORTH LAKE WALES COUNTY: POLK DISTRICT: 6

COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE

DATE AND TIME COLLECTED: 10-18-99 7:50 a

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other
 (Check Box)
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE			
COLL. NO.	SAMPLE POINT (Specific Address)	CI RES'D	pH
#1	Well #1	0	
#2	Lake side Gardens Lot # 23	.7	
#3	225 LAKE BLVD.	.8	

TO BE COMPLETED BY LAB					
ANALYSIS METHOD:		MF	MTF	MMO-MUG	PA
NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
	A			112542	
	A			112543	
	A			112544	

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent INTC - Too numerous to count

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

DH 655, 9/76 (Replaces HRS Form 655 which may be used) (Stock Number: 3740-00-0655-3)

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
 25 FIRST AVE. NORTH
 LAKE WALES, FL 33853

- SATISFACTORY
- INCOMPLETE COLLECTION INFORMATION
- REPEAT SAMPLES
- REPLACEMENT SAMPLES

REVIEWING OFFICIAL: R Stadelbacher

TITLE: ES

11085

SHORT
 ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY

Short Environmental Labs HRS #85344
 Received On: 9-3-99/1330
 Received By: R. Ward
 Date/Time of Analysis: 9-3-99 @ 1820

DRINKING WATER
 BACTERIOLOGICAL ANALYSIS

RECEIVED
 SEP 08 1999
 ENVIRONMENTAL
 ENGINEERING

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285

ADDRESS: 25 FIRST AVE. NORTH LAKE WALES COUNTY: FOLK DISTRICT: 6

COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE

DATE AND TIME COLLECTED: 9-03-99 8:15 a

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
 (Check Box)
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT (Specific Address)	CI RES'D	pH	ANALYSIS METHOD:			MMO-MUG	SAMPLE NUMBER
				NON COLIFORM	*TOTAL	CONFIRM TOTAL		
#1	Well	0			A			109958
#2	CHURCH of GOD	.9			A			109959
#3	227 Caloosa Cir. NORTH	.7			A			109960

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
 25 FIRST AVE. NORTH
 LAKE WALES, FL 33853

- () SATISFACTORY
 INCOMPLETE COLLECTION INFORMATION
 () REPEAT SAMPLES
 () REPLACEMENT SAMPLES

REVIEWING OFFICIAL: R. Hadellacher

TITLE: ES

10530

SHORT
ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY
 Short Environmental Labs HRS #85344
 Received On: 8-6-99/1575
 Received By: R. Hest
 Date/Time of Analysis: 8-6-99 @ 1530

**DRINKING WATER
 BACTERIOLOGICAL ANALYSIS**

RECEIVED
AUG 11 1999
**ENVIRONMENTAL
 ENGINEERING**

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285
 ADDRESS: 25 FIRST AVE, NORTH LAKE WALES COUNTY: POLK DISTRICT: 6
 COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285
 SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE
 DATE AND TIME COLLECTED: 8-06-99 7:45 AM

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance (Check Box) Repeat Replacement Main clearance Well survey Other _____
 Distribution Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE			
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH
#1	American Bank	.8	
#2	CHURCH of GOD	.7	
#3	well	φ	

TO BE COMPLETED BY LAB					
ANALYSIS METHOD:		MF	MTF	MMO-MUG	PA
NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
	A			108383	
	A			108384	
	A			108385	

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below): _____ INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
 25 FIRST AVE, NORTH
 LAKE WALES, FL 33853

- () SATISFACTORY
- () INCOMPLETE COLLECTION INFORMATION
- () REPEAT SAMPLES
- () REPLACEMENT SAMPLES

REVIEWING OFFICIAL: R. Hadelbacher
ES
 TITLE: _____

10658

SHORT
ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY
 Short Environmental Labs HRS #85344
 Received On: 7-2-99/1430
 Received By: R. Wood
 Date/Time of Analysis: 7-2-99 @ 1515

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

RECEIVED
JUL 07 1999

ENVIRONMENTAL
ENGINEERING

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285

ADDRESS: 25 1st AVE N. LAKE WALES COUNTY: POLK DISTRICT: 6

COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE

DATE AND TIME COLLECTED: 7-02-99 8:45 a

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance (Check Box) Repeat Replacement Main clearance Well survey Other _____
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE			
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH
#1	Well	φ	
#2	4909 Fleetwood *customer request	.9	
#3	528 SUNSHINE DR.	.7	

TO BE COMPLETED BY LAB					
ANALYSIS METHOD:		MF	MTF	MMO-MUG	(PR)
NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
	A			106300	
	A			106301	
	A			106302	

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below): _____ INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER _____

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
 25 FIRST AVE, NORTH
 LAKE WALES, FL 33853

9717
 SATISFACTORY
 INCOMPLETE COLLECTION INFORMATION
 REPEAT SAMPLES
 REPLACEMENT SAMPLES
 REVIEWING OFFICIAL: R. Haddad
 TITLE: ES

DH 635, 9/96
 (Replaces HRS Form 635 which may be used)
 (Stock Number: 5740-000-0635-5)

SHORT
 ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY

Short Environmental Labs HRS #85344
 Received On: 6-4-99/1300
 Received By: R. Ward
 Date/Time of Analysis: 6-4-99 @ 1400

DRINKING WATER
 BACTERIOLOGICAL ANALYSIS

RECEIVED
 JUN 09 1999
 ENVIRONMENTAL
 ENGINEERING
 327

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285

ADDRESS: 25 FIRST AVE. NORTH LAKE WALES COUNTY: POLK DISTRICT: 6

COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE

DATE AND TIME COLLECTED: 6-04-99 8:30 AM

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
 (Check Box)
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE			
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH
#1	Well	φ	
#2	356 JEFFERSON ST.	.6	
#3	502 JACKSON ST.	.7	

TO BE COMPLETED BY LAB					
ANALYSIS METHOD:		MF	MTF	MMO-MUG	PA
NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
	A			104621 104622	
	A			104622 104623	
	A			104623 104624	

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

9303

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
 25 FIRST AVE. NORTH
 LAKE WALES, FL. 33853

- SATISFACTORY
- INCOMPLETE COLLECTION INFORMATION
- REPEAT SAMPLES
- REPLACEMENT SAMPLES

REVIEWING OFFICIAL: R Stadelbacher

TITLE: ES

SHORT
ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY
 Short Environmental Labs HRS #85344
 Received On: 5-7-99/1405
 Received By: R. Wacht
 Date/Time of Analysis: 5-7-99/1630

RECEIVED
MAY 12 1999
ENVIRONMENTAL ENGINEERING

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285

ADDRESS: 25 FIRST AVE. NORTH LAKE WALKS COUNTY: POLK DISTRICT: 6

COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE

DATE AND TIME COLLECTED: 5-07-99 8:30am

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
 (Check Box)
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE			
COLL. NO.	SAMPLE POINT (Specific Address)	CI RES'D	pH
#1	Well #2	0	
#2	LAKESIDE GARDENS	.8	
#3	CHURCH of GOD	.5	

TO BE COMPLETED BY LAB					
ANALYSIS METHOD:		MF	MTF	MMO-MUG	PA
NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
	A			103064	
	A			103065	
	A			103066	

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below): _____ INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER _____

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
 25 FIRST AVE. NORTH
 LAKE WALKS, FL. 33853

8986
 SATISFACTORY
 INCOMPLETE COLLECTION INFORMATION
 REPEAT SAMPLES
 REPLACEMENT SAMPLES
 REVIEWING OFFICIAL: R Stadelbacher
 TITLE: ES

DH 655, 9/96
 (Replaces HRS Form 655 which may be used)
 (Stock Number: 5740-000-0655-9)

SHORT
 ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33872

FOR LAB USE ONLY

Short Environmental Labs HRS #85344

Received On: 4-2-99/1410

Received By: E. Wood

Date/Time of Analysis: 4-2-99 @ 1530

**DRINKING WATER
 BACTERIOLOGICAL ANALYSIS**

RECEIVED
APR 07 1999
**ENVIRONMENTAL
 ENGINEERING**

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285

ADDRESS: 25 FIRST AVE. NORTH LAKE WALES COUNTY: POLK DISTRICT: 6

COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE

DATE AND TIME COLLECTED: 4-2-99 9:00 am

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
 (Check Box)
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH	ANALYSIS METHOD:		CONFIRM TOTAL	CONFIRM FECAL E. COLI	MMO-MUG SAMPLE NUMBER
				NON COLIFORM	*TOTAL			
#1	Well #1	φ		A				101460
#2	LAKE SIDE GARDENS	.6		A				101461
#3	CHURCH of GOD	.7		A				101462

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below): _____ INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER _____

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
25 FIRST AVE. NORTH
LAKE WALES, FL. 33853

- SATISFACTORY
- INCOMPLETE COLLECTION INFORMATION
- REPEAT SAMPLES
- REPLACEMENT SAMPLES

REVIEWING OFFICIAL: R. Stadellacher

TITLE: ES

8607

DH 655, 9/76 (Replaces HRS Form 655 which may be used) (Stock Number: 5740-000-0655-5)

SHORT
ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

RECEIVED

MAR 17 1999

**ENVIRONMENTAL
 ENGINEERING**

FOR LAB USE ONLY

Short Environmental Labs HRS #85344

Received On: 3-12-99 #140

Received By: R. Ward

Date/Time of Analysis: 3-12-99 @ 1250

**DRINKING WATER
 BACTERIOLOGICAL ANALYSIS**

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285

ADDRESS: 25 FIRST AVE. NORTH LAKE WALKS COUNTY: POLK DISTRICT: 6

COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE

DATE AND TIME COLLECTED: 3-12-99 8:10 a

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other
 (Check Box)
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB					
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH	ANALYSIS METHOD:					
				NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	MMO-MUG	PA
#1	Well #2	0			A				100568
#2	CHURCH of GOD	1.0			A				100569
#3	LAKE SIDE GARDENS	.7			A				100570

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below): INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.,
25 FIRST AVE. NORTH
LAKE WALKS, FL. 33853

- SATISFACTORY
- INCOMPLETE COLLECTION INFORMATION
- REPEAT SAMPLES
- REPLACEMENT SAMPLES

REVIEWING OFFICIAL: R Stadelbacher

TITLE: ES

8361

SHORT
 ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY

Short Environmental Labs HRS #85344

Received On: 2-5-99 @ 5:40

Received By: A. Mitchell

Date/Time of Analysis: 2-5-99 @ 1750

DRINKING WATER
 BACTERIOLOGICAL ANALYSIS

RECEIVED
 FEB 11 1999
 ENVIRONMENTAL
 ENGINEERING

SYSTEM NAME: PARK WATER CO. SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285

ADDRESS: 25 FIRST AVE. NORTH LAKE WALES COUNTY: POLK DISTRICT: 6

COLLECTOR: K. EGAN COLLECTOR PHONE #: 638-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE

DATE AND TIME COLLECTED: 2-5-99 8:15AM.

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
 (Check Box)
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB					
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH	ANALYSIS METHOD:					
				NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	MMO-MUG	PA
#1	Well #1	∅			A				99010
#2	LAKESIDE GARDENS	.8			A				99011
#3	CHURCH of GOD	.7			A				99012

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below): _____ INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

[Handwritten signature]

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
 25 FIRST AVE. NORTH
 LAKE WALES, FL. 33853

- SATISFACTORY
- INCOMPLETE COLLECTION INFORMATION
- REPEAT SAMPLES
- REPLACEMENT SAMPLES

REVIEWING OFFICIAL: R Stadelbacher

TITLE: ES

SHORT
ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. 27 S., SEBRING, FL 33870

FOR LAB USE ONLY
 Short Environmental Labs HRS #85344
 Received On: 1-8-99 @ 1400
 Received By: [Signature]
 Date/Time of Analysis: 1-8-99 @ 1645

**DRINKING WATER
 BACTERIOLOGICAL ANALYSIS**

RECEIVED

JAN 13 1999

**ENVIRONMENTAL
 ENGINEERING**

SYSTEM NAME: PARK WATER CO. 327 SYSTEM I.D. NO: 6530408 SYSTEM PHONE #: 638-1285

ADDRESS: 25 FIRST AVE. N. LAKE WALKS COUNTY: POLK DISTRICT: 6

COLLECTOR: K. EGAN COLLECTOR PHONE #: 633-1285

SAMPLE SITE (Locality or Subdivision): SAME AS ABOVE

DATE AND TIME COLLECTED: 1-8-99 9:15 A

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other
 (Check Box)
 Distribution
 Raw

TO BE COMPLETED BY COLLECTOR OF SAMPLE			
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH
#1	Well #2	0	
#2	LAKESIDE GARDEN	.7	
#3	CHURCH of GOD	.3	

TO BE COMPLETED BY LAB					
ANALYSIS METHOD:		MF	MTF	MMO-MUG	PA
NOM COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
	A			97318	
	A			97319	
	A			97320	

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

PARK WATER CO.
25 FIRST AVE. NORTH
LAKE WALKS, FL 33853

7497
 SATISFACTORY
 INCOMPLETE COLLECTION INFORMATION
 REPEAT SAMPLES
 REPLACEMENT SAMPLES
 REVIEWING OFFICIAL: R Stadelbacher
ES
 TITLE: _____

DR 635, 9/96
 Replaces HRS Form 635 which may be used
 (Stock Number: 5740-000-0655-5)

PUBLIC WATER SYSTEM INFORMATION

System Name: PARK WATER COMPANY
Address: 25 First Avenue North, Lake Wales, FL 33853

I.D. #: 6530408
Phone #: 638-1285

Type (check one): Community Nontransient Noncommunity Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 01/08/99 Sample Time: 0915
Sample Location (be specific): Entry to distribution

Sampler Name and Phone: Kevin Egan, (941) 638-1285

Sampler's Signature:  Title: Operator

Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance 3m Max Res Time Plant Tap
 Distrib entry pt Raw Composite of Multiple Sites—Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) — ATTACH HRS ANALYTE SHEET

Lab Name: Short Environmental Laboratories HRS #: 85344 Expiration Date: 06/30/99

Address: 10405 US 27 South, Sebring, FL 33870 Phone: (941) 655-4022

Subcontracted Lab HRS # _____ Groups analyzed: _____

ANALYSIS INFORMATION Laboratory Sample ID # 97305

Date Sample(s) Received: 01/08/99 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

- Nitrate Only Nitrite Only Asbestos Only Trihalomethanes
- Inorganics— Volatile Organics— Secondaries— Pesticides/PCBs—
- All 17 Partial All 21 Partial All 14 Partial All 30 Partial
- Group I Unregulated— Group II Unregulated— Group III Unregulated— Radiochemicals—
- All 12 Partial All 23 Partial All 11 Partial Single Sample Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Bruce Cummings, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director Date: 03/21/99

COMPLIANCE INFORMATION (to be completed by state)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____
Resample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
DER/ACPHU Reviewing Official: _____

INORGANIC ANALYSIS

62-550.310(1)

(PWS030)

Parameter ID	NAME	(MCL ug/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1038	Total Nitrate + Nitrite	(10)	97305	BDL	EPA 353.2	01-11-99	0.02	85344
1040	Nitrate	(10)	97305	BDL	Calc	03-21-99	0.02	85344
1041	Nitrite	(1)	97305	BDL	EPA 353.2	01-08-98	0.01	85344

Comments: BDL = Below Detectable Limit

PUBLIC WATER SYSTEM INFORMATION

System Name: PARK WATER COMPANY
Address: 25 First Avenue North, Lake Wales, FL 33853

I.D. #: 6530408
Phone #: 638-1285

Type (check one): (x) Community () Nontransient Noncommunity () Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 02/05/99 Sample Time: 1210
Sample Location (be specific): Entry to distribution

Sampler Name and Phone: Rick Greene (941) 655-4022

Sampler's Signature: [Signature] Title: Field Manager

Check Type(s): () Distribution () Recheck of MCL () Resample of Lab Invalidated Sample
() Clearance () Thm Max Res Time () Plant Tap
(x) Distrib entry pt () Raw () Composite of Multiple Sites--Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) -- ATTACH HRS ANALYTE SHEET

Lab Name: Short Environmental Laboratories HRS #: 85344 Expiration Date: 06/30/99

Address: 10405 US 27 South, Sebring, FL 33870 Phone: (941) 655-4022

Subcontracted Lab HRS # 84183 Groups analyzed: VOC's

ANALYSIS INFORMATION Laboratory Sample ID # 98993

Date Sample(s) Received: 02/05/99 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

- () Nitrate Only () Nitrite Only () Asbestos Only () Trihalomethanes
- Inorganics-- Volatile Organics-- Secondaries-- Pesticides/PCBs--
- () All 17 () Partial (x) All 21 () Partial () all 14 () Partial () All 30 () Partial
- Group I Unregulateds-- Group II Unregulateds-- Group III Unregulateds-- Radiochemicals--
- () All 12 () Partial () All 23 () Partial () All 11 () Partial () Single Sample
- () Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Bruce Cummings, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: [Signature]

Title: Laboratory Director Date: 03/29/99

COMPLIANCE INFORMATION (to be completed by state)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____
Resample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
DER/ACPHU Reviewing Official: _____

VOLATILE ORGANIC ANALYSIS

62-550.310(2)(b)

(PWS028)

Parameter ID	NAME	(MCL ug/L)	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	98993	BDL	EPA 502.2	02-10-99	0.02	84183
2380	cis-1,2-Dichloroethylene	(70)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2955	Xylenes (total)	(10,000)	98993	BDL	EPA 502.2	02-10-99	0.02	84183
2964	Dichloromethane	(5)	98993	BDL	EPA 502.2	02-10-99	0.02	84183
2968	o-Dichlorobenzene	(600)	98993	BDL	EPA 502.2	02-10-99	0.05	84183
2969	para-Dichlorobenzene	(75)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2976	Vinyl Chloride	(1)	98993	BDL	EPA 502.2	02-10-99	0.04	84183
2977	1,1-Dichloroethylene	(7)	98993	BDL	EPA 502.2	02-10-99	0.07	84183
2979	trans-1,2-Dichloroethylene	(100)	98993	BDL	EPA 502.2	02-10-99	0.06	84183
2980	1,2-Dichloroethane	(3)	98993	BDL	EPA 502.2	02-10-99	0.03	84183
2981	1,1,1-Trichloroethane	(200)	98993	BDL	EPA 502.2	02-10-99	0.03	84183
2982	Carbon Tetrachloride	(3)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2983	1,2-Dichloropropane	(5)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2984	Trichloroethylene	(3)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2985	1,1,2-Trichloroethane	(5)	98993	BDL	EPA 502.2	02-10-99	0.03	84183
2987	Tetrachloroethylene	(3)	98993	BDL	EPA 502.2	02-10-99	0.04	84183
2989	Monochlorobenzene	(100)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2990	Benzene	(1)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2991	Toluene	(1,000)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2992	Ethylbenzene	(700)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2996	Stryene	(100)	98993	BDL	EPA 502.2	02-10-99	0.01	84183

Comments: BDL = Below Detectable Limit

UNREGULATED GROUP II ANALYSIS

62-550.410

(PWS034)

Parameter ID	NAME	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2210	Chloromethane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2212	Dichlorodifluoromethane	63404	BDL	EPA 502.2	03-25-97	0.05	84183
2214	Bromomethane	63404	BDL	EPA 502.2	03-25-97	1.1	84183
2216	Chloroethane	63404	BDL	EPA 502.2	03-25-97	0.1	84183
2218	Trichlorofluoromethane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2251	Methyl-Tert-Butyl-Ether	63404	BDL	EPA 502.2	03-25-97	0.1	84183
2408	Dibromomethane	63404	BDL	EPA 502.2	03-25-97	2.2	84183
2410	1,1-Dichloropropylene	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2412	1,3-Dichloropropane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2413	1,3-Dichloropropene	63404	BDL	EPA 502.2	03-25-97	0.06	84183
2414	1,2,3-Trichloropropane	63404	BDL	EPA 502.2	03-25-97	0.4	84183
2416	2,2-Dichloropropane	63404	BDL	EPA 502.2	03-25-97	0.05	84183
2941	Chloroform	63404	4.37	EPA 502.2	03-25-97	0.1	84183
2942	Bromoform	63404	BDL	EPA 502.2	03-25-97	0.5	84183
2943	Bromodichloromethane	63404	1.61	EPA 502.2	03-25-97	0.2	84183
2944	Dibromochloromethane	63404	1.19	EPA 502.2	03-25-97	0.2	84183
2965	o-Chlorotoluene	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2966	p-Chlorotoluene	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2967	m-Dichlorobenzene	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2978	1,1-Dichloroethane	63404	BDL	EPA 502.2	03-25-97	0.07	84183
2986	1,1,1,2-Tetrachloroethane	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2988	1,1,2,2-Tetrachloroethane	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2993	Bromobenzene	63404	BDL	EPA 502.2	03-25-97	0.03	84183

Comments: BDL = Below Detectable Limit

VOLATILE ORGANIC ANALYSIS
62-550.310(2)(b)
(PWS028)

Parameter ID	NAME	(MCL ug/L)	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2380	cis-1,2-Dichloroethylene	(70)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2955	Xylenes (total)	(10,000)	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2964	Dichloromethane	(5)	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2968	o-Dichlorobenzene	(600)	63404	BDL	EPA 502.2	03-25-97	0.05	84183
2969	para-Dichlorobenzene	(75)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2976	Vinyl Chloride	(1)	63404	BDL	EPA 502.2	03-25-97	0.04	84183
2977	1,1-Dichloroethylene	(7)	63404	BDL	EPA 502.2	03-25-97	0.07	84183
2979	trans-1,2-Dichloroethylene	(100)	63404	BDL	EPA 502.2	03-25-97	0.06	84183
2980	1,2-Dichloroethane	(3)	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2981	1,1,1-Trichloroethane	(200)	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2982	Carbon Tetrachloride	(3)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2983	1,2-Dichloropropane	(5)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2984	Trichloroethylene	(3)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2985	1,1,2-Trichloroethane	(5)	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2987	Tetrachloroethylene	(3)	63404	BDL	EPA 502.2	03-25-97	0.04	84183
2989	Monochlorobenzene	(100)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2990	Benzene	(1)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2991	Toluene	(1,000)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2992	Ethylbenzene	(700)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2996	Stryene	(100)	63404	BDL	EPA 502.2	03-25-97	0.01	84183

Comments: BDL = Below Detectable Limit

RADIOCHEMICAL ANALYSIS

62-550.310(5)

(PWS027)

Parameter ID	NAME	(MCL mg/L)	Sample Number	Analysis Result (pCi/L)	Analysis Method	Analysis Date	ERROR	Lab ID
4000	Gross Alpha		63404	6.1	SM 7110 B	03-26-97	1.8	84147
4020	Radium 226		63404	1.5	SM 7500-Ra C	04-04-97	0.1	84147

Comments: BDL = Below Detectable Limit

SECONDARY CHEMICAL ANALYSIS

62-550.320

(PWS031)

Parameter ID	NAME	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1002	Aluminum	(0.2)	63404	BDL	EPA 202.1	03-13-97	0.05	85344
1017	Chloride	(250)	63404	14.	EPA 325.3	03-20-97	0.5	85344
1022	Copper	(1)	63404	BDL	EPA 220.1	03-13-97	0.01	85344
1025	Fluoride	(2.0)	63404	0.24	EPA 340.2	03-24-97	0.02	85344
1028	Iron	(0.3)	63404	0.02	EPA 236.1	03-13-97	0.01	85344
1032	Manganese	(0.05)	63404	BDL	EPA 243.1	03-13-97	0.01	85344
1050	Silver	(0.1)	63404	BDL	EPA 272.2	03-19-97	0.001	85344
1055	Sulfate	(250)	63404	35.	EPA 375.4	03-21-97	1.	85344
1095	Zinc	(5)	63404	BDL	EPA 289.1	03-13-97	0.002	85344
1905	Color	(15 CU)	63404	0.	EPA 110.2	03-13-97	0	85344
1920	Odor	(3 TON)	63404	0.	EPA 140.1	03-13-97	0	85344
1926	pH	(6.5-8.5)	63404	7.46	EPA 150.1	03-13-97		85344
1930	Total Dissolved Solids	(500)	63404	160.	EPA 160.1	03-16-97	1.	85344
2905	Foaming Agents	(0.5)	63404	0.02	EPA 425.1	03-14-97	0.02	85344

Comments: BDL = Below Detectable Limit

INORGANIC ANALYSIS
 62-550.310(1)
 (PWS030)

Parameter ID	NAME	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1005	Arsenic	(0.05)	63404	BDL	EPA 206.3	03-13-97	0.005	85344
1010	Barium	(2)	63404	0.03	EPA 208.1	03-13-97	0.02	85344
1015	Cadmium	(0.005)	63404	BDL	EPA 213.2	03-13-97	0.002	85344
1020	Chromium	(0.1)	63404	BDL	EPA 218.2	03-13-97	0.02	85344
1024	Cyanide	(0.2)	63404	BDL	EPA 335.2	03-20-97	0.005	85344
1025	Fluoride	(4)	63404	0.24	EPA 340.2	03-24-97	0.02	85344
1030	Lead	(0.015)	63404	BDL	EPA 239.2	03-18-97	0.001	85344
1035	Mercury	(0.002)	63404	BDL	EPA 245.2	03-13-97	0.001	85344
1036	Nickel	(0.1)	63404	0.02	EPA 249.2	03-13-97	0.01	85344
1038	Total Nitrate + Nitrite	(10)	63404	BDL	EPA 353.2	03-26-97	0.02	85344
1040	Nitrate	(10)	63404	BDL	Calc.	03-26-97	0.02	85344
1041	Nitrite	(1)	63404	BDL	EPA 354.1	03-14-97	0.01	85344
1045	Selenium	(0.05)	63404	BDL	EPA 270.2	03-14-97	0.005	85344
1052	Sodium	(160)	63404	18.	EPA 273.1	03-18-97	0.5	85344
1074	Antimony	(0.006)	63404	BDL	EPA 204.2	03-20-97	0.003	85344
1075	Beryllium	(0.004)	63404	BDL	EPA 210.2	03-21-97	0.001	85344
1085	Thallium	(0.002)	63404	BDL	EPA 279.2	03-24-97	0.002	85344

Comments: BDL = Below Detectable Limit

PUBLIC WATER SYSTEM INFORMATION

System Name: PARK WATER COMPANY
Address: 25 First Avenue North, Lake Wales, FL 33853

I.D. #: 6530408
Phone #: 638-1285

Type (check one): Community Nontransient Noncommunity Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 03/12/97 Sample Time: 1000
Sample Location (be specific): Entry to distribution

Sampler Name and Phone: Rick Osene (941) 685-4022

Sampler's Signature: _____ Title: Field Manager

Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance 3m Max Res Time Plant Tap
 Distrib entry pt Raw Composite of Multiple Sites—Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) — ATTACH HRS ANALYTE SHEET

Lab Name: Short Environmental Laboratories HRS #: 85344 Expiration Date: 06/30/97

Address: 10405 US 27 South, Sebring, FL 33870 Phone: (941) 655-4022

Subcontracted Lab HRS # 94183\84147 Groups analyzed: VOC's, Group II\Gross Alpha, Ra 226

ANALYSIS INFORMATION

Laboratory Sample ID # 63404

Date Sample(s) Received: 03/12/97 Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

Nitrate Only Nitrite Only Asbestos Only Trihalomethanes
Inorganics— Volatile Organics— Secondaries— Pesticides/PCBs—
 All 17 Partial All 21 Partial All 14 Partial All 30 Partial
Group I Unregulateds— Group II Unregulateds— Group III Unregulateds— Radiochemicals—
 All 12 Partial All 23 Partial All 11 Partial Single Sample
 Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Bruce Cummings, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director Date: 05/22/97

COMPLIANCE INFORMATION (to be completed by state)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____
Resample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
DER/ACPHU Reviewing Official: _____



SON GLOW LAB & ASSC. INC.

Environmental Testing

P.O. Box 798
Babson Park, FL 33827
941-638-3255

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Crooked Lake Park Water Co. I.D.# 6530408
Address: 25 FIRST AV. NO LAKE WALES, FL Phone # 941 638-1285
Type (check one): Community Nontransiant Noncommunity Noncommunity

SAMPLE INFORMATION (to be completed by lab)

Sample Date (MMDDYY): 4/18/96 Sample Time: 2:40pm
Sample Location (be specific): DISTRIB ENTRY PT. @ E^o END.
Sampler Name and Phone: K. EAGN (SAME) Title: OPERATOR
Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance Thm Max Res Time Plant Tap Raw
 Distrib entry pt Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) ATTACH HRS ANALYTE SHEET

Lab Name: SON GLOW LAB & ASSOC., INC., HRS#E84487/ 84487 Expiration Date: 6/96
Subcontracted Lab Name & HRS#: Broward Testing Laboratory Inc. HRS# 86418
ATTACH HRS ANALYTE SHEET FOR SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) SAMPLE NUMBER: 1348-96

Date Sample(s)Received: 4/18/96 Group(s)Analyzed & Results attached for compliance with 62-550 FAC:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Nitrate Only | <input type="checkbox"/> Nitrites Only | <input type="checkbox"/> Asbestos Only | <input type="checkbox"/> Trihalomethanes |
| Inorganics-
<input type="checkbox"/> All 17 <input type="checkbox"/> Partial | Volatile Organics-
<input type="checkbox"/> All 21 <input type="checkbox"/> Partial | Secondaries-
<input type="checkbox"/> All 12 <input type="checkbox"/> Partial | Pesticide/PCBs
<input checked="" type="checkbox"/> All 30 <input type="checkbox"/> Partial |
| Group I Unregulateds-
<input type="checkbox"/> All 13 <input type="checkbox"/> Partial | Group II Unregulated-
<input type="checkbox"/> All 23 <input type="checkbox"/> Partial | Group III Unregulateds-
<input type="checkbox"/> All 37 <input type="checkbox"/> Partial | Radiochemicals-
<input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite* |

*Provide radiochemical sample dates & locations for each quarter

I, Linda Fisher, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: [Signature]
Title: LAB DIRECTOR Date: 5/29/96

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory _____
Resample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
DEP/HRS Reviewing Official: _____ Effective September 1994



SON GLOW LAB & ASSC. INC.

Environmental Testing

P.O. Box 798

Babson Park, FL 33827

941-638-3255

PESTICIDE/PCB CHEMICAL ANALYSIS

62-550.310(2)©

(PWS029)

PARAMETER ID NAME	MCL ug/l	SAMPLE NUMBER	ANALYSIS RESULT(ug/l)	METHOD	MDL	DATE
2005 ENDRIN	(2)	1348-96	ND	EPA 525.2	0.14	4/26/96
2010 LINDANE	(2)	1348-96	ND	EPA 525.2	0.09	4/26/96
2015 METHOXYCHLOR	(40)	1348-96	ND	EPA 525.2	0.07	4/26/96
2020 TOXAPHENE	(3)	1348-96	ND	EPA 505	2.18	5/03/96
2031 DALAPON	(200)	1348-96	ND	EPA 515.2	0.411	4/22/96
2032 DIQUAT	(20)	1348-96	ND	EPA 549.1	0.34	4/23/96
2033 ENDOTHALL	(1.00)	1348-96	ND	EPA 548	8.95	4/23/96
2034 GLYPHOSATE	(700)	1348-96	ND	EPA 547	1.41	4/30/96
2035 DI(2-ETHYLEHEXYL)ADIPATE	(400)	1348-96	ND	EPA 525.2	0.06	4/26/96
2036 OXAMYL (VYDATE)	(200)	1348-96	ND	EPA 531.1	0.46	4/24/96
2037 SIMAZINE	(4)	1348-96	ND	EPA 525.2	0.11	4/26/96
2039 DI(2-ETHYLHEXYL)PHTHALATE	(6)	1348-96	ND	EPA 525.2	0.08	4/26/96
2040 PICLORAM	(500)	1348-96	ND	EPA 515.2	0.371	4/22/96
2041 DINOSEB	(7)	1348-96	ND	EPA 515.2	0.185	4/22/96
2042 HEXACHLOROCYCLOPENTADIENE	(50)	1348-96	ND	EPA 525.2	0.02	4/26/96
2046 CARBOFURAN	(40)	1348-96	ND	EPA 531.1	0.211	4/24/96
2050 ATRAZINE	(3)	1348-96	ND	EPA 525.2	0.05	4/24/96
2051 ALACHLOR	(2)	1348-96	ND	EPA 525.2	0.07	4/26/96
2063 2,3,7,8-TCDD(DIOXIN)	(.00003)					
2065 HEPTACHLOR	(.4)	1348-96	ND	EPA 525.2	0.03	4/26/96
2067 HEPTACHLOR EPOXIDE	(.2)	1348-96	ND	EPA 525.2	0.13	4/26/96
2105 2,4-D	(70)	1348-96	ND	EPA 515.2	0.055	4/22/96
2110 2,4,5-TP(SILVEX)	(50)	1348-96	ND	EPA 515.2	0.054	4/22/96
2274 HEXACHLORO BENZENE	(1)	1348-96	ND	EPA 525.2	0.07	4/26/96
2306 BENZO(A)PYRENE	(.2)	1348-96	ND	EPA 525.2	0.02	4/26/96
2326 PENTACHLOROPHENOL	(1)	1348-96	ND	EPA 515.2	0.078	4/22/96
2383 PCB	(.5)	1348-96	ND	EPA 505	0.1	5/03/96
2931 DIBROMOCHLOROPROPANE	(.2)	1348-96	ND	EPA 504	0.02	4/26/96
2946 ETHYLENE DIBROMIDE	(.02)	1348-96	ND	EPA 504	0.009	4/26/96
2959 CHLORDANE	(2)	1348-96	ND	EPA 505	0.104	5/03/96

Analysis done by Lab # 86418

Linda G. Fisher / Laboratory Director

5/24/96
Date

Sample Site: Crooked Lake Park Water Co.

Public Water System Reporting Format
for the Analysis of Lead or Copper Tap Samples

PARAMETER-ID is: 1022 - Copper 1030 (Lead) or 1022 (Copper)
(Must pick one only)
ANALYTICAL METHOD is: SM3111B
DETECTION LIMIT is: 0.05 mg/L PWS ID: 6530408
ANALYSIS DATE is: 08/19/99 PWS NAME: Park Water Company

This summary of analytical results should be submitted to the Public Water System in this format. This format is only for reporting analytical results for "first draw" lead or copper tap samples. Laboratories wishing to submit data on individual pages may do so using the standard inorganic reporting format. This data must be attached to the Format 62-551.950(10) cover page. Laboratories should report analytical results on separate sheets for each analyte if analytical methods, detection limits, or analysis dates changes.

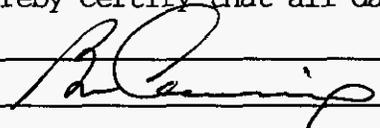
<u>LAB SAMPLE ID.</u>	<u>RESULTS (mg/L)</u>	<u>TAP SAMPLE LOCATION (OPTIONAL)</u>
1. 108386	0.45	103 N. Lakeshore Drive
2. 108387	0.50	4622 Lincoln
3. 108388	0.32	5035 Avon
4. 108389	BDL	5035 Wales
5. 108390	0.07	311 Sunshine
6. 108391	0.06	4916 Washington
7. 108392	BDL	329 Jefferson
8. 108393	0.14	4852 MacDonald
9. 108394	0.23	4742 Avon
10. 108395	0.24	4940 Wales

**Lead and Copper Tap Sample Analysis
and Result Ranking Report Format**

System Name: Park Water Company Date Submitted to Lab: 08/06/99
 PWS-ID: 6530408 Analysis Date: 08/23/99
 Laboratory Name: Short Environmental Lab Analysis Method: SM3113B
 Lab-ID: 85344 Lead or Copper (list one): Lead
 Contact Person: Bruce Cummings Method Detection Limit: 0.001
 Phone: (941) 655-4022 90th Percentile Value: 0.006

A	RANK (ascending)	LOCATION		LAB SAMPLE ID	DATE SITE SAMPLED	LEAD (mg/l)	COPPER (mg/l)
		No	Tier				
	1	2		108387	08/05/99	BDL	
	2	5		108390	08/05/99	0.001	
	3	7		108392	08/05/99	0.001	
	4	3		108388	08/05/99	0.002	
	5	10		108395	08/05/99	0.002	
	6	8		108393	08/05/99	0.003	
	7	1		108386	08/05/99	0.004	
	8	4		108389	08/05/99	0.006	
	9	9		108394	08/05/99	0.006	
	10	6		108391	08/05/99	0.020	

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

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE 

NAME (Please Print) Bruce Cummings

TITLE and DATE Laboratory Director, 10/05/99



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF JANUARY 1999

Water System Information

System Name: PARK WATER COMPANY PWS Identification No.: 6530408
 System Owner Name: PARK WATER COMPANY INC. Telephone No.: 941-638-1285
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALES State: FL Zip Code: 33853
 System Type: community; G non-transient non-community; G non-community; G consecutive
 No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER COMPANY Telephone No.: 941-638-1285
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALES State: FL Zip Code: 33853
 Permitted Maximum Day Capacity of Plant: 315,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KERRITT K. BARRETT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF JANUARY 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 2-2-99
 Signature and Date

KEVIN J. EGAN C-7426
 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PONK WATER COMPANY

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH YEAR OF JANUARY 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant In Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	212,000	1.0	.9	2	.9	
2		187,000	.8	.6	2	.6	
3		250,000	1.0	.8	2	.8	
4		248,000	1.1	.9	2	.9	
5		232,000	1.0	.7	2	.7	
6		244,000	.9	.6	2	.6	
7		225,000	.8	.6	2	.6	
8							
9		529,000	.9	.7	2	.7	
10		214,000	1.0	.7	2	.7	
11		255,000	1.0	.6	2	.6	
12		240,000	1.2	.9	2	.9	
13		238,000	1.0	.8	2	.8	
14		274,000	1.0	.7	2	.7	
15		280,000	1.0	.8	2	.8	
16		276,000	.8	.6	2	.6	
17		250,000	.7	.4	2	.4	
18		287,000	.8	.6	2	.6	
19		270,000	.8	.5	2	.5	
20		238,000	.8	.5	2	.5	
21		248,000	1.0	.7	2	.7	
22		248,000	.9	.6	2	.6	
23		232,000	1.0	.7	2	.7	
24		197,000	.8	.4	2	.4	
25		225,000	.6	.2	2	.2	
26		249,000	.7	.5	2	.5	
27		234,000	.4	.2	2	.2	
28		211,000	.4	.2	2	.2	
29		242,000	.5	.3	2	.3	
30		280,000	1.0	.3	2	.3	
31	24	193,000	1.0	.7	2	.7	
Total		7,512,000			60		
Av		242,000					
Ma		280,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF FEBRUARY 1999

Water System Information

System Name: PARK WATER COMPANY PWS Identification No.: 6530408
 System Owner Name: PARK WATER COMPANY INC. Telephone No.: 941-638-1285
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALKS State: FL Zip Code: 33853
 System Type: ~~G community~~ G non-transient non-community; G non-community; G consecutive
 No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 4900

Water Treatment Plant Information

Treatment Plant Name: PARK WATER COMPANY Telephone No.: 941-638-1285
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALKS State: FL Zip Code: 33853
 Permitted Maximum Day Capacity of Plant: 315,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5 C
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>EVERETT E. BARRETT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF FEBRUARY 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 3-09-99
 Signature and Date

KEVIN J. EGAN C-7426
 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water.

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF FEBRUARY 1999

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	29	277,000	1.0	.7	2	.7	
2		237,000	1.0	.8	2	.8	
3		199,000	1.2	.9	2	.9	
4		212,000	1.0	.7	2	.7	
5		264,000	1.0	.8	2	.8	
6							
7		486,000	1.2	.7	2	.7	
8		256,000	1.0	.8	2	.8	
9		290,000	1.0	.7	2	.7	
10		266,000	1.0	.6	2	.6	
11		256,000	.4	.2	2	.2	
12		248,000	.8	.6	2	.6	
13		189,000	1.0	.6	2	.6	
14		197,000	1.0	.6	2	.6	
15		227,000	1.0	.6	2	.6	
16		269,000	1.0	.6	2	.6	
17		236,000	1.0	.7	2	.7	
18		223,000	1.0	.6	2	.6	
19		268,000	1.0	.7	2	.7	
20		264,000	1.9	.7	2	.7	
21		193,000	1.0	.6	2	.6	
22		250,000	1.0	.7	2	.7	
23		263,000	.9	.6	2	.6	
24		254,000	1.2	.9	2	.9	
25		289,000	1.0	.7	2	.7	
26		311,000	1.0	.8	2	.8	
27							
28	24	443,000	.9	.6	2	.6	
29							
30							
31							
Total		6,867,000			52		
Avg.		245,000					
Min.		311,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

MARCH 1999

Water System Information

System Name: Park Water Company PWS Identification No.: 6530408

System Owner

Name: Park Water Company Incorporated Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

System Type: ~~C community~~; G non-transient non-community; G non-community; G consecutive
No. of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Water Treatment Plant Information

Treatment Plant

Name: Park Water Company Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd.

Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s) Shift(s) Worked
Kevin J. Egan	7426	C	6 Visits/Week

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s) Shift(s) Worked
Everett E. Barrett	4349	C	6 Visits/Week

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

MARCH 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 4-3-99
Signature and Date

Kevin J. Egan C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number: 500408
 Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF MARCH 1999

Level of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine
 (combined chlorine (chloramine); G chlorine dioxide)
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Condition
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	280,000	.9	.6	2	.6	
2	24	246,000	.9	.6	2	.6	
3	24	200,000	.8	.6	2	.6	
4	24	207,000	.9	.6	2	.6	
5	24	279,000	1.0	.7	2	.7	
6	24	258,000	1.0	.8	2	.8	
7	24	300,000	1.0	.6	2	.6	
8	24	315,000	1.0	.7	2	.7	
9	24	246,000	.9	.5	2	.5	
10	24	286,000	1.0	.6	2	.6	
11	24	256,000	1.2	.8	2	.8	
12	24	266,000	.9	.7	2	.7	
13	24	239,000	1.0	.8	2	.8	
14	24	172,000	.9	.6	2	.6	
15	24	240,000	1.0	.8	2	.8	
16	24	248,000	.9	.6	2	.6	
17	24	258,000	1.0	.7	2	.7	
18	24	291,000	.9	.6	2	.6	
19	24	370,000	1.0	.7	2	.7	
20	24	295,000	.8	.6	2	.6	
21	24	229,000	1.0	.7	2	.7	
22	24	321,000	.9	.6	2	.6	
23	24	275,000	1.0	.7	2	.7	
24	24	285,000	.9	.6	2	.6	
25	24	299,000	.8	.5	2	.5	
26	24	281,000	1.0	.6	2	.6	
27	24	256,000	1.0	.7	2	.7	
28	24	264,000	.9	.6	2	.6	
29	24	312,000	1.2	.9	2	.9	
30	24	312,000	1.2	.8	2	.8	
31	24	277,000	1.0	.7	2	.7	
Total		8,453,000			62		
Avg.		273,000					
Max.		370,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF APRIL 1999

Water System Information

System Name: Park Water Company FWS Identification No.: 6530408

System Owner

Name: Park Water Company Incorporated Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

System Type: G community; G non-transient non-community; G non-community; G consecutive
No. of Service Connections at End of Month: 739 Total Population Served at End of Month:

Water Treatment Plant Information

Treatment Plant

Name: Park Water Company Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd.

Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Kevin J. Egan	7426	C	6 Visits/Week

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Everett E. Barrett	4349	C	6 Visits/Week

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF APRIL 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 5-6-99
Signature and Date

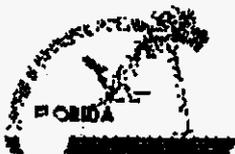
Kevin J. Egan C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 Form PWS Identification Number: 530408
 Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF **APRIL 1999**

Level of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine
 combined chlorine (chloramine); G chlorine dioxide
 Summary of Daily Water Treatment Data for Month:

Year	Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration in Distribution System (mg/l)	Residual Disinfectant in Distribution System			Reported Frequency of Abnormal Operating Condition
					Lowest Residual Disinfectant Concentration at Remote Point (mg/l)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Point (mg/l)	
1	24		280,000	1.0	.7	2	.7	
2	24							
3	24		671,000	1.0	.7			
4	24		247,000	1.0	.8			
5	24		305,000	.9	.6			
6	24		450,000	.9	.6			
7	24		377,000	1.0	.7			
8	24		360,000	1.0	.8			
9	24		406,000	1.0	.8			
10	24		420,000	1.0	.8			
11	24		216,000	.9	.8			
12	24		422,000	1.2	.8			
13	24		334,000	.9	.8			
14	24		386,000	1.2	.8			
15	24		306,000	1.0	.8			
16	24		340,000	1.2	.8			
17	24		280,000	1.0	.8			
18	24		206,000	.9	.8			
19	24		314,000	1.0	.8			
20	24		368,000	.9	.8			
21	24		345,000	1.0	.8			
22	24		320,000	.4	.8			
23	24		400,000	1.0	.8			
24	24		392,000	1.0	.8			
25	24		384,000	1.0	.8			
26	24		419,000	1.2	.8			
27	24		573,000	1.2	.8			
28	24		242,000	1.2	.8			
29	24		252,000	1.0	.8			
30	24		268,000	1.0	.8			
31	24							
Total			10,283,000			58		
avg.			343,000					
max.			573,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

MAY 1999

Water System Information

System Name: Park Water Company PWS Identification No.: 6530408

System Owner

Name: Park Water Company Incorporated Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

System Type: G community; G non-transient non-community; G non-community; G consecutive

No. of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Water Treatment Plant Information

Treatment Plant

Name: Park Water Company Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd.

Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Kevin J. Egan	7426	C	6 Visits/Week

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Everett E. Barrett	4349	C	6 Visits/Week

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

MAY 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 6-02-99
Signature and Date

Kevin J. Egan C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number: 6530408
 Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF MAY 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine?
 G combined chlorine (chloramine); G chlorine dioxide
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hour Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency Abnormal Operating Condition
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	246,000	.7	.5	2	.5	
2	24	273,000	.8	.6	2	.6	
3	24	365,000	1.0	.7	2	.7	
4	24	393,000	1.2	.8	2	.8	
5	24	340,000	1.0	.6	2	.6	
6	24	322,000	1.2	.8	2	.8	
7	24	310,000	1.0	.6	2	.6	
8	24	270,000	.9	.8	2	.8	
9	24	223,000	.7	.5	2	.5	
10	24	228,000	.8	.6	2	.6	
11	24	271,000	.7	.5	2	.5	
12	24	209,000	.6	.4	2	.4	
13	24	221,000	1.0	.6	2	.6	
14	24	560,000	1.2	.7	2	.7	
15	24	217,000	1.0	.6	2	.6	
16	24	215,000	.9	.7	2	.7	
17	24	273,000	1.0	.6	2	.6	
18	24	290,000	.7	.5	2	.5	
19	24	217,000	1.0	.7	2	.7	
20	24	265,000	.9	.6	2	.6	
21	24	305,000	1.0	.5	2	.5	
22	24	233,000	.9	.4	2	.4	
23	24	241,000	1.0	.7	2	.7	
24	24	395,000	.9	.6	2	.6	
25	24	282,000	1.0	.7	2	.7	
26	24	390,000	1.2	.8	2	.8	
27	24	452,000	1.0	.7	2	.7	
28	24	280,000	1.2	.9	2	.9	
29	24	260,000	1.0	.6	2	.6	
30	24	186,000	1.2	.8	2	.8	
31	24	241,000	1.0	.6	2	.6	
Total		8,977,000			62		
Avg.		289,000					
Max.		560,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF JUNE 1999

Water System Information

System Name: Park Water Company PWS Identification No.: 6530408
 System Owner Name: Park Water Company Incorporated Telephone No. (941)-638-1285
 Address: 25 First Avenue North
 City: Lake Wales State: FL Zip Code: 33853
 System Type: Community G non-transient non-community; G non-community; G consecutive
 No. of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Water Treatment Plant Information

Treatment Plant Name: Park Water Company Telephone No. (941)-638-1285
 Address: 25 First Avenue North
 City: Lake Wales State: FL Zip Code: 33853
 Permitted Maximum Day Capacity of Plant: 315,000 gpd.
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C
 Lead Chief Plant Operator: _____

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Kevin J. Egan	7426	C	6 Visits/Week

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Everett E. Barrett	4349	C	6 Visits/Week

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF JUNE 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 7-09-99
Signature and Date

Kevin J. Egan C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number: 6530408
 Plant Name: Park Water Company

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF JUNE 1999

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: G-free chlorine
 G combined chlorine (chloramine); G chlorine dioxide
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	269,000	1.0	.6	2	.6	
2	24	222,000	.8	.6	2	.6	
3	24	223,000	.7	.6	2	.6	
4	24	240,000	1.0	.6	2	.6	
5	24	186,000	.9	.6	2	.6	
6	24	150,000	.8	.6	2	.6	
7	24	197,000	.9	.6	2	.6	
8	24	198,000	1.0	.6	2	.6	
9	24	164,000	.8	.6	2	.6	
10	24	204,000	.8	.6	2	.6	
11	24	243,000	.7	.6	2	.6	
12	24	226,000	.8	.6	2	.6	
13	24	153,000	.7	.6	2	.6	
14	24	203,000	1.0	.6	2	.6	
15	24	200,000	1.0	.6	2	.6	
16	24	200,000	1.0	.6	2	.6	
17	24	153,000	1.0	.6	2	.6	
18	24	154,000	1.2	.6	2	.6	
19	24	206,000	1.0	.6	2	.6	
20	24	163,000	1.2	.6	2	.6	
21	24	223,000	1.0	.6	2	.6	
22	24	184,000	1.4	.6	2	.6	
23	24	236,000	1.1	.6	2	.6	
24	24	198,000	1.0	.6	2	.6	
25	24	234,000	1.2	.6	2	.6	
26	24	148,000	1.0	.6	2	.6	
27	24	173,000	1.1	.6	2	.6	
28	24	200,000	1.2	.6	2	.6	
29	24	179,000	1.0	.6	2	.6	
30	24	168,000	1.2	.6	2	.6	
31	24						
Total		5,914,000			60		
Avg.		197,000					
Max.		269,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

JULY 1999

Water System Information

System Name: Park Water Company PWS Identification No.: 6530408

System Owner

Name: Park Water Company Incorporated Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Sys Type: ~~G community~~; G non-transient non-community; G non-community; G consecutive

No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: Park Water Company Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd.

Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Kevin J. Egan	7426	C	6 Visits/Week

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Everett E. Barrett	4349	C	6 Visits/Week

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

JULY 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 8-05-99
Signature and Date

Kevin J. Egan C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6524408

Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

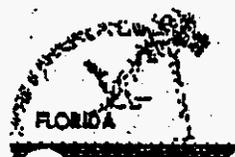
JULY 1999

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: Free chlorine

G combined chlorine (chloramine); G chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergencies or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Point (mg/L)	
1	24	171,000	1.0	.7	2	.7	
2	24	200,000	1.2	.8	2	.8	
3	24	210,000	1.0	.6	2	.6	
4	24	190,000	1.0	.7	2	.7	
5	24	227,000	1.2	.6	2	.6	
6	24	218,000	1.0	.6	2	.6	
7	24	224,000	1.2	.7	2	.7	
8	24	216,000	1.1	.7	2	.7	
9	24	238,000	1.2	.7	2	.7	
10	24	220,000	1.0	.5	2	.5	
11	24	286,000	1.1	.6	2	.6	
12	24	218,000	1.2	.7	2	.7	
13	24	220,000	1.1	.6	2	.6	
14	24	194,000	1.0	.7	2	.7	
15	24	178,000	1.2	.7	2	.7	
16	24	200,000	1.0	.8	2	.8	
17	24	220,000	1.1	.7	2	.7	
18	24	210,000	1.4	.6	2	.6	
19	24	224,000	1.6	.8	2	.8	
20	24	225,000	1.2	.7	2	.7	
21	24	248,000	1.0	.6	2	.6	
22	24	160,000	1.1	.7	2	.7	
23	24	200,000	1.2	.8	2	.8	
24	24	210,000	1.0	.6	2	.6	
25	24	160,000	1.2	.7	2	.7	
26	24	208,000	1.0	.6	2	.6	
27	24	208,000	1.2	.6	2	.6	
28	24	257,000	1.0	.5	2	.5	
29	24	231,000	1.2	.7	2	.7	
30	24	310,000	1.1	.6	2	.6	
31	24	275,000	1.0	.5	2	.5	
Total		6,1756,000			62		
Avg.		218					
Max.		310,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF AUGUST 1999

Water System Information

System Name: Park Water Company PWS Identification No.: 8530408

System Owner Name: Park Water Company Incorporated Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Water System Type: G non-transient non-community; G non-community; G consecutive

No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant Name: Park Water Company Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd.

Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Kevin J. Egan	7428	C	6 Visits/Week

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Everett E. Barrett	4349	C	6 Visits/Week

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF AUGUST 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 8-02-99
Signature and Date

Kevin J. Egan C-7428
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: Park Water Company

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF AUGUST 1999

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine;

G combined chlorine (chloramine); G chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/l)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/l)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	267,000	1.2	.7	2	.7	
2	24	229,000	1.1	.6	2	.6	
3	24	257,000	1.0	.7	2	.7	
4	24	188,000	1.2	.7	2	.7	
5	24	193,000	1.0	.6	2	.6	
6	24	270,000	1.2	.7	2	.7	
7	24	280,000	1.1	.6	2	.6	
8	24	202,000	1.0	.5	2	.5	
9	24	262,000	1.1	.6	2	.6	
10	24	239,000	.8	.5	2	.5	
11	24	242,000	1.2	.6	2	.6	
12	24	190,000	1.0	.5	2	.5	
13	24	240,000	.9	.5	2	.5	
14	24	235,000	.8	.5	2	.5	
15	24	211,000	.5	.5	2	.5	
16	24	277,000	1.0	.6	2	.6	
17	24	241,000	.8	.5	2	.5	
18	24	513,000	.7	.5	2	.5	
19	24	191,000	.7	.5	2	.5	
20	24	230,000	.5	.6	2	.6	
21	24	204,000	1.1	.7	2	.7	
22	24	172,000	1.0	.7	2	.7	
23	24	232,000	1.0	.6	2	.6	
24	24	576,000	1.0	.6	2	.6	
25	24	195,000	1.0	.6	2	.6	
26	24	227,000	1.2	.6	2	.6	
27	24	240,000	1.0	.7	2	.7	
28	24	231,000	1.1	.7	2	.7	
29	24	308,000	1.0	.6	2	.6	
30	24	261,000	1.1	.7	2	.7	
31	24	217,000	1.2	.7	2	.7	
Total		7,820,000			62		
Avg.		576,000					
Max.		252,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

September 1999

Water System Information

System Name: Park Water Company PWS Identification No.: 6530408

System Owner

Name: Park Water Company Incorporated Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

System Type: G community; G non-transient non-community; G non-community; G consecutive

No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: Park Water Company Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd.

Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Kevin J. Egan</u>	<u>7426</u>	<u>C</u>	<u>6 Visits/Week</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Everett E. Barrett</u>	<u>4349</u>	<u>C</u>	<u>6 Visits/Week</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

September 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 10-05-99
Signature and Date

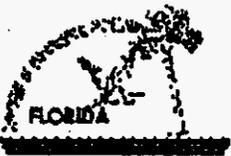
Kevin J. Egan C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number: 6530408
 Treatment Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1999

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: Free chlorine;
 G combined chlorine (chloramine); G chlorine dioxide
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/l)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/l)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/l)	
1	24	221,000	1.2	.6	2	.6	
2	24	214,000	1.1	.7	2	.7	
3	24	310,000	1.1	.3	2	.8	
4	24	300,000	1.0	.6	2	.6	
5	24	273,000	1.1	.7	2	.7	
6	24	232,000	1.2	.6	2	.6	
7	24	261,000	1.1	.7	2	.7	
8	24	244,000	1.2	.3	2	.7	
9	24	234,000	1.1	.7	2	.7	
10	24	295,000	1.2	.6	2	.6	
11	24	254,000	1.1	.7	2	.7	
12	1	223,000	1.2	.8	2	.8	
13	24	234,000	1.1	.6	2	.6	
14	24	252,000	1.0	.6	2	.6	
15	24	204,000	1.1	.7	2	.7	
16	24	223,000	1.0	.6	2	.6	
17	24	208,000	1.2	.7	2	.7	
18	24	223,000	1.1	.7	2	.7	
19	24	265,000	1.3	.8	2	.8	
20	24	204,000	1.0	.6	2	.6	
21	24	248,000	1.2	.7	2	.7	
22	24	229,000	1.1	.7	2	.7	
23	24	219,000	1.0	.6	2	.6	
24	24	240,000	1.2	.6	2	.6	
25	24	235,000	1.1	.6	2	.6	
26	24	226,000	1.0	.7	2	.7	
27	24	224,000	1.2	.6	2	.6	
28	24	227,000	1.1	.7	2	.7	
29	24	235,000	1.0	.6	2	.6	
30	24	293,000	1.2	.7	2	.7	
31	24						
Total		7,314,000			60		
Avg.		244,000					
Max.		310,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

OCTOBER 1995

Water System Information

System Name: Park Water Company PWS Identification No.: 6530408

System Owner

Name: Park Water Company Incorporated Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

System Type: G community; ~~G non-transient non-community~~; ~~G non-community~~; ~~G consecutive~~

No. of Service Connections at End of Month: 742 Total Population Served at End of Month: 1,906

Water Treatment Plant Information

Treatment Plant

Name: Park Water Company Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd.

Plant Category and Class per Rule 62-899.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Kevin J. Egan</u>	<u>7426</u>	<u>C</u>	<u>6 Visits/Week</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Everett E. Barrett</u>	<u>4349</u>	<u>C</u>	<u>6 Visits/Week</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

OCTOBER 1995

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 11-02-95
Signature and Date

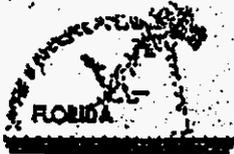
Kevin J. Egan C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number: 3530408
 Treatment Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCTOBER 1999

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine;
 3 combined chlorine (chloramine); G chlorine dioxide
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Point (mg/L)	
1	24	240,000	1.1	.8	2	.3	
2	24	220,000	1.0	.6	2	.6	
3	24	160,000	1.0	.7	2	.7	
4	24	245,000	1.2	.6	2	.6	
5	24	213,000	1.1	.6	2	.6	
6	24	217,000	1.0	.6	2	.6	
7	24	180,000	1.1	.7	2	.7	
8	24	170,000	1.1	.6	2	.6	
9	24	220,000	1.0	.6	2	.6	
10	24	175,000	1.2	.6	2	.6	
11	24	213,000	1.1	.6	2	.6	
12	24	193,000	1.0	.6	2	.6	
13	24	195,000	1.1	.6	2	.6	
14	24	181,000	1.2	.6	2	.6	
15	24	190,000	1.1	.6	2	.6	
16	24	210,000	1.0	.6	2	.6	
17	24	182,000	1.1	.6	2	.6	
18	24	283,000	1.2	.6	2	.6	
19	24	234,000	1.1	.6	2	.6	
20	24	227,000	1.0	.6	2	.6	
21	24	205,000	1.1	.6	2	.6	
22	24	260,000	1.2	.6	2	.6	
23	24	240,000	1.0	.6	2	.6	
24	24	263,000	1.1	.6	2	.6	
25	24	206,000	1.2	.6	2	.6	
26	24	262,000	1.1	.6	2	.6	
27	24	271,000	1.0	.6	2	.6	
28	24	263,000	1.1	.6	2	.6	
29	24	300,000	1.2	.6	2	.6	
30	24	280,000	1.0	.6	2	.6	
31	24	267,000	1.1	.6	2	.6	
Total		6,965,000			62		
Avg.		225,000					
Max.		300,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

NOVEMBER 1999

Water System Information

System Name: Park Water Company PWS Identification No.: 6530408

System Owner

Name: Park Water Company Incorporated Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

System Type: G community; G non-transient non-community; G non-community; G consecutive

No. of Service Connections at End of Month: 742 Total Population Served at End of Month: 1,906

Water Treatment Plant Information

Treatment Plant

Name: Park Water Company Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd.

Plant Category and Class per Rule 62-899.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>vin J. Egan</u>	<u>7426</u>	<u>C</u>	<u>6 Visits/Week</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Everett E. Barrett</u>	<u>4349</u>	<u>C</u>	<u>6 Visits/Week</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

NOVEMBER 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 12-02-99
Signature and Date

Kevin J. Egan C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number: 8530408
 Treatment Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF NOVEMBER 1995

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: C-free chlorine,
3 combined chlorine (chloramine); G chlorine dioxide
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hour of Day	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Point (mg/L)	
1	24	287,000	1.2	.7	2	.7	
2	24	215,000	1.1	.6	2	.6	
3	24	236,000	1.0	.7	2	.7	
4	24	229,000	1.0	.6	2	.6	
5	24	290,000	1.2	.7	2	.7	
6	24	300,000	1.2	.6	2	.6	
7	24	214,000	1.4	.8	2	.8	
8	24	278,000	1.4	.7	2	.7	
9	24	248,000	1.2	.8	2	.8	
10	24	266,000	1.2	.7	2	.7	
11	24	271,000	1.2	.8	2	.8	
12	24	287,000	1.2	.7	2	.7	
13	24	266,000	1.0	.8	2	.8	
14	24	241,000	1.0	.6	2	.6	
15	24	271,000	1.0	.7	2	.7	
16	24	266,000	1.0	.7	2	.7	
17	24	267,000	1.0	.7	2	.7	
18	24	213,000	1.0	.6	2	.6	
19	24	251,000	1.2	.7	2	.7	
20	24	245,000	1.0	.7	2	.7	
21	24	236,000	1.0	.8	2	.8	
22	24	282,000	1.0	.7	2	.7	
23	24	260,000	1.0	.6	2	.6	
24	24	248,000	1.0	.7	2	.7	
25	24	260,000	1.0	.7	2	.7	
26	24	240,000	1.0	.6	2	.6	
27	24	230,000	1.0	.6	2	.6	
28	24	241,000	1.0	.8	2	.8	
29	24	241,000	1.0	.8	2	.8	
30	24	216,000	1.0	.7	2	.7	
31	24						
Total		7,698,000			60		
Avg.		257,000					
Max.		313,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

December 1999

Water System Information

System Name: Park Water Company PWS Identification No.: 6530408

System Owner

Name: Park Water Company Incorporated Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

System Type: G community; G non-transient non-community; G non-community; G consecutive

No. of Service Connections at End of Month: 742 Total Population Served at End of Month: 1,906

Water Treatment Plant Information

Treatment Plant

Name: Park Water Company Telephone No. (941)-638-1285

Address: 25 First Avenue North

City: Lake Wales State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd.

Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Kevin J. Egan</u>	<u>7426</u>	<u>C</u>	<u>6 Visits/Week</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Everett E. Barrett</u>	<u>4349</u>	<u>C</u>	<u>6 Visits/Week</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

December 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 1-05-00
Signature and Date

Kevin J. Egan C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number: 6530408
 Treatment Plant Name: Park Water Company

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1999

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine;
 G combined chlorine (chloramine); G chlorine dioxide
 Summary of Daily Water Treatment Data for Month:

Day of the Month	Hour Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergencies or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	250,000	1.2	.7	0		
2	24	212,000	1.1	.7	0		
3	24	280,000	1.2	.8	0		
4	24	275,000	1.1	.7	0		
5	24	255,000	1.0	.7	0		
6	24	257,000	1.1	.7	0		
7	24	245,000	1.2	.6	0		
8	24	262,000	1.2	.7	0		
9	24	300,000	1.1	.6	0		
10	24	290,000	1.0	.7	0		
11	24	310,000	1.1	.7	0		
12	24	251,000	1.1	.7	0		
13	24	340,000	1.0	.6	0		
14	24	301,000	1.2	.6	0		
15	24	312,000	1.0	.6	0		
16	24	246,000	.7	.6	0		
17	24	240,000	1.0	.6	0		
18	24	200,000	.9	.6	0		
19	24	179,000	1.0	.6	0		
20	24	215,000	1.1	.6	0		
21	24	233,000	1.0	.6	0		
22	24	263,000	1.1	.6	0		
23	24	179,000	1.0	.6	0		
24	24	220,000	1.1	.6	0		
25	24	180,000	1.0	.6	0		
26	24	222,000	.9	.6	0		
27	24	246,000	1.0	.6	0		
28	24	212,000	1.1	.7	0		
29	24	240,000	1.0	.6	0		
30	24	263,000	1.1	.6	0		
31	24	275,000	1.0	.6	0		
Total		7,761,000			62		
Avg.		250,000					
Max.		340,000					



Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and
for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF
JANUARY 1998

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408
System Owner
Name: LOUIS STAIANO Telephone No.: 941-676-7555
Address: 525 CLUBHOUSE RD.
City: LAKE WALES State: FL Zip Code: 33853
System Type: community; G non-transient non-community; G non-community; G consecutive
No. of Service Connections at End of Month: 720 Total Population Served at End of Month: 1,850

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER CO. Telephone No.: 941-633-1285
Address: 25 FIRST AVENUE NORTH
City: LAKE WALES State: FL Zip Code: 33853
Permitted Maximum Day Capacity of Plant: 315,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC
Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 visits / week</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>EVERETT E. BARRETT</u>	<u>4349</u>	<u>C</u>	<u>6 visits / week</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF
JANUARY 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 2-3-98
Signature and Date

KEVIN J. EGAN C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

653 0408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF JANUARY 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine,
combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	247,000	✓	✓	✓	✓	
2		200,000		✓	✓	✓	
3		189,000		✓	✓	✓	
4		202,000		✓	✓	✓	
5		191,000		✓	✓	✓	
6		197,000		✓	✓	✓	
7		172,000		✓	✓	✓	
8		163,000		✓	✓	✓	
9		210,000		✓	✓	✓	
10		204,000		✓	✓	✓	
11		190,000		✓	✓	✓	
12		204,000		✓	✓	✓	
13		198,000		✓	✓	✓	
14		177,000		✓	✓	✓	
15		172,000		✓	✓	✓	
16		218,000		✓	✓	✓	
17		198,000		✓	✓	✓	
18		137,000		✓	✓	✓	
19		218,000		✓	✓	✓	
20		194,000		✓	✓	✓	
21		171,000		✓	✓	✓	
22		183,000		✓	✓	✓	
23		178,000		✓	✓	✓	
24		201,000		✓	✓	✓	
25		178,000		✓	✓	✓	
26		196,000		✓	✓	✓	
27		192,000		✓	✓	✓	
28		176,000		✓	✓	✓	
29		198,000		✓	✓	✓	
30		184,000		✓	✓	✓	
31	24	251,000		✓	✓	✓	
Total		5,991,000			60		
Avg.		193,000					
Max.		251,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF FEBRUARY 1998

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408

System Owner

Name: LOUIS STAIANO Telephone No.: 941-676-7555

Address: 525 CLUBHOUSE RD.

City: LAKE WALES State: FL Zip Code: 33853

System Type: community; non-transient non-community; non-community; consecutive

No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER CO. Telephone No.: 941-638-1285

Address: 25 FIRST AVENUE NORTH

City: LAKE WALES State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd

Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>EVERETT E. BARRITT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF FEBRUARY 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 3-2-98
Signature and Date

KEVIN J. EGAN C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF FEBRUARY 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine,
combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	179,000	.4	.4	2	.4	
2		201,000	.4	.4	2	.4	
3		200,000	.4	.4	2	.4	
4		181,000	.4	.4	2	.4	
5		195,000	.4	.4	2	.4	
6		194,000	.4	.4	2	.4	
7		208,000	.4	.4	2	.4	
8		165,000	.4	.4	2	.4	
9		203,000	.4	.4	2	.4	
10		193,000	.4	.4	2	.4	
11		187,000	.4	.4	2	.4	
12		194,000	.4	.4	2	.4	
13		190,000	.4	.4	2	.4	
14		209,000	.4	.4	2	.4	
15		158,000	.4	.4	2	.4	
16		191,000	.4	.4	2	.4	
17		192,000	.4	.4	2	.4	
18		188,000	.4	.4	2	.4	
19		198,000	.4	.4	2	.4	
20		247,000	.4	.4	2	.4	
21		163,000	.4	.4	2	.4	
22		168,000	.4	.4	2	.4	
23		208,000	.4	.4	2	.4	
24		187,000	.4	.4	2	.4	
25		184,000	.4	.4	2	.4	
26		177,000	.6	.4	2	.4	
27		207,000	.4	.4	2	.4	
28	24	172,000	.6	.4	2	.4	
29							
30							
31							
Total		5,339,000			56		
Avg.		191,000					
Max.		247,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF
MARCH 1998

Water System Information

System Name: PARK WATER COMPANY PWS Identification No.: 653408
 System Owner Name: LOUIS STAIANO Telephone No.: 941-676-7555
 Address: 525 CLUBHOUSE RD.
 City: LAKE WALES State: FL Zip Code: 33853
 System Type: G community; G non-transient non-community; G non-community; G consecutive
 No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER COMPANY Telephone No.: 941-633-1235
 Address: 25 FIRST AVE NWE NORTH
 City: LAKE WALES State: FL Zip Code: 33853
 Permitted Maximum Day Capacity of Plant: 315,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 DAYS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>ERIKETT E. BARRITT</u>	<u>4349</u>	<u>C</u>	<u>6 DAYS / WEEK</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF
MARCH 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 4-02-98
Signature and Date

KEVIN J. EGAN C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF MARCH 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	196,000	.4	.2	2	.2	
2		203,000	.4	.2	2	.2	
3		200,000	.4	.2	2	.2	
4		190,000	.4	.2	2	.2	
5		200,000	.4	.2	2	.2	
6		259,000	.4	.2	2	.2	
7		234,000	.4	.2	2	.2	
8		149,000	.4	.2	2	.2	
9		201,000	.4	.2	2	.2	
10		201,000	.4	.2	2	.2	
11		281,000	.4	.2	2	.2	
12		188,000	.4	.2	2	.2	
13		150,000	.4	.2	2	.2	
14							
15		433,000	.4	.2	2	.2	
16		232,000	.4	.2	2	.2	
17		218,000	.4	.2	2	.2	
18		229,000	.4	.2	2	.2	
19		190,000	.4	.2	2	.2	
20		217,000	.4	.2	2	.2	
21		184,000	.4	.2	2	.2	
22		154,000	.4	.2	2	.2	
23		215,000	.4	.2	2	.2	
24		217,000	.4	.2	2	.2	
25		226,000	.4	.2	2	.2	
26		216,000	.4	.2	2	.2	
27							
28		494,000	.4	.2	2	.2	
29		219,000	.4	.2	2	.2	
30		246,000	.4	.2	2	.2	
31	24	252,000	.4	.2	2	.2	
Total		6,599,000			60		
Avg.		213,000					
Max.		281,000					



Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and
for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF
APRIL 1998

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530403
System Owner
Name: LOUIS STAIANO Telephone No.: 941-676-7555
Address: 525 CLUBHOUSE RD.
City: LAKE WALKS State: FL Zip Code: 33853
System Type: ~~G community~~; G non-transient non-community; G non-community; G consecutive
No. of Service Connections at End of Month: 729 Total Population Served at End of Month: 1,800

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER COMPANY Telephone No.: 941-638-1285
Address: 25 FIRST AVENUE NORTH
City: LAKE WALKS State: FL Zip Code: 33853
Permitted Maximum Day Capacity of Plant: _____ gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: _____
Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>EVERETT E. BARRETT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF
April 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

KEVIN J. EGAN 5-05-98
Signature and Date

KEVIN J. EGAN C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF APRIL 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;
combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	204,000	.4	.2	22	.2	
2		200,000	.4	.2	22	.2	
3							
4		461,000	.4	.2	22	.2	
5		232,000	.4	.2	22	.2	
6		253,000	.4	.2	22	.2	
7		258,000	.4	.2	22	.2	
8		233,000	.4	.2	22	.2	
9		232,000	.4	.2	22	.2	
10							
11		571,000	.4	.2	22	.2	
12		208,000	.4	.2	22	.2	
13		309,000	.4	.2	22	.2	
14		304,000	.4	.2	22	.2	
15		289,000	.4	.2	22	.2	
16		302,000	.4	.2	22	.2	
17							
18		546,000	.4	.2	22	.2	
19		384,000	.4	.2	22	.2	
20		230,000	.4	.2	22	.2	
21		230,000	.4	.2	22	.2	
22		242,000	.4	.2	22	.2	
23		246,000	.4	.2	22	.2	
24							
25		634,000	.5	.3	22	.3	
26		258,000	.5	.3	22	.3	
27		320,000	.4	.2	22	.2	
28		340,000	.4	.2	22	.2	
29		273,000	.5	.3	22	.3	
30	24	208,000	.4	.2	22	.2	
31							
Total		7,964,000			52		
Avg.		265,466					
Max.		384,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF MAY 1998

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408
System Owner Name: LOUIS STAIANO Telephone No.: 941-676-7555
Address: 525 CLUBHOUSE DR.
City: LAKE WALES State: FL Zip Code: 33853
System Type: G non-transient non-community; G non-community; G consecutive
No. of Service Connections at End of Month: 735 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER COMPANY Telephone No.: 941-638-1285
Address: 25 FIRST AVENUE NORTH
City: LAKE WALES State: FL Zip Code: 33853
Permitted Maximum Day Capacity of Plant: 315,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC
Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: KEVIN J. EGAN, 7426, C, 6 visits/week

Other Certified Plant Operators (attach additional sheets if necessary):

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: FURRETT E. BARRETT, 4349, C, 6 visits/week

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF MAY 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Kevin J. Egan 6-02-98

Name and Certificate Number (please type or print): KEVIN J. EGAN C-7426

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

MAY 1958

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine

combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24				2		
2		507,000	.5	.3	2	.3	
3		287,000	.4	.2	2	.2	
4		229,000	.4	.2	2	.2	
5		280,000	.4	.2	2	.2	
6		246,000	.5	.3	2	.3	
7		248,000	.4	.2	2	.2	
8		341,000	.4	.2	2	.2	
9							
10		571,000	.6	.4	2	.4	
11		323,000	.5	.3	2	.3	
12		363,000	.5	.3	2	.3	
13		357,000	.7	.5	2	.5	
14		323,000	.5	.3	2	.3	
15							
16		765,000	.4	.2	2	.2	
17		321,000	.4	.2	2	.2	
18		344,000	.4	.2	2	.2	
19		381,000	.4	.2	2	.2	
20		327,000	.4	.2	2	.2	
21		394,000	.5	.3	2	.3	
22		436,000	.4	.2	2	.2	
23							
24		634,000	.5	.3	2	.3	
25		406,000	.4	.2	2	.2	
26		342,000	.4	.2	2	.2	
27		292,000	.4	.2	2	.2	
28		216,000	.4	.2	2	.2	
29		333,000	.4	.2	2	.2	
30							
31	24	390,000	.4	.2	2	.2	
Total		9,711,000			62		
Avg.		313,000					
Max.		436,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

JUNE 1998

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408
 System Owner Name: LEWIS STAIANO Telephone No.: 941-676-7555
 Address: 525 CUBHOUSER DR.
 City: LAKE WALES State: FL Zip Code: 33853
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER COMPANY Telephone No.: 941-638-1235
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALES State: FL Zip Code: 33853
 Permitted Maximum Day Capacity of Plant: 315,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>EVERETT E. BARRETT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

JUNE 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 7-02-98
 Signature and Date

KEVIN J. EGAN C-7426
 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF JUNE 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;

combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	316,000	.4	.2	2	.2	
2		303,000	.4	.2	2	.2	
3		291,000	.4	.2	2	.2	
4		355,000	.5	.2	2	.2	
5		336,000	.4	.2	2	.2	
6							
7		3670,000	.4	.2	2	.2	
8		333,000	.5	.2	2	.2	
9		352,000	.5	.2	2	.2	
10		339,000	.5	.2	2	.2	
11		347,000	.4	.2	2	.2	
12		424,000	.2	.2	2	.2	
13							
14		702,000	.2	.2	2	.2	
15		356,000	.2	.2	2	.2	
16		393,000	.7	.2	2	.2	
17		381,000	.5	.2	2	.2	
18		503,000	.4	.2	2	.2	
19							
20		756,000	.4	.2	2	.2	
21		162,000	.3	.2	2	.2	
22		392,000	.4	.2	2	.2	
23		359,000	.5	.2	2	.2	
24		289,000	.4	.2	2	.2	
25		282,000	.4	.2	2	.2	
26							
27		695,000	1.0	.4	2	.4	
28		124,000	.7	.4	2	.4	
29		350,000	.6	.4	2	.4	
30	24	299,000	.8	.6	2	.6	
31							
Total		9,929,000			52		
Avg.		331,000					
Max.		424,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF
JULY 1998

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408
 System Owner
 Name: LOUIS STAIANO Telephone No.: 941-676-7555
 Address: 525 CIBHOUSE DR.
 City: LAKE WALES State: FL Zip Code: 33853
 System Type: ~~Community~~ non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER COMPANY Telephone No.: 941-638-1285
 Address: 25 FIRST AVENUE NORTH
 City: LAKE WALES State: FL Zip Code: 33853
 Permitted Maximum Day Capacity of Plant: 315,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>HERBERT E. BARRETT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF
JULY 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 8-10-98
Signature and Date

KEVIN J. EGAN C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF JULY 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	236,000	.8	.6	2	.6	
2		310,000	.6	.4	2	.4	
3		294,000	.4	.2	2	.2	
4		331,000	.4	.2	2	.2	
5		312,000	.6	.4	2	.4	
6		252,000	.6	.4	2	.4	
7		239,000	.4	.2	2	.2	
8		214,000	.5	.3	2	.3	
9		202,000	.7	.5	2	.5	
10							
11		484,000	.3	.2	2	.2	
12		192,000	.4	.2	2	.2	
13		192,000	.5	.3	2	.3	
14		193,000	.5	.3	2	.3	
15		160,000	.4	.2	2	.2	
16		172,000	.6	.4	2	.4	
17		200,000	.3	.2	2	.2	
18							
19		388,000	.2	.2	2	.2	
20		214,000	.7	.4	2	.4	
21		187,000	.5	.3	2	.3	
22		192,000	.4	.2	2	.2	
23		195,000	.5	.3	2	.3	
24							
25		559,000	.3	.3	2	.3	
26		135,000	.6	.4	2	.4	
27		272,000	1.0	.7	2	.7	
28		287,000	.8	.6	2	.6	
29		273,000	1.0	.6	2	.6	
30		275,000	.8	.5	2	.5	
31	24	304,000	.7	.5	2	.5	
Total		7,276,000			56		
Avg.		235,000					
Max.		331,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

AUGUST 1998

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408
 System Owner
 Name: LOUIS STAINO Telephone No.: 941-676-7555
 Address: 525 CLUBHOUSE DR.
 City: LAKE WALES State: FL Zip Code: 33353
 System Type: G community; G non-transient non-community; G non-community; G consecutive
 No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant
 Name: PARK WATER COMPANY Telephone No.: 941-638-1285
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALES State: FL Zip Code: 33353
 Permitted Maximum Day Capacity of Plant: 315,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>EVERETT E. BARRETT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

AUGUST 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 9-03-98
 Signature and Date

KEVIN J. EGAN C-7426
 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF AUGUST 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ~~free chlorine~~
combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1		291,000	.6	.4	2	.4	
2		212,000	1.0	.7	2	.7	
3		212,000	1.2	.7	2	.7	
4		236,000	1.0	.5	2	.5	
5		214,000	1.0	.6	2	.6	
6		207,000	.8	.5	2	.5	
7		313,000	.8	.6	2	.6	
8							
9		475,000	1.0	.6	2	.6	
10		284,000	1.0	.6	2	.6	
11		229,000	.8	.6	2	.6	
12		280,000	1.0	.6	2	.6	
13		260,000	.8	.6	2	.6	
14							
15		605,000	.7	.4	2	.4	
16		254,000	.6	.5	2	.5	
17		306,000	.5	.3	2	.3	
18		316,000	1.0	.7	2	.7	
19		232,000	.5	.3	2	.3	
20		221,000	.5	.3	2	.3	
21							
22		497,000	.3	.2	2	.2	
23		261,000	.5	.3	2	.3	
24		277,000	.8	.6	2	.6	
25		247,000	.5	.3	2	.3	
26		234,000	.5	.3	2	.3	
27		255,000	.7	.5	2	.5	
28							
29		536,000	.8	.6	2	.6	
30		204,000	.7	.4	2	.4	
31		247,000	1.0	.6	2	.6	
Total		7,905,000			54		
Avg.		255,000					
Max.		316,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

September 1998

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408

System Owner

Name: LOUIS STAIANO Telephone No.: 941-676-7555

Address: 525 CLOUHOUSE DR.

City: LAKE WALES State: FL Zip Code: 33853

System Type: Community; G non-transient non-community; G non-community; G consecutive

No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER COMPANY Telephone No.: 941-638-1285

Address: 25 FIRST AVE. NORTH

City: LAKE WALES State: FL Zip Code: 33853

Permitted Maximum Day Capacity of Plant: 315,000 gpd

Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC

Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: KEVIN J. EGAN, 7426, C, 6 VISITS / WEEK

Other Certified Plant Operators (attach additional sheets if necessary):

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: EVERETT E. BARRETT, 4349, C, 6 VISITS / WEEK

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

September 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: [Signature] 10-8-98

Name and Certificate Number (please type or print): KEVIN J. EGAN C-7426

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;

combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System:			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	219,000	1.0	.7	2	.7	
2		222,000	.8	.6	2	.6	
3		209,000	.7	.5	2	.5	
4		231,000	.8	.6	2	.6	
5		252,000	.7	.5	2	.5	
6		203,000	.6	.4	2	.4	
7		214,000	.7	.5	2	.5	
8		244,000	.8	.6	2	.6	
9		220,000	.7	.5	2	.5	
10		249,000	.7	.5	2	.5	
11							
12		547,000	.8	.5	2	.5	
13		266,000	1.0	.7	2	.7	
14		249,000	1.0	.6	2	.6	
15		231,000	.8	.5	2	.5	
16		304,000	.7	.4	2	.4	
17		286,000	1.0	.8	2	.8	
18							
19		467,000	1.0	.6	2	.6	
20		182,000	1.0	.7	2	.7	
21		226,000	.8	.6	2	.6	
22		225,000	.7	.5	2	.5	
23		198,000	.8	.6	2	.6	
24		192,000	.7	.5	2	.5	
25							
26		449,000	.8	.5	2	.5	
27		180,000	.7	.4	2	.4	
28		193,000	.8	.5	2	.5	
29		247,000	.8	.5	2	.5	
30	24	205,000	.7	.4	2	.4	
31							
Total		6,917,000			54		
Avg.		231,000					
Max.		304,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

OCTOBER 1998

Water System Information

System Name: PARK WATER CO. PWS Identification No.: 6530408
 System Owner
 Name: LOUIS STAIRNO Telephone No.: 941-676-7555
 Address: 525 CLUBHOUSE DR.
 City: LAKE WALKS State: FL Zip Code: 33853
 System Type: ~~B community~~ G non-transient non-community; G non-community; G consecutive
 No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER COMPANY Telephone No.: 941-638-1285
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALKS State: FL Zip Code: 33853
 Permitted Maximum Day Capacity of Plant: 315,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>EVERETT E. BORRETT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

OCTOBER 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 11-04-98
 Signature and Date

KEVIN J. EGAN C-7426
 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCTOBER 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	215,000	1.0	.7	2	.7	
2							
3		532,000	.9	.6	2	.6	
4		125,000	1.0	.7	2	.7	
5		230,000	.8	.6	2	.6	
6		223,000	.7	.5	2	.5	
7		237,000	.8	.6	2	.6	
8		224,000	.8	.6	2	.6	
9		278,000	.8	.5	2	.5	
10							
11		619,000	1.8	1.0	2	1.0	
12		266,000	1.2	.8	2	.8	
13		272,000	.8	.6	2	.6	
14		255,000	.7	.5	2	.5	
15		248,000	1.0	.7	2	.7	
16		270,000	.8	.6	2	.6	
17		261,000	.5	.5	2	.5	
18		263,000	.7	.7	2	.7	
19		276,000	.7	.7	2	.7	
20		269,000	.6	.6	2	.6	
21		198,000	.8	.8	2	.8	
22		213,000	.7	.7	2	.7	
23		245,000	.5	.5	2	.5	
24							
25		487,000	1.0	.8	2	.8	
26		235,000	.8	.6	2	.6	
27		287,000	.7	.5	2	.5	
28		255,000	1.0	.7	2	.7	
29		254,000	.8	.6	2	.6	
30							
31	24	553,000	.7	.5	2	.5	
Total		7,797,000			54		
Avg.		252,000					
Max.		310,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

NOVEMBER 1998

Water System Information

System Name: PARK WATER COMPANY PWS Identification No.: 6530408
 System Owner
 Name: PARK WATER COMPANY INC. Telephone No.: 941-638-1285
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALKS State: FL Zip Code: 33853
 System Type: G community G non-transient non-community; G non-community; G consecutive
 No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant

Name: PARK WATER COMPANY Telephone No.: 941-638-1285
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALKS State: FL Zip Code: 33853
 Permitted Maximum Day Capacity of Plant: 315,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>EVERETT E. BARRETT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

NOVEMBER 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator worked or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 12-08-98
Signature and Date

KEVIN J. EGAN C-7426
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530404

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF NOVEMBER 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine,
combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Colliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Colliform Sampling Points (mg/L)	
1	24	268,000	1.0	.7	2	.7	
2		282,000	.8	.6	2	.6	
3		244,000	1.0	.7	2	.7	
4		206,000	.8	.5	2	.5	
5		192,000	1.0	.7	2	.7	
6							
7		510,000	1.0	.7	2	.7	
8		229,000	1.0	.6	2	.6	
9		280,000	1.0	.7	2	.7	
10		246,000	.8	.6	2	.6	
11		303,000	.7	.5	2	.5	
12		227,000	.8	.6	2	.6	
13		280,000	.8	.5	2	.5	
14		271,000	.7	.4	2	.4	
15		244,000	.8	.6	2	.6	
16		293,000	.7	.5	2	.5	
17		297,000	.7	.4	2	.4	
18		257,000	.8	.6	2	.6	
19		250,000	.7	.5	2	.5	
20		310,000	.8	.6	2	.6	
21		298,000	1.0	.7	2	.7	
22		238,000	.5	.5	2	.5	
23		243,000	.8	.6	2	.6	
24		216,000	.8	.6	2	.6	
25		291,000	.7	.5	2	.5	
26		207,000	.7	.5	2	.5	
27		235,000	.8	.6	2	.6	
28		257,000	.7	.5	2	.5	
29		217,000	.7	.5	2	.5	
30	24	299,000	.8	.6	2	.6	
31							
Total		7,690,000			58		
Avg.		256,000					
Max.		310,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF DECEMBER 1998

Water System Information

System Name: PARK WATER COMPANY PWS Identification No.: 6530408
 System Owner Name: PARK WATER COMPANY INC. Telephone No.: 941-638-1285
 Address: 25 FIRST AVE. NORTH
 City: LAKE WALES State: FL Zip Code: 33853
 System Type: G community; G non-transient non-community; G non-community; G consecutive
 No. of Service Connections at End of Month: 739 Total Population Served at End of Month: 1,900

Water Treatment Plant Information

Treatment Plant Name: PARK WATER COMPANY Telephone No.: 941-638-1285
 Address: 25 FIRST AVENUE NORTH
 City: LAKE WALES State: FL Zip Code: 33853
 Permitted Maximum Day Capacity of Plant: 315,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: SC
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>KEVIN J. EGAN</u>	<u>7426</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>EVERETT E. BARRETT</u>	<u>4349</u>	<u>C</u>	<u>6 VISITS / WEEK</u>

STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF DECEMBER 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator worked or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Kevin J. Egan 1-05-99
 Signature and Date

KEVIN J. EGAN C-7426
 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF DECEMBER 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine

combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	272,000	.8	.6	2	.6	
2		259,000	.9	.6	2	.6	
3		255,000	.8	.6	2	.6	
4		270,000	.8	.5	2	.5	
5		260,000	.8	.6	2	.6	
6		259,000	.7	.4	2	.4	
7		257,000	.8	.6	2	.6	
8		243,000	1.0	.6	2	.6	
9		274,000	.8	.5	2	.5	
10		292,000	.7	.4	2	.4	
11		365,000	.7	.4	2	.4	
12		243,000	.7	.4	2	.4	
13		257,000	.6	.4	2	.4	
14		181,000	1.0	.7	2	.7	
15		237,000	1.0	.6	2	.6	
16		236,000	.9	.7	2	.7	
17		222,000	1.0	.6	2	.6	
18		280,000	.9	.7	2	.7	
19		293,000	1.0	.6	2	.6	
20		194,000	.8	.5	2	.5	
21		271,000	1.0	.7	2	.7	
22		251,000	1.0	.8	2	.8	
23		288,000	.9	.6	2	.6	
24		252,000	1.0	.7	2	.7	
25		258,000	.9	.6	2	.6	
26		211,000	1.0	.7	2	.7	
27		299,000	.9	.6	2	.6	
28		243,000	1.0	.7	2	.7	
29		219,000	.9	.6	2	.6	
30		201,000	1.0	.7	2	.7	
31	24	263,000	.9	.6	2	.6	
Total		7,817,000			62		
Avg.		252,000					
Max.		365,000					



Jeb Bush
Governor

Robert G. Brooks, M.D.
Secretary

May 14, 1999

CS/Park Water Company
PWS: Id. No. 6530408

Kevin Egan
Park Water Company
25 First Avenue North
Lake Wales, FL 33853

Dear Mr. Egan:

A recent survey of your water system conducted on May 13, 1999 indicates a number of items are not in compliance with *Chapter 62 Florida Administrative Code*.

Deficiencies are listed below:

1. Chapter 62-550.518(1) requires all public water suppliers to have a current bacteriological sampling plan available for review and possible revision, on the occasion of a sanitary survey conducted by the Department. The plan should be representative of the entire water system and should indicate on a map or system overview, the address with specific sampling site locations, timing, frequency, and rotation periods of sites where total coliform samples are to be taken. Continue to collect the required number of samples, at each sample point, each month, as per your plan for all systems. Please forward a copy of the sampling plan for this system to this office.
2. There is no written auxiliary power plan on file. Chapter 62-555.320(6)(e) requires community water systems that serve 350 or more persons, or have 150 or more service connections, to maintain a written auxiliary power plan that details how it meets the requirements of Chapter 62-555.320(6). The plan shall be available for review by the Department during the time of a routine sanitary survey. Please forward a copy of the auxiliary power plan for this system to this office.
3. The auxiliary power source is not operated under load each month. Chapter 62-555.320(6)(c) requires the operation of the auxiliary power source at least once per month continuously for a minimum of four hours under load.
4. The chlorine facility has no chlorine warning signs as required by Chapter 62-555.320(5)(a)2.

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, FL 33880
Phone (941) 533-3398 / SC 531-1501 / FAX (941) 534-7245

Lynne M. Sweeney, MD, MPH
Assistant Director

CS/Park Water Company
page two

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) day period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at 941-533-3398, extension 114.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Taghiof". The signature is written in a cursive style with a large, looped "H" and a stylized "T" and "G".

Henry Taghiof
Engineer III

HT/adh

xc: File: CS/Park Water Company

Park Water Company
25 First Ave. North
Lake Wales, FL 33853
Phone 941-638-1285

Polk County Public Health Unit
Environmental Engineering Division
2090 E. Clower St.
Bartow, FL 33830

RE: Response to your survey on May 13th 1999

To whom it may concern:

1. Please find attached a copy of our bacteriological sampling plan.
2. Please find attached a copy of our auxiliary power plan.
3. The auxiliary power is operated under load for four (4) hours each month as required.
We have place log books with each unit to verify this.
4. There is now a warning sign on our chlorine room door.

If you have any questions, please contact me at 941-638-1285.

Sincerely,


Kevin J. Egan

**Auxiliary Power Plan
Park Water Company
P.W.S I.D. 6530408**

Facility Information

The water system includes the following components:

- 1 – 60 H.P. Well Pump
- 1 – 30 H.P. Well Pump
- 1 – 305,000 Elevated Storage Tank
- 2 – 1 ½ H.P. Chlorine Booster Pumps

In the event of loss of power each well pump is equipped with a six-cylinder LP gas powered motor and right angle drive

A gasoline generator powers the chlorine booster pumps.

Both backup motors are operated under load for 4 hours per month, along with the chlorine booster pumps operating on the generator.

These backup systems are capable of pumping up to 1,200 GPM, which far exceeds our peak, flows.

Bacteriological Sampling Plan

P.W.S. Name - Park Water Company
P.W.S. ID # 6530408

Sample Sites:

- A. 528 Sunshine Drive
- B. American Bank
- C. Church of God
- D. Lakeside Gardens Lot #28
- E. Genesis Pointe Office Building
- F. 356 Jefferson Street
- G. 502 Jackson Street
- H. 225 Lake BLVD
- I. 227 Caloosa Circle North
- J. 5144 Washington Street
- K. 4418 Carrillon Court
- L. Warner Southern College Student Services Building
- M. Raw Water Tap

Sample Site Rotation

January	A,L,M
February	B,K,M
March	C,J,M
April	D,I,M
May	E,H,M
June	F,G,M
July	A,K,M
August	B,J,M
September	C,I,M
October	D,H,M
November	E,G,M
December	F,L,M

PUBLIC DRINKING WATER SYSTEM INSPECTION FORM
DOH - POLK COUNTY HEALTH DEPARTMENT
 2090 EAST CLOWER STREET, BARTOW, FL 33830 PHONE (941)533-3398

SYSTEM TYPE	PURPOSE	COMPLIANCE RESULTS
<input checked="" type="checkbox"/> COMMUNITY	<input type="checkbox"/> ROUTINE INSPECTION	<input checked="" type="checkbox"/> I-Significantly In
<input type="checkbox"/> NONCOMMUNITY	<input checked="" type="checkbox"/> RE-INSPECTION	<input type="checkbox"/> O-Significantly Out
<input type="checkbox"/> NTNC	<input type="checkbox"/> COMPLAINT INVESTIGATION	

System: <u>PARK WATER COMPANY</u>	PWS ID NO: <u>6530 408</u>
Mail Addr: <u>25 FIRST AVE NORTH</u>	Location: <u>25 FIRST AVE NORTH</u>
City: <u>LAKE WALES</u>	City: <u>LAKE WALES</u>
State, Zip: <u>FL 33853</u>	Phone No: <u>(941) 638 1285</u>
Contact: _____	Operator: <u>KEVIN EGAN</u>

WELL DATA	SYSTEM DATA
1. Well size _____ Casing Type _____ Height Above Grade _____ 2. Hazard Setbacks _____ <input checked="" type="checkbox"/> 3. Well vent/Cap/Seal/Check Valve <input checked="" type="checkbox"/> 4. 6' x 6' x 4" Surface Protection <input checked="" type="checkbox"/> 5. Raw Water Sample Tap <input checked="" type="checkbox"/> 6. Pump Type <u>(2) VT</u> H.P. <u>30960 HP</u>	<input checked="" type="checkbox"/> 14. Storage Size/Type <u>(4) 1000 Gallon</u> 15. Gauge, PSI _____ <input checked="" type="checkbox"/> 16. Sight Glass 17. Dist. Pipe Size & Type _____ <input checked="" type="checkbox"/> 18. Flow Measuring Device: Flowmeter <input checked="" type="checkbox"/> Elapsed Hour Meter <input type="checkbox"/> <input checked="" type="checkbox"/> 19. Backflow Protection/Cross Connections <input checked="" type="checkbox"/> 20. Protection From Tampering 21. Other _____
CHLORINATION DATA	FILE DATA
<input checked="" type="checkbox"/> 7. Chlorine Test Kit, DPD <input checked="" type="checkbox"/> 8. Gas <input checked="" type="checkbox"/> Hypo _____ <input checked="" type="checkbox"/> 9. Chlorinator, Capacity/Make <u>ECOMETRIC</u> <input checked="" type="checkbox"/> 10. Chlorine Residual <u>0.75</u> <input checked="" type="checkbox"/> 11. Injection Point <input checked="" type="checkbox"/> 12. Gas, Flow Rate <u>30 LB/DAY</u> <input checked="" type="checkbox"/> 13. Scales/Door/Fan/Light/Ammonia/Breathing Apparatus/Chain/Wrench/Alarm/Auto Switch-over/Ventilation <u>Alarm</u>	<input checked="" type="checkbox"/> 22. Last Inspection Date <u>6/5/97</u> 23. Repeat Violations _____ 24. Monthly Operation Reports/No. Visits _____ <input checked="" type="checkbox"/> 25. Certified Operator/Class <u>C</u> 26. Chemical Analyses: MCL Violation <input type="checkbox"/> Delinquent Monitoring <input type="checkbox"/> 27. Bacteriologicals: MCL Violation <input type="checkbox"/> Delinquent Monitoring <input type="checkbox"/> <input checked="" type="checkbox"/> 28. Number of Service Connections <u>720</u> 29. Population Served _____

Items checked with an (X) indicate that a violation exists. See comments below for details.

COMMENTS: new alarm for loss of chlorine has been installed

Inspected by: Henry TACCHIO Date 1/9/97 Phone 533 3398 Ext. 114

Received by: Kevin Egan Title: Engineer



Jeb Bush
Governor

Robert G. Brooks, M.D.
Secretary

PUBLIC WATER SYSTEM CONSTRUCTION PERMIT

PERMITTEE:

Anthony Staiano
25 First Ave. North
Lake Wales, FL 33853

PERMIT DATA:

Project Name:	Park Water Co. C.R. 640 Extension
Approval Number:	5399-0408-A7
Water System Name:	Park Water Company
PWS I.D. Number:	6530408
Project Number:	133318-005
Date of Issue:	September 3, 1999
Date of Expiration:	September 2, 2000
County:	Polk
Township:	30S
Section:	26
Range:	27E

This permit is issued under the provisions of *Chapter 403, Florida Statutes and Florida Administrative Code Rules 62-4, 62-602, 62-550, 62-555 and 62-560*. The above named permittee is hereby authorized to perform the work on the facility shown on the application and approved drawings, plans, and other documents, attached hereto or on file with the Department and made a part here of and described as follows: The project consist of installation of 1,900 lf of 8" pvc water main and 1 fire hydrant assembly.

General conditions are as required under *Chapter 62-4.160* of the *Florida Administrative Code*.

EJJ/adh

xc: James Madden, P.E.
File Copy - Park Water Company

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (941) 533-3398 / SC 531-1501 / FAX (941) 534-0245

Lynne M. Sweeney, MD, MPH
Assistant Director

SPECIFIC CONDITIONS:

1. Construction of this project must be completed within one (1) year from the date of this approval. Re-approval of expired permits will be considered by this Department upon written request prior to the expiration date accompanied by the current application fee. The engineer of record in this application is responsible for supervision of the construction of this project and upon completion shall inspect for complete conformity to the plans and specifications as approved. A report of such inspection in writing and signed by the engineer shall be rendered to the DOH Polk County Health Department. Major deviations from the original plan will require a complete resubmittal of the project to this Department.
2. This approval is given with the understanding that upon the installation of such works, its operations shall be placed under the care of a competent person, whose qualifications are approved by the Department and the operation shall be carried out according to best accepted practice and in accordance with the requirements of the rules and regulations of the Department. This includes not only the provision of continuing essential funds for operation and maintenance of chemical supplies for plant operation; but also the funds for maintenance of this water treatment facility and distribution system.
3. Water supply facilities including mains shall be installed, cleaned, disinfected, and bacteriologically cleared for service, in accordance with the latest applicable AWWA Standards and Department rules and regulations.
4. Copy of the pressure test conducted on the water system to be cleared or statement of the engineer that the test was done and met the AWWA requirements.
5. An as-built review fee of \$75.00 made payable to Polk County Health Department must be included with this package before a clearance can be issued.
6. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either cast iron pipe or concrete encased vitrified clay pipe, centered on the point of crossing. When a water main parallels a sewer main, a separation of at least 10' should be maintained where practical.
7. Satisfactory bacteriological main clearance samples must be submitted for two (2) consecutive days from the three (3) sampling points as shown on the plans.

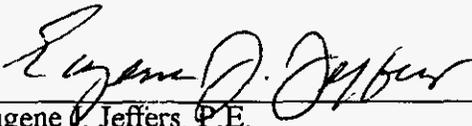


Jeb Bush
Governor

Robert G. Brooks, M.D.
Secretary

Permit - Park Water Co. C.R. 640 Extension
File Ref. - Park Water Company
page three

Issued This 3rd day of September, 1999.


Eugene V. Jeffers, P.E.
Administrator
Environmental Engineering

CERTIFICATE OF SERVICE

This is to certify that this permit and all copies were mailed before the close of business on
9-7-99 to the listed persons.

FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to Chapter 120.52(10), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.


Aubrey Haynes

9-7-99
Date

xc: James Madden, P.E.
File Copy - Park Water Company

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (941) 533-3398 / SC 531-1501 / FAX (941) 534-0245

Lynne M. Sweeney, MD, MPH
Assistant Director

NOTICE OF PERMIT ISSUANCE

Park Water Co. C.R. 640 Extension

Anthony Staiano
25 First Ave. North
Lake Wales, FL 33853

Dear Mr. Staiano:

This will acknowledge receipt of plans and related documents pertaining to the above referenced water supply project. Effective September 3, 1999 the above referenced project plans and documents are approved under Serial Number 5399-0408-A7 for Park Water Co. C.R. 640 Extension. A copy of the permit is attached stating the general and specific conditions which must be complied with.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) accordance with *Section 120.57, Florida Statutes*. The petition must contain the information set forth below and must be filed (received) in the office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under *Section 120.57, Florida Statutes*.

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed action;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, FL 33830
Phone (941) 533-3398 / SC 531-1501 / FAX (941) 534-0245

Lynne M. Sweeney, MD, MPH
Assistant Director

- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by Petitioner, if any;
- (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under *Section 120.57, Florida Statutes*, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to *Rule 28-5.207, Florida Administrative Code*.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to *Rule 62-103.070, Florida Administrative Code*. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further order of the Department.

Park Water Co. C.R. 640 Extension
File Ref. -- Park Water Company
Page three

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to *Section 120.68, Florida Statutes*, by the filing of a Notice of Appeal pursuant to *Rule 9.110, Florida Rules of Appellate Procedure*, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

This approval pertains only to the water utilities serving this development and is not to be construed as approval of any other utility aspects. All concerned are reminded that sewerage facilities must be cleared separately through the appropriate Department of Environmental Protection District/Subdistrict office.

By copy of this letter to the owner we are advising that approval is given to functional aspects of this project on the basis of representations to and data furnished this department.

The engineer's certification as to construction of this project in accordance with approved plans together with satisfactory bacteriological analyses for two (2) consecutive days from the locations listed on the permit, shall be provided and a letter of clearance obtained from this Agency before placing these facilities in service. Enclosed please find our form for certification of project construction to be completed and returned upon project completion.

There may be county, municipal or other local regulations or restrictions to be complied with by the owner prior to construction of the facilities presented by the plans referred to above, and we, therefore, recommend that appropriate local agencies be consulted before starting construction.

Sincerely,


Eugene J. Jeffers, P.E.
Administrator
Environmental Engineering

EJJ/adh

xc: James Madden, P.E.
File Copy -- Park Water Company



RECEIVED

JAN 11 1998

Department of Environmental Protection

Project # 133318-003
Rec # 2454

RECEIVED

ENVIRONMENTAL PERMITTING
Application for a Public Drinking Water Facility Construction Permit

JAN 23 1998

INSTRUCTIONS: This form shall be completed and submitted by persons proposing to construct new, or alter existing public drinking water facilities unless such proposed construction or alteration is permitted under the "General Permit for Construction of an Extension to a Public Drinking Water Distribution System," in which case Form 62-555.900(7) is to be completed and submitted. Complete this form and submit it in quadruplicate to the appropriate district office of the Department or the appropriate Approved County Public Health Unit (ACPHU) along with a check for the proper application processing fee and the following supporting documents: a signed and sealed engineering report (including design data); signed and sealed engineering plans and specifications; a certificate that the project has been approved by the governing body of the applicant (city commissioners, corporation, board, etc.); and, for each project involving the construction of a new drinking water treatment plant in a county regulated by the Florida Public Service Commission (PSC), a copy of the PSC certificate authorizing the applicant to provide service or a copy of the PSC order exempting the applicant from PSC regulation. All supporting documents, as well as this form, shall be submitted in quadruplicate. All information provided on this form shall be typed or printed in ink. Complete Parts I, II, IV, V, and VI.A of this form for all projects, and complete Parts III and VI.B through VI.E of this form when applicable. A signature page or cover letter for engineering reports, each sheet of engineering plans, and a cover or index sheet for engineering specifications shall be signed, dated, and sealed with an impression-type metal seal by the professional engineer(s) in responsible charge of the documents. Also, engineering plans and specifications shall be those intended for construction and shall not be stamped otherwise (e.g., "For Permitting Only," "For Review Only," etc.). Application processing fees are listed in Rule 62-4.050, Florida Administrative Code (F.A.C.). Checks for application processing fees shall be made payable to the Department of Environmental Protection or to the appropriate ACPHU. NOTE THAT A SEPARATE APPLICATION AND A SEPARATE PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PUBLIC DRINKING WATER DISTRIBUTION SYSTEM PROJECT.

I. NAME, DESCRIPTION, AND LOCATION OF PROJECT; APPLICANT; ETC

Project Name: Park Water Company Elevated Tank

Project Description: Erect 21' X 112' HT (305,000 gal.) standpipe. Remove 4 10,000 gal. hydropneumatic tanks. Change plant piping as required.

Project Location

County: Polk Section: 35 Township: 30 S Range: 27 E
Latitude and Longitude of Each New Treatment Plant and Each New Raw Water Source (attach additional sheets if necessary):

	o	'	"N	o	'	"W
	o	'	"N	o	'	"W
	o	'	"N	o	'	"W

Applicant

Utility/Company Name: PARK WATER COMPANY Inc. Telephone No.: (941) 638-1285
Address: 25 First Avenue North
City: Lake Wales State: FL Zip Code: 33853

Public Water System Supplying Water for Project (complete for distribution system projects)

System Name: Park Water Company PWS Identification No.: 6530408
System Owner: Park Water Company Inc. Telephone No.: 941-638-1285
Address: 25 First Avenue North
City: Lake Wales State: FL Zip Code: 33853

Application for a Public Drinking Water Facility Construction Permit
Project Name: Park Water Company Elevated Tower
Applicant: Park Water Company Inc.

•Owner/Operator of Project After it is Placed into Service

Utility/Company Name: Park Water Company Inc. Telephone No.: 941-638-1285
Address: 25 First Avenue North
City: Lake Wales State: FL Zip Code: 33853

•Professional Engineer in Responsible Charge of Designing Project

Name of Engineer: James W. Madden Telephone No.: 941-676-0914
Firm Name: Self Employed
Address: 2705 Club House Drive
City: Lake Wales State: FL Zip Code: 33853

II. STATEMENT BY APPLICANT

I, the undersigned owner or authorized representative* of Park Water Company Inc. certify that all components that will be installed under this project and that will come into contact with drinking water or drinking water treatment chemicals (except components that will come into contact with raw water prior to its treatment by reverse osmosis) conform, or will conform, with American National Standards Institute/NSF International (ANSI/NSF) Standard 61. Also, I certify that all drinking water treatment chemicals that will be supplied under this project except fluoridation chemicals conform, or will conform, with ANSI/NSF Standard 60 and that all fluoridation chemicals that will be supplied under this project conform, or will conform, with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable.

I agree that we will require the contractor to furnish us with record drawings for this project. Also, I agree that we will retain a professional engineer registered in Florida to inspect construction of this project for the purpose of determining if work proceeds in compliance with the construction permit and approved engineering plans and specifications.

I am fully aware that we must obtain a letter of clearance from the Department before we place this project into service for any purpose other than disinfection, testing for leaks, or testing equipment operation. Also, I am fully aware that, if we sell or legally transfer ownership of this project before obtaining a letter of clearance from the Department, we must submit to the Department an "Application for Transfer of a Public Water System Construction Permit" within 30 days after such sale or legal transfer of ownership.

Louis Staiano 12-6-98
Signature and Date

President Louis Staiano
Name and Title (please type or print)

* Attach a letter of authorization. Louis Staiano

III. STATEMENT BY PUBLIC WATER SYSTEM SUPPLYING WATER FOR PROJECT (complete for distribution system projects)

I, the undersigned owner or authorized representative* of Park Water Company certify that we will provide the potable water supply required by this project. As indicated below, the water treatment plant to which this project will be connected has the capacity to provide the potable water supply required by this project, and I certify that said plant is in compliance with the standards and criteria set forth in Chapters 62-550, 62-555, and 62-580, F.A.C. Also, said plant was constructed under one or more valid Department construction permits as indicated below, and I certify that connection of this project to said plant will not be a violation of any condition of this(these) construction permit(s).

•Name of Water Treatment Plant to Which this Project Will Be Connected: Park Water Company Inc.

•Construction Permit Number(s) for Plant and Date(s) Permit(s) Issued: N/A

•Permitted Maximum Day Capacity of Plant: 315,000 gpd.

•Maximum Day Flow at Plant as Recorded on Monthly Operating Reports During Past 12 Months: 436,000

Louis Staiano 12-6-98
Signature and Date

Louis Staiano, President
Name and Title (please type or print)

* Attach a letter of authorization. Louis Staiano

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company Elevated Tower

Applicant: Park Water Company Inc.

IV. STATEMENT BY OWNER/OPERATOR OF PROJECT AFTER IT IS PLACED INTO SERVICE

I, the undersigned owner or authorized representative* of Park Water Company Inc. certify that we will be the owner/operator of this project after it is placed into service. I agree that we will operate and maintain this project in a manner that will comply with Chapters 62-550, 62-555, 62-560, and 62-699, F.A.C.; and I certify that all drinking water treatment chemicals that we will use except fluoridation chemicals conform, or will conform, with American National Standards Institute/NSF International (ANSI/NSF) Standard 60 and that all fluoridation chemicals that we will use conform, or will conform, with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable. Also, I agree that we will promptly notify the Department if we sell or legally transfer ownership of this project.

Louis Staiano 12-6-98
Signature and Date

Louis Staiano, President
Name and Title (please type or print)

* Attach a letter of authorization. Louis Staiano

V. STATEMENT BY PROFESSIONAL ENGINEER IN RESPONSIBLE CHARGE OF DESIGNING PROJECT

I, the undersigned professional engineer registered in Florida, certify that I am in responsible charge of the preparation and production of engineering documents for this project; that I have expertise in the design of water treatment, storage, and distribution facilities; and that, to the best of my knowledge and belief, the engineering design for this project complies with Chapter 62-555, F.A.C., and provides reasonable assurance of compliance with Chapter 62-550, F.A.C.

The plans and specifications for this project require that all new and relocated project components that will come into contact with drinking water or drinking water treatment chemicals (except components that will come into contact with raw water prior to its treatment by reverse osmosis) be in conformance with American National Standards Institute/NSF International (ANSI/NSF) Standard 61. Also, the plans and specifications for this project require that all drinking water treatment chemicals supplied under this project except fluoridation chemicals be in conformance with ANSI/NSF Standard 60 and that all fluoridation chemicals supplied under this project be in conformance with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable.

J.W. Madden 12-6-98
Signature, Date, and Seal

J.W. Madden PE# 30351
Name and License Number (please type or print)

VI. SUMMARY OF DESIGN DATA FOR PROJECT

A. General

System PWS Identification Number, Name, Owner, and Type

1. System PWS Identification Number (if existing system): 6530408
2. System Name: Park Water Company Inc.
3. System Owner: Park Water Company Inc.
4. System Type: community; non-transient non-community; non-community; consecutive

System Service Area

5. Nature and Extent of Existing Service Area and Design/Projected Service Area: Sections 23, 26, 27, 28, 29, 32, 33, 34, 35, 36 of 30S 27E

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company Elevated Tower

Applicant: Park Water Company Inc.

6. Number of Existing Service Connections: 739
7. Existing Significant Industrial Water Users (industries with an average or maximum daily water demand that is $\geq 1\%$ of the total average or maximum daily water demand on the system) (attach additional sheets if necessary):

None			

8. Regulated Consecutive Public Water Systems Presently Connected to this System (attach additional sheets if necessary):

None			

* IF YES, PROVIDE ON AN ATTACHMENT THE NAMES OF THE USERS AND THEIR PRESENT AVERAGE AND MAXIMUM DAILY WATER DEMANDS.

Present Population Served by System and Present Water Demand

9. Present Population Served Directly (excluding all regulated consecutive public water systems): 1900
10. Present Total Population Served (including all consecutive public water systems): 1900
11. Present Annual Average Day Water Demand: 251,000
12. Present Per Capita Annual Average Day Water Demand: 132
13. Present Maximum Day Water Demand: 436,000
14. Present Maximum Hour Water Demand: 36,000

Design Population and Water Demand for System

15. Design Year and Estimated Total Population to Be Served in Design Year: No Change
16. Projected Annual Average Day Water Demand in Design Year and Basis of Projection: No change

17. Projected Maximum Day Water Demand in Design Year and Basis of Projection: No Change

18. Projected Maximum Hour Water Demand in Design Year and Basis of Projection: No Change

19. Design Fire Demand (flow rate and duration) and Basis of Design: 700 gpm Field Test

System Raw Water Sources and Collection Facilities

20. Existing Ground Water Sources and Wells (attach additional sheets if necessary):

Park Water Company	Floridian	2	4000gpm	1500 gpm

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company Elevated Tower

Applicant: Park Water Company Inc.

15. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FROM NEW SURFACE WATER SOURCES (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C.).

16. Existing and Proposed Altered/New Raw Surface Water Pumps for the Treatment Plant Named in Part VI.B.9 Above (attach additional sheets if necessary):

Pump			

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump is Out of Service:

* ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW PUMPS.

17. Standby Power Source for Raw Surface Water Pumps: _____;

Raw Surface Water Pumps Connected, or Proposed to Be Connected, to Standby Power: _____

18. 100-Year, or Highest Known, Flood Elevation in Area of Intake: _____

C. Proposed Altered/New Treatment Facilities (including in-plant and finished water pumping facilities) N/A

1. Name of Proposed Altered/New Treatment Plant: _____

2. Previous Construction Permit Number(s) for Plant and Date(s) Permit(s) Issued: _____

3. Design/Projected Annual Average Day Water Demand for Plant and Basis of Design/Projection: _____

4. Design/Projected Maximum Day Water Demand for Plant and Basis of Design/Projection: _____

5. Design/Projected Maximum Hour Water Demand and Design/Projected Fire Demand Plus Coincident Draft for Plant and Basis of Design/Projections (provide this only when increased treatment and/or finished water pumping capacity will be provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands):

6. Design Daily Operating Period for Plant: _____;

Design Daily Operating Period for Finished Water Pumping Facilities: _____

7. Design Peak Sustained Operating Flow Rate Through Plant: _____

8. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FOR THE PLANT (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C.).

9. ATTACH A FLOW DIAGRAM SHOWING ALL EXISTING AND PROPOSED ALTERED/NEW TREATMENT PROCESSES (including waste handling processes), CHEMICAL APPLICATION POINTS, PUMPING FACILITIES, AND TREATMENT BYPASS ARRANGEMENTS FOR THE PLANT.

10. ATTACH A SUMMARY OF DESIGN CRITERIA FOR EACH EXISTING OR PROPOSED ALTERED/NEW TREATMENT PROCESS (including waste handling processes) AND FOR EACH EXISTING OR PROPOSED ALTERED/NEW CHEMICAL TO BE APPLIED AT THE PLANT (design criteria should include basin capacities, retention times, unit loadings, surface loading rates, backwash rates, feeder capacities and ranges, etc.).

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company Elevated Tower

Applicant: Park Water Company Inc.

11. Existing and Proposed Altered/New In-Plant and Finished Water Pumps (attach additional sheets if necessary):

Pump Function/Flow Stream Pumped:			

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump is Out of Service:

Pump Function/Flow Stream Pumped:			

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump is Out of Service:

Pump Function/Flow Stream Pumped:			

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump is Out of Service:

** ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW PUMPS.*

12. Method of Disposal of Plant Wastes (Aluminum/Iron Coagulant or Lime Softening Sludge from Clarification, Waste Backwash Water from Filtration, and/or Waste Brine from Ion Exchange or Membrane Processes): _____

13. Standby Power Source for Plant: _____;
Plant Equipment Connected, or Proposed to Be Connected, to Standby Power: _____

14. 100-Year, or Highest Known, Flood Elevation in Area of Plant: _____

D. Proposed Altered/New Plant and Distribution System Finished Water Storage Facilities

1. Existing and Proposed Altered/New Plant and Distribution System Finished Water Storage Facilities (attach additional sheets if necessary):

Facility Name	Capacity (Gallons)	Material	Existing Capacity (Gallons)	Proposed Capacity (Gallons)
Park Water Company		Stand Pipe	305,000	305,000

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company Elevated Tower

Applicant: Park Water Company Inc.

E. Proposed Altered/New Distribution Facilities (including booster pumping facilities)

Distribution Facilities No Change

1. Design/Projected Annual Average and Maximum Day Water Demands for Proposed Altered/New Distribution Facilities (i.e., water mains) Under this Project:

Category	Annual Average	Maximum Day	Maximum Hour	Fire Demand	Coincident Draft
Single-Family Home					
Mobile Home					
Apartment					
Commercial, Institutional, or Industrial Facility*					
Total					

* Description of Commercial, Institutional, and Industrial Facilities and Explanation of Method Used to Estimate Average Day Water Demand for These Facilities: _____

† Explanation of Method Used to Estimate Maximum Day Water Demand: _____

2. Design/Projected Maximum Hour Water Demand for Proposed Altered/New Distribution Facilities Under this Project and Basis of Design/Projection: _____

Design/Projected Fire Demand Plus Coincident Draft (usually maximum day water demand) for Proposed Altered/New Distribution Facilities Under this Project and Basis of Design/Projection: _____

3. Operating Pressure Range for Proposed Altered/New Distribution Facilities Under this Project: _____

4. Will any proposed altered/new distribution facilities under this project be installed in areas of ground water for which there is existing documentation of the presence of low-molecular-weight petroleum products or organic solvents at concentrations exceeding ground water standards? _____ If yes, describe the nature and extent of such areas: _____

5. Will any proposed altered/new distribution facilities under this project connect previously separate public water systems that have separate water supply sources? _____ If yes, provide the names of the systems proposed to be interconnected and explain the purpose of each proposed interconnection: _____

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company Elevated Tower

Applicant: Park Water Company Inc.

6. Will the proposed altered/new distribution facilities under this project be part of a community water system or a public water system that has a service area also served by a reclaimed water system? NO If yes, document that the system has a routine cross-connection control plan, including a written plan, in accordance with Rule 62-555.360, F.A.C.: _____

Booster Pumping Facilities

7. Name/Location of Proposed Altered/New Booster Pumping Station: N/A

8. Design/Projected Annual Average and Maximum Day Water Demands for Booster Pumping Station:

Category	Annual Average	Maximum Day	Maximum Hour	Fire Demand	Coincident Draft
Single-Family Home					
Mobile Home					
Apartment					
Commercial, Institutional, or Industrial Facility*					
Total					

* Description of Commercial, Institutional, and Industrial Facilities and Explanation of Method Used to Estimate Average Day Water Demand for These Facilities: _____

† Explanation of Method Used to Estimate Maximum Day Water Demand: _____

9. Design/Projected Maximum Hour Water Demand and Design/Projected Fire Demand Plus Coincident Draft (usually maximum day water demand) for Booster Pumping Station and Basis of Design/Projections (provide this only when increased pumping capacity will be provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands): _____

10. Existing and Proposed Altered/New Pumps at Booster Pumping Station (attach additional sheets if necessary):

Pump Name	Capacity	Efficiency	Notes

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump is Out of Service: _____

* ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW PUMPS.

11. Standby Power Source for Booster Pumping Station: _____; Pumps Connected, or Proposed to Be Connected, to Standby Power: _____

12. 100-Year, or Highest Known, Flood Elevation in Area of Booster Pumping Station: _____



2-10-99 5446 450.
Project # 133318-002
Rec # 2451

Department of
Environmental Protection

RECEIVED
FEB 10 1999

ENVIRONMENTAL
ENGINEERING

Notification for Use of the General Permit for Construction of an Extension to a
Public Drinking Water Distribution System

INSTRUCTIONS: This form shall be completed and submitted by persons proposing to construct projects permitted under the "General Permit for Construction of an Extension to a Public Drinking Water Distribution System" pursuant to Rule 62-555.540, Florida Administrative Code (F.A.C.). AT LEAST 30 DAYS BEFORE BEGINNING THE PROPOSED CONSTRUCTION, complete this form and submit it in quadruplicate to the appropriate district office of the Department or the appropriate Approved County Public Health Unit (ACPHU) along with a check for the proper permit processing fee and the following supporting documents: signed and sealed engineering design data, plans, and specifications and a certificate that the project has been approved by the governing body of the permittee (city commissioners, corporation, board, etc.). All supporting documents, as well as this form, shall be submitted in quadruplicate. All information provided on this form shall be typed or printed in ink. A signature page or cover letter for engineering design data, each sheet of engineering plans, and a cover or index sheet for engineering specifications shall be signed, dated, and sealed with an impression-type metal seal by the professional engineer(s) in responsible charge of the documents. Also, engineering plans and specifications shall be those intended for construction and shall not be stamped otherwise (e.g., "For Permitting Only," "For Review Only," etc.). Permit processing fees are listed in Rule 62-4.050, F.A.C. Checks for permit processing fees shall be made payable to the Department of Environmental Protection or the appropriate ACPHU. NOTE THAT A SEPARATE NOTIFICATION AND A SEPARATE PERMIT PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PROJECT.

I. NAME, DESCRIPTION, AND LOCATION OF PROJECT; PERMITTEE; ETC.

•Project Name: Church Extension and Home Missions

•Project Description: Water supply services for an Assisted Care Living Facility

•Project Location
County: Polk Section: 34 & 35 Township: 30S Range: 27E

•Permittee
Utility/Company Name: Park Water Company Telephone No.: 941-638-1285
Address: 25 1st Avenue
City: Lake Wales State: FL Zip Code: 33853

•Public Water System Supplying Water for Project
System Name: Park Water Company PWS Identification No.: 6530408
System Owner: Louis Staiano, President Telephone No.: 941-638-1285
Address: 25 1st Avenue North
City: Lake Wales, State: FL Zip Code: 33853

•Owner/Operator of Project After It Is Placed into Service
Utility/Company Name: Park Water Company Telephone No.: 941-638-1285
Address: 25 1st Avenue North
City: Lake Wales State: FL Zip Code: 33853

•Professional Engineer in Responsible Charge of Designing Project
Name of Engineer: Vincent B. Pickett, P.E.
Firm Name: Pickett & Associates, Inc. Telephone No.: 941-533-9095
Address: 475 South First Avenue
City: Bartow State: FL Zip Code: 33830

Notification for Use of the General Permit for Construction of an Extension to a Public Drinking Water Distribution System

Project Name: Church Extension and Home Missions

Permittee: Park Water Company

II. STATEMENT BY PERMITTEE

I, the undersigned owner or authorized representative* of Park Water Company certify that all water main pipe, fittings, valves, fire hydrants, and related products that will be installed under this project and that will come into contact with drinking water conform, or will conform, with American National Standards Institute/NSF International Standard 61.

I agree that we will require the contractor to furnish us with record drawings for this project. Also, I agree that we will retain a professional engineer registered in Florida to inspect construction of this project for the purpose of determining if work proceeds in accordance with the construction permit and approved engineering plans and specifications.

I am fully aware that we must obtain a letter of clearance from the Department before we place this project into service for any purpose other than disinfection or testing for leaks. Also, I am fully aware that, if we sell or legally transfer ownership of this project before obtaining a letter of clearance from the Department, we must submit to the Department an "Application for Transfer of a Public Water System Construction Permit" within 30 days after such sale or legal transfer of ownership.

Kevin J. Egan 1-30-99
Signature and Date

Kevin Egan, Vice President
Name and Title (please type or print)

* Attach a letter of authorization.

III. STATEMENT BY PUBLIC WATER SYSTEM SUPPLYING WATER FOR PROJECT

I, the undersigned owner or authorized representative* of Park Water Company certify that we will provide the potable water supply required by this project. As indicated below, the water treatment plant to which this project will be connected has the capacity to provide the potable water supply required by this project, and I certify that said plant is in compliance with the standards and criteria set forth in Chapters 62-550, 62-555, and 62-560, F.A.C. Also, said plant was constructed under one or more valid Department construction permits as indicated below, and I certify that connection of this project to said plant will not be a violation of any condition of this(these) construction permit(s).

Name of Water Treatment Plant to Which this Project Will Be Connected: Park Water Company

Construction Permit Number(s) for Plant and Date(s) Permit(s) Issued:

Permitted Maximum Day Capacity of Plant:

Maximum Day Flow at Plant as Recorded on Monthly Operating Reports During Past 12 Months:

Kevin J. Egan 1-30-99
Signature and Date

Kevin Egan, Vice President
Name and Title (please type or print)

* Attach a letter of authorization.

IV. STATEMENT BY OWNER/OPERATOR OF PROJECT AFTER IT IS PLACED INTO SERVICE

I, the undersigned owner or authorized representative* of Park Water Company certify that we will be the owner/operator of this project after it is placed into service. I agree that we will operate and maintain this project in a manner that will comply with Chapters 62-550, 62-555, 62-560, and 62-699, F.A.C. Also, I agree that we will promptly notify the Department if we sell or legally transfer ownership of this project.

Kevin J. Egan 1-30-99
Signature and Date

Kevin Egan, Vice President
Name and Title (please type or print)

* Attach a letter of authorization.

V. STATEMENT BY PROFESSIONAL ENGINEER IN RESPONSIBLE CHARGE OF DESIGNING PROJECT

I, the undersigned professional engineer registered in Florida, certify that I am in responsible charge of the preparation and production of engineering documents for this project; that I have expertise in the design of water distribution systems;

Notification for Use of the General Permit for Construction of an Extension to a Public Drinking Water Distribution System

Project Name: Church Extension and Home Missions

Permittee: Park Water Company

and that, to the best of my knowledge and belief, the engineering design for this project complies with Chapter 62-555, F.A.C.

The plans and specifications for this project require that all new and relocated water main pipe, fittings, valves, fire hydrants, and related products that will come into contact with drinking water be in conformance with American National Standards Institute/NSF International Standard 61. Also, the plans and specifications for this project comply with the following requirements preceded by a "✓," and the following requirements preceded by an "NA" are not applicable to this project.

- (1) The location and size of existing water mains, reclaimed water lines, force mains, sanitary sewers, storm sewers, and other utilities, as well as the location and size of new and relocated water mains, are shown on the plans.
- (2) The plans or specifications include procedures for keeping existing water mains in service or for minimizing interruption of existing water service during construction.
- (3) It is required that all new and relocated water main pipe, fittings, valves, and fire hydrants be in conformance with applicable American Water Works Association (AWWA) standards, that all new and relocated water main pipe and fittings contain no more than eight percent lead, and that all packing and jointing materials used in the joints of new or relocated water main pipe be in conformance with applicable AWWA standards.
- (4) To the best of the professional engineer's knowledge, this project does not include installation of any new or relocated water mains in areas of ground water for which there is existing publicly accessible documentation of the presence of low-molecular-weight petroleum products or organic solvents at concentrations exceeding ground water standards. (A specific construction permit is required for installation of water mains in areas of ground water that are known to be contaminated by low-molecular-weight petroleum products or organic solvents.)
- (5) Based upon current and expected water system operating conditions, all new and relocated water mains are sized to maintain a minimum pressure of 20 psig at ground level under all design flow conditions listed in Part VI of this form.
- (6) If there are any new or relocated water mains that serve fire hydrants, such water mains and all hydrant leads are no smaller than six inches in diameter, and auxiliary valves are provided in all hydrant leads.
- (7) Dead-ends in new and relocated water mains are minimized by making appropriate tie-ins where practical, and if dead-ends do occur in new or relocated water mains, fire hydrants, flushing hydrants, or blow-offs are provided for flushing purposes.
- (8) Sufficient valves are provided in new and relocated water mains so that inconvenience and sanitary hazards will be minimized during repairs. (It is recommended that valves be placed at not more than 500-foot intervals in commercial districts and at not more than one-block or 800-foot intervals in other districts.)
- (9) If there are high points where air can accumulate in new or relocated water mains during design operating conditions, hydrants or air release valves are provided at such high points to remove the air.
- (10) If there are any automatic air release valves on new or relocated water mains, such valves are not located where the valve manhole or chamber could be flooded by surface runoff or by the 100-year flood or the highest recorded flood, whichever is higher, and the open end of the air release pipe from such valves is extended to at least one foot above grade and is provided with a screened downward-facing elbow.
- (11) If there are any hydrant drains, flushing devices, air release valves, or chambers or manholes containing valves, blow-offs, meters, or other such appurtenances provided in conjunction with new or relocated water mains, they are not connected directly to any sanitary or storm sewers.
- (12) It is required that new and relocated water mains and appurtenances be installed in accordance with applicable AWWA standards and/or the manufacturer's recommended procedures.

Notification for Use of the General Permit for Construction of an Extension to a Public Drinking Water Distribution System

Project Name: Church Extension and Home Missions

Permittee: Park Water Company

- (13) It is required that rock and unsuitably sized stones (as described in applicable AWWA standards and/or the pipe manufacturer's recommended installation procedures) found in trenches for new and relocated water main pipe be removed to a depth of at least six inches below the bottom of the pipe, that continuous and uniform bedding be provided in trenches for new and relocated water main pipe, and that backfill material be tamped in layers around new and relocated water main pipe and to a sufficient height above such pipe to adequately support and protect the pipe.
- (14) All tees, bends, plugs, and hydrants in new and relocated water mains are provided with reaction blocking or restrained joints to prevent movement.
- (15) It is required that all new and relocated water mains be pressure tested and leakage tested in accordance with AWWA Standard C600.
- (16) It is required that all new and relocated water mains be disinfected in accordance with AWWA Standard C651 and Rule 62-555.345, F.A.C.
- (17) All new and relocated water mains are located at least ten feet horizontally from all sanitary sewers, storm sewers, force mains, and reclaimed water lines carrying reclaimed water for restricted public access areas and at least three feet horizontally from all reclaimed water lines carrying reclaimed water for public access areas; or data justifying an exception to these separation requirements are attached in accordance with Rule 62-555.314(1) or (4), F.A.C. (All distances are measured from outside pipe edge to outside pipe edge.)
- (18) If there are any new or relocated water mains that cross any sanitary sewers, storm sewers, force mains, or reclaimed water mains, a profile view of each such crossing or the functional equivalent of a profile view of each crossing is provided.
- (19) If there are any new or relocated water mains that cross any sanitary sewers, storm sewers, force mains, or reclaimed water lines, the water mains cross above such pipelines with a minimum vertical distance of 18 inches between the outside of the water mains and the outside of such pipelines, or such crossings are arranged so that all pipe joints are equidistant from the point of crossing with no less than ten feet between any two joints (or, alternatively, the sanitary sewers, storm sewers, force mains, and reclaimed water lines at such crossings are placed in sleeves or encased in concrete to obtain the equivalent of the ten-foot separation between joints); or data justifying an exception to these separation requirements is attached in accordance with Rule 62-555.314(4), F.A.C.
- (20) If there are any new or relocated water mains that cross over or under surface water, a profile view of each surface water crossing showing the elevation of the bottom of the surface water and the normal and extreme high and low water levels is provided.
- (21) If there are any new or relocated water mains that cross over any surface water, the water main pipe at each such surface water crossing is adequately supported and anchored, protected from damage and freezing, and accessible for repair and replacement.
- (22) If there are any new or relocated water mains that cross under any surface water, a minimum cover of two feet is provided over the water main pipe at each such surface water crossing, and if the surface water is greater than 15 feet in width, the following features are provided: (a) flexible watertight joints for the water main pipe at the crossing, (b) easily accessible valves located at both ends of the crossing with neither valve subject to flooding by surface runoff or by the 100-year flood or the highest recorded flood, whichever is higher, and with the valve closest to the supply source located in a manhole, and (c) permanent taps on each side of the valve within the manhole to allow for sampling and insertion of a small meter to determine leakage.
- (23) Proper backflow-prevention assemblies/devices are provided in accordance with Rule 62-555.360, F.A.C., and the AWWA's Manual M14, *Recommended Practice for Backflow Prevention and Cross-Connection Control*.
- (24) This project does not include any interconnection between previously separate public water systems that have separate water supply sources. (A specific construction permit is required for such an interconnection.)

Notification for Use of the General Permit for Construction of an Extension to a Public Drinking Water Distribution System

Project Name: Church Extension and Home Missions

Permittee: Park Water Company

- (25) It is required that all new and relocated water services be in conformance with the State plumbing code, that all pipe and pipe fittings for new and relocated water services contain no more than eight percent lead, and that all solders and flux for new and relocated water services contain no more than 0.2 percent lead.

Vincent B. Pickett 2/10/99

Signature, Date, and Seal

Vincent B. Pickett, P.E. 4696

Name and License Number (please type or print)

VI. SUMMARY OF DESIGN DATA FOR PROJECT

1. Design/Projected Annual Average and Maximum Day Water Demands for Proposed Altered/New Distribution Facilities (i.e., water mains) Under this Project:

A = Type of Unit	B = Number of Units	C = Population per Unit	D = Total Population (Columns B x C)	E = Per Capita Average Day Water Demand	F = Total Average Day Water Demand (Columns D x E)	G = Total Maximum Day Water Demand ¹
Single-Family Home						
Mobile Home						
Apartment						
Commercial, Institutional, or Industrial Facility*	1				5,400	8,100
Total	1		1		5,400	8,100

* Description of Commercial, Institutional, and Industrial Facilities and Explanation of Method Used to Estimate Average Day Water Demand for These Facilities: 40 Bed Assisted Care Living Facility at 135 gallons per bed average

¹ Explanation of Method Used to Estimate Maximum Day Water Demand: Maximum day 150 percent of average day

2. Design/Projected Maximum Hour Water Demand for Proposed Altered/New Distribution Facilities Under this Project and Basis of Design/Projection: 900 Gallons per hour based on maximum hour = 400% average hour

Design/Projected Fire Demand Plus Coincident Draft (usually maximum day water demand) for Proposed Altered/New Distribution Facilities Under this Project and Basis of Design/Projection: 1006 GPM Fire Flow 1000 GPM + Maximum Day Rate

3. Operating Pressure Range for Proposed Altered/New Distribution Facilities Under this Project: 35 to 50 psi Normal

4. Will the proposed altered/new distribution facilities under this project be part of a community water system or a public water system that has a service area also served by a reclaimed water system? No If yes, document that the system has a routine cross-connection control plan, including a written plan, in accordance with Rule 62-555.360, F.A.C.:



Department of Environmental Protection

Application for a Public Drinking Water Facility Construction Permit

INSTRUCTIONS: This form shall be completed and submitted by persons proposing to construct new, or alter existing, public drinking water facilities unless such proposed construction or alteration is permitted under the "General Permit for Construction of an Extension to a Public Drinking Water Distribution System," in which case Form 62-555.900(7) is to be completed and submitted. Complete this form and submit it in quadruplicate to the appropriate district office of the Department or the appropriate Approved County Public Health Unit (ACPHU) along with a check for the proper application processing fee and the following supporting documents: a signed and sealed engineering report (including design data); signed and sealed engineering plans and specifications; a certificate that the project has been approved by the governing body of the applicant (city commissioners, corporation, board, etc.); and, for each project involving the construction of a new drinking water treatment plant in a county regulated by the Florida Public Service Commission (PSC), a copy of the PSC certificate authorizing the applicant to provide service or a copy of the PSC order exempting the applicant from PSC regulation. All supporting documents, as well as this form, shall be submitted in quadruplicate. All information provided on this form shall be typed or printed in ink. Complete Parts I, II, IV, V, and VI.A of this form for all projects, and complete Parts III and VI.B through VI.E of this form when applicable. A signature page or cover letter for engineering reports, each sheet of engineering plans, and a cover or index sheet for engineering specifications shall be signed, dated, and sealed with an impression-type metal seal by the professional engineer(s) in responsible charge of the documents. Also, engineering plans and specifications shall be those intended for construction and shall not be stamped otherwise (e.g., "For Permitting Only," "For Review Only," etc.). Application processing fees are listed in Rule 62-4.050, Florida Administrative Code (F.A.C.). Checks for application processing fees shall be made payable to the Department of Environmental Protection or to the appropriate ACPHU. **NOTE THAT A SEPARATE APPLICATION AND A SEPARATE PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PUBLIC DRINKING WATER DISTRIBUTION SYSTEM PROJECT.**

I. NAME, DESCRIPTION, AND LOCATION OF PROJECT; APPLICANT; ETC.

Project Name: Park Water Company U.S. 27 Extension

Project Description: Extend the existing 8" PVC water line on the West side of U.S. 27 10,800 L.F. to the Northern boundary of Park Water Company Service Area.

Project Location

County: Polk Section: 23 & 26 Township: 305 Range: 27E
 Latitude and Longitude of Each New Treatment Plant and Each New Raw Water Source (attach additional sheets if necessary):

Name of New Treatment Plant or Raw Water Source	Latitude	Longitude
	" ' " N	" ' " W
	" ' " N	" ' " W
	" ' " N	" ' " W

Applicant

Utility/Company Name: Park Water Company Telephone No.: 941-638-1285
 Address: 25 First Avenue North
 City: Lake Wales State: FL Zip Code: 33853

Public Water System Supplying Water for Project (complete for distribution system projects)

System Name: Park Water Company PWS Identification No.: _____
 System Owner: Park Water Company Inc. Telephone No.: 941-638-1285
 Address: 25 First Avenue North
 City: Lake Wales State: FL Zip Code: 33853

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company U.S. 27 Extension

Applicant: Park Water Company

Owner/Operator of Project After It Is Placed into Service

Utility/Company Name: Park Water Company _____ Telephone No.: 941-638-1285 _____

Address: 25 First Ave. North

City: Lake Wales _____ State: FL_ Zip Code: 33853 _____

Professional Engineer in Responsible Charge of Designing Project

Name of Engineer: James W. Madden

Firm Name: James W. Madden, P.E. _____ Telephone No.: 941-676-9601 _____

Address: 2705 Clubhouse Drive

City: Lake Wales _____ State: FL__ Zip Code: 33853

II. STATEMENT BY APPLICANT

I, the undersigned owner or authorized representative* of Park Water Company _____, certify that all components that will be installed under this project and that will come into contact with drinking water or drinking water treatment chemicals (except components that will come into contact with raw water prior to its treatment by reverse osmosis) conform, or will conform, with American National Standards Institute/NSF International (ANSI/NSF) Standard 61. Also, I certify that all drinking water treatment chemicals that will be supplied under this project except fluoridation chemicals conform, or will conform, with ANSI/NSF Standard 60 and that all fluoridation chemicals that will be supplied under this project conform, or will conform, with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable.

I agree that we will require the contractor to furnish us with record drawings for this project. Also, I agree that we will retain a professional engineer registered in Florida to inspect construction of this project for the purpose of determining if work proceeds in compliance with the construction permit and approved engineering plans and specifications.

I am fully aware that we must obtain a letter of clearance from the Department before we place this project into service for any purpose other than disinfection, testing for leaks, or testing equipment operation. Also, I am fully aware that, if we sell or legally transfer ownership of this project before obtaining a letter of clearance from the Department, we must submit to the Department an "Application for Transfer of a Public Water System Construction Permit" within 30 days after such sale or legal transfer of ownership.

Signature and Date

Anthony Staiano, President
Name and Title (please type or print)

* Attach a letter of authorization.

III. STATEMENT BY PUBLIC WATER SYSTEM SUPPLYING WATER FOR PROJECT (complete for distribution system projects)

I, the undersigned owner or authorized representative* of Park Water Company _____, certify that we will provide the potable water supply required by this project. As indicated below, the water treatment plant to which this project will be connected has the capacity to provide the potable water supply required by this project, and I certify that said plant is in compliance with the standards and criteria set forth in Chapters 62-550, 62-555, and 62-560, F.A.C. Also, said plant was constructed under one or more valid Department construction permits as indicated below, and I certify that connection of this project to said plant will not be a violation of any condition of this(these) construction permit(s).

Name of Water Treatment Plant to Which this Project Will Be Connected: Park Water Company

Construction Permit Number(s) for Plant and Date(s) Permit(s) Issued: 204005.02 2/12/90

Permitted Maximum Day Capacity of Plant: 627,000 gpd

Maximum Day Flow at Plant as Recorded on Monthly Operating Reports During Past 12 Months: 436,000

Signature and Date

Anthony Staiano, President
Name and Title (please type or print)

* Attach a letter of authorization.

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company U.S. 27 Extention

Applicant: Park Water Company

IV. STATEMENT BY OWNER/OPERATOR OF PROJECT AFTER IT IS PLACED INTO SERVICE

I, the undersigned owner or authorized representative* of Park Water Company certify that we will be the owner/operator of this project after it is placed into service. I agree that we will operate and maintain this project in a manner that will comply with Chapters 62-550, 62-555, 62-560, and 62-699, F.A.C.; and I certify that all drinking water treatment chemicals that we will use except fluoridation chemicals conform, or will conform, with American National Standards Institute/NSF International (ANSI/NSF) Standard 60 and that all fluoridation chemicals that we will use conform, or will conform, with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable. Also, I agree that we will promptly notify the Department if we sell or legally transfer ownership of this project.

Signature and Date

Anthony Staiano, President
Name and Title (please type or print)

* Attach a letter of authorization.

V. STATEMENT BY PROFESSIONAL ENGINEER IN RESPONSIBLE CHARGE OF DESIGNING PROJECT

I, the undersigned professional engineer registered in Florida, certify that I am in responsible charge of the preparation and production of engineering documents for this project; that I have expertise in the design of water treatment, storage, and distribution facilities; and that, to the best of my knowledge and belief, the engineering design for this project complies with Chapter 62-555, F.A.C., and provides reasonable assurance of compliance with Chapter 62-550, F.A.C.

The plans and specifications for this project require that all new and relocated project components that will come into contact with drinking water or drinking water treatment chemicals (except components that will come into contact with raw water prior to its treatment by reverse osmosis) be in conformance with American National Standards Institute/NSF International (ANSI/NSF) Standard 61. Also, the plans and specifications for this project require that all drinking water treatment chemicals supplied under this project except fluoridation chemicals be in conformance with ANSI/NSF Standard 60 and that all fluoridation chemicals supplied under this project be in conformance with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable.

Signature, Date, and Seal

James W. Madden, P.E. # 30351
Name and License Number (please type or print)

VI. SUMMARY OF DESIGN DATA FOR PROJECT

A. General

System PWS Identification Number, Name, Owner, and Type

1. System PWS Identification Number (if existing system): 6530408
2. System Name: Park Water Company
3. System Owner: Park Water Company, Inc.
4. System Type: G community; G non-transient non-community; G non-community; G consecutive

System Service Area

5. Nature and Extent of Existing Service Area and Design/Projected Service Area:
Sections 23, 26, 27, 28, 29, 32, 33, 34, 35, 36, of 30 S, 27 E

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company U.S. 27 Extension

Applicant: Park Water Company

6. Number of Existing Service Connections: 734
 7. Existing Significant Industrial Water Users (industries with an average or maximum daily water demand that is 1% of the total average or maximum daily water demand on the system) (attach additional sheets if necessary):

Name of Facility	Type of Facility	Present Daily Water Demand	
		Average	Maximum
None			

8. Regulated Consecutive Public Water Systems Presently Connected to this System (attach additional sheets if necessary):

Name of System	Type of System	Any Existing Significant Industrial Water Users?
None		

* IF YES, PROVIDE ON AN ATTACHMENT THE NAMES OF THE USERS AND THEIR PRESENT AVERAGE AND MAXIMUM DAILY WATER DEMANDS.

Present Population Served by System and Present Water Demand

9. Present Population Served Directly (excluding all regulated consecutive public water systems): 1907
 10. Present Total Population Served (including all consecutive public water systems): 1907
 11. Present Annual Average Day Water Demand: 251,000
 12. Present Per Capita Annual Average Day Water Demand: 132
 13. Present Maximum Day Water Demand: 436,000
 14. Present Maximum Hour Water Demand: 36,000

Design Population and Water Demand for System

15. Design Year and Estimated Total Population to Be Served in Design Year: 2000, 2474 Persons
 16. Projected Annual Average Day Water Demand in Design Year and Basis of Projection:
2474 X 115 gpd = 284,500 (514 Persons of new population are in RV Parks averaging 50 gpdpc.

17. Projected Maximum Day Water Demand in Design Year and Basis of Projection:
493,000 by extrapolation

18. Projected Maximum Hour Water Demand in Design Year and Basis of Projection:
40,700 by Extrapolation

19. Design Fire Demand (flow rate and duration) and Basis of Design:
700 gpm by Field Test

System Raw Water Sources and Collection Facilities

20. Existing Ground Water Sources and Wells (attach additional sheets if necessary):

Name of Treatment Plant Supplied	Name of Aquifer from Which Raw Water is Withdrawn	Number of Existing Wells	Total Capacity of Existing Wells (All Wells in Service)	Total Capacity of Existing Wells When Largest Well is Out of Service
Park Water Company	Floridian	2	4000 gpm	1500 gpm

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company US 27

Applicant: Park Water Company Inc.

21. Existing Surface Water Sources and Raw Surface Water Pumps (attach additional sheets if necessary):

Name of Treatment Plant Supplied	Name of Surface Water from Which Raw Water is Withdrawn	Number of Existing Pumps	Total Capacity of Existing Pumps When Largest Pump is Out of Service
N/A			

22. Existing Purchased Water Sources (attach additional sheets if necessary):

Name of Primary Water System Supplying Water
N/A

23. Will existing raw water sources and collection facilities (including raw water pumping facilities) be altered under this project, or are new raw water sources or collection facilities (including raw water pumping facilities) proposed under this project? NO IF YES, COMPLETE PART VI.B BELOW.

System Treatment Facilities

24. Existing Treatment Plants (attach additional sheets if necessary):

Plant Name	Existing Permitted Maximum Day Capacity of Plant	Existing Maximum Hour Capacity of Plant*	Component That Limits Existing Capacity of Plant	Existing Type of Treatment at Plant
Park Water Company	627,000	N/A	Permit	Chlorination

* Provide this only when increased treatment and/or finished water pumping capacity is provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands.

25. Will existing treatment facilities (including in-plant and finished water pumping facilities) be altered under this project, or are new treatment facilities (including in-plant and finished water pumping facilities) proposed under this project? NO IF YES, COMPLETE PART VI.C BELOW.

System Finished Water Storage Facilities

26. Existing Plant and Distribution System Finished Water Storage Facilities (attach additional sheets if necessary):

Storage Facility Name/Location	Type of Storage Facility (clearwell, hydropneumatic tank, ground-level reservoir, standpipe, elevated tank, etc.)	Existing Useful Volume of Storage Facility
Park Water Company	Standpipe	305,000

27. Will existing plant or distribution system finished water storage facilities be altered under this project, or are new plant or distribution system finished water storage facilities proposed under this project? NO IF YES, COMPLETE PART VI.D BELOW.

System Distribution Facilities

28. Will existing distribution facilities (including booster pumping facilities) be altered or extended under this project, or are new distribution facilities (including booster pumping facilities) proposed under this project? YES IF YES, COMPLETE PART VI.E BELOW.

Interconnections with Other Public Water Systems that Have Separate Water Supply Sources

29. Names of Existing Interconnected Public Water Systems and Purpose of Each Existing Interconnection:

NONE

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company US 27 Extension

Applicant: Park Water Company Inc.

N/A

B. Proposed Altered/New Raw Water Sources and Collection Facilities (including raw water pumping facilities)

Ground Water Sources

1. Name of Treatment Plant to Be Supplied with Raw Water from Proposed Altered/New Wells:

2. Name of Aquifer from Which Raw Water Will Be Withdrawn by Proposed Altered/New Wells:

3. Existing and Proposed Altered/New Wells Supplying Raw Water to the Treatment Plant Named in Part VI.B.1 Above (attach additional sheets if necessary):

Well Location/Name/Number	Well Status (existing [not to be altered], proposed altered, or proposed new)	Elevation of Top of Well Casing*	Well Yield*	Pumping Water Level*	Type of Well Pump	Well Pump Capacity and Total Dynamic Head ^H

Total Capacity of Existing and Proposed Altered/New Wells (all wells in service):

Total Capacity of Existing and Proposed Altered/New Wells When Largest Well Is Out of Service:

* Provide this only for proposed altered/new wells.

^H ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW WELLS.

4. Water Management District Construction Permit Number(s) (if applicable) for Proposed Altered/New Well(s) and Date(s) Permit(s) Issued:

5. ATTACH A COPY OF THE LOG COMPLETION REPORT (if applicable) FOR EACH PROPOSED ALTERED/NEW WELL.

6. ATTACH A MAP OF THE AREA WITHIN 500 FEET OF EACH PROPOSED ALTERED/NEW WELL INDICATING SANITARY HAZARDS.

7. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FROM NEW GROUND WATER SOURCES (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C., and for new sources in delineated areas, analyses shall be conducted pursuant to Rule 62-524.600, F.A.C.).

8. Standby Power Source for Well Pumps: _____; Well Pumps Connected, or Proposed to Be Connected, to Standby Power:

9. 100-Year, or Highest Known, Flood Elevation in Area of Wells:

Surface Water Sources

10. Name of Treatment Plant to Be Supplied with Raw Water from Proposed Altered/New Facilities:

11. Name of Surface Water from Which Raw Water Will Be Withdrawn by Proposed Altered/New Facilities:

12. Estimated Dry-Weather Flow at Surface Water Intake and Basis of Estimate:

13. Description of Existing and Proposed Altered/New Diverting Dams, Impounding Reservoirs, Intake Structures, and/or Infiltration Galleries (attach additional sheets if necessary):

14. FOR A PROPOSED NEW OR RELOCATED SURFACE WATER INTAKE, ATTACH A DESCRIPTION AND MAP OF THE WATERSHED AREA ABOVE THE INTAKE INDICATING SANITARY HAZARDS.

Application for a Public Drinking Water Facility Construction Permit

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Applicant: Park Water Company Inc.

15. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FROM NEW SURFACE WATER SOURCES (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C.).

16. Existing and Proposed Altered/New Raw Surface Water Pumps for the Treatment Plant Named in Part VI.B.9 Above (attach additional sheets if necessary):

Pump Name(s)/Number(s)	Pump Status (existing [not to be altered], proposed altered, or proposed new)	Type of Pump	Capacity and Total Dynamic Head for Each Pump*

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump is Out of Service:

* ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW PUMPS.

17. Standby Power Source for Raw Surface Water Pumps: _____;
Raw Surface Water Pumps Connected, or Proposed to Be Connected, to Standby Power: _____

18. 100-Year, or Highest Known, Flood Elevation in Area of Intake: _____

19. Proposed Altered/New Treatment Facilities (including in-plant and finished water pumping facilities) N/A

1. Name of Proposed Altered/New Treatment Plant: _____
2. Previous Construction Permit Number(s) for Plant and Date(s) Permit(s) Issued: _____

3. Design/Projected Annual Average Day Water Demand for Plant and Basis of Design/Projection: _____

4. Design/Projected Maximum Day Water Demand for Plant and Basis of Design/Projection: _____

5. Design/Projected Maximum Hour Water Demand and Design/Projected Fire Demand Plus Coincident Draft for Plant and Basis of Design/Projections (provide this only when increased treatment and/or finished water pumping capacity will be provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands): _____

6. Design Daily Operating Period for Plant: _____

Design Daily Operating Period for Finished Water Pumping Facilities: _____

7. Design Peak Sustained Operating Flow Rate Through Plant: _____

8. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FOR THE PLANT (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C.).

9. ATTACH A FLOW DIAGRAM SHOWING ALL EXISTING AND PROPOSED ALTERED/NEW TREATMENT PROCESSES (including waste handling processes), CHEMICAL APPLICATION POINTS, PUMPING FACILITIES, AND TREATMENT BYPASS ARRANGEMENTS FOR THE PLANT.

10. ATTACH A SUMMARY OF DESIGN CRITERIA FOR EACH EXISTING OR PROPOSED ALTERED/NEW TREATMENT PROCESS (including waste handling processes) AND FOR EACH EXISTING OR PROPOSED ALTERED/NEW CHEMICAL TO BE APPLIED AT THE PLANT (design criteria should include basin capacities, retention times, unit loadings, surface loading rates, backwash rates, feeder capacities and ranges, etc.).

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company US 27 Extension

Applicant: Park Water Company Inc.

11. Existing and Proposed Altered/New In-Plant and Finished Water Pumps (attach additional sheets if necessary):

Pump Function/Flow Stream Pumped:

Pump Name(s)/Number(s)	Pump Status (existing [not to be altered], proposed altered, or proposed new)	Type of Pump	Capacity and Total Dynamic Head for Each Pump*

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump Is Out of Service:

Pump Function/Flow Stream Pumped:

Pump Name(s)/Number(s)	Pump Status (existing [not to be altered], proposed altered, or proposed new)	Type of Pump	Capacity and Total Dynamic Head for Each Pump*

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump Is Out of Service:

Pump Function/Flow Stream Pumped:

Pump Name(s)/Number(s)	Pump Status (existing [not to be altered], proposed altered, or proposed new)	Type of Pump	Capacity and Total Dynamic Head for Each Pump*

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump Is Out of Service:

* ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW PUMPS.

12. Method of Disposal of Plant Wastes (Aluminum/Iron Coagulant or Lime Softening Sludge from Clarification, Waste Backwash Water from Filtration, and/or Waste Brine from Ion Exchange or Membrane Processes):

13. Standby Power Source for Plant:

Plant Equipment Connected, or Proposed to Be Connected, to Standby Power:

14. 100-Year, or Highest Known, Flood Elevation in Area of Plant:

D. Proposed Altered/New Plant and Distribution System Finished Water Storage Facilities

1. Existing and Proposed Altered/New Plant and Distribution System Finished Water Storage Facilities (attach additional sheets if necessary):

Storage Facility Name/Location	Status (existing [not to be altered], proposed altered, or proposed new)	Type of Storage Facility (clearwell, hydropneumatic tank, ground-level reservoir, standpipe, elevated tank, etc.)	Gross Volume of Storage Facility	Useful Volume of Storage Facility
Park Water Company	Existing	Standpipe	305,000	305,000

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company US 27 Extension

Applicant: Park Water Company Inc.

E. Proposed Altered/New Distribution Facilities (including booster pumping facilities)

Distribution Facilities

1. Design/Projected Annual Average and Maximum Day Water Demands for Proposed Altered/New Distribution Facilities (i.e., water mains) Under this Project:

A = Type of Unit	B = Number of Units	C = Population per Unit	D = Total Population (Columns B x C)	E = Per Capita Average Day Water Demand	F = Total Average Day Water Demand (Columns D x E)	G = Total Maximum Day Water Demand ^H
Single-Family Home	726	2.7	1960		190,650	330,400
Mobile Home						
RV Parks	257	2.0	514	50	25,700	61,600
Commercial, Institutional, -	8				68,150	100,960
Total					284,500	493,000

^{*} Description of Commercial, Institutional, and Industrial Facilities and Explanation of Method Used to Estimate Average Day Water Demand for These Facilities: Church Administration Offices, Restaurant, Two Mobile Home Parks, Warner Southern College, Building Manufacture Plant, Condominium Association, 1998 Actual Records

^H Explanation of Method Used to Estimate Maximum Day Water Demand: 1998 Actual Records

2. Design/Projected Maximum Hour Water Demand for Proposed Altered/New Distribution Facilities Under this Project and Basis of Design/Projection:
40,700 by extrapolation from existing records

Design/Projected Fire Demand Plus Coincident Draft (usually maximum day water demand) for Proposed Altered/New Distribution Facilities Under this Project and Basis of Design/Projection:
700 gpm- 2hr Field Test by Caloosa Lake F.D.

3. Operating Pressure Range for Proposed Altered/New Distribution Facilities Under this Project: 45-75 psi.

4. Will any proposed altered/new distribution facilities under this project be installed in areas of ground water for which there is existing documentation of the presence of low-molecular-weight petroleum products or organic solvents at concentrations exceeding ground water standards? NO If yes, describe the nature and extent of such areas:

5. Will any proposed altered/new distribution facilities under this project connect previously separate public water systems that have separate water supply sources? NO If yes, provide the names of the systems proposed to be interconnected and explain the purpose of each proposed interconnection:

Application for a Public Drinking Water Facility Construction Permit

Project Name: Park Water Company US 27 Extension

Applicant: Park Water Company Inc.

6. Will the proposed altered/new distribution facilities under this project be part of a community water system or a public water system that has a service area also served by a reclaimed water system? _____ If yes, document that the system has a routine cross-connection control plan, including a written plan, in accordance with Rule 62-555.360, F.A.C.:
- _____
- _____
- _____

Booster Pumping Facilities (N/A)

7. Name/Location of Proposed Altered/New Booster Pumping Station:
- _____

8. Design/Projected Annual Average and Maximum Day Water Demands for Booster Pumping Station:

A = Type of Unit	B = Number of Units	C = Population per Unit	D = Total Population (Columns B x C)	E = Per Capita Average Day Water Demand	F = Total Average Day Water Demand (Columns D x E)	G = Total Maximum Day Water Demand ^H
Single-Family Home						
Mobile Home						
Apartment						
Commercial, Institutional, or Industrial Facility*						
Total						

* Description of Commercial, Institutional, and Industrial Facilities and Explanation of Method Used to Estimate Average Day Water Demand for These Facilities: _____

^H Explanation of Method Used to Estimate Maximum Day Water Demand: _____

9. Design/Projected Maximum Hour Water Demand and Design/Projected Fire Demand Plus Coincident Draft (usually maximum day water demand) for Booster Pumping Station and Basis of Design/Projections (provide this only when increased pumping capacity will be provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands):
- _____

10. Existing and Proposed Altered/New Pumps at Booster Pumping Station (attach additional sheets if necessary):

Pump Name(s)/Number(s)	Pump Status (existing [not to be altered], proposed altered, or proposed new)	Type of Pump	Capacity and Total Dynamic Head for Each Pump*

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump Is Out of Service: _____

* ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW PUMPS.

11. Standby Power Source for Booster Pumping Station:

_____ Pumps Connected, or Proposed to Be Connected, to Standby Power:

12. 100-Year, or Highest Known, Flood Elevation in Area of Booster Pumping Station:
- _____

T. M. CUMBIE, PH.G., VICE PRESIDENT
QUINCY
F. P. MEYER, D.D.S., MEMBER
ST. PETERSBURG

CHARLES J. COLLINS, M.D., PRESIDENT
ORLANDO

SULLIVAN G. BEDELL, M.D., MEMBER
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MIAMI



Florida State Board of Health

WILSON T. SOWDER, M.D., M.P.H., STATE HEALTH OFFICER

JACKSONVILLE 1

TELEPHONE
ELGIN 4-0161

POST OFFICE
BOX 210

BUREAU OF SANITARY ENGINEERING
DAVID B. LEE, M.S. IN ENG.
DIRECTOR

November 20, 1957

IN REPLY PLEASE REFER TO

Polk County WSW
Lake Wales (Crooked Lake Park) /52

Mr. John D. Spivey
Lake Wales, Florida

Dear Sirs:

Issued to you herein is permit for well construction per your application dated October 12, 1957. Kindly submit well log to this office and the cuttings samples to Florida Geological Survey, Drawer 631, Tallahassee, as required by State Sanitary Code. No doubt you already know that the Geological Survey furnishes sample bags upon request.

PERMIT TO CONSTRUCT WATER SUPPLY WELL

GRANTED TO: Mr. John D. Spivey No. 1504
North Lake Shore Development Corp. Rm. 1, Alcoma Arcade, Lake Wales, Florida
(OWNER OF PROPOSED WELL) (OWNER'S ADDRESS)
WELL LOCATION: Lake Wales, Florida Polk
(CITY, TOWN OR OTHER LOCATION) (COUNTY)

PURPOSE OR USE OF PROPOSED WELL: Drinking water.

(NOTE: Permission is not hereby granted for actual use of water from the well as such permission will depend upon bacteriological, physical and chemical qualities of the water as indicated by proper laboratory analyses of samples from the completed well.)
INSPECTION HAS BEEN MADE OF THIS PROPOSED WATER WELL SITE BY A DULY AUTHORIZED OFFICER OF THE FLORIDA STATE BOARD OF HEALTH, AND PERMISSION IS GRANTED FOR CONSTRUCTION OF THIS WELL IN ACCORDANCE WITH ALL PROVISIONS OF CHAPTER XXXII OF THE FLORIDA STATE SANITARY CODE, PURSUANT TO PROVISIONS OF CHAPTER 381 (SECTIONS 381.251 - 381.291 INCL. & 381.411) FLORIDA STATUTES 1955 AND AMENDMENTS THERETO.

Granted this 20TH Day of NOVEMBER 19 57.

Issued by:
BUREAU OF SANITARY ENGINEERING

Approved:
Wilson T. Sowder, M.D.
STATE HEALTH OFFICER

In addition to the provisions of the above permit, the construction of the proposed well must be in accordance with engineering plans and specifications approved by this agency under Serial No. 2049 dated October 8, 1956.

Very truly yours,

J. B. Miller
J. B. Miller, Chief
Water Supply & Treatment Section

DMS:et

cc: Florida Geological Survey
cc: Polk CHD
cc: No. Lake Shore Dev. Corp.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
(SWFWMD)
GENERAL WATER USE PERMIT

PERMIT GRANTED TO:
Crooked Lake Park Water Co. Inc.
25 First Avenue N.
Lake Wales, FL 33853

(Legal Name and Address)

PERMIT NO.: 204005.02
DATE PERMIT GRANTED: February 12, 1990
DATE PERMIT APPLICATION FILED: November 3, 1989
PERMIT EXPIRES ON: February 12, 2000
SOURCE CLASSIFICATION: Groundwater
USE CLASSIFICATION: Public Supply
COUNTY: Polk

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

This Permit authorizes the applicant named above to make a combined peak monthly withdrawal of 627,000 gallons of water per day, a combined average annual withdrawal of 456,000 gallons of water per day, and a maximum combined withdrawal rate of Non Applicable gallons per day. Withdrawals are authorized as shown in the table below.

USER I.D.	DIST. I.D.	WITHDRAWAL POINT			GALLONS PER DAY		
		SEC-TWN-RGE	LATITUDE	LONGITUDE	PEAK MONTHLY	AVERAGE	MAXIMUM
1	1	S35,T30S,R27E	27 49 59	81 35 19	313,500	228,000	N/A
2	2	S35,T30S,R27E	27 49 59	81 35 20	313,500	228,000	N/A



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DISTRICT FOURTEEN

POLK COUNTY PUBLIC HEALTH UNIT

Daniel O. Haight, M.D., Director

September 11, 1996

CS/Crooked Lake
PWS ID #6530408

Crooked Lake Water Company
25 First Avenue
Lake Wales, FL 33853

Dear Public Water Owner/Operator:

Recent Volatile Organic Contaminants (VOCs) sample results for the above referenced public water system have been evaluated by this Department according to the provisions of *Chapter 62-550.515 F.A.C.*

Since contaminants were detected in these analyses results, quarterly monitoring for the following parameters is required for this system beginning with the October-December 1996 quarter:

Parameter ID #2964 - Dichloromethane
Parameter ID #2991 - Toluene

If you have any questions, please contact me at (941) 533-3398 extension 151.

Sincerely,

A handwritten signature in cursive script that reads "Lewis Taylor".

Lewis Taylor
Environmental Specialist

cc: file/Crooked Lake Water Company

ENVIRONMENTAL ENGINEERING DIVISION
2090 E. CLOWER STREET BARTOW, FL 33830-6741
(941) 533-3398 / SC 531-1501 / FAX (941) 534-7245