



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

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**DATE:** December 11, 2001  
**TO:** Blanca S. Bayó, Director, Division of the Commission Clerk and Administrative Services  
**FROM:** Richard P. Redemann, Utility Systems/Communications Engineer, Division of Regulatory Oversight *BRM PR*  
**RE:** 011402-WU; Notice of Abandonment of Water Services in Marion County by Silver City Utilities.

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

c:\wp6\011402b.rpr

- APP
- CAF
- CMP
- COM
- CTR
- ECR
- LEG
- OPC
- PAI
- RGO
- SEC
- SER

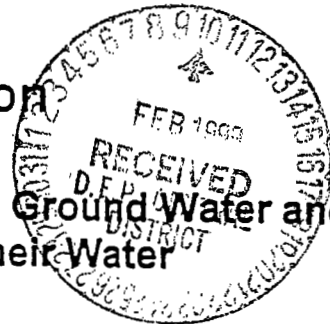
cc: Division of Regulatory Oversight (Brady)  
Division of Legal Services (Harris) w/o Attachments

*1 - this is duplicated*

DOCUMENT NUMBER-DATE  
00052 JAN-3 8  
FPSC-COMMISSION CLERK



Department of Environmental Protection



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

INSTRUCTIONS: See Page 4.

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

JAN '99

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc PWS Identification No.: 3424660
System Owner: George Messenger Telephone No.: 352-595-7472
Address: P.O. Box 222
City: Ft. McCoy, State: Fl. Zip Code: 32134
System Type: non-community
No. of Service Connections at End of Month: 50 Total Population Served at End of Month: 100±

Water Treatment Plant Information

Treatment Plant: Silver City Subdivision/Homeowners Assoc Telephone No.: 352-595-7472
Address: 10672 NE 151st Lane
City: Ft. McCoy, State: Fl. Zip Code: 32134
Permitted Maximum Day Capacity of Plant: 180,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5/D
Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Entry: MIKE HAMMER, 8519, C

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

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Multiple empty rows.

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

JAN '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 provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

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

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

Signature and Date: Michael V. Hammer 2-3-99

Name and Certificate Number (please type or print): MICHAEL V. HAMMER C-8519

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 JAN '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:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	2840					
2		2840					
3		2840					
4		2840					
5		2840	1.3	1.3			
6		8800					
7		8800	1.3	1.3			
8		4660					
9		4660					
10		4660					
11		4660					
12		4660	1.2	1.2	1 WELL 2 LINE	1.2	
13		4700					
14		4700	1.2	1.2			
15		5160					
16		5160					
17		5160					
18		5160					
19		5160	1.2	1.2			
20		4800					
21		4800	1.2	1.2			
22		5220					
23		5220					
24		5220					
25		5220					
26		5220	1.2	1.2			
27		5500					
28		5500	1.2	1.2			
29		6275					
30		6275					
31	24	6275					
Total		156885			2		
Avg.		5060					
Max.		8800					



# Department of Environmental Protection

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

INSTRUCTIONS: See Page 4.

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

FEB '99

#### Water System Information

- System Name: Silver City Subdivision/Homeowners Assoc PWS Identification No.: 3424660
- System Owner Name: George Messenger Telephone No.: 352-595-7472
- Address: P.O. Box 222
- City: Ft. McCoy, State: Fl. Zip Code: 32134
- System Type:  community;  non-transient non-community;  non-community;  consecutive
- No. of Service Connections at End of Month: 50 Total Population Served at End of Month: 100+

#### Water Treatment Plant Information

- Treatment Plant Name: Silver City Subdivision/Homeowners Assoc Telephone No.: 352-595-7472
- Address: 10672 NE 151st Lane
- City: Ft. McCoy, State: Fl. Zip Code: 32134
- Permitted Maximum Day Capacity of Plant: 180,000 gpd
- Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5/D
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>MIKE HAMMER</u>	<u>B519</u>	<u>C</u>	

- 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 OF

FEB '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 provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

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

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

Michael V. Hammer 3-2-99  
Signature and Date

MICHAEL V. HAMMER 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

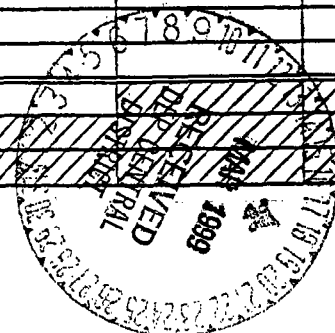
Treatment Plant Name: \_\_\_\_\_

Silver City Subdivision

**III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF FEB 99**

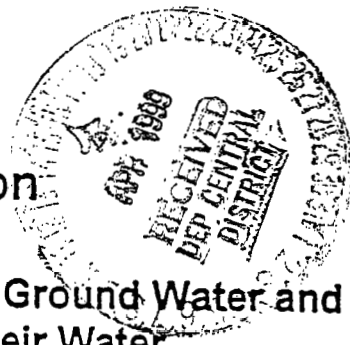
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant:  free chlorine;  combined chlorine (chloramine);  chlorine dioxide
- Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	6275	.2	.2			
2		4533					
3		4533					
4		4533	.2	.2			
5		7840					
6		7840					
7		7840					
8		7840					
9		7840	.2	.2			
10		7800					
11		7800	.2	.2			
12		5920					
13		5920					
14		5920					
15		5920					
16		5920	.2	.2			
17		8100					
18		8100	.2	.2			
19		7940					
20		7940					
21		7940					
22		7940					
23		7940	.2	.2			
24		14100					
25		14100	.3	.3			
26		9420					
27		9420					
28	24	9420					
29							
30							
31							
Total		236508					
Avg.		8447					
Max.		14100					





Department of Environmental Protection



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

INSTRUCTIONS: See Page 4.

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF MARCH 99

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc PWS Identification No.: 3424660
System Owner: George Messenger Telephone No.: 352-595-7472
Address: P.O. Box 222
City: Ft. McCoy, State: FL Zip Code: 32134
System Type: [ ] community; [ ] non-transient non-community; [x] non-community; [ ] consecutive
No. of Service Connections at End of Month: 50 Total Population Served at End of Month: 100+

Water Treatment Plant Information

Treatment Plant: Silver City Subdivision/Homeowners Assoc Telephone No.: 352-595-7472
Address: 10672 NE 151st Lane
City: Ft. McCoy, State: FL Zip Code: 32134
Permitted Maximum Day Capacity of Plant: 180,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5/D
Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: MIKE HAMMER, 8519, C

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

Table with 4 columns: Name, Certificate Number, Class (a, B, C, or D), Day(s)/Shift(s) Worked. Multiple empty rows.

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF MARCH 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 provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

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

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

Signature and Date: Michael V. Hammer 4-1-99

Name and Certificate Number (please type or print): MICHAEL V. HAMMER C-8519

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 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:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	9420					
2		9420	.2	.2			
3		6550					
4		6550	.6	.6			
5		9860					
6		9860					
7		9860					
8		9860					
9		9860	.4	.4			
10		13300					
11		13300	.4	.4			
12		7525					
13		7525					
14		7525					
15		7525	.3	.3			
16		5750					
17		5750	.3	.3			
18		15200					
19		15200					
20		15200					
21		15200					
22		15200	.3	.3			
23		10000					
24		10000	.3	.3			
25		8780					
26		8780					
27		8780					
28		8780					
29		8780	.3	.3			
30		13000					
31	24	13000					
Total		315340					
Avg.		10172					
Max.		15200					





# Department of Environmental Protection

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

INSTRUCTIONS: See Page 4.

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

APRIL '99

#### Water System Information

- **System Name:** Silver City Subdivision/Homeowners Assoc PWS-identification No.: 3424660
- **System Owner**  
 Name: George Messenger Telephone No.: 352-595-7472  
 Address: P.O. Box 222  
 City: Ft. McCoy, State: Fl. Zip Code: 32134
- **System Type:**  community;  non-transient non-community;  non-community;  consecutive
- **No. of Service Connections at End of Month:** 50 **Total Population Served at End of Month:** 100±

#### Water Treatment Plant Information

- **Treatment Plant**  
 Name: Silver City Subdivision/Homeowners Assoc Telephone No.: 352-595-7472  
 Address: 10672 NE 151st Lane  
 City: Ft. McCoy, State: Fl. Zip Code: 32134
- **Permitted Maximum Day Capacity of Plant:** 180,000 gpd
- **Plant Category and Class per Rule 62-699.310(4), F.A.C.:** 5/D

#### Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>MIKE HAMMER</u>	<u>8519</u>	<u>C</u>	

#### • 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 OF

APRIL '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 provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

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

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

Michael V. Hammer 5-4-99  
Signature and Date

MICHAEL V. HAMMER 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

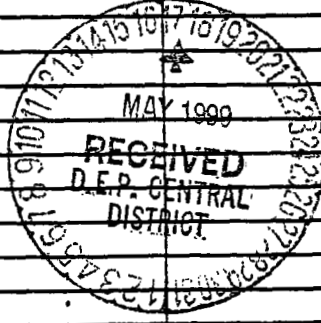
Treatment Plant Name: \_\_\_\_\_

Silver City Subdivision

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

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

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	13000	.2	.2			
2		10480					
3		10480					
4		10480					
5		10480					
6		10480	.2	.2			
7		13900					
8		13900	.2	.2			
9		4020					
10		4020					
11		4020					
12		4020					
13		4020	.2	.2	1 WELL 2 LIVE	.2	
14		3400					
15		3400	.2	.2			
16		1375					
17		1375					
18		1375					
19		1375	.2	.2			
20		1700					
21		1200	.2	.2			
22		1300					
23		1300					
24		1300					
25		1300					
26		175	.2	.2			
27		175					
28		175					
29		175	.2	.2			
30	24	200					
31							
Total		134100			2		
Avg.		4470					
Max.		13000					



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

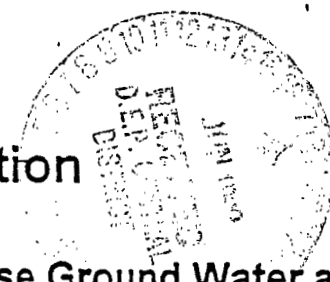
III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF MAY '99

- 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:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	200					
2		200					
3		200					
4		200	.2	.2			
5		250					
6		250	.2	.2			
7		300					
8		300					
9		300					
10		300	.2	.2			
11		400					
12		400	.2	.2			
13		240					
14		240					
15		240					
16		240					
17		240	.2	.2			
18		133					
19		133					
20		133	.2	.2			
21		225					
22		225					
23		225					
24		225	.2	.2			
25		200					
26		200	.2	.2			
27		200					
28		200					
29		200					
30		200					
31	24	200	.2	.2			
Total		7199					
Avg.		232					
Max.		300					



# Department of Environmental Protection



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

INSTRUCTIONS: See Page 4.

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

MAY '99

#### Water System Information

- System Name: Silver City Subdivision/Homeowners Assoc PWS Identification No.: 3424660
- System Owner
  - Name: George Messenger Telephone No.: 352-595-7472
  - Address: P.O. Box 222
  - City: Ft. McCoy, State: Fl. Zip Code: 32134
- System Type:  community;  non-transient non-community;  non-community;  consecutive
- No. of Service Connections at End of Month: 50 Total Population Served at End of Month: 100±

#### Water Treatment Plant Information

- Treatment Plant
  - Name: Silver City Subdivision/Homeowners Assoc Telephone No.: 352-595-7472
  - Address: 10672 NE 151st Lane
  - City: Ft. McCoy, State: Fl. Zip Code: 32134
- Permitted Maximum Day Capacity of Plant: 180,000 gpd
- Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5/D

#### Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>MIKE HAMMER</u>	<u>8519</u>	<u>C</u>	

#### 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 OF

MAY '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 provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

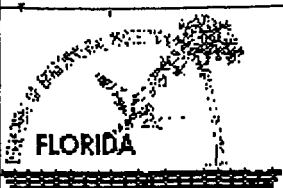
- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

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

Michael V Hammer 6-2-99  
Signature and Date

MICHAEL V. HAMMER 8519  
Name and Certificate Number (please type or print)

# Department of Environmental Protection



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

**INSTRUCTIONS: See Page 4**

**GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF**  
June-99

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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**

June-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, appropriate 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 7-12-99  
 Signature and Date

MICHAEL V. HAMMER                      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 June-99

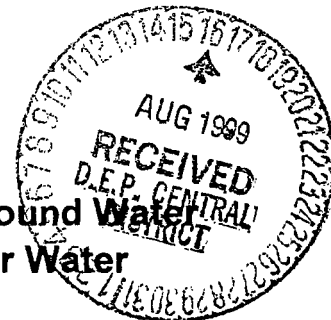
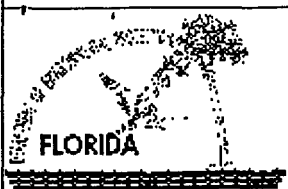
Type of Residual Disinfection Maintained in Distribution System Served by Plant:  free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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						
Total		6000					
Avg.		200					
Max.		250					

Alternate/Substitute for  
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

**INSTRUCTIONS: See Page 4**

**GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF**  
July-99

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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**  
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, appropriate 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 8-9-99  
 Signature and Date

MICHAEL V. HAMMER                      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 July-99**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
Total		6318			2		
Avg.		204					
Max.		260					

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**

System PWS Identification Number: \_\_\_\_\_

3424660

Treatment Plant Name: \_\_\_\_\_

Silver City Subdivision/Homeowners Assoc

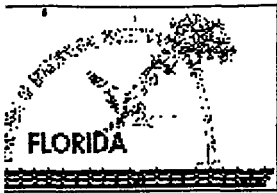
**III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF August-99**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
29	24	180					
30	24	180					
31	24	180	0.2	0.2			
Total		5936					
Avg.		191					
Max.		260					

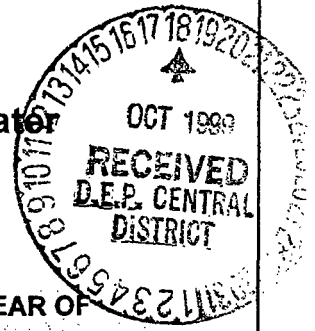
Alternate/Substitute for  
DEP Form 62.555.900(3)



# Department of Environmental Protection

Alternate/Substitute DEP Form 62-999.300(9)

## 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  
September-99

### Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

### Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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 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, appropriate 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 10-15-99  
Signature and Date

MICHAEL V. HAMMER 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 September-99**

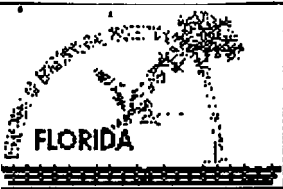
Type of Residual Disinfection Maintained in Distribution System Served by Plant:  free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

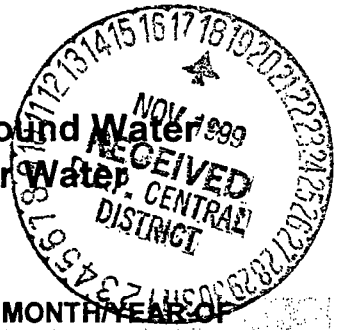
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L) *	Number of Instances Where Residual Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
1	24	200					
2	24	200	0.2	0.2			
3	24	180					
4	24	180					
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					
Avg.		227					
Max.		500					

Alternate/Substitute for  
 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



INSTRUCTIONS: See Page 4

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF  
October-99

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	8519	C	1 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**

October-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 visited the plant during the reporting 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 operational records at the plant site for at least five years and make them available for review upon request.

Michael V. Hammer 11-1-99  
Signature and Date

MICHAEL V. HAMMER 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 October-99**

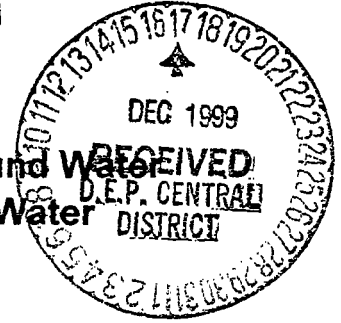
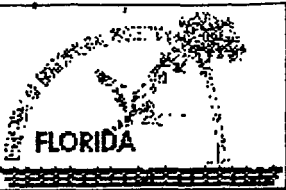
Type of Residual Disinfection Maintained in Distribution System Served by Plant:  free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
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			2		
Avg.		492					
Max.		600					

Alternate/Substitute for  
 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

INSTRUCTIONS: See Page 4

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

November-99

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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

November-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 visited the plant during the reporting 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 operational records at the plant site for at least five years and make them available for review upon request.

Michael V. Hammer 12-13-99  
Signature and Date

MICHAEL V. HAMMER                      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 November-99**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
Avg.		2295					
Max.		3700					

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**

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 Disinfection Maintained in Distribution System Served by Plant:  free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
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					
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					
Total		95940					
Avg.		3095					
Max.		11140					

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**

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 January 2000**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
1	24	11140					
2	24	11140					
3	24	11140					
4	24	11140	0.2	0.2	2	0.2	
5	24	5133					
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					
22	24	5100					
23	24	5100					
24	24	5100					
25	24	5100	0.2	0.2			
26	24	5866					
27	24	5866					
28	24	5866	0.2	0.2			
29	24	3475					
30	24	3475					
31	24	3475					
Total		206682			2		
Avg.		6667					
Max.		11400					

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**

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**

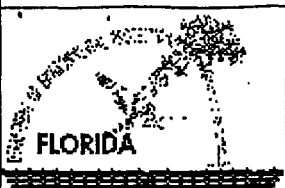
Type of Residual Disinfection Maintained in Distribution System Served by Plant:  free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

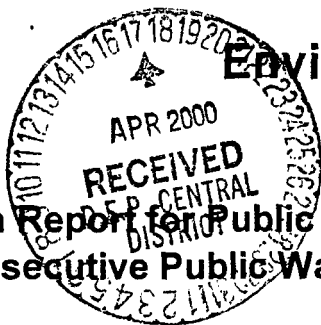
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L) *	Number of Instances Where Residual Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
Avg.		8041					
Max.		14900					

Alternate/Substitute for  
 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

INSTRUCTIONS: See Page 4

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

March 2000

#### Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

#### Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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

March 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, appropriate 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 4-10-00  
Signature and Date

MICHAEL V. HAMMER 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 March 2000**

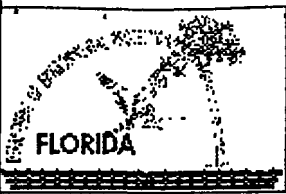
Type of Residual Disinfection Maintained in Distribution System Served by Plant:  free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
Avg.		10229					
Max.		12180					

Alternate/Substitute for  
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

**INSTRUCTIONS: See Page 4**

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

April 2000

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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

April 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, appropriate 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 5-10-00  
Signature and Date

MICHAEL V. HAMMER 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

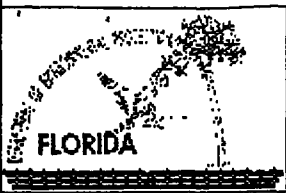
**III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF April 2000**

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

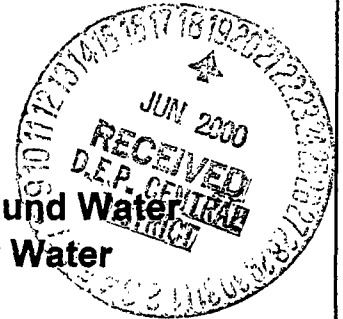
Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
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		
Avg.		4279					
Max.		7580					

Alternate/Substitute for  
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

INSTRUCTIONS: See Page 4

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

May 2000

#### Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

#### Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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

May 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 visited the plant during the reporting 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 operational records at the plant site for at least five years and make them available for review upon request.

Michael V. Hammer 6-6-00  
Signature and Date

MICHAEL V. HAMMER 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 May 2000**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L)**	
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					
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					
Avg.		2535					
Max.		9080					

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**

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 Disinfection Maintained in Distribution System Served by Plant:  free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
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					
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		22410					
Avg.		747					
Max.		1500					

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**

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**

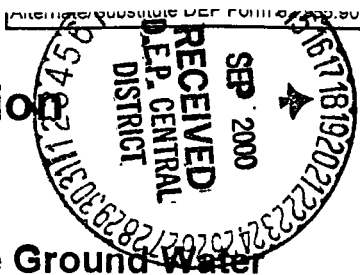
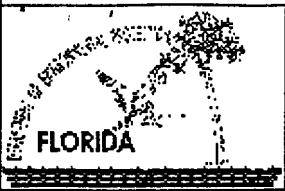
Type of Residual Disinfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
1	24	700					
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			2		
Avg.		865					
Max.		1400					

Alternate/Substitute for  
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

INSTRUCTIONS: See Page 4

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

August 2000

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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

August 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 visited the plant during the reporting 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 operational records at the plant site for at least five years and make them available for review upon request.

Michael V. Hammer 9-11-00  
Signature and Date

MICHAEL V. HAMMER 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 August 2000**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
1	24	700					
2	24	700					
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					
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					
28	24	740					
29	24	740	0.2	0.2			
30	24	800					
31	24	800	0.2	0.2			
Total		24700					
Avg.		797					
Max.		1150					

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**

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

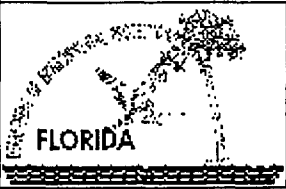
**III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF October 2000**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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			2		
Avg.		1535					
Max.		2867					

Alternate/Substitute for  
 DEP Form 62.555.900(3)



# Department of Environmental Protection



## Monthly Operation Report for Public Water Systems that Use Groundwater 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

November 2000

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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)	Days/Shifts 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)	Days/Shifts Worked

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

November 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 visited the plant during the reporting 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 operational records at the plant site for at least five years and make them available for review upon request.

Signature and Date: Michael V. Hammer 12-1-2000      MICHAEL V. HAMMER      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

**SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF: November 2000**

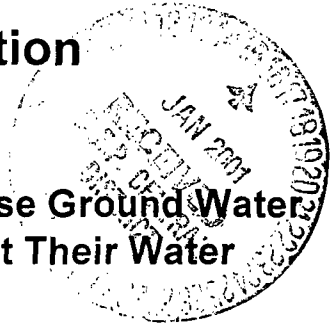
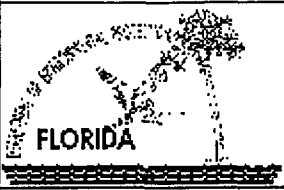
Type of Residual Disinfection Maintained in Distribution System Served by Plant:  free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of Month	Hours	Quantity of Water Produced (Gallons)	Residual Disinfection in Distribution System				Residual Disinfection (mg/L)
			Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	
1	24	2300					
2	24	2300	0.2	0.2			
3	24	1980					
4	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.		2547					
Max.		3675					

Alternate/Substitute for  
 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

INSTRUCTIONS: See Page 4

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

December 2000

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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

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

December 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, appropriate 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 1-10-01  
Signature and Date

MICHAEL V. HAMMER                      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 December 2000**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergencies or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L)	
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		132200					
Avg.		4265					
Max.		5700					

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

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 2001

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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	0.6	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					
25	24	9400					
26	24	9400					
27	24	9400	0.3	0.3			
28	24	6950					
29	24						
30	24						
31	24						
Total		203250					
Avg.		7259					
Max.		9400					

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**

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

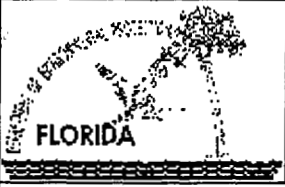
**III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF March 2001**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant In Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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					
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		189270					
Avg.		6105					
Max.		7580					

Alternate/Substitute for  
 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

INSTRUCTIONS: See Page 4

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

June 2001

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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

June 2001

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, appropriate 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 7-5-01  
Signature and Date

MICHAEL V. HAMMER                      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 June 2001**

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

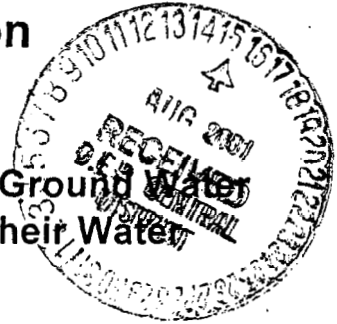
Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L)	
1	24	9040					
2	24	9040					
3	24	9040					
4	24	9040					
5	24	9040	0.5	0.5			
6	24	11250					
7	24	11250	0.5	0.5			
8	24	8740					
9	24	8740					
10	24	8740					
11	24	8740					
12	24	8740	0.3	0.3			
13	24	6050					
14	24	6050	0.3	0.3			
15	24	10200					
16	24	10200					
17	24	10200					
18	24	10200					
19	24	10200	0.3	0.3			
20	24	3550					
21	24	3550	0.3	0.3			
22	24	4780					
23	24	4780					
24	24	4780					
25	24	4780					
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						
Total		219560					
Avg.		7319					
Max.		11250					

Alternate/Substitute for



# Department of Environmental Protection



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

INSTRUCTIONS: See Page 4

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

July 2001

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660

System Owner

Name: George Messenger Telephone No.: (352) 595-7472

Address: P.O. Box 222

City: Ft McCoy State: FL Zip Code: 32134

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

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

Water Treatment Plant Information

Treatment Plant

Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472

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	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

### I. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR

July 2001

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 visited the plant during the reporting 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 operational records at the plant site for at least five years and make them available for review upon request.

Michael V. Hammer 8-6-01  
Signature and Date

MICHAEL V. HAMMER                      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

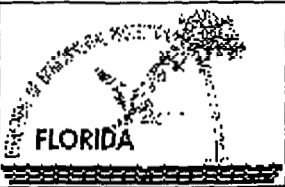
**III. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH/YEAR OF July 2001**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L) **	
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			
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					
31	24	7300	0.4	0.4			
Total		161640			2		
Avg.		5214					
Max.		10500					

Alternate/Substitute for  
 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

INSTRUCTIONS: See Page 4

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

August 2001

Water System Information

System Name: Silver City Subdivision/Homeowners Assoc. PWS Identification No.: 3424660  
 System Owner  
 Name: George Messenger Telephone No.: (352) 595-7472  
 Address: P.O. Box 222  
 City: Ft McCoy State: FL Zip Code: 32134  
 System Type:     community:     non-transient non-community:     non-community:    consecutive  
 No. of Service Connections at End of Month: \_\_\_\_\_  Total Population Served at End of Month: \_\_\_\_\_

Water Treatment Plant Information

Treatment Plant  
 Name: Silver City Subdivision/Homeowners Assoc Telephone No.: (352) 595-7472  
 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	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

August 2001

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 visited the plant during the reporting 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 operational records at the plant site for at least five years and make them available for review upon request.

Michael V. Hammer 9-10-01  
Signature and Date

MICHAEL V. HAMMER                      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 August 2001**

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

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Gallons)	Residual Disinfection in Distribution System				Reported Emergency or Abnormal Operating Conditions
			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 Disinfection Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfection Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1350					
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					
Total		133020					
Avg.		4291					
Max.		6620					

Alternate/Substitute for  
DEP Form 62.555.900(3)