



Hublic Service Commission -M-E-M-O-R-A-N-D-U-M-

DATE: December 11, 2001

Blanca S. Bayó, Director, Division of the Commission Clerk and Administrative Services

FROM: Richard P. Redemann, Utility Systems/Communications Engineer, Division of Regulatory

Oversight Am

RE: 011402-WU; Notice of Abandonment of Water Services in Marion County by Silver City

Utilties.

Enclosed please find the Monthly Operating Reports form Jannuary, 1999 to August, 2000 from the Department of Environmental Protection in Orlando, which should be placed in the Docket File.

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APP.

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SEC

Division of Regulatory Oversight (Brady)

Division of Legal Services (Harris) w/o Attachments

DOCUMENT NUMBER-DATE

00052 JAN-38

FPSC-COMMISSION CLERK



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

	JAN '99	CIEC INCATMENT		TON FOR THE MC	ATTITICAL OF
Water System Informa		to Cobdinician	///amaanmana 3.aa	- B1410-1 1 - UE - E -	2424660
System Name:	SIIVEL C	ty Subdivision,	Homeowners Aso	C. P.AA.2 Ideumicsno	1140.: 342400U
• <u>Svstem Owner</u> Name: Address:	George Me	essenger		Telephone No.:	352-595-7472
Address:	P.O. Box	222			
Citv:	Ft. McCoy	Γ,		State: Fl. Zip	Code: 32134
•System Type: □ com	munity; □ non-trans	ient non-community	non-community: □	□ consecutive	
•No. of Service Conne	ections at End of Mo	onth: <u>50</u>	Total Population	Served at End of I	Month: 100 ±
Water Treatment Plan	t Information				
			क स्वाप		p
Name:	Silver Ci	ty Subdivision,	Homeowners Aso	CTelephone No.: _	352-595-7472
Address:	10672 NE	151st Lane			t : manual sub-
City:Permitted Maximum	Ft. McCoy	,		State: F1. Zip	Code: 32134
•Permitted Maximum	Day Capacity of Pla	int:180;00	00 gpd		
•Plant Category and C	Class per Rule 62-6	99.310(4), F.A.C.:	5,	/D	
ead/Chief Plant Op		• • • • • • • • • • • • • • • • • • • •			
		Certificate Number	Class (A. B. C. or D)	Dav(s)/	Shift(s):Worked
	AMMER		C		
Other Certified Plant	Operators (attach a	additional sheets if ne	cessary).	<u> </u>	
		Certificate Number		Dav(e)/	Shift e Worked
ive	116	Certificate 11th inde	·	Ley(s)	21 mile) AAOIVEG
				<u> </u>	
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			<u> </u>	. I	
			·		
II. STATEMENT BY	LEAD/CHIEFWAT	TER TREATMENT P	LANT OPERATOR	FOR THE MONTH	IYEAR OF
I, the undersigned le	ead/chief operator o the information pro the plant listed in P	vided in this report is art I of this form wer	true and accurate.	Also, I certify that t	y that, to the best of my the following additional erator staffed or visited
records of amountif applicable, appro					
Furthermore, I agree railable for review up					
Signature and Date	uv i į canuvum	1. <u> /</u>	Name and Cer	tificate Number (ple	ease type or print)

Monthly Operation Report for Public Wa	ter systems that use Ground Water and to	r Consec	Hive Public I	vvater
Systems that Treat Their Water System PWS Identification Number:	3424660			
Treatment Plant Name:	Silver City Subdivision			-
	-			
III. SUMMARY OF DAILY WATER TREAT	MENT DATA FOR THE MONTH/YEAR OF	JAN	199	

●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:

			Lowest Residual	Residual	Residual Disinfectant in Distribution System			
Day of the Month	the Plantin Produced by Plant		Lowest Residual Distinfectant Concentration at Remote Point (mg/L)	Number of instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Corcentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions		
1	24	2840						
2		2840						
3		2840						
4		2840				<u> </u>		
5		2840	13	1 , 3			78	
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8	• " ,	4660	<u> </u>					
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17		5160					<u></u>	
18		5160				<u> </u>		
19		5/60	12	12				
20		4800						
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22		5220						
23		5220		 	<u> </u>	<u> </u>		
24		5220		 		-	 	
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26		5220	12	1,2	-	 		
27		5500	 	 	<u> </u>	 		
28		5500	1,2	, 2		 		
29		6275		<u> </u>	ļ	 		
30		6275		 	<u> </u>			
31	24	1 6275		<u> </u>		1777777	177777	
Total	1////	1 156885	V////////	X///////	2	<i>\$///////</i>	\/////	
Avg.	V////	50100	<u> </u>	X//////	X////////	X///////	X/////	
Max.	Y/////	\$800	Y/////////////////////////////////////	<i>N///////</i>	X////////	NIIIII	<u> </u>	



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.

	ER SYSTEM AND W		PLANT INFORMATI	ON FOR THE MO	NTH/YEAR OF
	FEB 99				
	mation Silver (City Subdivision	/Homeowners Asoc	PWS Identification	n No.: 3424660
• <u>System Owner</u> Name:	George. N P.O. Box	Messenger		Telephone No.:	352-595-7472
Address:	Ft. McCo	222		State: F1. Zip	Codo: 32134
•System Type: □ c	Ft. McCo ommunity; □ non-trar nnections at End of N	sient non-communit	r: ≠ non-community:	□ consecutive	<u> </u>
Water Treatment P	lant Information		•		
Treatment Plant			e 44 4 •		
Name:	Silver (<u>lity Subdivision</u>	/Homeowners Asoc	Telephone No.: _	352-595-7472
Δάάτρες.	106/2 N	CIDIST LANG			
City:	Ft. McCo	y,		State: F1. Zip	Code: 32134
Permitted Maximu	Ft. McCo	ant: 180,0	00 gpd	 ·	mar.
Plant Category an	nd Class per Rule 62-	699.310(4), F.A.C.:	5/	'D	
ead/Chief Plant	Operator:				
-/-	Name	Certificate Number	Class (A, B, C, or D)	Day(s)/5	Shift(s) Worked
	HAMMER	8519	C		
Other Certified Pla	ant Operators (attach		ecessary):	<u>'</u>	
	Name			Davis V	Shifts Worked
	1101110 holds to the famous and the				
		 			
		ļ			
				ļ	
		<u> </u>			
			<u> </u>		
F	BY LEADICHIEFWA EVB '95				
I, the undersiane	d lead/chief operator	of the water treatmer	it plant listed in Part I	of this form, certify	y that, to the best of my

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 allable for review, upon request.

Mohal V. Hannel. 3-2-99

Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1996

Signature and Date

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:	3424660	
Treatment Plant Name:	Silver City Subdivision	

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

Feb 99

●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:

			Tor World).	Residual	Disinfectant in Distributi	on System	
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution	Lowest Residual Disinfectant	Number of Instances Where Residual Disinfectant	Lowest Residual Disinfectant Concentration at	Reported Emergency or Abnormal
WORLD	Operation:	(Galloria)	System (mg/L)	Concentration at Remote Point (mg/L)	Measurements Taken at Total Coliform Sampling Points	Total Coliform Sampling Points (mg/L)	Operating Conditions
1	24	6275	12	, 2			
2		4533			1		
3		4533					
4	(4533	12				
5		7846					
6		7840					يع نديد
7		7840		·			
8		7840	·				
9		7840	,2	12 6.	• • • • • • • • • • • • • • • • •		
10		7800		·			
11		7800	12	, 2			
12		5920					
13		5920					
14		5920					
15		5920					
16		5920	12	, 2			•44.0
17		8100					
18		8100	12	. 2			
19		7946					
20		7940					
21		7940					
22		7940					
23		7940	12	ح ,			
24		14100					
25		74100	. 3	, 3	•		
26		9420					
27		9420					
28	24	9426					
29		, , , , , , , , , , , , , , , , , , ,					
30					,5	1897	
31					(2)	"1/2	
Total	/////	236508	V/////////	(///////		KAL///	7/////
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Max.	1////	14100	V/////////		X/////X///	ZIR/ /\$//	XX/////





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 SYS	TEM AND W RCH	ATER TREATMENT 99	PLANT INFORMAT	NON FOR THE MO	NTH/YEAR OF
Water System Information					
System Name:	Silver C	ity Subdivision	Homeowners Asc	c PWS Identification	Nn · 3424660
•Svstem Owner					
Name:	George, M	essenger		Telephone No.:	352-595-7472
Name:	P.O. Box	222			
City: ◆System Type: □ communit	Ft. McCo	Υ,		State: F1. Zip	Code: 32134
System Type: □ communit	y; 🗆 non-tran	sient non-community	☑ non-community:	□ consecutive	
•No. of Service Connection	s at End of M	onth:	Total Population	n Served at End of N	Month: <u>100 ±</u>
Water Treatment Plant Info	mation				•
• Treatment Plant					
Name:	Silver C	ity Subdivision,	Homeowners Asc	⊵⊂Telephone No.: _	352-595-7472
Name: Address: City:	10672 NE	151st Lane	·		
City: Permitted Maximum Day C	Ft. McCo	У,		_ State: <u>F1.</u> Zip	Code: 32134
The initiated in aximum bay	sabacity of Lie	10070	<u> </u>		5 . 1
Rlant Category and Class		599.310(4), F.A.C.: _		5/D	
ad/Chief Plant Operator		Principal Company of the Company of	Properties de la company		
				Day(s)/S	Shift(s) Worked
: MIKE HAI	MMER	8519			
Other Certified Plant Oper				 	
Name		Certificate Number	Class (a, B, C, or D)	Day(s)/S	Shift(s) Worked
		·			
				""	
			; 		
<u> </u>			L		
II. STATEMENT BY LEA	DICHIEF WA		LANT OPERATOR	FOR THE MONTH	YEAR OF
I, the undersigned lead/cl	nief operator o	of the water treatmen	t plant listed in Part	I of this form, certify	that, to the best of my
knowledge and belief, the in	nformation pr	ovided in this report is	true and accurate.	. Also, I certify that t	he following additional
operations records for the p			e prepared each da	ay that a certified op	erator staffed or visited
the plant during the month	indicated abo	ve:			
•records of amounts of o	hemicals use	ed and chemical feed	rates: and		
•if applicable, appropriat					
rthermore, I agree to reta		itional operations rec	ords at the pla nt site	for at least five yea	rs and to make them
ailable for review upon re				, ,	
Markin DI K	a much	4-1-09	Micha	EL V HAMAI	-1 (-B5)9

Signature and Date

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:	3424660	
Treatment Plant Name:	Silver City Subdivision	_

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

- ●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:

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				Residual			
Day of the Month	the Plant in Produced by Plant	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliforn Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	
1	24	9420				·	
2		9420	, 2	, 2			
3		6550					<u> </u>
4		6550	, 6	1,6			
5		9860					
6		9860					.22
7		9860			<u> </u>		
8	· ·	9860	ļ	<u> </u>			
9		9860	, 4	, 4	• •		<u> </u>
10		13300	ļ	 	·		
		13300	1 , 4	1,4			
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13	<u> </u>	7525		-			
14	<u> </u>	75.23		1 2	<u> </u>		
15	· .	7525	,3	1 , 3			
16		5750	<u> </u>				<u> </u>
17	1	5730	, 3	1 , 3		ļ	
18		15200	 	 	 	 	
19		15200	 	 			
20	 	15200	 	 		 	
21	 	15200	3	1,3	 	 	
23	 	10000	1	 			
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31	24	13000					
Total	V/////	315340	V////////	X///////	7	Y///////	X/////
Avg.	V////	10172	1////////	1//////////////////////////////////////	X/////////	<i>\////////</i>	<u> </u>
Max.	1/////	15200	1///////	XIIIIII	XIIIIIII	X///////	X/////



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

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

AP	RIL 19	9			
Water System Information					
System Name:	Silver C	ity Subdivision,	/Homeowners Asoc	PWS Identification	No.: 3424660
 System Owner 					
Name: Address:	George, M	essenger		Telephone No.:	352-595-7472
Address:	P.O. Box	222			
City:	Ft. McCo	Υ,		State: F1. Zip	Code: 32134
City: •System Type: □ commun	ity: non-tran	sient non-community	r. 2 non-community: (□ consecutive	
•No. of Service Connectio	ns at End of M	onth: <u>50</u>	Total Population	Served at End of N	/onth: <u>100 ±</u>
Water Treatment Plant Info					
• Treatment Plant	7111000	•		,	
Name:	Silver C	ity Subdivision	/Homeowners Asoc	Telephone No	352-595-7472
Address	10672 NE	151st Tane	HORREOWNELD TROC	- 4 etabliotte 140" -	332 333 7772
• Treatment Plant Name: Address: City:	E+ Maca	TOTAL Dalle		State: E1 7in	Codo: 32134
City:	Conneit of Di	y /	00.	State: F1. Zip	Code: 32134
Permitted Maximum Day	Capacity of Pi	ant: 100,00	<u>50 </u>	/D	-
Plant Category and Class		599.310(4), F.A.C.:_	5/	<u>'D</u>	
ead/Chief Plant Operato		draza - co-colo prosenio del	.http://www.weetman.com	land note note that a second of	
			Class (A, B, C, or D)	Day(s)/S	hift(s) Worked
MIKE HA	MMER	9519	C		·
Other Certified Plant Ope	erators (attach	additional sheets if no	ecessary):		
Name		Certificate Number	Class (a, B, C, or D)	Day(s)/S	hift(s) Worked
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			<u> </u>		
					•
		, 1,			
II. STATEMENT BY LE	AD/CHIEFWA 199	TER TREATMENT P	LANT OPERATOR	FOR THE MONTH	YEAR OF
I, the undersigned lead/oknowledge and belief, the operations records for the the plant during the month.	information proplant listed in	ovided in this report is Part I of this form wer	s true and accurate.	Also, I certify that the	he following additional
records of amounts ofif applicable, appropria			-		
inthermore, I agree to re allable for review upon		itional operations rec	ords at the plant site	for at least five yea	rs and to make them
	,	5-4-99		. V. HAMM2 ificate Number (ple	ease type or print)
					•

	ater Systems that Use Ground Water and for Consecutive Public Water	
Systems that Treat Their Water System PWS Identification Number:	3424660	
Treatment Plant Name:	Silver City Subdivision	_

APRIL

●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:

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

				Residual	Residual Disinfectant in Distribution System			
Day of the Month	the Plant in Produced by Plant	ed by Plant Concentration at	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 Corcentration at Total Coliform Sampling Points (mg/L)	Reported Emergency of Abnormal Operating Conditions		
1	24	13000	12	1 2				
2		10480						
3		10480						
4	:	10480						
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7	1	13900			<u> </u>			
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9		4020		1			<u> </u>	
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Total	4////	4470	*/////////////////////////////////////	X////////	27/1/17/1/	X////////	XIIII	
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		eat Their Water ication Number:		3424660			
	it Plant Na			ity Subdivis	ion		
				=_0 /			 :
SUM	MARY OF	DAILY WATER TRE	ATMENT DATA FOI	R THE MONTH	YEAR OF MA	44 '99	
e of	Residual F	Disinfectant Maintain	ed in Distribution Syst	em Served by	Diant & free chiesin	0:	
omb	ined chlori	ne (chloramine); □ c	chlorine dioxide	terri derved by r	Tanc & nee Choin	.e,	
nmai	ry of Daily	Water Treatment Da	ita for Month:				
				Residual	Disinfectant in Distributi	on System	
			Lowest Residual				Repor
ry of he	Hours Plantin	Quantity of Finished Water Produced by Plant	er Disinfectant Concentration at	Lowest Residual	Number of Instances Where Residual	Lowest Residual Disinfectant	Emerger
onth	Operation	(gallons)	Entry to Distribution	Disinfectant Concentration at	Disinfectant	Concentration at	Abnor Operat
			System (mg/L)	Remote Point	Measurements Taken at Total Coliform	Total Collform	Conditt
				(mg/L)	Sampling Points	Sampling Points (mg/L)	
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2		200					
3		200					
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28	/ 1	200					
29		200					1
		200					
30	{	200					



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

GENERAL WATER SY			PLANT INFORMATIO	ON FOR THE MONT	H/YEAR OF
MA	Y 99				
Water System Information			. -		2424660
System Name:	Silver Ci	ty Subdivision/	Homeowners Asoc	PWS Identification N	ho.: 3424660
Name:	George. Me	essenger		Telephone No.:	352-595-7472
Address:	P.O. Box	222			. 20124
• System Owner Name: Address: City: • System Type: □ commun	Ft. McCoy	7,		State: F1. Zip Co	ode: <u>32134</u>
 System Type: □ commun 	lity; □ non-trans	ient non-community	;⊠ non-community; □	consecutive	-u +
No. of Service Connection	ns at End of Mo	onth:5	Total Population	Served at End of Mo	ntn: <u>/00 -</u>
Water Treatment Plant Inf	<u>ormation</u>				
 Treatment Plant 	and the state of the	سانات تاریخ در ما این	/ 3	T-1	252 505 7/72
● Treatment Plant Name: Address: City: ● Permitted Maximum Day	Silver C	ity Subdivision,	Homeowners Asoc	Telephone No.:	352-595-1412
Address:	10672 NE	151st Lane		04-4 T1 71- 0	
City:	Ft. McCov	y,		State: F1. Zip Co	ode: 32134
 Permitted Maximum Day 	Capacity of Pla	ant:180,00	<u>00 </u>	_	
Plant Category and Clas	s per Rule 62-6	899.310(4), F.A.C.: _	5/	D	
and/Object Blant Operati	ar'				
Name		Certificate Number	Class (A, B, C, or D)	Day(s)/Shi	ft(s) Worked
= MIKE H	AMMER	8519	C		
Other Certified Plant Ope	erators (attach	additional sheets if n	ecessary):		
Name		Certificate Number	Class (a. B. C. or D)	Day(s)/Shi	fl(s) Worked
) vai(ie	grayera samon companyo.		-		
II. STATEMENT BY LE	AD/CHIEF WA	TER TREATMENT!	PLANT OPERATOR I	FOR THE MONTHA	EAR OF
MAY					
					had a shart had of my
I, the undersigned lead.	chief operator	of the water treatmer	nt plant listed in Part I	of this form, certify t	nat, to the best of my
knowledge and ballef the	information or	ovided in this report i	s true and accurate.	Also, I certify that the	s tollowing sognotial
operations records for the	plant listed in	Part I of this form we	re prepared each day	that a cermed oper	ator statted of visited
the plant during the mont	n indicated abo	ve:			
•records of amounts o			i rates: and		
•if applicable, appropri	ate treatment c	rocess performance	records.		
				for at land the year	and to make them
curthermore, I agree to r	etain these add	itional operations rec	ords at the plant site	for at least five years	and to make mem
ailable for review upon			. 4	1 1	0 0 -10
What and 1/Z	aurica 1	10-2-99	MICHAEL	- 11. HAMME	R 1-8519
Signature and Date	4		Name and Cert	- //, /-/AMME dificate Number (plea	ese type or print)

JUL 1999



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 RICK

	L	June-99						An activity		THE MENTAL OF
	em Informatio	<u>on</u>								
□System N			Silver City S	Subdivision/F	lomeowners	Assoc.	PWS Identif	ication No	o.: <u>3424660</u>	
□System O							· · · · · · · · · · · · · · · · · ·		(050) 505 7	470
	Name:		George Mes				_Telephone N	0.:	(352) 595-74	4/2
	Address:		P.O. Box 22	22	Otestee		7:- 0 - 1 -	00404		
	City:	- 11	Ft McCoy	—	State:	FL FL	_Zip Code:	32134		
☐System T		□community	f	⊔non-trans	ent non-com	•	x non-comm	•	consecutive	•
□No. of Ser	rvice Connect	tions at End	of Month:		_ U i otal Popi	Jiation Servi	ed at End of N	iontn:		
144-4 T	to and Diagonalis	-f								
	tment Plant I	ntormation			•					
□Treatmen			Other Other			A	Talanhana N	۱	(353) EOE 7.	470
	Name:				lomeowners	ASSOC	_Telephone N	0.:	(352) 595-74	+12
	Address:		10672 NE 1 Ft McCoy	51 Lane	State:	FL	Zip Code:	32134		
~ D : H - d	City: I Maximum Ci			180,000			_zip code. lass per Rule (0(3) E A C	5/D
	ef Plant Opera	•	ant.	100,000	_ LI Plain Cale	gory and Ci	iass per Rule	JZ-033.3 IV	∪(3), F.A.C.	3/12
	er Plant Opera		Cortificate	Number	Class (A B	C of D)	Day/e)/Shif	(e) Worl	ked 🦈 📆 🖔	A Property of
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	Jammer		8510		i (•	IDav			
Michael V F	lammer		8519		(Day			·
Michael V F		erators (attac					[Day			<u>,, , , , , , , , , , , , , , , , , , ,</u>
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Michael V H			ch additional	sheets if ne	cessary):			t (s) Worl	ked % % % %	
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Other Certif Name II. STATE I, the un knowledge operations or visited the	MENT BY Landersigned lead and belief, the records for the plant during	EAD/CHIE June-99 id/chief opera e information e plant listed g the reportin	Certificate F.WATER 1 ator of the war in this repo	TREATMEN ater treatment is true and this form wicated above	cessary): Class (A,B NT PLANT Int plant listed accurate. Alere prepared e:	OPERATO I in Part I of so, I certify	Day(s)/Shif	tify that, to	I/YEAR of the best of my	
Michael V F Other Certif Name II. STATE I, the un knowledge a operations i or visited th records	MENT BY L dersigned lea and belief, the records for the plant during	EAD/CHIEI June-99 ad/chief opera e information e plant listed g the reportir of chemicals	F WATER 1 ator of the war in this repool in Part 1 of the grown used and ch	TREATMEN ater treatment is true and this form wicated above	nt plant listed accurate. Alere prepared a:	OPERATO I in Part I of so, I certify	Day(s)/Shif	tify that, to	I/YEAR of the best of my	
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II. STATE I, the un knowledge operations or or visited th records if applie	MENT BY L dersigned lea and belief, the records for the plant during of amounts of cable, approp	EAD/CHIEI June-99 Id/chief operate information e plant listed g the reporting of chemicals plates treatments or retain the	F WATER 1 ator of the war in this repool in Part 1 of any month indused and cheent process see additional	TREATMEN ater treatment is true and this form wicated above the mical feed performance	nt plant listed accurate. Alere prepared e: rates; and records.	OPERATO I in Part I of so, I certify each day to	Day(s)/Shif	tify that, to	I/YEAR of the best of my	y
II. STATE I, the un knowledge operations or visited the records if applie	MENT BY Landersigned lead and belief, the records for the plant during of amounts of cable, appropri	EAD/CHIEI June-99 Id/chief operate information e plant listed g the reporting of chemicals plates treatments or retain the	F WATER 1 ator of the war in this repool in Part 1 of any month indused and cheent process see additional	TREATMEN ater treatment is true and this form wicated above the mical feed performance	nt plant listed accurate. Alere prepared e: rates; and records.	OPERATO I in Part I of so, I certify each day to	Day(s)/Shif	tify that, to	by the best of my onal staffed or	y
II. STATE I, the un knowledge operations or visited the records if applie	MENT BY L dersigned lea and belief, the records for the plant during of amounts of cable, approp	EAD/CHIEI June-99 Id/chief operate information e plant listed g the reporting of chemicals plates treatments or retain the	F WATER 1 ator of the war in this repool in Part 1 of any month indused and cheent process see additional	TREATMEN ater treatment is true and this form wicated above the mical feed performance	nt plant listed accurate. Alere prepared e: rates; and records.	OPERATO I in Part I of so, I certify each day the plant	Day(s)/Shif R FOR THE this form, cer that the follow hat a certified site for at lea	tify that, to	by the best of my onal staffed or	y
II. STATE I, the un knowledge operations or visited the records if applie	MENT BY Landersigned lead and belief, the records for the plant during of amounts of cable, appropriate, I agree to for review up to the plant during the plant	EAD/CHIEI June-99 Id/chief operate information e plant listed g the reporting of chemicals plates treatments or retain the	F WATER 1 ator of the war in this repool in Part 1 of any month indused and cheent process see additional	TREATMEN ater treatment is true and this form wicated above the mical feed performance	nt plant listed accurate. Alere prepared erecords.	OPERATO I in Part I of so, I certify each day to the plant The HAMMER	Day(s)/Shif R FOR THE this form, cer that the follow hat a certified site for at lea	E MONTH tify that, to ring addition operator se ast five year	I/YEAR o the best of myonal staffed or	y

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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF June-99 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide Summary of Daily Water Treatment Data for Month:

			Residual Disinfection in Distribution System					
			Lowest Residual	Lowest Residual	Number of Instances	Lowest Residual	Emergency	
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or	
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal	
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point (mg/L)*	Taken at Total Coliform	Coliform Sampling	Operating	
			System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions	
1	24	200						
2	24	200	0.2	0.2				
3	24	200						
4	24	200						
5	24	200						
6	24	200						
7	24	200	0.2	0.2				
8	24	250						
9	24	250	0.2	0.2				
10	24	180						
11	24	180						
. 12	24	180						
13	24	180						
14	24	180	0.2	0.2				
15	24	200						
16	24	200	0.2	0.2				
17	24	200						
18	24	200						
19	24	200						
20	24	200						
21	24	200	0.2	0.2				
22	24	200						
23	24	200	0.2	0.2				
24	24	220						
25	24	220						
26	24	220						
27	24	220						
28	24	220	0.2	0.2				
29	24	150						
30	24	150	0.2	0.2			·	
31	24							
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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 July-99 Water System Information Silver City Subdivision/Homeowners Assoc. PWS Identification No.: □System Name: □System Owner Telephone No.: (352) 595-7472 Name: George Messenger Address: P.O. Box 222 Ft McCoy State: Zip Code: 32134 City: □community: □non-transient non-community: x non-community: consecutive □System Type: □Total Population Served at End of Month: □No. of Service Connections at End of Month: Water Treatment Plant Information □Treatment Plant Silver City Subdivision/Homeowners Assoc Name: Telephone No.: (352) 595-7472 Address: 10672 NE 151 Lane Zip Code: 32134 City: Ft McCoy State: 180,000 □ Plant Category and Class per Rule 62-699.310(3), F.A.C. □Permitted Maximum Capacity of Plant: □Lead/Chief Plant Operator: Name | Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked 8519 Michael V Hammer Other Certified Plant Operators (attach additional sheets if necessary): Name | Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR July-99 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 in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part 1 of this form were prepared each day that a certified operator staffed or or visited the plant during the reporting month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropiates treatment process performance records. Furthermore, I agree to retain these additional operational records at the plant site for at least five years and make them available for review upon request. MICHAEL V. HAMMER Name and Certificate Number (please type or print) Signature and Date

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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF July-99 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide Summary of Daily Water Treatment Data for Month:

		Sautient Data for World	Residual Disinfection in Distribution System					
	in participate		Lowest Residual	Lowest Residual	Number of Instances	Lowest Residual	Emergency	
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or	
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal	
Month ;	Operation -	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating	
	1 No. 30 10 1		System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions	
1	24	183						
2	24	183						
3	24	183						
4	24	183						
5	24	183						
6	24	183	0.2	0.2	2	0.2		
7	24	200						
8	24	200	0.2	0.2				
9	24	160						
10	24	160						
11	24	160						
12	24	160	0.2	0.2				
13	24	250						
14	24	250	0.2	0.2				
15	24	200						
16	24	200					·	
17	24	200						
18	24	200						
19	24	200	0.2	0.2				
20	24	150						
21	24	150	0.2	0.2				
22	24	220						
23	24	220						
24	24	220						
25	24	220		_				
26	24	220	0.2	0.2				
27	24	250						
28	24	250	0.2	0.2				
29	24	260					_	
30	24	260						
31	24	260		-				
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Monthly Operation Report for Public Water Systems that Use Ground and for Consecutive Public Water Systems that Treat Their Water

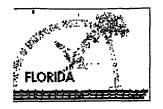
Aug	ust-99			Property of				
Water System Information		_						
∃System Name:	Silver City S	Subdivision/l	Homeowners	Assoc.	PWS Identif	fication No.	.: 3424660	
□System Owner								
Name:	George Me				Telephone N	lo.:	(352) 595-74	72
Address:	P.O. Box 22	22						
City:	Ft McCoy	<u></u>	_State:	<u>FL</u>	Zip Code:	32134	· · · · · · · · · · · · · · · · · · ·	
	nmunity:	□non-trans	sient non-com			•	consecutive	
No. of Service Connections	at End of Month:		_ □Total Pop	ulation Ser	ved at End of M	lonth:		
Vater Treatment Plant Inform	ation							
Treatment Plant								
Name:			Homeowners	Assoc	Telephone N	10.:	(352) 595-74	72
Address:	10672 NE 1	151 Lane				00101		
City:	Ft McCoy	400.000	_State:	FL	Zip Code:	32134	V0\ E 4 0	FIR
Permitted Maximum Capacit	ty of Plant:	180,000	_ □Plant Cat	egory and C	Class per Rule (62-699.310)(3), F.A.C	5/D
Lead/Chief Plant Operator:	10-49-4-	Ni maka 200	Close (A.D	0 6-10	DavidVChis	4 (a) 1A/a ¹ -1	ad distribution	of the same
Name				C. (C, OF D)	Day(s)/Shif	i (S) WVOFK	.eu	
fichael V Hammer	8519							
Other Certified Plant Operator Name	s (attach additional	I sheets if ne	cessary):			t (s) Work	ed 🦳 👌	
	s (attach additional	I sheets if ne	cessary):			t (s) Work	ed :	
	s (attach additional	I sheets if ne	cessary):			t (s) Work	ed ::	
	s (attach additional	I sheets if ne	cessary):			t (s) Work	ed	
I. STATEMENT BY LEAD Aug I, the undersigned lead/chicknowledge and belief, the inforperations records for the plan	Certificate Certificate /CHIEF WATER ust-99 ef operator of the w rmation in this repont listed in Part 1 of	TREATMEN vater treatme on tis true and	Class (A,E NT PLANT ent plant listed accurate. A vere prepared	OPERATO	Day(s)/Shif	MONTH/	YEAR the best of my	
I. STATEMENT BY LEAD Aug I, the undersigned lead/chicknowledge and belief, the inforperations records for the plan	Certificate Certi	TREATMEN vater treatme ort is true and this form we dicated above the mical feed	Class (A,E NT PLANT Int plant listed accurate. A vere prepared e: rates; and	OPERATO	Day(s)/Shif	MONTH/	YEAR the best of my	
Name Aug I, the undersigned lead/chicknowledge and belief, the information records for the plan or visited the plant during the if applicable, appropriates Furthermore, I agree to retain	Certificate Certi	TREATMEN rater treatme or is true and this form we dicated above themical feed performance	NT PLANT ont plant listed accurate. A vere prepared e: rates; and e records.	OPERATO in Part I o lso, I certify each day	Day(s)/Shif	tify that, to ing addition operator st	the best of my	
II. STATEMENT BY LEAD. Aug I, the undersigned lead/chicknowledge and belief, the inforce operations records for the plant or visited the plant during the records of amounts of che	Certificate Certi	TREATMEN rater treatme or is true and this form we dicated above themical feed performance	NT PLANT ont plant listed accurate. A vere prepared e: rates; and e records.	OPERATO d in Part I o lso, I certify each day	Day(s)/Shif	tify that, to ing addition operator st	the best of my	

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

Consecutive Public Water Systems that	Treat Their Water	
System PWS Identification Number:	3424660	
Treatment Plant Name:	Silver City Subdivision/Homeowners Assoc	
III. SUMMARY OF DAILY WATER TREAT	MENT DATA FOR REPORTING MONTH/YEAR OF August-99	
Type of Residual Disenfection Maintained in Distrib	ution System Served by Plant: X free chlorine; combined chlorine (chloramine),	
chlorine dioxide		
Summary of Daily Water Treatment Data for Month		

			Residu	al Disinfection in Dis	tribution System	1	Reported	
			Lowest Residual	Lowest Residual	Number of Instances	Lowest Residual	Emergency	
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or	
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal	
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating	
ny saras za	and the same		System (mg/L)	(mg/L) *	Taken at Total Coliform Sampling Points	Points (mg/L) **	Conditions	
1	24	260						
2	24	260						
3	24	260	0.2	0.2				
4	24	200						
5	24	200						
6	24	200	0.2	0.2				
7	24	200						
8	24	200						
9	. 24	200						
10	24	200	0.2	0.2				
11	24	200						
12	24	200	0.2	0.2				
13	24	175						
14	24	175						
15	24	175						
16	24	175	0.2	0.2				
17	24	200						
18	24	200						
19	24	200	0.2	0.2				
20	24	160						
21	24	160						
22	24	160						
23	24	160						
24	24	16	0.2	0.2				
25	24	250						
26	24	250	0.2	0.2				
27	24	180						
28	24	180		7				
29	24	180						
30	24	180						
31	24	180	0.2	0.2		· · · · · · · · · · · · · · · · · · ·		
Total		5936					1111	
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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

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DISTRICT

No. of Service Connections at End of Month:	GENERAL WATER SY	STEM AND W	VATER TRE						ES11187
System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424860	· ·			1 福力。全		The state of the second			F 1.5
Several Council Several Co		Į							
Name: George Messenger Telephone No.: (352) 595-7472 Address: P.O. Box 222 City: Ft McCoy State: FL Zip Code: 32134 System Type: Gcommunity: Gnon-transient non-community: x non-community: consecutive No. of Service Connections at End of Month: GTotal Population Served at End of Month: Water Treatment Plant Information Treatment Plant Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 596-7472 Address: 10672 NE 151 Lane City: Ft McCoy State: FL Zip Code: 32134 Permitted Maximum Capacity of Plant: 180,000 Plant Category and Class per Rule 62-699.310(3), F.A.C. 5/D Lead/Chief Plant Operator: Name: Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Michael V Hammer B519 C Day Other Certified Plant Operators (attach additional sheets if necessary): Name: Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR September-99 I, the undersigned lead/chief operator of the water treatment plant listed in Part 1 of this form, certify that, to the best of my knowledge and belief, the information in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part 1 of this form were prepared each day that a certified operator staffed or or visited the plant during the reporting month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropiates treatment process performance records. Furthermore, I agree to retain these additional operational records at the plant site for at least five years and make them available for review upon request.	•		Silver City S	3ubdivision/l	Homeowners	s Assoc.	PWS Identification	n No.: <u>3424660</u>	
Address: City: Ft McCoy State: FL Zip Code: 32134 System Type: Community: Connections at End of Month: Class (AB, C, or D) Cher Certified Plant Operators (attach additional sheets if necessary): Name: Certificate Number Class (AB, C, or D) Certificate Number Class (AB, C, or D) Certified Plant Operators (attach additional sheets if necessary): Name: Certificate Number Class (AB, C, or D) Certificate Number Class (AB, C, or D) Certified Plant Operators (attach additional sheets if necessary): Name: Certificate Number Class (AB, C, or D) Certified Plant Operators (attach additional sheets if necessary): Name: Certificate Number Class (AB, C, or D) Certificate Number Class (AB, C, or D) Certified Plant Operators (attach additional sheets if necessary): Name: Certificate Number Class (AB, C, or D) Certified Plant Operators (attach additional sheets if necessary): Name: Certificate Number Class (AB, C, or D) Certified Plant Operators (attach additional sheets if necessary): Name: Certificate Number Class (AB, C, or D) Ce									
City:	_						_Telephone No.:	(352) 595-74	472
System Type: □community: □non-transient non-community: x non-community: consecutive □No. of Service Connections at End of Month: □Total Population Served at End of Month: □Total Population	_			<u> 22</u>					
No. of Service Connections at End of Month: □Total Population Served at End of Month: □Total Population Served at End of Month:	· · · · · · · · · · · · · · · · · · ·		Ft McCoy		_		_ `		
Water Treatment Plant Information □Treatment Plant Name:				□non-trans		-	•	consecutive	•
Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472	□No. of Service Connection	ons at End of M	onth:		_ □Total Po	oulation Serve	ed at End of Month:		
Silver City Subdivision/Homeowners Assoc	Water Treatment Plant Inf	<u>ormation</u>							
Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472 Address: 10672 NE 151 Lane City: Ft McCoy State: FL Zip Code: 32134 Plant Category and Class per Rule 62-699.310(3), F.A.C. 5/D Lead/Chief Plant Operator:									
Address: City: Ft McCoy State: FL Zip Code: 32134 Permitted Maximum Capacity of Plant: 180,000 Plant Category and Class per Rule 62-699.310(3), F.A.C. 5/D Lead/Chief Plant Operator: Name Certificate Number Class (A,B,C, or D) Day(s)/Shift (s) Worked			Silver City S	Subdivision/l	Homeowner:	s Assoc	Telephone No.:	(352) 595-74	472
□ Permitted Maximum Capacity of Plant: □ Lead/Chief Plant Operator: Name □ Certificate Number □ Restauration	Address:						•		
□ Permitted Maximum Capacity of Plant: □ Lead/Chief Plant Operator: Name □ Certificate Number □ R519 □ Cultificate Number □ Class (A,B, C, or D) □ Day(s)/Shift (s) Worked □ Day □ Day □ Day(s)/Shift (s) Worked □ Day(s)/Shift (s) Pathodology □ Day(s)/Shift (s) Pathodology □ Day(s)/Shift (s) Pathodology □ Day(s)/Shift (s) P	City:		Ft McCoy		State:	FL	Zip Code: 321	34	
Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Company Content Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Class (A,B, C, or D) Day(s)/Shift (s) Pay(s)		pacity of Plant:		180,000	□Plant Ca	tegory and Cl	ass per Rule 62-699	9.310(3), F.A.C.	5/D
Name Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked Michael V Hammer 8519 C Day Other Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR September-99 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 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 or visited the plant during the reporting month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriates treatment process performance records. Furthermore, I agree to retain these additional operational records at the plant site for at least five years and make them available for review upon request. MICHAEL V. HAMMER C-8519			•		_		•	•	
Other Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR September-99 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 in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part 1 of this form were prepared each day that a certified operator staffed or or visited the plant during the reporting month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriates treatment process performance records. Furthermore, I agree to retain these additional operational records at the plant site for at least five years and make them available for review upon request. MICHAEL V. HAMMER C-8519	Name	· 微学室可靠	Certificate	Number	Class (A,I	3, C, or D)	Day(s)/Shift (s) V	Vorked	興奮器 シャラール
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knowledge and belief, the information in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part 1 of this form were prepared each day that a certified operator staffed or or visited the plant during the reporting month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriates treatment process performance records. Furthermore, I agree to retain these additional operational records at the plant site for at least five years and make them available for review upon request. Michael V. Hammer C-8519									
available for review upon request. Mehreel V. Harmer 10-15-99 MICHAEL V. HAMMER C-8519	knowledge and belief, the operations records for the or visited the plant during records of amounts of	information in the plant listed in Figure 1 the reporting machine the chemicals used	his report is t Part 1 of this f onth indicated d and chemic	true and acc form were p ed above: cal feed rates	curate. Also, prepared eac s; and	I certify that t	the following addition	nal	
	•		dditional op	erational re	ecords at th	e plant site	for at least five ye	ars and make the	em
Orginature and Date Hamber (piease type or print)	Muhaled V.	Harmer	10-15-	99					
	e.g. ididi e dila bate				. Tarrio ario	. 55,	Timbol (pieces t)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF September-99 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

			Residu	al Disinfection in Dis	tribution System		Reported
	.* .		Lowest Residual	Lowest Residual	Number of Instances	Lowest Residual	Emergency
Day of _	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal
Month .	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating
			System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions
1	24	200					
2	24	200	0.2	0.2			
3	24	180					
4	24	180	ı				
5	24	180					
6	24	180					
7	24	180	0.2	0.2			
8	24	200					
9	24	200	0.2	0.2			
10	24	200					
11	24	200					
12	24	200					
13	24	200					
14	24	200	0.2	0.2			
15	24	250					
16	24	250	0.2	0.2			
17	24	250					
18	24	250					
19	24	250					
20	24	250	0.2	0.2			
21	24	200					
22	24	200	0.2	0.2			
23	24	200					
24	24	200					
25	24	200					
26	24	200					
27	24	200					
28	24	200	0.2	0.2			
29	24	500					
30	24	500	0.2	0.2			
31	24						
Total	· · · · · · · · · · · · · · · · · · ·	6800		No the last of a		just 1 Day to been by the co	
Avg.	,	227		a marabasa na waka T	te marine of payor parties	the second sections.	
Max.		500	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	e e je si ka	Sign & Spiriters	a je kaja jakses	- 19 July 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

Alternate/Substitute for	
DEP Form 62.555.900(3)	



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

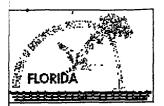
SENERAL WATER	October-99		Tarana da	しんじょうしんねー イブー・ス		S 4 4 4 4 1		s gapter Waller and	
ator System Informa			Liko birikibiyi			TAM SA BOOK . THE	and in the Solidar		Zurus.
ater Svstem Informa System Name:	<u>HOH</u>	Silver City	Subdivision/l	Homoownore	A 0 0 0 0	DMS Identic	fication Na	. 2424660	
•		Silver City (Subdivision/i	Homeowners	A550C.	_ FWS Ideilli	iication No	.: <u>3424660</u>	
System Owner		Coorgo Mo				Tolonhono N	ام.	(252) EDE 7470	2
Name:		George Me			•	_ Telephone N	10.:	(352) 595-7472	
Address:		P.O. Box 22	22	Chahai		7:- Onder	20424		
City:		Ft McCoy		_State:	FL	_Zip Code:	32134		
System Type:	□community		⊔non-trans	ient non-com	_	x non-comn	•	consecutive	
No. of Service Conn	ections at End o	f Month:		_ 🗆 i otal Popi	liation Serv	ved at End of N	nontn:		
ater Treatment Plan	Information								
Treatment Plant	Information								
Name:		Silver City 9	Subdivision/	-lomeowners	Δεεοο	Telephone N	lo ·	(352) 595-7472	2
Address:		10672 NE 1		iomeowners.	N330C	_ relephone is	Ю	(332) 393-1412	
			151 Lane	State	E1	Zin Codo:	22424		
City: Permitted Maximum	Compaint of Dia	Ft McCoy	100.000	_State:	FL	Zip Code:	32134	2(0) 5 4 0	F II
rermitted Maximum	Capacity of Pia	nt:	180,000		gory and C	lass per Rule	02-099.311	J(3), F.A.C.	5/1
Lead/Chief Plant Ope	erator:	Cortificato	Number	Closs (A.B.	C or D)	Davida\/Chi6	4 (a) \\(\alpha\)	A PROPERTY OF STREET WAS	kilan An
ead/Chief Plant Open Name chael V Hammer her Certified Plant C	perators (attacl	8519 n additional s	sheets if nec	essary):		Dav		(ed	
Lead/Chief Plant Open Name ichael V Hammer ther Certified Plant C	perators (attacl	8519 n additional s	sheets if nec	essary):		Dav			
Lead/Chief Plant Open Name ichael V Hammer ther Certified Plant C	perators (attacl	8519 n additional s	sheets if nec	essary):		Dav			
Name Name Nichael V Hammer Other Certified Plant C Name Name	perators (attack	8519 additional s Certificate WATER T	sheets if nec Number	essary): Class (A,B,	C, or D) PERATOR	Day(s)/Shif	t (s) Work	ved YEAR	
Name lichael V Hammer ther Certified Plant Control Name STATEMENT BY I, the undersigned lichael powledge and belief, to perations records for	LEAD/CHIEF October-99 ead/chief operation the plant listed	water Tier of the war in this report in Part 1 of the	REATMEN ter treatment is true and this form well	essary): Class (A,B, T PLANT O t plant listed i accurate. Also re prepared e	PERATOR n Part I of to, I certify to	Day(s)/Shif	MONTH/ fy that, to the addition	YEAR he best of my	
Lead/Chief Plant Open Name lichael V Hammer other Certified Plant Contains Name STATEMENT BY	LEAD/CHIEF October-99 ead/chief operathe information the plant listed ing the reporting of chemicals upon the plant section of the plan	water Ti	REATMEN ter treatment is true and anis form were cated above:	essary): Class (A,B, T PLANT O t plant listed i accurate. Also re prepared e	PERATOR n Part I of to, I certify to	Day(s)/Shif	MONTH/ fy that, to the addition	YEAR he best of my	
Lead/Chief Plant Open Name lichael V Hammer ther Certified Plant Control Name STATEMENT BY I, the undersigned lichael and belief, to be a control of the plant during records of amounts.	LEAD/CHIEF October-99 ead/chief operathe information the plant listed ing the reporting of chemicals uppiates treatment to retain these	WATER To the war in this report in Part 1 of the month indicates and che int process points.	REATMEN ter treatment is true and a his form were treated above: emical feed reference reformance	essary): Class (A,B, TPLANT O t plant listed i accurate. Also re prepared e ates; and records.	PERATOR Description Part I of to part I of	Day(s)/Shif	MONTH/ fy that, to the addition operator sta	YEAR he best of my al affed or	
Lead/Chief Plant Open Name lichael V Hammer ther Certified Plant Control Name STATEMENT BY I, the undersigned linewledge and belief, to be present the plant during records of amounts if applicable, appresent the plant expenses of the plant during the plant d	LEAD/CHIEF October-99 ead/chief operathe information the plant listed ing the reporting of chemicals uppiates treatment to retain these upon request.	WATER To the war in this report in Part 1 of the month indicates and che int process points.	REATMEN ter treatment is true and a his form were cated above: emical feed re erformance re	essary): Class (A,B, TPLANT O t plant listed i accurate. Also re prepared e ates; and records.	PERATOR Part I of to, I certify the ach day the	Day(s)/Shif	MONTH/ fy that, to the addition operator sta	YEAR he best of my al affed or	

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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF October-99 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

			Residu	al Disinfection in Dis	tribution System		Reported
	144	4 (1.1.1.4.4.3)	Lowest Residual	Lowest Residual	Number of Instances	Lowest Residual	Emergency
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or .
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal
Month .	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating
		17 W MAN TALL S MAN TO S	System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions
1	24	360					
2	24	360					
3	24	360					
4	24	360					·
5	24	360	0.2	0.2	2	0.2	
6	24	350					
7	24	350	0.2	0.2			
8	24	480	<u> </u>				
9	- 24	480					
10	24	480					
11	24	480					
12	24	480	0.2	0.2			
13	24	550					
14	24	550	0.2	0.2			
15	24	520					
16	24	520					
17	24	520					
18	24	520					
19	24	520	0.2	0.2			
20	24	550					
21	24	550	0.2	0.2			
22	24	520				·	
23	24	520					
24	24	520					
25	24	520					
26	24	520	0.2	0.2			
27	24	600					
28	24	600	0.2	0.2			
29	24	580					
30	24	580					
31	24	580					
Total		15240		n village nituage a n	2	the section of the	
Avg.	:	492		jah ja mahiji ya	they in which had by the profit to the grown and	King pulpaga and Sec.	
Max.		600	and the second	450.00 10.5	a tribula de		

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

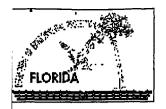
- L	November-99	<u>'</u>	produktion in				2.5	- 13. The state of	
Water System Informat	tion						·	- 10 1000	
□System Name:		Silver City S	ubdivision/h	Homeowners .	Assoc.	_ PWS Identi	ification No	.: <u>3424660</u>	
System Owner									
Name:	<u> </u>	George Mes				_Telephone N	√o. :	(352) 595-7	472
Address:		P.O. Box 22	2						
City:		Ft McCoy		_State:	FL	_Zip Code:	32134		
☐System Type:	□community:		□non-trans	ient non-com		x non-comr	•	consecutive	3
□No. of Service Conne	ctions at End of I	Month:		_ □Total Popu	ulation Serve	ed at End of N	Month:	····	
Water Treatment Plant	Information								
□Treatment Plant									
Name:				Homeowners	Assoc	_Telephone N	No.:	(352) 595-7	472
Address:		10672 NE 15	51 Lane						
City:		Ft McCoy		State:	FL	Zip Code:	32134		
□Permitted Maximum (180,000	¯ □Plant Cate	gory and C	lass per Rule	62-699.310	0(3), F.A.C.	5/D
□Lead/Chief Plant Ope	erator:						·		
Name		Certificate	Number	Class (A,B	, C, or D)		ft (s) Work	ced Signature	斯斯·
1401116						7=-			
Michael V Hammer		8519 additional she Certificate I			, C, or D)	Day Day(s)/Shir	ft (s) Work	ed 140 Aug	<u> </u>
Michael V Hammer Other Certified Plant O		additional she		ssary):			ft (s) Work	ed is a	
Michael V Hammer Other Certified Plant O		additional she		ssary):			ft (s) Work	red in the second	
Michael V Hammer Other Certified Plant O		additional she		ssary):			ft (s) Work	red National	
Michael V Hammer Other Certified Plant O	perators (attach a	additional she Certificate I	Number	ssary): Class (A,B,	, C, or D)	Day(s)/Shir			
Michael V Hammer Other Certified Plant O Name	perators (attach a LEAD/CHIEF V November-99 ead/chief operato the information in the plant listed in	VATER TRE r of the water this report is Part 1 of this	ATMENT treatment p true and ac form were	PLANT OPI	, C, or D) ERATOR Part I of this I certify tha	Day(s)/Shir	IONTH/YE that, to the	AR best of my	
Michael V Hammer Other Certified Plant O Name II. STATEMENT BY I, the undersigned le knowledge and belief, to operations records for the state of the state o	LEAD/CHIEF V November-99 ead/chief operato the information in the plant listed in ng the reporting r	VATER TRE r of the water this report is Part 1 of this month indicate ed and chemic	ATMENT treatment p true and ac form were ed above: cal feed rate	PLANT OPI Class (A,B) PLANT OPI Class (A,B) Class (A,B)	, C, or D) ERATOR Part I of this I certify tha	Day(s)/Shir	IONTH/YE that, to the	AR best of my	
Other Certified Plant O Name II. STATEMENT BY I, the undersigned le knowledge and belief, to operations records for tor visited the plant during records of amounts	LEAD/CHIEF V November-99 ead/chief operator in the plant listed in the reporting respirates treatment to retain these	VATER TRE r of the water this report is Part 1 of this month indicate ed and chemic	ATMENT treatment p true and ac form were ed above: cal feed rate ormance rec	PLANT OPI class (A,B, plant listed in ccurate. Also, prepared each es; and cords.	ERATOR Part I of this I certify that the day that	FOR THE M s form, certify t the following a certified ope	that, to the additional erator staff	e best of my	
Michael V Hammer Other Certified Plant O Name II. STATEMENT BY I, the undersigned le knowledge and belief, to operations records for tor visited the plant during records of amounts if applicable, appropriate the plant of th	LEAD/CHIEF V November-99 ead/chief operator in the plant listed in the reporting respirates treatment to retain these	VATER TRE r of the water this report is Part 1 of this month indicate ed and chemic	ATMENT treatment p true and ac form were ed above: cal feed rate ormance rec	PLANT OPI Class (A,B) PLANT OPI Clant listed in ecurate. Also, prepared each es; and cords. records at the MICHAEL V	ERATOR Part I of this I certify that the day that the plant site.	FOR THE M s form, certify t the following a certified ope	that, to the additional erator staffer five years	e best of my ed or	

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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF November-99 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

			Residu	al Disinfection in Dis	tribution System		Reported
			Lowest Residual	Lowest Residual	Number of Instances	Lowest Residuel	Emergency
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal
Month:	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliforn Sampling	Operating
ŕ			System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions
1	24	580					
2	24	580	0.2	0.2			
3	24	900					
4	24	900	0.2	0.2			
5	24	2000					
6	24	2000					
7	24	2000					
8	24	2000					
9	·· 24	2000	0.2	0.2			
10	24	2700					
11	24	2700	0.2	0.2			
12	24	2680					
13	24	2680					
14	24	2680					
15	24	2680					
16	24	2680	0.2	0.2			
17	24	3700					
18	24	3700	0.2	0.2			
19	24	2650					
20	24	2650					
21	- 24	2650					
22	24	2650	0.2	0.2			
23	24	3100					
24	24	3100	0.2	0.2			
25	24	2150					
26	24	2150					
27	24	2150					
28	24	2150					
29	24	2150					
30	24	2150	0.2	0.2			
31	24						
Total		68860	-	, ,			See The See The See The See
Avg.		2295			14 OF 1 1 1 14		
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DEP Form 62.555.900(3)	



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

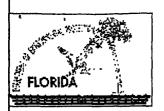
INSTRUCTIONS: See Page 4 GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF December-99 Water System Information □System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: □System Owner George Messenger Telephone No.: Name: (352) 595-7472 Address: P.O. Box 222 Ft McCov City: State: Zip Code: 32134 □community: □non-transient non-community: □System Type: x non-community: consecutive □No. of Service Connections at End of Month: □Total Population Served at End of Month: Water Treatment Plant Information □Treatment Plant Silver City Subdivision/Homeowners Assoc Name: Telephone No.: (352) 595-7472 Address: 10672 NE 151 Lane Ft McCoy State: Zip Code: 32134 City: 180.000 Plant Category and Class per Rule 62-699.310(3), F.A.C. □Permitted Maximum Capacity of Plant: □Lead/Chief Plant Operator: Certificate Number (Class (A,B, C, or D) Name Day(s)/Shift (s) Worked Michael V Hammer 8519 Other Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (A,B, C, or D) Day(s)/Shift (s) Worked II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR December-99 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 in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part 1 of this form were prepared each day that a certified operator staffed or or visited the plant during the reporting month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropiates treatment process performance records. Furthermore, I agree to retain these additional operational records at the plant site for at least five years and make them available for review upon request. enel 1-10-00 MICHAEL V. HAMMER C-8519 Signature and Date 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:	3424660	
Treatment Plant Name:	Silver City Subdivision	/Homeowners Assoc
III. SUMMARY OF DAILY WATER TREATMENT	DATA FOR REPORTING MONTH/	YEAR OF December-99
Type of Residual Disenfection Maintained in Distribution S	ystem Served by Plant: X free chlorine; co	ombined chlorine (chloramine),
chlorine dioxide		
Summary of Daily Water Treatment Data for Month:		

			Residu	al Disinfection in Dis	tribution System		Reported
		Z SAME FROM	Lowest Residual	Lowest Residual	Number of Instances	Lowest Residual	Emergency
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating
	24 milet of 11		System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions
1	24	1950					
2	24	1950	0.2	0.2			
3	24	3800					
4	24	3800					
5	24	3800					
6	24	3800					
7	24	3800	0.2	0.2			
8	24	3200	V-0.7.				
9	24	3200	0.2	0.2			
10	24	3380			·		
11	24	3380					
12	24	3380					
13	24	3380					
14	24	3380	0.2	0.2			, ,
15	24	2550					
16	24	2550	0.2	0.2			
17	24	2180					
18	24	2180		_	·		
19	24	2180					
20	24	2180					
21	24	2180	0.2	0.2			
22	24	2600			i i		
23	24	2600	0.2	0.2			
24	24	2140					
25	24	2140					
26	24	2140					
27	24	2140					
28	24	2140	0.4	0.4			
29	24	3350					
30	24	3350	0.3	0.3			
31	24	11140				7.5	
Total		95940		२११ कर्या क्षेत्र _स ्थ्या स्ट्र			
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Monthly Operation Report for Public Water Systems that Use Ground and for Consecutive Public Water Systems that Treat Their Wa

\$		January 2000			international facilities. Difference de la grande de la company		Kinder Light			LEGIST
Water Syst	tem Informat	on		_						
□System N	lame:		Silver City	Subdivision/l	Homeowners	Assoc.	_ PWS Identi	fication No	o.: 3424660	·
□System C	<u>Owner</u>									
	Name:		Seorge Me	ssenger			Telephone N	lo.:	(352) 595-7	472
	Address:	F	P.O. Box 2	22						
	City:	F	t McCoy		State:	FL	Zip Code:	32134		
□System T	* .	□community:		□non-trans	ient non-com	•	x non-comn	•	consecutiv	е
□No. of Se	ervice Connec	ctions at End o	f Month:		_ □Total Popu	ulation Serv	ved at End of N	/ionth:		_
ı										
	atment Plant	Information								
□Treatmer	nt Plant									
	Name:				lomeowners	Assoc	Telephone N	10.:	(352) 595-7	472
	Address:		0672 NE 1	151 Lane						
	City:		t McCoy		_State:	<u>FL</u>	_ Zip Code:	32134		
		apacity of Plai	nt:	180,000	_ □Plant Cate	egory and C	Class per Rule	62-699.31	0(3), F.A.C.	5/D
	ef Plant Oper									1 120 J wills n
						O D)	* IDay/e\/Shif	4 /a\ \\/ai	والمنافق المحم	建工作的 1000 1000 1000 1000 1000 1000 1000 10
Name	- The second second second second	An and the second secon		Number	Class (A,B	, C, or D)		t (S) yvori	ked 🔻 🖖	
Name Michael V I	Hammer	erators (attach	8519 additiona)			Day		ked sked	
Michael V I Other Certi Name	Hammer	perators (attach	8519 additiona Certificate) I sheets if ne Numbër	cessary): Class (A,B	, C, or D)	Day(s)/Shif	t (s) Worl	ked San San San	
Name Michael V I Other Certi Name	Hammer fied Plant Or	erators (attach	8519 n additiona Certificate	I sheets if ne Number	cessary): Class (A,B	C, or D)	Day(s)/Shif	t (s) Work	ked	
Name Michael V I Other Certi Name II. STATE I, the ur knowledge operations or visited th records if appli Furthermo	MENT BY I madersigned le and belief, tr records for th ne plant durir s of amounts cable, appro	perators (attach	WATER or of the win this report in Part 1 of month income sed and clark process	TREATMEI vater treatme ort is true and f this form w dicated above hemical feed performance	Class (A,B Class (A,B NT PLANT (Int plant listed accurate. Al Idere prepared Idere prepa	OPERATO I in Part I o so, I certify each day	Day(s)/Shif	MONTH tify that, to ving addition	the best of monal	y

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

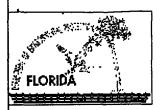
Consecutive Public Water Systems that	Treat Their Water	
System PWS Identification Number:	3424660	
Treatment Plant Name:	Silver City Subdivision/Homeowners Assoc	
III. SUMMARY OF DAILY WATER TREAT	MENT DATA FOR REPORTING MONTH/YEAR OF January 2000	w j
Type of Residual Disenfection Maintained in Distr	bution System Served by Plant: X free chlorine; combined chlorine (chloramine),	

Summary of Daily Water Treatment Data for Month:

chlorine dioxide

		Residual Disinfection in Distribution System				Reported	
			Lowest Residual	Lowest Residual	Number of instances	Lowest Residual	Emergency
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	Or
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating
			System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions
1	24	11140					
2	24	11140					
3	24	11140					
4	24	11140	0.2	0.2	2	0.2	
5	24	5133		ļ			
6	24	5133					
7	24	5133	0.3	0.3			
8	24	6275					
9	24	6275					
10	24	6275					
11	24	6275	0.2	0.2			
12	24	11400					
13	24	11400					
14	24	11400	0.2	0.2			
15	24	5850					
16	24	5850					
17	24	5850					
18	24	5850	0.2	0.2			
19	24	5250					
20	24	5250	0.2	0.2			
21	24	5100		<u> </u>			
22	24	5100					
23	24	5100			-		
24	24	5100		l			
25	24	5100	0.2	0.2			
26	24	5866					
27	24	5866		<u> </u>			
28	24	5866	0.2	0.2			
29	24	3475			<u></u>		
30	24	3475					
31	24	3475					
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se Ground Water

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 February 2000 Water System Information Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660 □System Name: □ System Owner Telephone No.: (352) 595-7472 Name: George Messenger P.O. Box 222 Address: Ft McCoy State: FL Zip Code: 32134 City: □non-transient non-community: x non-community: consecutive □System Type: □community: ☐Total Population Served at End of Month: □No. of Service Connections at End of Month: Water Treatment Plant Information □Treatment Plant Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472 Name: Address: 10672 NE 151 Lane Ft McCoy State: Zip Code: 32134 City: □Permitted Maximum Capacity of Plant: 180,000 □ Plant Category and Class per Rule 62-699.310(3), F.A.C. □Lead/Chief Plant Operator: Name Class (A,B, C, or D) Day(s)/Shift (s) Worked Michael V Hammer Other Certified Plant Operators (attach additional sheets if necessary): Name | Class (A,B, C, or D) Day(s)/Shift (s) Worked II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR February 2000 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 in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part 1 of this form were prepared each day that a certified operator staffed or or visited the plant during the reporting month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropiates treatment process performance records. Furthermore, I agree to retain these additional operational records at the plant site for at least five years and make them available for review upon request. C-8519 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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF February 2000 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine)

chlorine dioxide

Summary of Daily Water Treatment Data for Month:

		de l'est de la	Residual Disinfection in Distribution System				Reported
Day of	Hours	Quantity of Finished	Lowest Residual Disinfectant	Lowest Residual Disinfectant	Number of Instances Where Residuel	Lowest Residual Disinfection	Emergency or
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform Sampling Points	Coliform Sampling	Operating
6 T 4 Sec.	* (* * · · · · · · · · · · · · · · · ·		System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions
1	24	3475	0.2	0.2			
2	24	3750					
3	24	3750	0.2	0.2			
4	24	5360					
5	24	5360					
6	24	5360					
7	24	5360					
8	24	5360	0.2	0.2			
9	· 24	7400					
10	24	7400	0.2	0.2			
11	24	6120					
12	24	6120					
13	24	6120					
14	24	6120					
15	24	6120	0.2	0.2			
16	24	6050					
17	24	6050	0.2	0.2			
18	24	8560					
19	24	8560					
20	24	8560					
21	24	8560					
22	24	8560	0.3	0.3			
23	24	14900			•		
24	24	14900					
25	24	14900	0.3	0.3			
26	24	12600					
27	24	12600					
28	24	12600		· · · · · · · · · · · · · · · · · · ·			_
29	24	12600	0.2	0.2			
30	24					· · · · · · · · · · · · · · · · · · ·	
31	24						
Total		233175		en elle elektrich		The State of	
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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

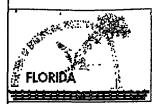
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Water System Information			The Control National Williams	Address of the second	energia de la composición dela composición de la composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición	parting our a		And the State thing travel with a se
☐System Name:		itv Subdivision	/Homeowners	Assoc.	PWS Identif	ication N	o.: 3424660	
□System Owner		1, 000		7.000	— * • • • •	100		
Name:	George ¹	Messenger			Telephone N	io.:	(352) 595-74	472
Address:	P.O. Box				miles	•		
City:	Ft McCo		State:	FL	Zip Code:	32134		
-	□community:		sient non-com		x non-comm		consecutive	
□No. of Service Connect					ved at End of M	•		
			_					,
Water Treatment Plant Ir	<u>nformation</u>				•		••	
□Treatment Plant							·	•
Name:	Silver Ci	ty Subdivision	/Homeowners	Assoc	Telephone N	io.:	(352) 595-74	472
Address:		IE 151 Lane						
City:	Ft McCo		State:	FL	Zip Code:	32134		
□Permitted Maximum Ca	apacity of Plant:	180,000	☐ □Plant Cate	gory and C	lass per Rule 6	32-699.31	0(3), F.A.C.	5/D
□Lead/Chief Plant Opera				·			· · · · · · · · · · · · · · · · · · ·	
Name			Class (A,B	, C, or D)		ı (s) Wor	rked 🙀 😣 🎼	41.75
Michael V Hammer	85	519	<u> </u>	С	Day	,		
I, the undersigned lea knowledge and belief, the operations records for the or visited the plant during	March 2000 d/chief operator of the information in this re plant listed in Part 1	e water treatme eport is true and of this form validicated above	ent plant listed nd accurate. Al were prepared ve:	in Part I of Iso, I certify	f this form, cer that the follow	tify that, to	o the best of my	y
	iates treatment proce	ess performano	ce records.	at the plant	t site for at le:	ast five v	ears and mak	te them

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

Consecutive Public Water Systems that Treat	Their Water	
System PWS Identification Number:	3424660	
Treatment Plant Name:	Silver City Subdivision/Homeowr	ners Assoc
III. SUMMARY OF DAILY WATER TREATMENT	DATA FOR REPORTING MONTH/YEAR OF	March 2000
Type of Residual Disenfection Maintained in Distribution S	system Served by Plant: X free chlorine; combined chlor	ine (chloramine),
chlorine dioxide		
A STATE OF THE STA		

	I		Residu	al Disinfection in Dis	tribution System		Reported
			Lowest Residual	Lowest Residual	Number of instances	Lowest Residual	Emergency
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating
temph of ellippeningsume."	e greek te centra		System (mg/L)	(mg/L)*	Sampling Points	Points (mg/L) **	Conditions
1	24	11600					
2	24	11600	0.3	0.3			
3	24	12180					
4	24	12180					
5	24	12180					
6	24	12180	-				
7	24	12180	0.7	0.7			
8	24	11400					
9	- 24	11400	0.7	0.7			
10	24	12000					
11	24	12000					
12	24	12000					
13	24	12000					
14	24	12000	0.8	0.8			
15	24	8000					
16	24	8000	0.8	0.8			
17	24	9720					
18	24	9720					
19	24	9720					
20	24	9720					
21	24	9720	0.4	0.4			!
_22	24	9150					
23	24	9150	0.5	0.5			
24	24	8240					
25	24	8240					•
26	24	8240					
27	24	8240					
28	24	8240	0.5	0.5			
29	24	9850					
30	24	9850	0.6	0.6			
31	24	6400					
Total		317100		રાયું હાલું હક્ષીન જ કરીનુ		The state of the form of the	Section that the
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12.83	April 2000]		1. 电二次数据数 1. 电影响			ite di Talik	
Water System Informati	on		-						
□System Name:		Silver City S	Subdivision/F	Homeowners A	ssoc.	_ PWS Identif	fication No	.: 3424660)
□System Owner									
Name:		George Mes			 	_Telephone N	ło.:	(352) 595-7	7472
Address:		P.O. Box 22	22		·				
City:		Ft McCoy		State:	FL	Zip Code:	32134		
□System Type:	□community	='	□non-trans	ient non-comm	-	x non-comm	-	consecutiv	e
□No. of Service Connec	tions at End	of Month:		_ □Total Popula	ation Serv	red at End of M	fonth:		-
Water Treatment Plant I	Information								
☐Treatment Plant									
Name:				Homeowners As	ssoc	_Telephone N	lo.:	(352) 595-7	<u>'472</u>
Address:		10672 NE 1	51 Lane			<u> </u>			
City:		Ft McCoy		State:	FL	Zip Code:	32134		
☐Permitted Maximum C	•	ant:	180,000	□Plant Catego	ory and C	lass per Rule f	62-699.310)(3), F.A.C.	5/D
□Lead/Chief Plant Oper			<u>-</u>			-		- del	
Name	70 than 30	Certificate	Number	Class (A,B, (2, or D)	Day(s)/Shif	t (s) Work	ed 🔻 🚺	
	Cardyne County and Mark Mark Study South Secretary			7					
Michael V Hammer	perators (attac	8519 ch additional	sheets if ne	cessary):	C, or D)	Day Day(s)/Shif	t (s) Work	ed 🗼 🟗	
Michael V Hammer Other Certified Plant Op Name II. STATEMENT BY L	perators (attac	8519 ch additional Certificate	sheets if ne Number	Cessary): Class (A,B, C	PERATO	Day(s)/Shif	MONTH.	/YEAR	
Michael V Hammer Other Certified Plant Op Name II. STATEMENT BY L I, the undersigned leaknowledge and belief, th	EAD/CHIEF April 2000 ad/chief opera	8519 ch additional Certificate F. WATER T ator of the wa	sheets if ne Number FREATMEN ater treatment is true and	Class (A,B, C	PERATO Part I of I certify	Day(s)/Shif	MONTH, tify that, to ving additio	/YEAR the best of m	
Michael V Hammer Other Certified Plant Op Name II. STATEMENT BY L I, the undersigned lea	Derators (attaction of the control o	8519 ch additional Certificate F. WATER T ator of the water in this report in Part 1 of	Sheets if ne Number FREATMEN ater treatment is true and this form we	Ccessary): Class (A,B, Country PLANT Of the plant listed in the accurate. Also the prepared extensive the prepared	PERATO Part I of I certify	Day(s)/Shif	MONTH, tify that, to ving additio	/YEAR the best of m	
Michael V Hammer Other Certified Plant Op Name II. STATEMENT BY L I, the undersigned leaknowledge and belief, thoperations records for the state of the state	EAD/CHIEF April 2000 ad/chief operate information the plant listed the reporting of chemicals	R519 ch additional Certificate F WATER T ator of the wan in this report in Part 1 of the man month indused and chemical contents and chemical contents are contents at the contents at	TREATMEN ater treatment is true and this form we licated above themical feed	Ccessary): Class (A,B, Control of the control of th	PERATO Part I of I certify	Day(s)/Shif	MONTH, tify that, to ving additio	/YEAR the best of m	
Other Certified Plant Op Name II. STATEMENT BY L I, the undersigned leaknowledge and belief, the operations records for the or visited the plant during records of amounts of the state of the plant during records of amounts of the plant during the	EAD/CHIEF April 2000 ad/chief operate information the plant listed to the reporting of chemicals plates treatments to retain these pon request.	R519 ch additional Certificate F WATER T ator of the war in this report in Part 1 of any month indicated and cheent process parts additional accordance of the content process parts and the content parts and the content process parts and the content process parts and the content process pa	TREATMEN ater treatment is true and this form we dicated above the mical feed performance all operation	Ccessary): Class (A,B, Control of the control of th	PERATO Part I of D, I certify ach day t	Day(s)/Shife OR FOR THE I this form, certified that a certified	tify that, to ving additio operator st	the best of manal taffed or	ıy
II. STATEMENT BY L I, the undersigned leaknowledge and belief, the operations records for the or visited the plant during records of amounts of applicable, appropressions, I agree to the other plant appropressions.	EAD/CHIEF April 2000 ad/chief operate information the plant listed to the reporting of chemicals plates treatments to retain these pon request.	REPORT TO SEE THE PROPERTY OF	TREATMEN ater treatment is true and this form we dicated above the mical feed performance all operation	Ccessary): Class (A,B, Control of the control of th	PERATO Part I of I certify ach day t	Day(s)/Shife PR FOR THE f this form, certhat the follow that a certified	tify that, to ving additio operator st	the best of manal taffed or	ıy

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

Consecutive Public Water Systems that Treat	Their Water	
System PWS Identification Number:	3424660	
Treatment Plant Name:	Silver City Subdivision/Homeown	ers Assoc
III. SUMMARY OF DAILY WATER TREATMENT	DATA FOR REPORTING MONTH/YEAR OF	April 2000
Type of Residual Disenfection Maintained in Distribution Sy	stem Served by Plant: X free chlorine; combined chlori	ne (chloramine),
chlorine dioxide		
Comment of Daily Meter Treatment Date for Month.		

··		Residual Disinfection in Distribution System				Residual Disinfection in Distribution System				
	20 (7) (9)		Lowest Residual	Lowest Residual	Number of Instances	Lowest Residual	Emergency			
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or 😘			
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal			
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating			
	and designate the and other		System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions			
1	24	6400								
2	24	6400								
3	24	6400								
4	24	6400	0.4	0.4						
5	24	5800								
6	24	5800	0.4	0.4	2	0.4	-			
7	24	7580				-				
8	24	7580								
9	24	7580								
10	24	7580								
11	24	7580	0.4	0.4						
12	24	6300								
13	24	6300	0.4	0.4						
14	24	1340				l				
15	24	1340								
16	24	1340								
17	24	1340								
18	24	1340	0.4	0.4						
19	24	4150								
20	24	4150	0.4	0.4						
21	24	3020								
22	24	3020								
23	24	3020								
24	24	3020								
25	24	3020	0.4	0.4						
26	24	750								
27	24	750	0.4	0.4						
28	24	3020								
29	24	3020				·				
30	24	3020								
31	24									
Total		128360			2	心性 编辑 抗进的	TO BE PARTY			
Avg.		4279		all of the state of	्रियानार स्ट्राइस्स्य		THE PARTY			
Max.		7580	St. W. Des	La Company (1887)	a no liga kanjihilingan angal	and the state of the state of				

Alternate/Substitute for	
 DEP Form 62.555.900(3)	



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

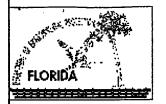
\$ L	May 200	00	-	wisher as	4.00	ings 45		NTH/YEAR OF	
Water System I			al to del	.*				i secionila	ا الأما الذي يحد الالانتباط
□System Name		Silver City	Subdivision/H	Homeowners	Assoc.	PWS Identif	ication No	o.: 3424660	
□System Owne						_			
	me:	George Me	ssenger			Telephone N	o.:	(352) 595-747	' 2
Ade	dress:	P.O. Box 2:							
City	y:	Ft McCoy		State:	FL	Zip Code:	32134		
□System Type:	□commu	nity:	□non-trans	ient non-con	nmunity:	x non-comm	unity:	consecutive	
□No. of Service	Connections at Er	nd of Month:		_ □Total Por	ulation Sen	ved at End of M	lonth:		
	•								
Water Treatmer	nt Plant Information	1							
□Treatment Pla	<u>ant</u>								
Nar	me:			lomeowners	Assoc	Telephone N	0.:	(352) 595-747	2
Add	dress:	10672 NE 1	151 Lane						
City		Ft McCoy		_State:	FL	Zip Code:	32134		
	ximum Capacity of	Plant:	180,000	_ □Plant Cat	egory and C	Class per Rule (32-699.31	0(3), F.A.C.	5/D
□Lead/Chief Pla									
Name	in the same and the second section is the section of the section o	& Certificate	Number	Class (A,E	3, C, or D)	Day(s)/Shif	(s) Worl	ced .	
Michael V Hami	mer	8519)		<u>C</u>	Day			
Other Certified I	Plant Operators (at								
Name	and the second second second second second	Certificate	Number	Class (A,E	3, C, or D)	Day(s)/Shif	(s) Worl	ked 💮 🔏	to be a
		<u> </u>							
ı									
II. STATEMEN	NT BY LEAD/CHI		TREATMEN	NT PLANT	OPERATO	OR FOR THE	MONTH	/YEAR	
å Sakkerint a	May 200	0				and the second s	n en	a pelo suo con prais e constituid per ante	
I, the unders	May 200 igned lead/chief op	0 erator of the w	vater treatme	nt plant liste	d in Part I o	f this form, cer	ify that, to	the best of my	
I, the unders knowledge and	May 200 igned lead/chief op belief, the informati	0 erator of the w ion in this repo	vater treatme	nt plant liste I accurate. A	d in Part I o	f this form, cer	ify that, to	the best of my	
I, the unders knowledge and operations reco	May 200 igned lead/chief op belief, the informating the plant list	0 erator of the w ion in this repo ed in Part 1 of	vater treatment is true and this form we	nt plant liste l accurate. A ere prepared	d in Part I o	f this form, cer	ify that, to	the best of my	
I, the unders knowledge and operations reco	May 200 igned lead/chief op belief, the informati	0 erator of the w ion in this repo ed in Part 1 of	vater treatment is true and this form we	nt plant liste l accurate. A ere prepared	d in Part I o	f this form, cer	ify that, to	the best of my	
I, the unders knowledge and operations recor or visited the pla	May 200 igned lead/chief op belief, the informating for the plant list ant during the report	orator of the word on in this reported in Part 1 of thing month income.	vater treatment is true and this form we dicated above	nt plant liste I accurate. A ere prepared e:	d in Part I o	f this form, cer	ify that, to	the best of my	
I, the unders knowledge and operations recor or visited the pla records of a	May 200 igned lead/chief op belief, the information rds for the plant list ant during the reportmounts of chemical	orator of the word on in this reported in Part 1 of ting month incomes used and characters.	vater treatment is true and this form whicated above	nt plant liste I accurate. A ere prepared e: rates; and	d in Part I o	f this form, cer	ify that, to	the best of my	
I, the unders knowledge and operations recor or visited the pla records of a	May 200 igned lead/chief op belief, the informating for the plant list ant during the report	orator of the word on in this reported in Part 1 of ting month incomes used and characters.	vater treatment is true and this form whicated above	nt plant liste I accurate. A ere prepared e: rates; and	d in Part I o	f this form, cer	ify that, to	the best of my	
I, the unders knowledge and operations recor or visited the pla records of a if applicable	May 200 igned lead/chief op belief, the information rds for the plant list ant during the reportmounts of chemical	erator of the word on in this reported in Part 1 of thing month income and characters.	vater treatment of this form which dicated above the memical feed performance	nt plant listed accurate. A ere prepared e: rates; and e records.	d in Part I o Iso, I certify I each day	f this form, cen that the follow that a certified	ify that, to ing addition operator s	o the best of my onal taffed or	
I, the unders knowledge and loperations record or visited the plate records of a if applicable Furthermore, I	May 200 igned lead/chief op belief, the information of the plant list ant during the reportmounts of chemicale, appropiates treat	erator of the wolon in this reported in Part 1 of ting month included used and characters addition	vater treatment of this form which dicated above the memical feed performance	nt plant listed accurate. A ere prepared e: rates; and e records.	d in Part I o Iso, I certify I each day	f this form, cen that the follow that a certified	ify that, to ing addition operator s	o the best of my onal taffed or	
I, the unders knowledge and loperations record or visited the plate records of a if applicable Furthermore, I	May 200 igned lead/chief op belief, the information of the plant list ant during the report mounts of chemical e, appropriates treat agree to retain the	erator of the wolon in this reported in Part 1 of ting month included used and characters addition	vater treatment of this form which dicated above the memical feed performance	nt plant listed accurate. A ere prepared e: rates; and e records.	d in Part I o Iso, I certify I each day	f this form, cen that the follow that a certified	ify that, to ing addition operator s	o the best of my onal taffed or	
I, the unders knowledge and loperations record or visited the plate records of a if applicable Furthermore, I	May 200 igned lead/chief op belief, the information of the plant list ant during the report mounts of chemical e, appropriates treat agree to retain the	erator of the word on in this reported in Part 1 of thing month included and characteristics and process nese addition st.	vater treatment of this form which dicated above the memical feed performance	nt plant listed accurate. A ere prepared e: rates; and e records.	d in Part I o Iso, I certify I each day	f this form, cert that the follow that a certified	ify that, to ing addition operator s	o the best of my onal taffed or	
I, the unders knowledge and operations record or visited the plate records of a if applicable Furthermore, I	May 200 igned lead/chief op belief, the information of the plant list ant during the report mounts of chemicale, appropriates treat agree to retain the eview upon reques the state of the property of the pro	erator of the word on in this reported in Part 1 of thing month included and characteristics and process nese addition st.	vater treatment of this form who dicated above the memical feed performance al operation	nt plant listed accurate. A ere prepared e: rates; and e records.	d in Part I o lso, I certify I each day at the plan	f this form, cert that the follow that a certified	ify that, to ing addition operator seast five years	o the best of my onal taffed or ears and make	
I, the unders knowledge and operations record or visited the plate records of a if applicable furthermore, I available for resorts.	May 200 igned lead/chief op belief, the information of the plant list ant during the report mounts of chemicale, appropriates treat agree to retain the eview upon reques the state of the property of the pro	erator of the word on in this reported in Part 1 of thing month included and characteristics and process nese addition st.	vater treatment of this form who dicated above the memical feed performance al operation	nt plant listed accurate. A ere prepared e: rates; and e records.	d in Part I o lso, I certify I each day at the plan	f this form, centre that the follow that a certified that	ify that, to ing addition operator seast five years	o the best of my onal taffed or ears and make	

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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF May 2000 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide

			Residu	al Disinfection in Dis	tribution System		Reported
17. 1			Lowest Residual	Cowest Residual ("	Number of Instances	Lowest Residual	Emergency
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating
			System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions
1	24	3020					
2	24	3020	0.4	0.4			
3	24	7300					
4	24	7300	0.4	0.4			
5	24	9080					
6	24	9080					
7	24	9080					
8	24	9080					
9	24	9080	0.4	0.4			
10	24	500					
11	24	500	0.4	0.4			
12	24	540					
13	24	540					
14	24	540					
15	24	540	-				
16	24	540	0.2	0.2			
17	24	750					
18	24	750	0.2	0.2			
19	24	600					
20	24	600					
21	24	600					
22	24	600					
23	24	600	0.2	0.2			
24	24	600		Ü			
25	24	600	0.2	0.2	·		
26	24	500					
27	24	500					
28	24	500					
29	24	500					
30	24	500	0.2	0.2			
31	24	650					
Total		78590		संबंधिक विकास		per the second	17/16
Avg.		2535	. `	rese songto been sen		ाष्ट्रका गानुसान, स्ट्री	- 11/4
Max.	- 11 A .	9080	/hy:				-700

Alternate/Substitute for	
DEP Form 62.555.900(3)	

Summary of Daily Water Treatment Data for Month:



Department of

Environmental Protection

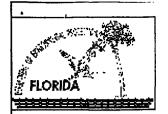
Monthly Operation Report for Public Water Systems that Use of and for Consecutive Public Water Systems that Treat The

	June 2000		_	Spirit States	11 11 11	of the property	The second		
Vater System Informa	tion								
□System Name:		Silver City	Subdivision/	Homeowners	Assoc.	_ PWS Identi	ification No	o.: <u>3424660</u>	
System Owner					,				
Name:		George Me	ssenger			_ Telephone N	No.:	(352) 595-7472	
Address:		P.O. Box 2	22						
City:		Ft McCoy		_State:	FL	_Zip Code:	32134		
∃System Type:	□community	□community: □non-tra		sient non-com	-	x non-community:		consecutive	
∃No. of Service Conne	ections at End	of Month:		_ □Total Pop	ulation Serv	ed at End of I	Month:		
Nater Treatment Plan	Information	,							
<u>∃Treatment Plant</u>									
Name:		Silver City	Subdivision/	Homeowners	Assoc	_Telephone N	No.:	(352) 595-7472	
Address:		10672 NE	151 Lane					····	
City:		Ft McCoy		_State:	FL	_Zip Code:	32134		
□Permitted Maximum	Capacity of Pla	ant:	180,000	☐ □Plant Cate	egory and C	lass per Rule	62-699.31	0(3), F.A.C. <u>5/</u>	
☐Lead/Chief Plant Op	erator:								
						D-1/2/01:			
Name	The second secon	Certificate	Number	Class (A,B	, C, or D)	Day(s)/Sni	π (s) vvon	ked 1	
lichael V Hammer		8519) Il sheets if no			Day(s)/Shi			
Other Certified Plant C		8519 ch additiona) Il sheets if no	ecessary):		Day			
Michael V Hammer Other Certified Plant C		8519 ch additiona) Il sheets if no	ecessary):		Day			
Michael V Hammer Other Certified Plant C Name		8519 ch additiona Certificate	sheets if no Number	ecessary): Class (A,B	, C, or D)	Day(s)/Shi	ft (s) Worl	ked	
Michael V Hammer Other Certified Plant C Name	LEAD/CHIE	8519 ch additiona Certificate	sheets if no Number	ecessary): Class (A,B	, C, or D)	Day(s)/Shi	ft (s) Worl	ked	
Other Certified Plant Consume Name I. STATEMENT BY	LEAD/CHIEI June 2000	8519 ch additiona Certificate	sheets if ne Number	ecessary): Class (A,B	, C, or D)	Day(s)/Shi	ft (s) Worl	ked I/YEAR	
Other Certified Plant Consume I. STATEMENT BY I, the undersigned	LEAD/CHIEI June 2000 ead/chief opera	8519 ch additional Certificate F WATER ator of the w	I sheets if no Number TREATME	Class (A,B	OPERATO	Day(s)/Shi	ft (s) World	ked I/YEAR o the best of my	
I. STATEMENT BY I, the undersigned knowledge and belief,	LEAD/CHIEI June 2000 ead/chief operathe information	8519 ch additional Certificate F WATER ator of the war in this repo	TREATME	Class (A,B NT PLANT ent plant listed accurate. A	OPERATO	Day(s)/Shi	ft (s) World	VYEAR the best of my bonal	
I. STATEMENT BY I, the undersigned is cnowledge and belief, operations records for	LEAD/CHIEI June 2000 ead/chief operathe informatior the plant listed	eh additional Certificate F WATER ator of the war in this report in Part 1 or	TREATME vater treatment is true and fithis form v	Class (A,B NT PLANT ent plant listed d accurate. A vere prepared	OPERATO	Day(s)/Shi	ft (s) World	VYEAR the best of my bonal	
I. STATEMENT BY I, the undersigned is cnowledge and belief, operations records for or visited the plant during the plant duri	LEAD/CHIEI June 2000 ead/chief operathe information the plant listeding the reportin	R519 Ch additional Certificate F WATER ator of the warm in this report I in Part 1 or any month income	TREATME vater treatment is true and fithis form valued above	NT PLANT ent plant listed d accurate. A vere prepared ve:	OPERATO	Day(s)/Shi	ft (s) World	VYEAR the best of my bonal	
Other Certified Plant Consume I. STATEMENT BY I, the undersigned is cnowledge and belief, operations records for	LEAD/CHIEI June 2000 ead/chief operathe information the plant listed ing the reportir s of chemicals	Eth additional Certificate F WATER ator of the way in this report in Part 1 on any month incused and course	TREATME vater treatme ort is true and f this form valicated above	NT PLANT (ent plant listed d accurate. A vere prepared re:	OPERATO	Day(s)/Shi	ft (s) World	VYEAR the best of my bonal	
Other Certified Plant Control Name I. STATEMENT BY I, the undersigned converged and belief, operations records for or visited the plant during records of amount if applicable, apprendictions, I agreed	LEAD/CHIEI June 2000 ead/chief operathe information the plant listed ing the reportir s of chemicals opiates treatments to retain the	Eth additional Certificate F WATER ator of the way in this report in Part 1 or one month income used and cent process se addition	TREATME vater treatme ort is true and f this form value dicated above hemical feed performance	NT PLANT ent plant listed accurate. A vere prepared ve: I rates; and e records.	OPERATO d in Part I or	Day(s)/Shir	E MONTH	I/YEAR of the best of my onal staffed or	
Other Certified Plant Control Name II. STATEMENT BY I, the undersigned knowledge and belief, operations records for or visited the plant during records of amount	LEAD/CHIEI June 2000 ead/chief operathe information the plant listed ing the reportir s of chemicals opiates treatment to retain the upon request	Eth additional Certificate F WATER ator of the way in this report in Part 1 or one month income used and cent process se addition	TREATME vater treatme ort is true and this form valuated above themical feed performance and operation	NT PLANT ent plant listed accurate. A vere prepared ve: I rates; and e records.	OPERATO d in Part I or lso, I certify each day if	Day(s)/Shir	E MONTH	I/YEAR of the best of my onal staffed or	

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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF June 2000 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide Summary of Daily Water Treatment Data for Month:

Out when you being visited			Residual Disinfection in Distribution System					
		MINISTER	Lowest Residual 🗟	Lowest Residual	Number of Instances	Lowest Residual	Emergency	
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or	
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal	
Month	Operation 6	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating	
			System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions	
1	24	650	0.2	0.2				
2	24	560						
3	24	560						
4	24	560						
5	24	560					,	
6	24	560	0.2	0.2				
7	24	750						
8	24	750	0.2	0.2				
9	24	740		1	·			
10	24	740						
11	24	740						
.12	24	740	0.3	0.3		·		
13	24	700						
14	24	700	0.3	0.3			-	
15	24	740				•		
16	24	740						
17	24	740						
18	24	740						
19	24	740	0.3	0.3				
20	24	950					,	
21	24	950	0.2	0.2			,	
22	24	620						
23	24	620						
24	24	620						
25	24	620			<u> </u>			
26	24	620	0.2	0.2				
27	24	1500						
28	24	1500	0.2	0.2				
29	24	700						
30	24	700						
31	24							
Total	Standard Co	22410		al magnitude and a second		· · · · · · · · · · · · · · · · · · ·		
Avg.	The second	747		grade of property was reported	いいないはいないのかがなっている	- 中央小连转数		
Max.	MANA PARK	1500	激态强温料	A MARKET BANK PARK	TO THE STATE OF THE PRINCE	· 多一年 · 安全 · 安全 · · · · · · · · · · · · · · ·	THE PARTY OF THE P	

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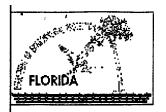
Monthly Operation Report for Public Water Systems that Use Ground and for Consecutive Public Water Systems that Treat Their Wa

	July 2000			AT AT LOCAL	经总数数定				
Water System Informati	ion			· ·	As week to see the second	* * * * * * * * * * * * * * * * * * * *	1		
□System Name:		ver City S	Subdivision/H	lomeowners /	Assoc.	PWS Identi	ification No	.: 3424660)
□System Owner						-			
Name:	Ge	eorge Mes	senger			_Telephone N	۱o.:	(352) 595-7	′472 <u> </u>
Address:		O. Box 22				-	<u>-</u>		
City:		McCoy		State:	FL	Zip Code:	32134		
□System Type:	□community:		□non-transi	ient non-com	munity:	x non-com		consecutiv	e
□No. of Service Connec	•	Month:			-	ed at End of N	•		
witter at a committee				•					-
Water Treatment Plant	Information				,				
□Treatment Plant	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1								
Name:	Sil	ver City S	Subdivision/F	lomeowners /	Assoc	Telephone N	No.:	(352) 595-7	472
Address:		672 NE 1		19111-9-11.	1000	- ' *. *F	10	(000)	
City:		McCoy	<u> </u>	State:	FL	Zip Code:	32134		
□Permitted Maximum C			180.000			lass per Rule		1(3), F.A.C.	5/D
□ Lead/Chief Plant Oper		•	100,000	, Let 1967	gor,	шоо рол	Va V	/(=/, 1	
		artificata	Number	Class (A,B,	Cor D)	Day(s)/Shif	ft (s) Worl	ed Was	e est
	- See Affred District C€		THE PARTY OF THE P			·	16 tw/	A CONTRACTOR OF THE PARTY OF TH	The Control of the Co
Name Michael V Hammer	perators (attach a	8519 additional	sheets if ne	cessary):		Day		ked 🗽 🔭	
Name Michael V Hammer Other Certified Plant Op	perators (attach a	8519 additional	sheets if ne	cessary):		Day			The Thirth and American
Name Michael V Hammer Other Certified Plant Op Name	perators (attach a	8519 additional ertificate	sheets if neo	cessary): Class (A,B,	C, or D)	Day(s)/Shif	ft (s) Work	ked 🍇	The Trusted American Program
Name Michael V Hammer Other Certified Plant Op Name	Derators (attach a Ce	8519 additional entificate	sheets if neo	cessary): Class (A,B,	C, or D) OPERATO	Day(s)/Shif	ft (s) Work	ked	
Name Michael V Hammer Other Certified Plant Op Name	LEAD/CHIEF V July 2000 Pad/chief operator The plant listed in	8519 additional ertificate VATER T r of the wathis repor	Sheets if necessary in the structure of	cessary): Class (A,B, T PLANT C nt plant listed laccurate. Alsere prepared	OPERATO in Part I of so, I certify	Day(s)/Shif	E MONTH	VYEAR the best of monal	
Name Michael V Hammer Other Certified Plant Op Name II. STATEMENT BY L I, the undersigned let knowledge and belief, th operations records for th	LEAD/CHIEF V July 2000 rad/chief operation in the plant listed in	ASTER T r of the wathis report 1 of month indicated and chemistry and c	REATMEN ater treatment is true and this form we icated above emical feed	cessary): Class (A,B, T PLANT C Int plant listed accurate. Alsere prepared cesting in the control of the cont	OPERATO in Part I of so, I certify	Day(s)/Shif	E MONTH	VYEAR the best of monal	
Name Michael V Hammer Other Certified Plant Op Name II. STATEMENT BY L I, the undersigned leaknowledge and belief, the operations records for the or visited the plant durin records of amounts.	LEAD/CHIEF V July 2000 rad/chief operation in the plant listed in	ertificate VATER T r of the wathis report Part 1 of month indicate and cheprocess process pr	REATMEN ater treatment is true and this form we icated above emical feed performance	Class (A,B, Class (A,B, T PLANT C Int plant listed accurate. Alsere prepared es: rates; and records.	OPERATO in Part I of so, I certify each day to	Day(s)/Shift R FOR THE this form, certhat the follow hat a certified	E MONTH Tify that, to wing addition operator s	the best of monal taffed or	ny
Name Michael V Hammer Other Certified Plant Op Name II. STATEMENT BY L I, the undersigned leaknowledge and belief, the operations records for the or visited the plant durin records of amounts if applicable, appropressions and the plant of the plant durin records of amounts if applicable, appropressions. I agree the plant durin records of amounts if applicable, appropressions.	LEAD/CHIEF W July 2000 ad/chief operator ne information in the plant listed in ng the reporting in of chemicals use piates treatment to retain these apon request.	ertificate VATER T r of the wathis report Part 1 of month indicate and cheprocess process pr	REATMEN ater treatment is true and this form we icated above emical feed performance al operation	cessary): Class (A,B, T PLANT C Int plant listed accurate. Alsere prepared ec: rates; and records. al records at MICHAEL V.	DPERATO DPERATO In Part I of so, I certify each day to	Day(s)/Shift R FOR THE this form, certhat the follow hat a certified	E MONTH Control of the state of	YEAR the best of monal taffed or male ears and male	ny

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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF July 2000 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide Summary of Daily Water Treatment Data for Month:

			Residual Disinfection in Distribution System					
Day of	Hours	Quantity of Finished	Lowest Residual Disinfectant	Lowest Residual Disinfectant	Number of Instances Where Residual	Lowest Residual Disinfection	Emergency or	
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal	
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating	
	e and a second desired and a second		System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions	
1	24	700				<u> </u>		
2	24	700						
3	24	700	0.2	0.2				
4	24	1400						
5	24	1400						
6	24	1400	0.2	0.2	2	0.2		
7	24	850						
8	24	850						
9	24	850						
10	24	850	0.2	0.2				
11	24	800						
12	24	800	0.2	0.2				
13	24	780						
14	24	780			·			
15	24	780						
16	24	780						
17	24	780	0.2	0.2				
18	24	700						
19	24	700	0.2	0.2				
20	24	820						
21	24	820						
22	24	820						
23	24	820		-				
24	24	820	0.2	0.2				
25	24	800						
26	24	800	0.2	0.2				
27	24	900						
28	24	900						
29	24	900						
30	24	900						
31	24	900	0.2	0.2				
Total		26800	eriki ya kus	A 40 BOAR SAM	2	and the same for the species		
Avg.	See all the	865		Contract to the second second second	The second reflection of the second	Contraction of the Contraction o		
Max.	ere service	1400	ngáist toann Na S h alann	a takangtahu diakahah k	and the second	केट अकार के जिल्ला की की है।		

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DEP Form 62.555.900(3)	



ent of Protection DISTRICT 2000

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

1 25.3			NFORMATION FO		NIH/TEAR UP	
No. 11455	August 2000					
Water System Informati						
□System Name:	Silver City	Subdivision/Homeowners A	ssoc. PWS Id	lentification N	lo.: <u>3424660</u>	
□System Owner						
Name:	George Me		Telepho	ne No.:	(352) 595-74	72
Address:	P.O. Box 2		·····			
City:	Ft McCoy	State:	FL Zip Cod			
□System Type:	□community:	□non-transient non-comm	•	ommunity:	consecutive	
□No. of Service Connec	tions at End of Month:		ation Served at End	of Month:		
Water Treatment Plant I	nformation					
☐Treatment Plant						
Name:	Silver City	Subdivision/Homeowners A	ssoc Telepho	ne No.:	(352) 595-74	72
Address:	10672 NE			· - · · •	<u> </u>	<u> </u>
City:	Ft McCoy	State:	FL Zip Cod	e: 32134		
□Permitted Maximum C		180,000 □Plant Categ				5/D
□Lead/Chief Plant Opera	•					
Name		Number 🎎 Class (A,B, (C, or D) Day(s)/	Shift (s) Wo	rked 🎉 📑 🍇	Maria I
Michael V Hammer	8519		Day			
医洗涤性 医连线 医动物性神经 医二硫酸 医多氏病	EAD/CHIEF WATER August 2000	TREATMENT PLANT O	PERATOR FOR	THE MONT	H/YEAR	
knowledge and belief, the	e information in this repo e plant listed in Part 1 of	vater treatment plant listed in ort is true and accurate. Also f this form were prepared ea dicated above:	o, I certify that the fo	ollowing addit	ional	
	of chemicals used and claim of chemicals used and claim of chemicals are at the control of the control of the chemicals are at the control of the chemicals are at the chemical a	·				
Furthermore, I agree to		al operational records at	the plant site for a	at least five y	years and make	them
available for review up	/					
	Harmung 9-1.	MICHAEL V. H	HAMMER ertificate Number	C-8519		

System PWS Identification Number:	3424660
Freatment Plant Name:	Silver City Subdivision/Homeowners Assoc

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF August 2000

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

na arang arang Arang arang ar			Residual Disinfection in Distribution System					
Day of the	Hours Plant in	Quantity of Finished Water Produced by	Lowest Residual Disinfectant Concentration at	Lowest Residual Disinfectant Concentration at	Number of Instances Where Residual Disinfection Measurements	Lowest Residual Disinfection Concentration at Total	Emergency or Abnormal	
Month	Operation	Plant (Gallons)	Entry to Distribution System (mg/L)	Remote Point (mg/L) *	Taken at Total Coliform Sampling Points	Coliform Sampling Points (mg/L) **	Operating Conditions	
1	24	700					20 240 240	
2	24	700				<u> </u>		
3	24	700	0.2	0.2				
4	24	775						
5	24	775				· · · · · · · · · · · · · · · · · · ·		
6	24	775						
7	24	775						
8	24	1150						
9	- 24	1150	0.2	0.2		-		
10	24	760						
11	24	760						
12	24	760	:					
13	24	760		-a				
14	24	760	0.2	0.2				
15	24	800						
16	24	800	0.2	0.2			, ,	
17	24	800						
18	24	800						
19	24	800						
20	24	800						
21	24	800						
22	24	800	0.2	0.2				
23	24	850						
24	24	850	0.2	0.2				
25	24	740			· · · · · · · · · · · · · · · · · · ·			
26	24	740						
27	24	740	··			· · · /4/- ==-		
28	24	740	· · · · · · · · · · · · · · · · · · ·					
29	24	740	0.2	0.2				
30	24	800	<u>- </u>					
31	24	800	0.2	0.2				
Total	ensilari ya k	24700		· Manda (1966年) (1967年)		AND THE PARTY		
Avg.	vijelija ja tak	797		10 de 200 (200 / 17 de)	Name of the State of the	770 TO THE RESIDENCE OF T		
Max.	\$4. G. S.	1150				the state of the s		

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

INSTRUCTIONS: See Page 4 GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MO October 2000 Water System Information Silver City Subdivision/Homeowners Assoc. PWS Identification No.: □System Name: □Svstem Owner George Messenger Telephone No.: (352) 595-7472 Name: P.O. Box 222 Address: 32134 City: Ft McCov State: Zip Code: □non-transient non-community: x non-community: □System Type: □community: consecutive ☐Total Population Served at End of Month: ☐No. of Service Connections at End of Month: Water Treatment Plant Information ☐Treatment Plant Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472 10672 NE 151 Lane Address: City: Ft McCoy State: Zip Code: 32134 180,000 □ Plant Category and Class per Rule 62-699.310(3), F.A.C. □Permitted Maximum Capacity of Plant: □Lead/Chief Plant Operator: Certificate Number Class (A,B,*C, or D) Day(s)/Shift (s) Worked Name 1 Michael V Hammer 8519 Other Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (A,B,C, or D) Day(s)/Shift (s) Worked II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR October 2000 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 in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part 1 of this form were prepared each day that a certified operator staffed or or visited the plant during the reporting month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropiates treatment process performance records. Furthermore, I agree to retain these additional operational records at the plant site for at least five years and make them available for review upon request. MICHAEL V. HAMMER Name and Certificate Number (please type or print) Signature and Date

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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF October 2000 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide Summary of Daily Water Treatment Data for Month:

		1 1000	Residual Disinfection in Distribution System					
			Lowest Residual 🍇	Lowest Residual	Number of Instances	Lowest Residual	Emergency	
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Disinfection	or t	
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal	
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating	
a description of the state of the	rykidosos sayandaya, bay		System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions	
1	24	160						
2	24	1160						
3	24	1160	0.2	0.2	2	0.2		
4	24	650						
5	24	650	0.2	0.2				
6	24	1080						
7	24	1080						
8	24	1080						
9	24	1080						
10	24	1080	0.2	0.2				
11	24	950						
12	24	950	0.2	0.2				
13	24	1800						
14	24	1800						
15	24	1800						
16	24	1800						
17	24	1800	0.2	0.2				
18	24	2867						
19	24	2867						
20	24	2867	0.2	0.2				
21	24	1225						
22	24	1225						
23	24	1225						
24	24	1225	0.2	0.2				
25	24	1550						
26	24	1550	0.2	0.2				
27	24	2180						
28	24	2180						
29	24	2180						
30	24	2180						
31	24	2180	0.3	0.3				
Total		47581	対し、特に対応		2	计划等的制度的		
Avg.		1535	第19位,这等数据	第一個個數學	特別的實際的	""""""""""""""""""""""""""""""""""""""		
Max.	· 流流大量增加效	2867	THE WASHINGTON	三年三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	美国的新疆域中 的	Caresas (antis and Article Land).		

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

	sosaan Angwyadak lovember 2000	TREASULE	MED THE	ार्यस्थासम्ब	र्वेद्धिंदर प्रवीदर व	FEWONA	armination	
Water System Information								
□System Name:		Subdivision/H	Homeowne	rs Assoc.	PWS Ident	ification No.:	: 3424660)
□System Owner	· · · · · · · · · · · · · · · · · · ·			- 1				
Name:	George Me	ssenger			Telephone N	No.:	(352) 595-74	472
Address:	P.O. Box 22				<u> </u>			
City:	Ft McCoy		State:	FL	Zip Code:	32134		
□System Type:	□community:	□non-trans	sient non-co	ommunity:	x non-comn	nunity:	consecutive	a
□No. of Service Connec	tions at End of Month:		_ □Total Pc	pulation Serv	ved at End of M	/lonth:		-
Water Treatment Plant II	nformation							
<u>□Treatment Plant</u>								
Name:		Subdivision/H	<u>-lomeowne</u> r	rs Assoc	Telephone N	No.:	(352) 595-74	472
Address:	10672 NE 1	151 Lane						
City:	Ft McCoy		State:	FL	Zip Code:	32134		
□Permitted Maximum Ca		180,000	_ื□Plant Ca	ategory and C	Class per Rule 6	62-699.310((3), F.A.C.	5/D
□Lead/Chief Plant Opera			_					
रिकारक	िदेनगाँ करा (स		Miles A	\$ 6,010		Cost Amento	ží Ú	
Michael V Hammer	8519	,	Τ	С	Day			
· · · · · · · · · · · · · · · · · · ·	(চ/এ)(বিধান WA)রবিদ্যার November 2000	SIEVERRITER	MSDAGH	(O)RERANION		W.O. Mariano	是《品集等》。	
I, the undersigned lea knowledge and belief, the operations records for the	ad/chief operator of the wa ne information in this repor ne plant listed in Part 1 of t g the reporting month indi	rt is true and this form we	d accurate. <i>F</i> ere prepared	Also, I certify t	that the following	ing additiona	al	
	of chemicals used and che piates treatment process p		•					
Furthermore, I agree to available for review up	o retain these additiona oon request.	ıl operationa	al records	at the plant s	site for at leas	st five years	s and make t	them
Michael	11. June 17-	12-00		V. HAMMER	R Number (ple	C-8519		
Signature and Date *	,		Name an	o Certificate	Number (pie	ase type or	print)	

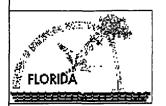
System PWS Identification Number:	3424660
Treatment Plant Name:	Silver City Subdivision/Homeowners Associated

ID STANDARY OF DAILY WARREN BREAKMENT DAILS FOR REPORTING MONTHAMBAR OF November 2000

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

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			, Carrier Company	्रभारतन्त्रित १५०० विक्रिकेट	र्वागसका अस्तिक्षेत्रार्वक	্ৰান্ত্ৰ সংগ্ৰা ল	18-12-15 p. 1
trave of		Commission Nagares	தேற்று (வந்திதின்	about the page	,क्षात्र (स्वद्रस्टिक्सिस्),	1 VER Let mee talming e	
现的。	विदेश किए। इ.स.	Yaq maratic	· PROPERTY.	Secretarial Control	क्षेत्रकानं अस्य गुळ्डाक्ष्मानं विद्याप	ে এইবর রাজনার জ্বলানার বিশ্ববিদ্যান	्रेष् र ा ः किं
Bol No.	ू भूतिहर्षिक्	Pan selong:	Sand Carloune	enternalizad	্যালাকে বা বিলেপিয়ালিক	्राहुँका के स्थापन ा ष्ट्राहरू	Tye Stanfall
			SVACIONINA .	and more states	<u>មានកំណុះដែលព</u> ្	in the property of	
1	24	2300					
2	24	2300	0.2	0.2			
3	24	1980					
5	24	1980					
6	24	1980					
7	24	1980	0.2	2.0			
8	24	2750					
9	24	2750	0.2	0.2			
10	24	2560					
11	24	2560					
12	24	2560					
13	24	2560					
14	24	2560	0.2	0.2			
15	24	1400					
16	24	1400	0.2	0.2			
17	24	2560					
18	24	2560					
19	24	2560					
20	24	2560					
21	24	2560	0.3	0.3			
22	24	2300					
23	24	2300					
24	24	2300	0.3	0.3			
25	24	3675					
26	24	3675					
27	24	3675					
28	24	3675	0.3	0.3			
29	24	3200					
30	24	3200	0.2	0.2			
31	24						
Total		76400					
Avg.	and the same of the same of the same of	2547					B. A. Carrier
Max.	and the second	3675	and the state of the state of the state of			si Marakatan kan 1888 sa kabupatèn Kabupatèn	

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DEP Form 62.555.900(3)				



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

	Wasa Dewy San S	THE ATMEN	(TELEVENANISM	IN PADIVA	HOVERODE!	arayaya	MAYENE CIE	
	YSTEM/AND WATER ecember 2000	IRK-AMMI-IN	HISPINALVIN	MEGRAMA	HONGEUR IN	I = IM(e)Kt	ariagentager	T.
Water System Informati			.:X.3	<u></u>	and house and a second dealers are being			<u></u>
□System Name:		Subdivision/H	omeowners	PWS Identification No.: 3424660				
□System Owner					_			
Name:	George Me	ssenger			Telephone N	lo.:	(352) 595-7472	2
Address:	P.O. Box 22	22						
City:	Ft McCoy		State:	FL	Zip Code:	32134		
□System Type:	□community:	□non-transi	ent non-com	munity:	x non-comm	unity:	consecutive	
□No. of Service Connec	tions at End of Month:		. □Total Pop	ulation Serv	red at End of M	onth:	 	
Water Treatment Plant I	nformation							
□Treatment Plant								
Name:	Silver City S	Subdivision/H	omeowners	Assoc	_ Telephone N	o.:	(352) 595-7472	2
Address:	10672 NE 1							
City:	Ft McCoy		State:	FL	Zip Code:	32134	·	
□Permitted Maximum C	-	180,000	□Plant Cate	egory and C	lass per Rule 6	2-699.310)(3), F.A.C	5/D
□Lead/Chief Plant Oper		gagning to an original community of	The same of the sa	5096		re-movern to	Mark to make a parameter of the large	
NE 1991=	Caulieae					(S Work	66 	** **
Michael V Hammer	8519	[<u> </u>	Day			
Other Certified Plant Op	erators (attach additional			(G::@2∂):	l Daven/Shiff	લુકો : West:	(46°)	- Approximately 5
						- 100 m	* SACON	
								fanns a ve — Tengare
	EAD/CHIEFWATER T							
detablished on a rest of second	ecember 2000							
	ad/chief operator of the wa							
	e information in this repor e plant listed in Part 1 of							
	g the reporting month indi		e prepared (acii uay li	iat a certified o	perator sta	illed Of	
records of amounts of	of chemicals used and ch	emical feed ra	ates; and					
if applicable, approp	iates treatment process p	erformance r	ecords.					
Furthermore, I agree t available for review up	o retain these additiona on request.	l operationa	I records at	the plant	site for at leas	t five yea	rs and make the	em
Michoel V.	Hermon 1-10-0		MICHAEL V			C-8519		
Signature and Date	, - · - · · · · · · · · · · · · · · · · 		Name and	Certificate	Number (plea	ase type o	or print)	

System PWS Identification Number:	3424660
Treatment Plant Name:	Silver City Subdivision/Homeowners Associated

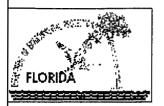
III, SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTHLY EAR OF ... December 2000 ...

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

Summary of Daily Water Treatment Data for Month:

	1777	eatment Data for two	Residu	al Disinfection in Dis	Number of instances Where Residual (Distriction Measurement) Giornal Confidence Sampling Points		irepored
		Table 1	Lowest Residual	Power Residual	- Number of instances	e de la constante de la consta	Grigitalist.
Davo	- 4400F	Quantity of Finished	Distrifectarit	-Disinfectant	Where Residual:	er enjreeten	
the	Plantin	Water Produced by	 Concentration at x= 	Concentration at	Disinfection Measurements	Concentration at Total	Abromis-
Month.	Operatione	re Plant (Gallons)	Entry to Distribution	Remote Point and	at leken at Total Colifornis	 Collom Samples 	(Officiality)
437 2 3			System (mg/L)	(mg/L)	Sampling Points	Point (mole)	- Englighter
1	24	3840					
2	24	3840					
3	24	3840					
4	24	3840				,	
5	24	3840	0.2	0.2			
6	24	4550					
7	24	4550	0.2	0.2			
8	24	4480					
9	24	4480					
10	24	4480					
_11	24	4480					
12	24	4480	0.3	0.3			
13	24	5700					
14	24	5700	0.3	0.3			
15	24	4680					
16	24	4680					
17	24	4680					
18	24	4680					
19	24	4680	0.3	0.3			
20	24	2500					
21	24	2500	0.3	0.3			
22	24	4660					
23	24	4660					
24	24	4660					
25	24	4660					
26	24	4660	0.3	0.3			
27	24	3950					
28	24	3950	0.3	0.3			
29	24	3500					
30	24	3500					
31	24	3500					
Total	777 46 734		和"产品"的"概念"。			#855525E8E8	
Avg.					100 miles		NAMES OF
Max.	9-0,40-	5700					

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

GENERAL WATER S	YSTEM AN	D WATER	TREATME	NT PLAN	T INFORMAT	TION FOR T	HE MONT	H/YEAR OF	
F	ebruary 200	01							
Water System Information	מס								
□System Name:		Silver City S	Subdivision/F	Homeowne	ers Assoc.	_ PWS Ident	ification No.	: 3424660	
□System Owner									
Name:		George Mes				_Telephone	No.:	(352) 595-74	172
Address:		P.O. Box 22	22						
City:		Ft McCoy		_State:	FL	_Zip Code:	32134		
□System Type:	□community	'	□non-trans		•	x non-com		consecutive	
□No. of Service Connect	ions at End	of Month:		_ □Total P	opulation Serve	ed at End of N	Month:		
Water Treatment Plant In	nformation								
□Treatment Plant									
Name:		Silver City S	Subdivision/H	Homeowne	ers Assoc	Telephone I	No.:	(352) 595-74	172
Address:		10672 NE 1						(002) 000 1	
City:		Ft McCoy		State:	FL	Zip Code:	32134	· · · · · · · · ·	
☐Permitted Maximum Ca	pacity of Pla		180,000	_	ategory and Cl	- '		(3), F.A.C.	5/D
□Lead/Chief Plant Opera				-	0,				
s Name so se se se		Certificate ³	Number	Class (A	A,B, C, or D)	Dav(s)/Shi	ft (s) Work	e01/3/2020	
Michael V Hammer	Indianal Mental Section 7	8519	11 has 2 hours to 300		C	Day	DE YES	and the second s	
Other Certified Plant Ope					x,B,,€, or D)	Day(s)/Shi	ft (s) Work	ed (store co	
II. STATEMENT BY L	ebruary 200	1							
knowledge and belief, the operations records for the or visited the plant during	e information e plant listed	in this report in Part 1 of t	t is true and his form we	accurate. ere prepare	Also, I certify th	nat the followi	ng additiona	al	
records of amounts o if applicable, appropi									
Furthermore, I agree to available for review upo		e additional	l operationa	al records	at the plant s	ite for at lea	st five year	s and make t	hem
Wheten V	Herma	<u>v.3-7-0</u>)/		V. HAMMER		C-8519		
Signature and Date	~/			Name a	nd Certificate	Number (pie	ease type o	r print)	

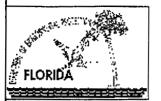
System PWS Identification Number:	3424660
Treatment Plant Name:	Silver City Subdivision/Homeowners Associated

III SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF February 2001

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

Day.of the	Hours	Quantity of Finished	Residual Disinfection in Distribution System				Reported 4
			Lowest Residual	Lowest Residuel	Number of Instances	Lowest Residual	Emergency
a * Day of Ta	Hours	Quantity of Finished	Lowest Residual	A Disinfectant	Where Residual	Disinfection	जातातुः (५) - ३ १३
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnorm
Month 1	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sampling	Operating
			System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions
1	24	4600	0.3	0.3			
2	24	8900					
3	24	8900					
4	24	8900					
5	24	8900					
6	24	8900	0.3	0.3			
7	24	4450					
8	24	4450	0.6	06	3	0.6	
9	24	5200					
10	24	5200					
11	24	5200					
12	24	5200					
13	24	5200	0.4	0.4			
14	24	5800					
15	24	5800	0.4	0.4			
16	24	7780					
17	24	7780					
18	24	7780					
19	24	7780					
20	24	7780	0.4	0.4			
21	24	7400					
22	24	7400	0.3	0.3			
23	24	9400					
24	24	9400				<u></u>	
25	24	9400					
26	24	9400					
27	24	9400	0.3	0.3			
28	24	6950		:			
29	24						
30	24			\			
31	24						S. C.
Total	是用"大人"。 第一大人" 没是 "。	203250	1. 多数62. 33				
Avg.		7259			到2季作品的 20		
Max.	/7/2 机排除 /等	9400	THE STATE OF THE S	である。	原形 的 计独立模		

Alternate/Substitute for	
DEP Form 62.555.900(3)	



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

GENERAL WATER S	YSTEM AN	D WATER	TREATME	NT PLAN	IT:INFORMA	TION FOR T	HE MONT	H/YEAR OF	
	March 2001	1			1663 4 13 11				
Water System Information	on		_				•		
□System Name:		Silver City S	Subdivision/I	Homeowne	ers Assoc.	PWS Identi	fication No.	3424660	0
□System Owner									
Name:		George Me				Telephone N	No.:	(352) 595-7	7472
Address:		P.O. Box 22	22						
City:		Ft McCoy		State:	FL	Zip Code:	32134		
☐System Type:	□ community	-	□non-trans		•	x non-comn	•	consecutiv	/e
□No. of Service Connect	tions at End	of Month:		_ □Total P	opulation Serv	ed at End of M	Ionth:		_
Water Treatment Plant Ir	nformation								
☐Treatment Plant		011	Santa alla da la card	1		T . () ()		(0.00)	
Name:		Silver City S		Homeowne	rs Assoc	Telephone N	NO.:	(352) 595-7	(472
Address:		10672 NE 1	151 Lane	Otata		7:- 0 - 1 -	00404		
City:	nosity of Dia	Ft McCoy	190.000	_State:	FL starrand C	Zip Code:	32134	2) F A O	EID
□Permitted Maximum Ca		ınt:	100,000	_ DPlant C	ategory and C	lass per Rule	62-699.310	3), F.A.C.	5/D
□Lead/Chief Plant Opera	itor.	Controlo	Number	Class 7A	P (C At D)	a Day(s)/Shif	47219A727E		
Name Michael V Hammer		8519		* Ulass.(F	C	Day	E(S) WOLK		
Wilchael V Flammer		6518		<u> </u>	<u> </u>	Day			
Other Certified Plant Ope	eratore (attac	h additional	cheets if no	ceceany.					
Name &					BIG OFFI	Davie //Shif	t /ek/Morke	Y. E	
	Additional artistic and the second		MULLIPOR 363			Doy(S/IOIII)	r (Shayoun		the state of the s
									
									
				1					
III.STATEMENT BY L	EAD/CHIEF	WATER T	REATMEN	TaPLANT	OPERATOR	REFORTHE	MONTH/Y	AR	
Control of the second of the s	March 2001	12月中华10年 新年代日本公子 2014年1				14 TO 16			
I, the undersigned lea		ator of the wa	ater treatmer	nt plant list	ed in Part I of	this form, certif	fy that, to the	e best of my	and the state of t
knowledge and belief, the							•	•	ı
operations records for the							-		
or visited the plant during	•				•		•		
		_							
records of amounts o									
if applicable, appropi	ates treatme	nt process p	епогтапсе	recoras.					
Furthermore, I agree to	retain thes	e additiona	l operation	al records	at the plant	site for at leas	st five year	s and make	them
available for review upo			•		·		•	•	
2///	1-7/								
MACKALL V	Human	a 4-5-	01	MICHAEL	V. HAMMER		C-8519		
Signature and Date	/		, ,	Name ar	nd Certificate	Number (ple	ase type or	print)	•
-						••		•	

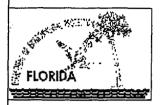
System PWS Identification Number:	3424660
Treatment Plant Name:	Silver City Subdivision/Homeowners Associated

IIL SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF March 2001

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

			And the state of t					
	经基金		Lowest Residual	Lowest Residual	Number of Instances	🚅 Lowest Residual - 🖫	Ememeney	
Day of	Hours I.	Quantity of Finished	Disinfectant			Disintection		
s 7\$ the f	/ Plant in	Water Produced by	Concentration at	Concentration at Remote Point (mg/L)	Disinfection Measurements	Concentration at Total	Abnormal	
, Month	Operation	∵ Plant (Gallons) ∛	Entry to Distribution &	Remote Point	Taken at Total Coliform	Coliform Sampling	-Operating	
			System (mg/L)	(mg/L) *	Sampling Points	Points (mg/L) **	Conditions	
1	24	6950	0.3	0.3				
2	24	5700						
3	24	5700						
4	24	5700						
5	24	5700						
6	24	5700	0.3	0.3				
7	24	6300						
8	24	6300	0.3	0.3				
9	24	7580						
10	24	7580						
11	24	7580						
12	24	7580		1				
13	24	7580	0.3	0.3				
14	24	6450						
15	24	6450	0.3	0.3				
16	24	5500						
17	24	5500						
18	24	5500						
19	24	5500						
20	24	5500	0.3	0.3				
21	24	6000						
22	24	6000	0.3	0.3				
23	24	5600						
24	24	5600						
25	24	5600		,				
26	24	5600						
27	24	5600	0.3	0.3				
28	24	6400				,		
29	24	6400	0.3	0.3				
30	24	5060						
31	24	5060						
Total	TIME STATE	189270	和江東江海	等的表现都是多数				
Avg.	SHOWN TO	6105	海里等 。					
Max.	ACTIVITIES.	7580	HI Y MANTEN YEAR	也,學是繼續的學家	节。[2] 自己 特的。[4]			

Alternate/Substitute for	
DEP Form 62.555.900(3)	



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

GENERAL WATERS	YSTEM AN	D WATER	TREATME	NT-PLANT	INFORMA	TION FOR T	HE MONT	H/YEAR OF	
(35)	June 2001			1-23					
Water System Information	<u>n</u>							The second secon	AND THE PROPERTY OF THE
□System Name:		Silver City S	Subdivision/H	lomeowner	s Assoc.	_ PWS Identif	fication No.:	3424660	
□System Owner									
Name:		George Me				_Telephone N	lo.:	(352) 595-74	72
Address:		P.O. Box 22	22						
City:		Ft McCoy		_State:	FL	_Zip Code:	32134		
, ,,	□community	•	□non-trans			x non-comm		consecutive	
☐No. of Service Connect	ions at End	of Month:		_ □Total Po	pulation Serve	ed at End of M	onth:		
Mata Taraka and Blank (a	.								
Water Treatment Plant In	iormation								
□Treatment Plant		Cilver City C) la . di i . i ()	la a		Talasha a N	La	(2-2)	
Name: Address:			Subdivision/H	omeowners	SASSOC	_Telephone N	0.:	(352) 595-747	72
City:		10672 NE 1 Ft McCoy	51 Lane	State:		Zin Cada	00404		
☐Permitted Maximum Ca	posity of Pla		190,000	-	FL	_Zip Code:	32134	0) 5 4 0	- F/D
□Lead/Chief Plant Opera			160,000	_ BPIANT Ca	tegory and Ci	ass per Rule 6	2-699.310(3), F.A.C	5/D
Name Service	tor.	Certificate	Number	Clace /A:	B 10-of D	Day(s)/Shiff	Vertilende	A A Section 1	Electric Carl
Michael V Hammer	West Control of the C	8519		1010351(7)	C	Day	(S) MACEVE	9-34-57-35	46
Other Certified Plant Ope	建	Certificate	Number	Class (A,					
I STATEMENT BY LE I, the undersigned lead knowledge and belief, the operations records for the or visited the plant during	June 2001 d/chief opera information plant listed	itor of the wa in this repor in Part 1 of t	ater treatmen t is true and his form we	t plant lister accurate. A re prepared	d in Part I of the	his form, certif	y that, to the g additional	e best of my	
records of amounts of if applicable, appropia				•					
Furthermore, I agree to available for review upo		e additiona	l operationa	il records a	at the plant s	ite for at leas	t five years	and make th	em
Muchobal V Signature and Date	Herm	1-5.			V. HAMMER	Number (plea	C-8519 ase 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: 3424660 Treatment Plant Name: Silver City Subdivision/Homeowners Assoc III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF June 2001 Type of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide Summary of Daily Water Treatment Data for Month:

17745,5 13	2. 2. 28 BM 2.	Satisfiest Data for Mc		al Disinfection in Dis	tribution System	7 (2) (Editor) (1) (1) (1) (1) (1) (1) (1) (1) (1) (Reported
	Hours		Manual Book of		Number of instances	Lowest Residual	Emergency
Day of	NAME OF THE PARTY	Quantity of Finished	Disinfectant	Dieinfectant	Where Residual	Disinfection	or .
the	Plant in	Water Produced by	Concentration at	Concentration of	Disinfection Measurements	Concentration at Total	Abnormal
Month		2 5 m > 2.2 (2000) white with 1 1 1 1	1 - 1 - 6 - A 15 - C 2018 A 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Demote Point	Takes of Total Coliforn	Coliform Sampling	Operating
World Co.	Service and the service and th	- From (Odiotis)	System (mg/L)	A TOTAL	Jaken at Total Coliform Sampling Points	Points (mg/L)	Conditions
1	24	9040	g System (muc) s ::-	大学业社(marth all with a	is Sistema Louine : St.		- ACCOMPAGE 2
2	24	9040				1	
3	24	9040					
4	24	9040					
5	24	9040	0.5	0.5		 	
6	24	11250	0.5	0.5			
7	24	11250	0.5	0.5			
8	24	8740	0.5	0.5			
9	24	8740					<u> </u>
10	24	8740					<u> </u>
11	24	8740					
12	24	8740	0.3	0.3			
13	24	6050	0.5	0.5			
14	24	6050	0.3	0.3			
15	24	10200	0.3	0.3			
	24	10200					
16	24						
17		10200					
18	24	10200	0.3	0.3			
19	24	10200	0.3	0.3			
20	24	3550	0.0	0.2			
21	24	3550	0.3	0.3			
22	24	4780				ļ	
23	24	4780					
24	24	4780					
25	24	4780		0.0			
26	24	4780	0.3	0.3			
27	24	3850					
28	24	3850	0.3	0.3			
29	24	3180					
30	24	3180					
31	24					and the second s	Control of the sound of the former
Total	· (基) (2) (4) (4) (4) (4) (4) (4)	219560				が有いる。	
Avg.		7319	和於學問題的		自然性 河流 大學		
Max.	5944	11250	"你我们的我看到 "。E	AND THE RESERVE OF THE PARTY OF			1. 金属

Alternate/Substitute for	



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

								Sall Sall	
GENERAL WATER SY									
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July 2001							STATE OF STA	
Water System Information	1	- 11 -11 -11			_				
□System Name:		Silver City S	Subdivision/	Homeowne	rs Assoc.	PWS Identif	ication No.:	3424660	
□System Owner									
Name:		George Me			-	Telephone N	0.;	(352) 595-7	472
Address:		P.O. Box 22	2	Ct-to:		7: O - d	00101		
City:	Jeemmunit	Ft McCoy	Onan trans	_State:	FL_	Zip Code:	32134		
☐ System Type: ☐ No. of Service Connection	□community		□non-trans		•	x non-comm	•	consecutive	5
LING. Of Service Connection	ons at End (or wonth:		_ Liotal Po	opulation Serv	ed at End of Mo	ontn:		-
Water Treatment Plant Inf	formation								
<u> </u>	Omanon								
Name:		Silver City S	Subdivision/F	domeowne	re Assoc	Telephone N	٠.	(352) 595-74	472
Address:		10672 NE 1		TOTTLEOWITE	13 73300	relephone iv	O	(332) 393-7-	7/2
City:		Ft McCoy	OT LANC	State:	FL	Zip Code:	32134		
□Permitted Maximum Cap	acity of Pla		180,000	_		lass per Rule 6		3) FAC	5/D
□Lead/Chief Plant Operat	•					,,	_ 000.0.0(·,, · ·	
Name		Certificate	Number:	Class (A	B. C. or D)	Day(s)/Shift	(s) Worke		
Michael V Hammer	······································	8519			Ċ	Day	A. M. Westerholder mina	Text at the Car Lay of the later one (Vir	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
Name	***************************************	Certificate	, talinoci	CIESS (FI	,B, C, or D)	Day(s)/Shift	(9) vvodke		100 mm
				<u> </u>				·	
<u></u>				<u> </u>					
I STATEMENT BY LE									
i, the undersigned lead				•		-		•	
nowledge and belief, the							-		
perations records for the	•				d each day tr	nat a certified of	perator stan	red or	
or visited the plant during t	ine reporting	g month indi	cated above	:					
records of amounts of if applicable, appropia									
Furthermore, I agree to available for review upon		e additiona	l operation	al records	at the plant	site for at leas	t five years	and make	them
Melcon 11-	Hanno	18-6-0	91		V. HAMMER	Number (plea	C-8519 ase type or	print)	
-								-	

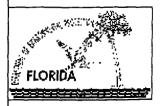
System PWS Identification Number:	3424660					
Treatment Plant Name:	Silver City Subdivision/Homeowners Assoc					
III. SUMMÄRY OF DÄILY WATER TREATMENT I	DATA FOR REPORTING MONTH/YEAR OF July 2001					

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

					stribution System		Reported
		Our of Finished	Lowest Residual	Lowest Residual	Number of Instances	Lowest Residual	Emergency or
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	- Where Residual	Disinfection	10
the	Plant in	Water Produced by	Concentration at	Concentration at	Disinfection Measurements	Concentration at Total	Abnormal
- Month	Operation "	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Coliform Sempling	Operating
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		×	System (mg/L)	(mg/L).*	Sampling Points	Points (mg/L) **	Conditions
1	24	3180					
2	24	3180					
3	24	3180	0.4	0.4	2	0.4	
4	24	3150					
5	24	3150	0.4	0.4			
6	24	9500					
7	. 24	9500	-				
8	24	9500					
9	24	9500					
10	24	9500	0.4	0.4		<u> </u>	
11	24	10500					
12	24	10500	0.4	0.4			
13	24	3080					
14	24	3080					
15	24	3080					
16	24	3080					
17	24	3080	0.3	0.3			
18	24	2450					
19	24	2450	0.3	0.3			
20	24	2780					
21	24	2780	-				
22	24	2780					
23	24	2780					
24	24	2780	0.3	0.3			
25	24	3300					
26	24	3300	0.3	0.3			
27	24	7300					
28	24	7300					
29	24	7300			·		
30	24	7300		1			
31	24	7300	0.4	0.4			
Total	- Marie	161640			2	ele en en la cara el	
Avg.	1 2 2 2 2 3	5214			100万吨。 180 ARLA		
Max.	7 1 18 7 7 7	10500	**				

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DEP Form 62.555 900(3)	

Alternate/Substitute DEP Form 62.555.900(3)



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

GENERAL WATER'S	YSTEM/AND	WATER!	TREATME	NT PLANT	EINEORMA	TION FOR TI	HE MONT	H/YEAR OE	
	August 2001	AM PA 1115' 1217" (4		
Water System Information			as a second	1.00					
□System Name:		lver Citv S	ubdivision/H	łomeowner	s Assoc.	PWS Identif	fication No.	.: 3424660	
□System Owner					.,		,		
Name:	G	eorge Mes	senger			Telephone N	lo ·	(352) 595-74	72
Address:		O. Box 22						(002) 000 14	
City:		McCoy		State:	FL	Zip Code:	32134	-, -, -, -, -, -,	
□System Type:	□community:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□non-transi	-		x non-comm		consecutive	
□No. of Service Connect		Month:	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	ed at End of M	•	0011000001170	
					palation oon		· · · · · · · · · · · · · · · · · · ·		
Water Treatment Plant In	formation								
□Treatment Plant	4-4-4-4-4-4								
Name:	Si	ver City S	ubdivision/H	lomeowner	s Assoc	Telephone N	lo :	(352) 595-747	72
Address:		672 NE 15			-			(002) 000 7 11	
City:		МсСоу		State:	FL	Zip Code:	32134	,	
☐Permitted Maximum Ca			180,000	•		lass per Rule 6		(3), F.A.C.	5/D
□Lead/Chief Plant Opera		•	.00,000		gory arra c			(0), 1 (<u> </u>
		erfificated	Viimber	Oass /A	RXCZ6EDY	# Dav(s)/Shif	KS Work	ere e e e e e e e e e e e e e e e e e e	- V-4400
Michael V Hammer	Maria de la companio	8519		Transferment of the Co.	C	Day	eile St. FANDAMA AND AND AND AND AND AND AND AND AND AN	har harden litter ook at 1800 m.	
Other Certified Plant Ope					B.C. or D)	Day(s)/Shift	(s) Work	ed t	
It is the undersigned lead knowledge and belief, the operations records for the or visited the plant during	August 2001 d/chief operator e information in e plant listed in	of the wa this report Part 1 of th	ter treatment is true and his form we	it plant liste accurate. A re prepared	d in Part I of Also, I certify t	this form, certif that the followir	y that, to thing addition:	ne best of my al	4
records of amounts of if applicable, appropi									
Furthermore, I agree to available for review upo	on request.		·	al records	at the plant	site for at leas	st five year	rs and make th	nem
Muchael 1.	Harnol.	470.	01		V. HAMMER		C-8519		
Signature and Date	,			Name an	d Certificate	Number (ple	ase type c	or print)	

System PWS Identification Number:	3424660
Treatment Plant Name:	Silver City Subdivision/Homeowners Assoc

III SUMMARY OF DAILY-WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF ... August 2001

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

Summary of Daily Water Treatment Data for Month:

13-10-14-14-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	Hours Plant in. Operation	The special section of	Residu	al Disinfection in Di	stribution System		Reported
	XX 185		SLowest Residual	Lowest Residual	Number of Instances and	Lowest Residuel	Emergency
Day of	Hours	Quantity of Finished	Disinfectant	Disinfectant	Where Residual	Distriction	2 07
Company of the	Plant in	Water Produced by	Concentration at	Concentration at	Number of instances Where Residual Distriction Measurements Taken at Total Coliform a Sampling Points ()	Concentration at Total	Abnormal
Month	Operation	Plant (Gallons)	Entry to Distribution	Remote Point	Taken at Total Coliform	Cointorm Sampling	Operating
			System (mg/L)	mg/L)*	42 - Sampling Points	Points (mg/L)	Conditions
1	24	1350	Total Miles of the Asset State of the State	The Administration of	a the section of the	The delivering result to the second s	Then we considerate the Laborate
2	24	1350	0.3	0.3		-	
3	24	2140					
4	24	2140					
5	24	2140					
6	24	2140					
7	. 24	2140	0.3	0.3			
8	24	5600					
9	24	5600	0.3	0.3			
10	24	4480					
11	24	4480					
12	24	4480					
13	24	4480					
14	24	4480	0.3	0.3			
15	24	5300					
16	24	5300	0.3	0.3			
17	24	5340					
18	24	5340					
19	24	5340					
20	24	5340					
21	24	5340	0.3	0.3			
22	24	4350					
23	24	4350	0.3	0.3			
24	24	4580					
25	24	4580					
26	24	4580					
27	24	4580					
28	24	4580	0.3	0.3			
29	24	5250					,
30	24	5250	0.3	0.3			
31	24	6620					Consideration of the Constitution of the Const
Total	ANTO WIN	133020		少于影響與母輕		非國際企業等	建加州
Avg.	" 新闻家学	4291	THE STATE OF T		的原理公子子可能	変形を表え	
Max.	美俚种物料	6620	THE RESERVE OF THE SECOND	STATE OF THE	建	可能的(A.) 生 社	我就就是

Alternate/Substitute for DEP Form 62.555.900(3)