

#### PARK WATER COMPANY

25 1<sup>st</sup> Avenue North Lake Wales, FL 33853

#### **AFFIDAVIT**

I, AS OFFICER OF PARK WATER COMPANY, DO ATTEST AND AFFIRM THAT: HAVE READ ARTICLE 25-30.436, 25-30.437 and 25-30.438 AS THEY APPLY TO WASTEWATER UTILITIES IN THE STATE OF FLORIDA;

AND FURTHER, WE DO ATTEST THAT WE WILL COMPLY WITH RULE 22-22.0407 AND ABIDE TO SAID RULINGS TO THE BEST OF OUR KNOWLEDGE AND UNDERSTANDING.

AND FURTHER, WE HAVE HEREUNTO AFFIXED OUR HAND AND SEAL THIS \_\_\_\_\_\_ DAY OF \_JANUARY, 2006.

ANTHONY STAIANO, PRESIDENT

MP

MOC

TR

CR \_\_\_\_

PC \_\_\_\_

CA \_\_\_

CR

GA

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

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01011 FEB-38

FPSC-COMMISSION CLERK

#### BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application of Park Water Company, Inc. to increase its Rates and charges in Polk County DOCKET NO: 050563-WU Dated: January , 2006

#### PARK WATER COMPANY'S PETITION TO INCREASE ITS RATES AND CHARGES

Park Water Company, Inc., a Florida Corporation (hereinafter "Petitioner" or "Company"), being a Class C Water utility, hereby presents the following Application pursuant to Section 367.081 and 367.0816, Florida Statutes, and Rule 25-30.443, Florida Administrative Code, to increase its rates and charges for water service, and in support thereof, states:

1. The exact name and address of the principal business office of the Petitioner is:

Park Water Company, Inc. 25 1<sup>st</sup> Avenue North Lake Wales, FL 33853

2. The name and address of the persons authorized to receive notices and communications in respect to this Petition are as follows:

Anthony Staiano, President Park Water Company, Inc. 25 1<sup>st</sup> Avenue North Lake Wales, FL 33853 Joseph G. Hodakowski Certified Public Accountant 349 Route 31 South, Suite 401 Flemington, NJ 08822

3. Petitioner was incorporated by the State of Florida on September 12, 1955 under the name of Crooked Lake Park Water Company, Inc. The Company legally changed its name to Park Water Company, Inc. on September 9, 1996. The Company's stock is 100% owned by Anthony Staiano, having the address in No., 1, above.

DOCUMENT NUMBER-DATE

- 4. Petitioner's present rates have been in effect since November 20, 1999 when Polk County last established the Company's rates and charges. The Florida Public Service Commission approved the Petitioner's present rates and charges by Document No. 991627-WU.
- 5. Petitioner is engaged in business as a Class C water utility providing water service to approximately 783 customers in Polk County. Since the Company's annual revenues are above \$150,000, it does not meet the threshold for a staff assisted rate case.
- 6. A copy of the application is available for customer inspection from Anthony Staiano, President of Park Water Company, Inc., at the following address:

Park Water Company, Inc. 25 1<sup>st</sup> Avenue North Lake Wales, FL 33853

- 7. Petitioner requests that the Commission process this application for rate relief using the Proposed Agency Action provision in Section 367.081(8), Florida Statutes.
- 8. Petitioner is spending \$2,496,382 on capital outlays, which is not covered by revenue.
- 9. The Petitioner requested in August 2005 permission to use a historical base year ended December 31, 2004 with Proforma plant adjustments for final rates. The Chairman of the Commission granted this request and assigned the proceeding Docket No. 050563-WU.
- 10. Petitioner requests approval to increase its rates by the amount of \$474,500 per annum, which will allow a return of 10.01% on the allowable rate base.

- 11. In support of the increase in rates and charges, Petitioner attaches the following items and makes them part of this Petition:
  - a. Filing Fee of \$3,500
  - b. Volume 1 Minimum Filing Requirements (Financial, Rate and Engineering Information) for Class C Water Utility requirement by Rule 25-30.443; Rule 25-30.436; 25-30.4385; 25-30.44151; and 25-30.443 (16 copies). This also includes general information, and projections and allocation support details.
  - c. Affidavit signed by an officer of the utility that states the utility will comply with Rule 25-22.0407, Florida Administrative Code.
- 12. Since the Petition is submitted pursuant to Section 367.081(8), Florida Statutes, no direct testimony is required pursuant to Rule 25-30.436(2), Florida Administrative Code.
- 13. The Company does not request interim rate relief in accordance with Section 367.092, Florida Statutes.

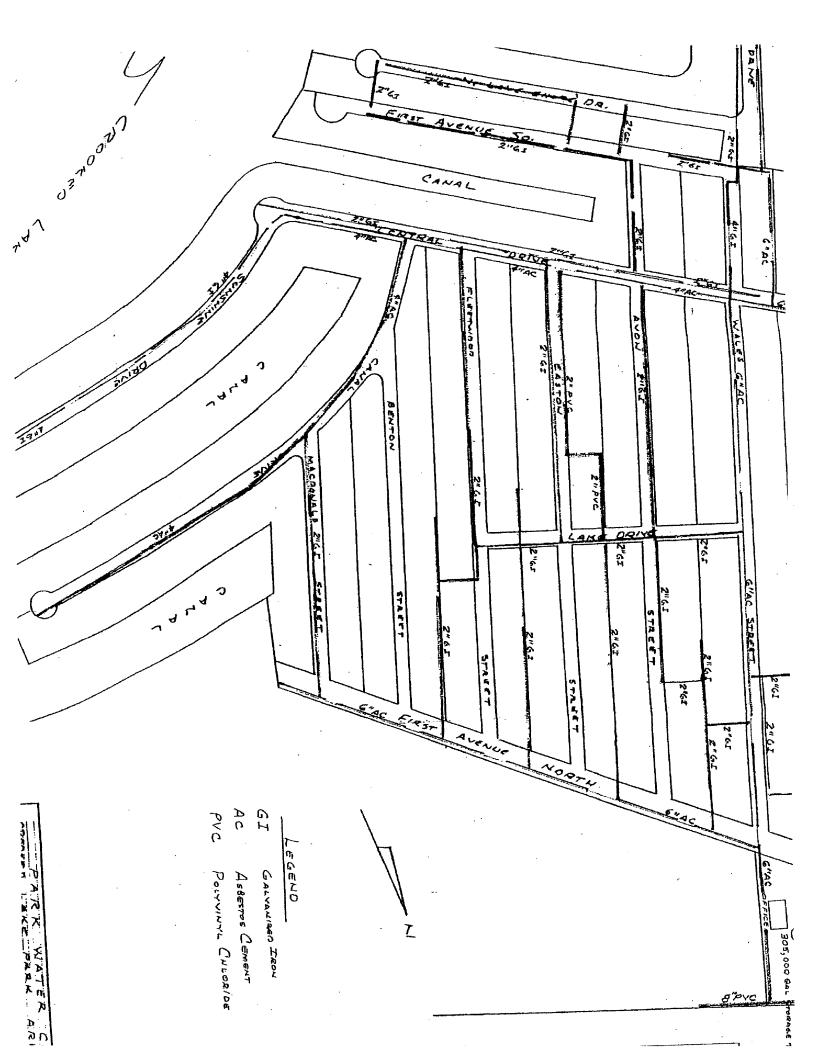
WHEREFORE, Park Water Company, Inc., respectfully requests that on the basis of this Petition and the information herein that the Commission utilize the PAA process permitted by Section 367.081, Florida Statutes, and approve the Petitioner's request for permanent increase in its water rates and charged in Polk County by an amount of approximately \$474,500 per annum.

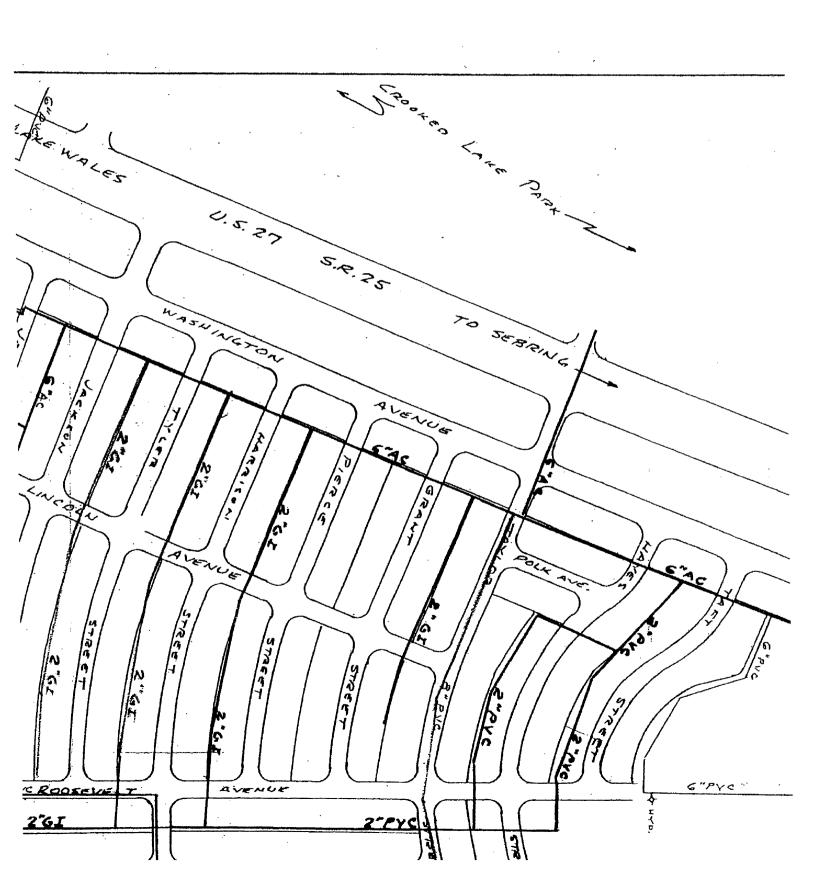
Respectfully submitted this  $16^{\rm th}$  day of January, 2006.

Anthony Staiano President Park Water Company, Inc. 25 1<sup>st</sup> Avenue North Lake Wales, FL 33853

### Attachment A - #1

Please see attached maps for Park Water Company's Service Area





#### Attachment A - #2

Chemicals used dosage rate = 40lbs per day See attached sheet for cost information Total 2004 expenditure for chlorine = \$2,220.00 Quantity = 23 150lbs cylinders for the year 2004

#### Preferred Products of Central Florida P.O. Box 991 Winter Haven, FL 33882-0991 (863)-965-1479

Invoice#:

76372

Tech:

Doug

Accnt #:

209

PO Number:

**KEVIN** 

Terms:

Net 30

PARK WATER CO.

21 1st AVENUE NORTH

LAKE WALES , FL 33853-

Ship to Date: 2/24/2004

Part #	Description	НМ	Qty	UOM	Price	Disc	Total
110-01	150# CYLINDER CHLORINE	Х	8	EACH	89.00	0%	712.00
110-05	LIABILITY INSURANCE SURCHARGE		8	EACH	1.50	0%	12.00
MTCYL	EMPTY CYLINDERS RETURNED		8		0.00	0%	0.00
FUEL	FUEL SURCHARGE		1		3.00	0%	3.00
·			Sub	rotal:	\$	727.0	0
		•	Count	у тах:		\$0.00	)

Sales Tax:

\$0.00

Total:

\$727.00

#### INVOICE

#### Preferred Products of Central Florida P.O. Box 991 Winter Haven, FL 33882-0991 (863)-965-1479

Invoice#:

77313

Tech:

Doug

Accnt #:

209

PO Number:

**KEVIN** 

Terms:

Net 30

PARK WATER CO.

21 1st AVENUE NORTH

LAKE WALES , FL 33853-

Ship to Date: 6/14/2004

Part #	Description	НМ-	Qty	UOM	Price	Disc	Total
110-01	150# CYLINDER CHLORINE	×	7	EACH	97.50	0%	682.50
110-05	LIABILITY INSURANCE SURCHARGE		7	EACH	1.50	0%	10.50
MTCYL	EMPTY CYLINDERS RETURNED		8		0.00	0%	0.00
FUEL	FUEL SURCHARGE		1		3.00	0%	3.00

SubTotal: \$696.00

County Tax: \$0.00

Sales Tax: \$0.00

Total: \$696.00

#### INVOICE

### Preferred Products of Central Florida P.O. Box 991 Winter Haven, FL 33882-0991 (863)-965-1479

Invoice#:

78513

Tech:

Doug

Accnt #:

209

PO Number:

Terms: Net 30

PARK WATER CO.

21 1st AVENUE NORTH

LAKE WALES , FL 33853-

Ship to Date: 11/4/2004

Part # Description	HM Q1	ty UOM	Price	Disc	Total
110-01 150# CYLINDER CHLORINE	RQ 8	B · EACH	97.50	0%	780.00
110-05 LIABILITY INSURANCE SURCHARGE	8	B EACH	1.50	0%	12.00
MTCYL EMPTY CYLINDERS RETURNED	7	7	0.00	0%	0.00
FUEL FUEL SURCHARGE	1	Ĺ	5.00	0%	5.00
			<del></del>		

SubTotal:

\$797.00

County Tax:

\$0.00

Sales Tax:

\$0.00

Total:

\$797.00

Attachment A - #3

Chemical Analysis on the attached pages

## DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

SHORT ENVIRONMENTAL LABORATORIES, INC. 10405 U.S. HWY 27 • SEBRING, FL 33876-9502 PH: 1-863-655-4022 • FAX: 1-863-655-5820 HRS # E85458  Report Number: 53400 Sub-Contract Lab ID: RECEIVED					L	ab Reco	eipt ( Date	Date & T & Time	ime: /2	/2/0 a/05	5 /. 5	320 7/8
<b>Analysis</b> ☑ Standa □ HPC	Analysis Requested: (please check all that apply)  Standard Coliform Test					ample Prisinfecta	resen nt Ch	vation , eck	Typt De	Not Cetected	On Ice  .AC requiren	mg/L
	Name: PARK WATER CO	ENVI . EN	RONM GINEE	RIN	G	PW	/S I.I	D. 6	5	3 6	, 7	0 3
System or	ddress: DS KiRST AUG N Owner's Phone #: 638-1255 r: M. A&A	·····		F	ax#:	63	8-	<u> 7 4 4 </u>	<u> </u>	ا به رن ا به ر		
Type of S Commu Limited Reason 1	Supply: (check only one)  Inity Water System Use System □Bottled Water □Private Well  For Sampling: (check only one) □Routine Con	ent Non-co	ommunity	Water i	System Pool	^		☐Tran	sient Nor	n-commu	nity Water :	
	To be completed by collector	of sample	)						6.6	e countin	led by lab	
Sample Number	Sample Point (Location or Specific Address)		Collection Time			ect j pH		Total Co Fecal or Non	liform Ana	alysis Meth alysis Met Fecal or	od: hod: <b>M</b>	Lab Sample Number
/	well		معد: ع	R	Ø				A			249676
٦	356 Jefferson		8:10-	D	0.9	<u>'                                     </u>			$H_{\perp}$			249677
3	(OV. S. C. Student Sucr	_,	8:15~	D	0.8	,			A			249678
community	of disinfectant residuals for routine and repeat sar y and non-transient non-community systems serving popu o not include raw or plant samples in the average.)				0.8	All te					Code Rule 62 vith NELAC :	•
Person p		reverse): ]Employed	r: I by a certifi I by DEP or	DOH		State not			positive re		e e i f	<u> </u>
Nan	ne and Mailing Address of Person to Rec	eive Re	port	Titl	_		b	يان	eee)	Lock	J	
	PARIC CUATERCO. S FIRST AUR. N. LANGE C-AUGS, FI. 33859				Incon Repe Repla Repla	eat San acement riewed	Collenple: nt Sa by D	s Requi amples	Require	ion ed /	2/13/ R.S.	SE ONLY

Delivered by: 1. Otom

#### PUBLIC WATER SYSTEM INFORMATION

System Name: PARK WATER Address: 25 First A		ke Wales, FL 3385	I.D. #: <u>6530408</u> 53 Phone #: <u>638-1285</u>
Type (check one): (x) Community	( ) Nontransient Nonc	community ( ) Noncommuni	ty
SAMPLE INFORMATION (to b	oe completed by	sampler)	
Sample Date (MMDDYY): 03/12/97 Sample Location (be specific): Ent	Sample Time: 1000		
Sampler Name and Phone: Rick O	e <b>39</b> (1) 585 <b>4</b> 022		
Sampler's Signature:	My	Title: Field Manage	<u>r</u>
Check Type(s): ( ) Distribution ( ) Clearance (x) Distrib entry p	( ) Thm Max Res Tim		ralidated Sample ttach a format for each site
LABORATORY CERTIFICATION	INFORMATION (t	o be completed by ATTACH HRS ANALYT	
Lab Name: Short Environmental Labo	ratories HRS #: 85344	Expiration Date: 06/30/9	7
Address: 10405 US 27 South, Sebri	ng, FL 33870 Phone:	(941) 655-4022	
Subcontracted Lab HRS # 84183\8414	Groups analyz	ed: VOC's,Group II\Gross	Alpha, Ra 226
ANALYSIS INFORMATION	Lai	boratory Sample II	) # <u>63404</u>
Date Sample(s) Received: 03/12/97	Group(s) Analyzed &	Results attached for comp	liance with 17-550, F.A.C.:
(x) Nitrate Only (x	) Nitrite Only	( ) Asbestos Only	( ) Trihalomethanes
Inorganics Vo ( ) All 17 (x) Partial (x	Natile Organics— ) All 21 ( ) Partial		Pesticides/PCBs— ( ) All 30 (x) Partial
Group I Unregulateds— Gr () All 12 () Partial (x	) All 23 ( ) Partial	( ) All 11 ( ) Partial	<pre>(x) Single Sample ( ) Qtrly Composite*</pre>
· -	*Provide radioc	hemical sample dates & lo	cations for each quarter
I, Bruce Cummings, do HEREB	Y CERTIFY that all att	ached analytical data are	correct.
Signature:	Manny	2_	
Title: <u>Laboratory Di</u>	rector Date: 05/2	<u>2/97</u>	
COMPLIANCE INFORMATION (	to be completed	by state)	
Sample Collection Satisfactory:Resample Requested for:	Sample Ana	Tysis Satisfactory:	
Person notified to resample: DFR/ACPHU Reviewing Official:		e Notified:	

#### UNREGULATED GROUP II ANALYSIS

62-550.410 (PWS034)

Parame ID	eter NOTE	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2210	Chloromethane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2212	Dichlorodifluoromethane	63404	BDL.	EPA 502.2	03 <del>-</del> 25- <del>9</del> 7	0.05	84183
2214	Bromomethane	63404	BDL	EPA 502.2	03-25-97	1.1	84183
2216	Chloroethane	63404	BOL	EPA 502.2	03-25-97	0.1	84183
2218	Trichlorofluoromethane	63404	BOL.	EPA 502.2	03-25-97	0.03	84183
2251	Methyl-Tert-Butyl-Ether	63404	BOL	EPA 502.2	03-25-97	0.1	84183
2408	Dibromomethane	63404	BOL	EPA 502.2	03-25-97	2.2	84183
2410	1,1-Dichloropropylene	63404	BDL	EPA 502.2	03-25-97	0,02	84183
2412	1,3-Dichloropropane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2413	1,3-Dichloropropene	63404	BDL.	EPA 502.2	03-25-97	0.06	84183
2414	1,2,3-Trichloropropane	63404	BDL	EPA 502.2	032597	0.4	84183
2416	2,2-Dichloropropane	63404	BDL	EPA 502.2	03-25-97	0.05	84183
2941	Chloroform	63404	4.37	EPA 502.2	03-25-97	0.1	84183
2942	Bromoform	63404	BDL	EPA 502.2	03-25-97	0.5	84183
2943	Bromodich loromethane	63404	1.61	EPA 502.2	03-25-97	0.2	84183
2944	Dibromochloromethane	63404	1.19	EPA 502.2	03-25-97	0.2	84183
2965	o-Chlorotoluene	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2966	p-Chlorotoluene	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2967	m-Dichlorobenzene	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2978	1,1-Dichloroethane	63404	BDL	EPA 502.2	03-25-97	0.07	84183
2986	1,1,1,2-Tetrachloroethane	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2988	1,1,2,2-Tetrachloroethane	63404	BOL	EPA 502.2	03-25-97	0.01	84183
2993	Bromobenzene	63404	BDL	EPA 502.2	03-25-97	0.03	84183

Comments: BDL = Below Detectable Limit

#### PUBLIC WATER SYSTEM INFORMATION

	<u>K WATER COMPANY</u> First Avenue North, Lak	se Wales, FL 3385	I.D. #: <u>6530408</u> 3 Phone #: <u>638-1285</u>
Type (check one): (x)	community ( ) Nontransient Nonco	mmunity ( ) Noncommunit	ty
SAMPLE INFORMATIO	NN (to be completed by s	sampler)	
Sample Date (MMDDYY): <u>10</u> Sample Location (be spec	1/15/03 Sample Time: 0930 sific): Entry to distribution		
Sampler Name and Phone:	Kevin Egan, (863) 638-1285		
Sampler's Signature:	kgs	Title: Operator	•
( ) Clear	ribution () Recheck of MCL rance () Thm Max Res Time rib entry pt () Raw () Compos	e ( ) Plant Tap	
LABORATORY CERTI	FICATION INFORMATION (to	be completed by ATTACH FDOH ANALY	
Lab Name: Short Environm	mental Laboratories HRS #: E85458	Expiration Date: 06/30/	04
Address: <u>10405 US 27 S</u>	outh, Sebring, FL 33876 Phone: (	(863) 655-4022	
Subcontracted Lab DOH #	E84129\E84100 Groups a	analyzed: VOC's,SOC's\Gro	ss alpha, Ra 226 & 228
ANALYSIS INFORMA	TION Lab	coratory Sample II	) # <u>197511</u>
Date Sample(s) Received:	10/15/03 Group(s) Analyzed & F	Results attached for comp	liance with 62-550, F.A.C.:
( ) Nitrate Only	( ) Nitrite Only	( ) Asbestos Only	( ) Trihalomethanes
Inorganics (x) All 17 ( ) Pa	Volatile Organics artial (x) All 21 ( ) Partial		Pesticides/PCBs— ( ) All 30 (x) Partial
	ceds Group II Unregulateds artial () All 23 () Partial	( ) All 11 ( ) Partial	<pre>(x) Single Sample ( ) Qtrly Composite*</pre>
	*Provide radioc	nemical sample dates & lo	cations for each quarter
I, Bruce Cummings	, do HEREBY CERFIFY that all atta	ached analytical data are	correct.
Signature:	1 / Canning		
Title: <u>La</u> l	poratory Director Date: 12/03	3/03	
COMPLIANCE INFOR	MATION (to be completed	by state)	
Sample Collection Satis	factory: Sample Ana	lysis Satisfactory:	
Resample Requested for: Person notified to resam		e Notified:	
DEP/DOH Reviewing Office			

#### INORGANIC ANALYSIS

62-550.310(1) (PWS030)

Parame ID	rter NOE	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1005	Arsenic	(0.05)	197511	0,005 u	SM 3114B	11–13–03	0.005	E85458
1010	Barium	(2)	197511	0.06	SM 3111B	12-01-03	0.02	£85458
1015	Cadmium	(0,005)	197511	0.0004u	SM 3113B	11-07-03	0.0004	E85458
1020	Chromium	(0,1)	197511	0.005 u	SM 3113B	11-10-03	0.005	E85458
1024	Cyanide	(0.2)	197511	0.005 u	EPA 335.4	10-27-03	0.005	E85458
1025	Fluoride	(4)	197511	0.24	SM 4500F C	101603	0.05	E85458
1030	Lead	(0.015)	197511	0.001 u	SM 3113B	10-27-03	0.001	E85458
1035	Mercury	(0.002)	197511	0.001 u	EPA 245.1	10-29-03	0.001	E85458
1036	Nickel	(0.1)	197511	0.01 u	SM 3111B	11-12-03	0.01	E85458
1038	Total Nitrate + Nitrite	(10)	197511	0.02 u	EPA 353.2	10-15-03	0.02	E85458
1040	Nitrate	(10)	197511	0.02 u	Calc.	10-15-03	0.02	E85458
1041	Nitrite	(1)	197511	0.01 u	EPA 353.2	10-15-03	0.01	E85458
1045	Selenium	(0.05)	197511	0.005 u	SM 3113B	10-30-03	0.005	E85458
1052	Sodium	(160)	197511	4.3	SM 3111B	11-05-03	1.0	E85458
1074	Antimony	(0.006)	197511	0.003 u	SM 3113B	10-22-03	0.003	E85458
1075	Beryllium	(0.004)	197511	0.001 u	SM 31113B	10-28-03	0.001	E85458
1085	Thallium	(0.002)	197511	0.002 u	SM 31113B	10-24-03	0.002	E85458

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

Page 2 of 6

#### SECONDARY CHEMICAL ANALYSIS

62-550.320 (PWS031)

Parame ID	eter NACE	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1002	Aluminum	(0.2)	197511	0.05 u	SM31110	110503	0.05	E85458
1017	Chloride	(250)	197511	13.	EPA 325.3	10-30-03	0.5	E85458
1022	Copper	(1)	<b>19</b> 7511	<b>0.</b> 01 u	SM3111B	11-03-03	0.01	E85458
1025	Fluoride	(2.0)	197511	0.24	SM4500F C	10-16-03	0.02	E85458
1028	Iron	(0.3)	197511	0.03	SM3111B	11-24-03	0.02	E85458
1032	Manganese	(0.05)	197511	0.01 u	SM3111B	11-11-03	0.01	E85458
1050	Silver	(0.1)	197511	0.001 u	SM3113B	10-21-03	0.001	E85458
1055	Sulfate	(250)	197511	33.	EPA 375.4	10-20-03	1.	E85458
1095	Zinc	(5)	197511	0.004	SM3111B	11-11-03	0.002	E85458
1905	Color	(15 CU)	197511	3.	SM2120B	10-15-03	1.	E85458
1920	0dor	(3 TON)	197511	1. u	SM2150B	10-15-03	1.	E85458
1925	pH	(6.5-8.5)	197511	7.35	EPA 150.1	101503	0.01	E85458
1930	Total Dissolved Solids	(500)	197511	149.	SM2540C	10-15-03	10.	E85458
2905	Foaming Agents	(0.5)	197511	0.02 u	SM5540C	10-16-03	0.02	E85458

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 3 of 6

#### VOLATILE ORGANIC ANALYSIS

62-550.310(2)(b) (PWS028)

Parame ID	eter N <del>W</del> E	(MCL ug/L)	Sample Number	Apalysis Result (ug/L)	3	Analysis Method	Analysis Date	MDL	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2380	cis-1,2-Dichloroethylene	(70)	197511	0.2	u	EPA 502.2	10-24-03	0.2	E84129
2955	Xylenes (total)	(10,000)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2964	Dichloromethane	(5)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2968	o-Dichlorobenzene	(600)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2969	para-Dichlorobenzene	(75)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2976	Vinyl Chloride	(1)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2977	1,1-Dichloroethylene	(7)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2979	trans-1,2-Dichloroethylene	e (100)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2980	1,2-Dichloroethane	(3)	197511	0.2	u	EPA 502.2	10-24-03	0.2	E84129
2981	1,1,1-Trichloroethane	(200)	197511	0.3	u	EPA 502.2	10-24-03	0.3	E84129
2982	Carbon Tetrachloride	(3)	197511	0.3	u	EPA 502.2	10-24-03	0.3	E84129
2983	1,2-Dichloropropane	(5)	197511	0.3	u	EPA 502.2	10-24-03	0.3	E84129
2984	Trichloroethylene	(3)	197511	0.2	u	EPA 502.2	10-24-03	0.2	E84129
2985	1,1,2-Trichloroethane	(5)	197511	0.3	u	EPA 502.2	10-24-03	0.3	E84129
2987	Tetrach loroethy lene	(3)	197511	0.2	u	EPA 502.2	10-24-03	0.2	E84129
2989	Monoch l'orobenzene	(100)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2990	Benzene	(1)	<b>1975</b> 11	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2991	Toluene	(1,000)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
2992	Ethylbenzene	(700)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129
<b>299</b> 6	Stryene	(100)	197511	0.5	u	EPA 502.2	10-24-03	0.5	E84129

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 4 of 6

## PESTICIDE/PCB CHEMICAL ANALYSIS 62-550.310(2)(c)

(PWS029)

Parame 10	ter NAME	(MCL ug/L)	Sample Number	Analysis Result (ug/L)		Analysis Method	Analysis Date	MDL	Lab ID
2005	Endrin	(2)	197511	0.1	u	EPA 525.2	10-22-03	0.1	E84129
2010	Lindane	(0.2)	197511	0.06	u	EPA 525.2	10-22-03	0.06	E84129
2015	Methoxychlor	(40)	197511	0.05	u	EPA 525.2	10-22-03	0.05	E84129
2020	Toxaphene	(3)	197511	0.5	u	EPA 508.1	10-23-03	0.5	E84129
2031	Dalapon	(200)	197511	1.	u	EPA 515.3	10-28-03	1.	E84129
2032	Diquat	(20)	197511	1.	u	EPA 549.2	10-27-03	1.	E84129
2033	Endothall	(100)	197511	20.	u	EPA 548.1	10-24-03	20.	E84129
2034	Glyphosate	(700)	197511	10.	u	EPA 547	102803	10.	E84129
2035	Di(2-ethylhexyl)adipate	(400)	197511	0.3	u	EPA 525.2	10-22-03	0.3	E84129
2036	Oxamy1 (Vydate)	(200)	197511	0.5	u	EPA 531.1	10-27-03	0.5	E84129
2037	Simazine	(4)	197511	0.07	u	EPA 525.2	10-22-03	0.07	E84129
2039	Di(2-ethylhexyl)phthalat	e (6)	197511	1.0	u	EPA 525.2	10-22-03	1.0	E84129
2040	Picloram	(500)	197511	0.75	u	EPA 515.3	10-28-03	0.75	E84129
2041	Dinoseb	(7)	197511	0.5	u	EPA 515.3	10-28-03	0.5	E84129
2042	Hexachlorocyclopentadien	e (50)	197511	0.2	u	EPA 525.2	10-22-03	0.2	E84129
2046	Carbofuran	(40)	197511	0.5	u	EPA 531.1	10-27-03	0.5	E84129
2050	Atrazine	(3)	197511	0.06	u	EPA 525.2	10-22-03	0.06	E84129
2051	Alachior	(2)	197511	0.2	u	EPA 525.2	10-22-03	0.2	E84129
2063	2,3,7,8-TCDD (Dioxin)	(0.00003)				EPA 1613			
2065	Heptachlor	(0.4)	197511	0.08	u	EPA 525.2	10-22-03	0.08	E84129
2067	Heptachlor Epoxide	(0.2)	197511	0.1	u	EPA 525.2	10-22-03	0.1	E84129
2105	2,4-0	(70)	197511	1.	u	EPA 515.3	102803	1.	E84129
2110	2,4,5-TP (Silvex)	(50)	197511	0.25	u	EPA 515.3	10-28-03	0.25	E84129
2274	Hexach Torobenzene	(1)	197511	0.05	u	EPA 525.2	10-22-03	0.05	E84129
2306	Benzo(a)pyrene	(0.2)	197511	0.1	u	EPA 525.2	10-22-03	0.1	E84129
2326	Pentachlorophenol	(1)	197511	0.1	u	EPA 515.3	102803	0.1	E84129
2383	PCB's	(0.5)	197511	0.2	u	EPA 508.1	10-23-03	0.2	E84129
2931	Dibromoch loropropane	(0.2)	197511	0.005	u	EPA 504.1	10-24-03	0.005	E84129
2946	Ethylene dibromide	(0.02)	197511	0.005	u	EPA 504.1	10-24-03	0.005	E84129
2959	Chlordane	(2)	197511	0.05	u	EPA 508.1	10-23-03	0.05	E84129

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC.

Page 5 of 6

#### RADIOCHEMICAL ANALYSIS

62-550.310(5) (PWS027)

Parame ID	eter NATE	(pCi/L)	Sample Number	Analysis Result (pCi/L)	Analysis Method	Analysis Date	ERROR	Lab ID
4000	Gross Alpha	5.0	197511	3.0	SM 7110 B	11-06-03	1.2	E84100
4020	Radium 226	3.0	197511	1.2	SM 7500-Ra C	11-06-03	0.1	E84100
4030	Radium 228		197511	0.2	Brooks & Blanchard	11-06-03	0.5	E84100

Comments: All results meet the requirements of NELAC.

Page 6 of 6

SHORT ENVIRONMENTAL LABORATORIES  1 S G R V P N T P  10405 US 27 S  N E R A O E O H B  SEBRING, FL 33876  (863) 655-4022 (800) 833-4022  R O S T C  FAX: (863) 655-5820  G N S 226 N U  APLER'S NAME  SASE PRINT) KE UN S C 2	
SEBRING, FL 33876 (863) 655-4022 (800) 833-4022  FAX: (863) 655-5820  G N S 226  P O U  P O U  P O C S X M & C  R O S D C S X M & C  R O S D C S X M & C  R O S D C S X M & C  R O S D D C S X M & C  R O S D D C S X M & C  R O S D D D D D D D D D D D D D D D D D D	
(863) 655-4022 (800) 833-4022  FAX: (863) 655-5820  G N S 226  P O S  U  APLER'S NAME  CLIENT NAME: D 1 1 5 00	
(863) 655-4022 (800) 833-4022  FAX: (863) 655-5820  G N S 226  P O P O	1 1 1 1
FAX: (863) 655-5820 G N S 226 N U P O U	1 1 1
APLER'S NAME CLIENT NAME: D 1 1 D 0	
EASE PRINT) KE UI - N A A 228 C 2	
APLERS SIGNATURE PROJECT LOCATION TO BE	
SAMPLE TYPE: DRINKING WATER C Y FIELD IB SAMPLE ID DATE TIME ENTRY DIST WELL LABORATORY ID# # OF	
FIELD IB SAMPLE ID DATE TIME ENTRY DIST WELL LABORATORY ID# #OF CONT	
Entry to Dist. 16-15-02 9:30_ X /97571 21 x x X x X X	
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TO THE THE PARTY PARTY COMMENT OF THE PARTY AND AND AND AND A TOTAL PARTY OF THE PA	3729
RELINQUISHED BY: ACCEPTED BY: DATE TIME	0,000
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11 N.C Red 10-15-03 100	

AIN OF CUSTODY AND TRANSMITTAL FORM

page \_\_\_op 1

# Safe Drinking Water Program Laboratory Reporting Format

ER SYSTEM INFORMAT	ION ( to be co	ompleted by	sampler - Ple	ase type or print le	egibly)
PARK WATER COMPA	NY		**************************************	PWS I.D. #:	6530408
· · · · · · · · · · · · · · · · · · ·	nity ( ) NonT	ransient No	ncommunity	( ) Transient Nor	Community
25 First Avenue North		·	,		
Lake Wales	State:	Florida	_ ZIP Code	: 33859-87	761
(863) 638-1285	Fax #:	(863) 628	7441		
S:		***			
ORMATION (to be comp	oleted by samp	oler)			
1	Location C	ode (if Known	):		
06/03/05	_ Sample T	ime:	0730	AM PM (ci	rcle one)
on (be specific): Entry to dis-	tribution				**************************************
lual (Required when reporting re	esults for trihalor	nethanes and h	aloacetic acids):	mg/	L Field pH:
Check Only One)	-	Reason(s	for Sample (	Check all that ap	ply)
	X Routine Co	mpliance (with	62-550)	Quarterly ( Whic	ch One?)
Distribution)	Confirmant	ion of MCL Ex	cceedance*	Special(not for c	ompliance with 62-550.
for compliance with 62-550.)	Composite	Multiple Sites*	* <b>*</b>	Violation Resolu	tion
ntake)	Clearance (	permitting)		Replacement (of	Invalidated Sample)
ce Time	Other:	***************************************		****	
e Time	Sampling Proce	edure Used or o	other Comments	:	
tumer		<del> </del>			
•				•	nents and attach a
Kevin Egan		·			
one #: (863)	538-1285	Sampler's	Fax:	(863)	638-7441
ail Address:			·		
MON (to be completed by	sampler)				
			**************************************		
		tem and sam	ple collection		
-12 g C				Date:	06/03/05
	heck one): (x) Commune 25 First Avenue North  Lake Wales (863) 638-1285  CORMATION (to be compared to be specific): Entry to distribution)  for compliance with 62-550.)  Intake)  The Time tumer  O0(6) for requirements and restrates to the tumer tumer  O0(6) for requirements and restrates to the tumer tumer  O0(6) for requirements and restrates to the tumer t	PARK WATER COMPANY  theck one): (x) Community () NonTable 25 First Avenue North  Lake Wales State: (863) 638-1285 Fax #:  CORMATION (to be completed by sample Table (1) Sample Table (2) Sample Table (2) Sample Table (3) Sample Table (3) Sample Table (4) Sample Table (4) Sample Table (5) Sample Table (6) Sample (6) Sample Table (6) Sample Table (6) Sample Table (6) Sample (6) Sample Table (6) Sample (6) Sample Table (6) Sample Table (6) Sample Table (6) Sample (6) Sample Table (6) Sample (6) Sample Table (6) Sample Table (6) Sample Table (6) Sample (6) Sample Table (6) Sample Table (6) Sample Table (6) Sample (6) Sample Table (6) Sample (6)	heck one): (x) Community () NonTransient Non  25 First Avenue North  Lake Wales  (863) 638-1285  Fax #: (863) 628-  CORMATION (to be completed by sampler)  1	heck one): (x) Community () NonTransient Noncommunity  25 First Avenue North  Lake Wales State: Florida ZIP Code  (863) 638-1285 Fax #: (863) 628-7441	heck one): (x) Community () NonTransient Noncommunity () Transient Nor 25 First Avenue North  Lake Wales State: Florida ZIP Code: 33859-87 (863) 638-1285 Fax #: (863) 628-7441  STORMATION (to be completed by sampler)  1 Location Code (if Known):  06/03/05 Sample Time: 0730 AM PM (cite of the specific): Entry to distribution  ual (Required when reporting results for trihalomethanes and haloacetic acids): mg/  Zheck Only One) Reason(s) for Sample (Check all that ap X Routine Compliance (with 62-550) Quarterly (Which for compliance with 62-550.) Composite Multiple Sites** Violation Resolution (Clearance (permitting) Replacement (of the compliance with 62-550.) The Sampling Procedure Used or other Comments:  Lake Clearance (permitting) Replacement (of the Clearance (permitting) Replacement (o

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

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

	Y CERTIFICATION URRENT DOH AN			pleted by l	ab - Please type or print legible	y)	
Lab Name:	Short Environm	ental Lab	oratories	•	Florida Certification # :	E85	458
Address:	Address: 10405 US Highway 27 South				Certification Expiration	Date: 0	06/30/06
11001000	<del></del>		<del></del>	-			
	Sebring, FL 33	0/0	## ** ** ** ** ** ** ** ** ** ** ** ** *		Phone # : (8	63) 655-40	
ANALYSIS IN	FORMATION (to	oe complete	ed by lab)		Date Sample(s) Received:	06/0	3/05
PWS ID (Fro	m Page 1):	6530	0408		Sample Number (From Page 1)	):	1
Lab Assigned	i Report Number or Je	ob ID:	236266				
Group(s) Aı	nalyzed & Results a	ttached for	r compliance with Cl	hapter 62-	550, F.A.C. (Check all that ap	oply):	
Inorganics S	Synthetic Organics	Vola	tile Organics	Disinfee	ction Byproducts		•
All 17	All 30		All 21	<del></del>	Trihalomethanes		
x Partial	All Except Di	oxin	Partial		Haloacetic Acid		
x Nitrate	Partial				Bromate		
├ <del></del>	Dioxin Only		Radionuclides		L		
X Nitrite Asbestos Or					Chlorite		
Asbesios O	шу		Single Sample Qtrly Composite	·**	Secondaries .		
	Lood & Comman		Qury Composite	64.4			
	Lead & Copper				All 14		
					Partial		
Were any an	alyses subcontracted?		( ) Yes	(x) No	_		
• •	se provide DOH co		numbers: CH SUBCONTRACT	ED I ADV			· · · · · · · · · · · · · · · · · · ·
ATTACHD	on anali ie shei	I FOR EA	CERTIFICAT				
T	D-	C			l sharatan	Director	
Ι,		uce Cummi Print Name		·	, Laboratory		
do HEDERY	`			المسم فتتتت	(Print Ti unless noted meet all requirer		
			editation Conference			nents of the	
ivational En	Witoliniental Labor	nory Arecic	egitation Conference	(NELAC	)-		
Signature:	1/2	-Cia		_	Date:	06/29/05	
			7				
					nt Analyte Sheet for the attached ana		
		•	•	oublic water	system for failure to sample, and ma	у	
	cation of the DOH Bures						
	ide radiological sample		·				
			completed by DEP or				
	tion Info Satisfacto	*		Sample A	nalysis Info Satisfactory:	() Yes	( ) No
·	Sample(s) Requested	-			Revised Report Request		
		_	hlight group(s) above)			ighlight group(	s) above)
Reason(s):	MCL(s) Excee		Detection(s)	_	Incomplete Report		
	Missing Analy	te Sheet	Location Unsatisf	tactory	Analysis Unsatisfactory	•	
Person Noti	Other:			Date Noti	fied:		
Comments:				Date MOU	IICU.		
Date Revie			DEP/DOH Rev	iewing Of	ficial		
	mat 62-550.730		DLI (DOII NEV	ioning Of			

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

INORGANIC CONTAMINANTS
62-550.310(1)

Re	port	Num	ber/Jo	h	ID.

236266

PWS ID (from page 1):

6530408

Contam	Contam			Analysis		Analytical		Analysis	Analysis	DOH Lab
ID	Name	MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification #
1040	Nitrate (as N)	10	mg/L	0.02	u	EPA 353.2	0.02	06/08/05	1900	E85458
1041	Nitrite (as N)	1	mg/L	0.01	u	EPA 353.2	0.01	06/03/05	1641	E85458
1005	Arsenic	0.01	mg/L			EPA 200.7	0.005			E85458
1010	Barium	2	mg/L			EPA 200.7	0.002			E85458
1015	Cadmium	0.005	mg/L		1	EPA 200.7	0.001			E85458
1020	Chromium	0.10	mg/L			EPA 200.7	0.001			E85458
1024	Cyanide	0.20	mg/L			EPA 335.4	0.005			E85458
1025	Fluoride	4.0	mg/L			SM4500F-C	0.05			E85458
1030	Lead	0.015	mg/L			SM 3113 B	0.001			E85458
1035	Mercury	0.002	mg/L			EPA 245.1	0.001			E85458
1036	Nickel	0.10	mg/L			EPA 200.7	0.002			E85458
1045	Selenium	0.05	mg/L			SM 3113 B	0.005		·	E85458
1052	Sodium	160	mg/L			EPA 200.7	0.05		1	E85458
1074	Antimony	0.006	mg/L			SM 3113 B	0.003			E85458
1075	Beryllium	0.004	mg/L			EPA 200.7	0.0005			E85458
1085	Thallium	0.002	mg/L			EPA 200.9	0.001			E85458
1094	Asbestos	7 MFL	MFL		,					

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

All results meet the requirements of NELAC.

Page 3 of 3

<sup>\*</sup>Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N. 0, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

#### A ANAMA DOPAR EMICHE OF EMITH OHMICHEAT I FORCHOTH

### Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WAT	ER SYSTEM INFORMA	TION ( to be completed by sampler	- Please type or print le	gibly )
System Name:	PARK WATER COMP	ANY	PWS I.D. #:	6530408
System Type (c	heck one): (x) Comm	unity ( ) NonTransient Noncommu	nity ( ) Transient Non	Community
Address:	25 First Avenue North			
City:	Lake Wales	State: Florida ZIP	Code: 33859-87	61
Phone:	(863) 638-1285	Fax #: (863) 628-7441		
E-Mail Address				
SAMPLE INF	ORMATION (to be con	npleted by sampler)		
Sample Number:	1-10	Location Code (if Known):		
Sample Date:	09/28/05	Sample Time:	AM PM (cir	cle one)
Sample Location	on (be specific): Distribution	on		***************************************
Disinfectant Resid	ual (Required when reporting	results for trihalomethanes and haloacetic	acids): mg/L	. Field pH:
Sample Type (C	Check Only One)	Reason(s) for San	ple ( Check all that app	oly)
x Distribution		X Routine Compliance (with 62-550)	Quarterly ( Which	One?)
Entry Point (to	Distribution)	Confirmantion of MCL Exceedance	Special(not for co	mpliance with 62-550.)
Plant Tap (not	for compliance with 62-550.)	Composite Multiple Sites**	Violation Resolut	ion
Raw (at well in	ntake)	Clearance (permitting)	Replacement (of	invalidated Sample)
Max. Residence	e Time	Other:	-	
Ave. Residence	e Time	Sampling Procedure Used or other Com	ments:	
Near First Cost	tumer			· · · · · · · · · · · · · · · · · · ·
NOTE: See 62	00(6) for requirements and re-550.512(3) for additional rece MCL exceedances.	uirements for ** See	62-550.550(4) for requirementage for each site.	ents and attach a
Sampler'sName:	Kevin Egan			
Sampler's Pho	ne #: (863	638-1285 Sampler's Fax:	(863) 6	38-7441
Sampler's E-M	ail Address:			
CERTIFICAT	TON (to be completed b	y sampler)		
I,	Kevin Eg		Operator	
do HEREBY C	Print Nam ERTIFY that the above p	e) public water system and sample colle	(Print Title) ction information is co	
Signature:	water and the state of the stat		Date:	09/28/05

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

# Piorida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LA		CERTIFICATION I		npleted by I	ab - Please type or print legibly)	
	Lab Name:	Short Environment	al Laboratories		Florida Certification # :	E85458
	Address:	10405 US Highway	Certification Expiration D	ate: 06/30/06		
		Sebring, FL 33876		·····	655-4022	
				······································		
AN	nalysis inf	ORMATION (to be co	ompleted by lab)		Date Sample(s) Received :	09/28/05
	PWS ID (From	Page 1):	6530408		Sample Number (From Page 1):	1-10
	Lab Assigned 1	Report Number or Job II	): <u>244712-244721</u>			
	Group(s) Ana	alyzed & Results attac	hed for compliance with C	hapter 62-5	550, F.A.C. (Check all that apply	):
In	organics Sy	nthetic Organics	Volatile Organics	Disinfec	tion Byproducts	
	All 17	All 30	All 21		Trihalomethanes	
	Partial	All Except Dioxir	n Partial		Haloacetic Acid	
	Nitrate	Partial	· ·		Bromate	
	Nitrite	Dioxin Only	<u>Radionuclides</u>		Chlorite	
	Asbestos Onl	<u></u> у	Single Sample		-	
			Qtrly Composit	te**	Secondaries	
		Lead & Copper		m <sup>e</sup>	Ali 14	
		х			Partial	
	Were any anal	yses subcontracted?	( ) Yes	(x) No	_	
		e provide DOH certifi H ANALYTE SHEET F	cation numbers: OR EACH SUBCONTRACT	TED LAB*		
		v	CERTIFICA	rion		
I,		Bruce (	Cummings		, Laboratory Di	rector
		(Prin	t Name)		(Print Title)	
		ironmental Laboratory	Accreditation Conference		inless noted meet all requirement.	ts of the
	Signature:	Mala	minio		Date:10/	13/05
	* Failure to provi	ide a valid and current Flor	ida DOH lah certification sumbo	r and a curren	at Analyte Sheet for the attached analysis	<b>S</b>
	results will result		ossible enforcement against the		system for failure to sample, and may	•
	** Please provide	e radiological sample dates	& locations for each quarter.			
C	OMPLIANCE	DETERMINATION	(to be completed by DEP or	DOH)		
Sa	_	on Info Satisfactory:		Sample Ar	nalysis Info Satisfactory:	( ) Yes ( ) No
	j -		le or highlight group(s) above)		Revised Report Requested	
	J		e or highlight group(s) above	)		ght group(s) above)
	Reason(s):	MCL(s) Exceeded	Detection(s)	_	Incomplete Report	
		Missing Analyte Sh	tI	factory	Analysis Unsatisfactory	
	Person Notifi	Uther:		Date Notif	iod.	
	Comments:	cu.		Date Moul	ICU,	
	Date Reviewe	eq.	DEP/DOH Rev	iewing Off	icial	
	Reporting Forma	***	Dil (DOI) Nev	wing Off	10141	

#### Reporting Format 62-550.730(5)(a)

System Name: Park Water Company Date Submitted to Lab: 09/28/05 PWS-ID: 6530408 Analysis Date: 10/06/05 Laboratory Name: Short Environmental Laboratories, Inc. Lab Analysis method: SM 3113B Lab-ID: E85458 Lead or Copper (list one) Lead **Contact Person: Bruce Cummings Method Detection Limit:** 0.001 Phone: (863) 655-4022 90th Percentile Value: 0.001

Α	RANK	LOCATION	CODE	LAB SAMPLE ID	DATE SITE	LEAD	COPPER
		NO	TIER		SAMPLED		
	1	01		244712	09/28/05	0.001u	
	2	02		244713	09/28/05	0.001น	
	3	03		244714	09/28/05	0.001u	
	4	07		244718	09/28/05	0.001น	
	5	-08		244719	09/28/05	0.001u	
	6	10		244721	09/28/05	0.001ս	
	7	05		244716	09/28/05	0.001	
	8	06		244717	09/28/05	0.001	
	9	09		244720	09/28/05	0.001	
	10	04		244715	09/28/05	0.004	
		-					
	-						

CERTIFICATION: The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (±.00 mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME (Please Print):

Laboratory Director

10/13/05

**Bruce Cummings** 

TITLE and DATE:

All results meet the requirements of NELAC.

Reporting Format 62-550.730(5)(a) Effective Date: December -, 1996

u = Parameter was analyzed for but not detected.

#### Reporting Format 62-550.730(5)(a)

System Name: Park Water Company Date Submitted to Lab: 09/28/05 PWS-ID: 6530408 Analysis Date: 10/04/05 Laboratory Name: Short Environmental Laboratories, Inc. Lab Analysis method: SM 3111B Lab-ID: E85458 Lead or Copper (list one) Copper **Contact Person: Bruce Cummings Method Detection Limit:** 0.05 Phone: (863) 655-4022 < 0.05 90th Percentile Value:

Α	RANK	LOCATIO	N CODE	LAB SAMPLE ID	DATE SITE	LEAD	COPPER
		NO	TIER		SAMPLED		
	1	01		244712	09/28/05		0.05 u
	2	02		244713	09/28/05		0.05 u
	3	03		244714	09/28/05		0.05 u
	4	04		244715	09/28/05		0.05 u
	5	05		244716	09/28/05		0.05 ս
	6	06		244717	09/28/05		0.05 u
	7	07		244718	09/28/05		0.05 u
	8	08		244719	09/28/05		0.05 u
	9	09		244720	09/28/05		0.05 ս
	. 10	10		244721	09/28/05	·	0.05 ս
						•	

CERTIFICATION: The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (±00 mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME (Please Print):

\_\_\_

10/13/05

**Bruce Cummings** 

TITLE and DATE:

Laboratory Director

Reporting Format 62-550.730(5)(a)

Effective Date: December -, 1996

u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

### SHORT ENVIRONMENTAL LABORATORIES

#### 10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

FAX: (863) 655-5820

#### DRINKING WATER

#### **ALL SAMPLES SAME ANALYSIS**

PRINT SAMPLER'S NAME		CLIENT N	CLIENT NAME;							
140ju 5.5	6r-	PAR	Il water c	<u> </u>						
SAMPLERS SIGNATURE		i i	LOCATION							
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LABORATORY ANALYS	ES SAMPLE ID	);	LABORATORY #:	# CONT	DATE	TIME				
INORGANICS	1030. CARE/2100	r oa.	244712	1	5-23-05	7:05~				
SECONDARY	4602 Liscons	9T 1	244713	1	9-38-05	6:55m				
GROSS-ALPHA	3-35 AUG U	<u> </u>	એપપગાપ		926.05	6:250				
GROSS BETA	5035 WALK	<u> </u>	244715	1	8-28-0-	6:10-				
RAD 226/228	311 SUNJHINA	pr.	244716	1	S-28.05	6:20~				
voc	4916 WASHING	TO. JT.	244717	1	9-28-ar	6:500				
PEST/PCB	329 Jeffer	ran JT.	JUUY718	1	8.33-0-	6:40m				
NITRITE/NITRATE	4852 MARDON	ious st	244719	. /	9-28-05	612				
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HAA	4940 CUBIA	c .37	244721	<u>)</u>	8-28-05	6.00-				
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	SAME	PLES ICED TO 40								
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	VIAL	S PRESERVED, N	NH4HCL							
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	OTHE	ER								
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# OF					]					
SAMPLES RE	LINQUISHED BY: ACCE	EPTED BY:	DATE	TIME						
		7		_						
10	22-g-c- /	ue	9-28-05	1215						

### Attachment A - #4

Please see attached monthly operating reports for 2003 and 2004



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

See page 4 for instructions.									
1. General Information for the Month/Year of: Jan	usey sool								
A. Public Water System (PWS) Information									
PWS Name: BARK WOTER CO. PWS Identification Number: 6530408									
PWS Type: S-Community Non-Transient Non-Community Transient Non-Community Consecutive									
	52	Total Population Served at E	nd of Month: 1,933						
PWS Owner: PARK WATTER CO. INC									
Contant Baranti Je E. L. L. E. G. A.		Contact Person's Title: UICE PRESIDENT							
Contact Person's Mailing Address: 55 Fix 57 F	ا به کارو	City: LAKE WALE.							
Contact Person's Telephone Number: 638-1235		Contact Person's Pax Number	11 638- 7441						
Contact Person's E-Mail Address:									
B. Water Treatment Plant Information									
Plant Name: PARK WATER CO.	Manhada u hat morphist during school 1997 (Schools St. 1997) (Schools St. 1997)		Plant Telephone Number: 638-128-						
Plant Address: 25 Fix57 AVK ~.			State: /=/. Zip Code: 33859						
Type of Water Treated by Plant: Kaw Ground Water	ter Purchased Finished	Water							
Permitted Maximum Day Operating Capacity of Plant, gal	llons per day: 3 mGB								
Plant Category (per subsection 62-699,310(4), F.A.C.):		Plant Class (per subsection 6	2-699.310(4), F.A.C.):						
Children by the second	License Class	Dibense Nymber	Day(9)/Shift(e) Worked						
KEUIN J. EGAN	/ Comme	7926 64	SHILL CELL						
William ANTHONY J. STA	BNO C	12223 6 0	5145/628						
The state of the s	And the second s								
11 Crythestion by Lead/Chief Operators									
I, the undersigned water treatment plant operator licensed in Fl	arida an tra land/objet onemic	e of the states treatment might	doubled in Don't afthis connet I portify that the						
information provided in this report is true and accurate to the b	ories, sim the reserving and helief	' Tantiki that all deinking wa	delitition in this tot this report to entry may me						
NSF International Standard 60 or other applicable standards re	ferenced in subsection 62-555 7	20/3) F.A.C. Talen nertify th	et the following additional appraisions records for this						
plant were prepared each day that a licensed operator staffed of	r visited this plant during the mi	noth indicated shove: (1) recov	de of emounts of chemicals used and chemical feed						
rates; and (2) if applicable, appropriate treatment process perfo	rmence records. Furthermore	sores to retain these addition	of onerations records at the plant site for at least ten						
years and to make them available for review upon request.	titioning togoton, a minicilitoth's	and to this tit these mantered to	it obotaments records as are brance area for an ional						
Aberta sine in misue meni examente foi reates, aboti redines.									
76-2-04-04	KEVIN J.	EGAN	C-7426						
Signature and Date	ドピッル J. Printed or Typed Name		C-7426 License Number						

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

PWS Identification Number: 6530408	Plant Name: PARK WATER CO:											
III Datis Dates for the Month Near of TAHUARY 200 4												
Means of Achieving Four-Log Virus Inactivation/Removal: *  Ultraviolet Radiation Other (Describe):	Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)											
Type of Disinfectant Residual Maintained in Distribution Syste	em: 💹 Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide	Jorn and a com-										
SACHIQUIATOR OF UVADARAN	in Demonstrile Bour 10 g Sirus Inactivative ; if Applicable *											
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and standard Azara fitterable banke 2 deal Kelenda	y – Pakulina wang Majaran panjinan hanwa panjiya. Pakulindi dona sarwani kanjia wonkanji ingalawaya Majara wa Majaran											
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MAXIMIM 0 - 346,000												

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



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

See page 4 for instructions.												
I General Information for the Month Acar of FEBRUARY 2004												
A. Public Water System (PWS) Information	DWG Handfastlan Mushan & Charte D											
PWS Name: BARK WATER CO. TAC.												
TWS IVIS												
PWS Owner: PORK LUATER CO. TIC.	Contact Person's Title: U. PRES'DEST											
Contact Person: YEUIN FEAN	City: LAKE CUPIES   State: F1.   Zip Code: 328.5											
Contact Person's Mailing Address: 25 Fig. 7 P. 8	Contact Person's Fax Number: G38-744											
Contact Person's Telephone Number: 638 1285	Contact Persons Fas Notitoeti to 3 a 1 t t											
Contact Person's B-Mail Address:												
B. Water Treatment Plant Information	Plant Telephone Number: 638-1285											
Plant Name: PARIL WATER CO. JUC.	City: Loke Liber State 1-1. Zip Code: 358,5											
Plant Address: 25 flast out Type of Water Treated by Plant: Raw Ground Water Purchased Finished												
Permitted Maximum Day Operating Capacity of Plant, gallons per day:												
Diant Category (man subspection 62-609 310(4) F. A.C.)	Plant Class (per subsection 62-699.310(4), F.A.C.);											
The state of the s	Maisteine Number 35: Day 3/Shift(s) Worked											
RRUID STEGAN C	17426 BUISIN LURKE											
ANTHONY J. STAINO C	2223 6 Wishest WEER											
II. Certification by Lead/Clind Operanor												
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief opera	tor of the water treatment plant identified in Part I of this report. I certify that the											
information provided in this report is true and accurate to the best of my knowledge and beli	of. I certify that all drinking water treatment chamicals used at this plant conform to											
NSF International Standard 60 or other applicable standards referenced in subsection 62-555	.320(3), F.A.C. I also certify that the following additional operations records for this											
ment were prepared each day that a Monaged operator staffed or visited this plant during the s	nonth indicated above: (1) records of amounts of chemicals used and chemical feed											
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore	. I agree to retain these additional operations records at the plant site for at least ten											
years and to make them available for review upon request.												
ring and the second of the sec	and the same of th											
-K-98 3/04/04 )LEVIN J.	EGAN C-7426											
Signature and Date Printed or Typed Name	License Number											
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 4530408 Plant Name: PARK LUATER CO. III. Daily Data for the Month/Year of: FEBRY ANY 2004 Ozone Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactivation/Removal: \* Free Chlorine Chlorine Dioxide Ultraviolet Radiation Other (Describe): Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: Combined Chlorine (Chloramines) Free Chlorine 250,000 06 DV6.000 DISTOR 0.5 0,5 559,000 O 235,000 254,000 0,5 240,000 0.4 13 35,000 m.5 593,000 0. 251/00 584,000 Ø. 303/000 0,5 0,4 200,000 0,4 247,000 0.5 2600000 ۵. 260,000 0.5 244,000 0.5 3/0,000 0,5 260,000 0,5 250,000 280,000 0.5 243,000 0.5 227,000 0,4 248,000 O 240,000 O. 235,000 173/1000 0.4

Touls 7 3 44,000 Averes 253,600

<sup>\*</sup>Refer to the instructions for this report to determine which plants must provide this information.



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

See page 4 for instructions.

9	bette - tot menomen.	14.00									
			MARCH 2004				1				
Ā,	Public Water System	(PWS) Information									
	PWS Name: PORK WATER CO. PWS Identification Number: 653040										
	PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive										
Number of Service Connections at End of Month: 752 Total Population Served at End of Month: 2,446											
	PWS Owner: PARK WATER CC. INC.										
	Contact Person: KEVIN EGAN				Contact Person's Title: UICE PRESIDENT						
	Contact Person's Mailing Address: DS Fin ST AUR. N.				City: LAKE WALE - State: F. 1. Zip Code: 33855						
	Contact Person's Telephone Number: 623 -1285					's Fax Numbe	r 633 - 7				
В.	Water Treatment Plan										
		RE WATER CO.					Plant Telephor	ie Number: 6	Number: 638-1285		
		FIRST AUE. NI			City: LAKE	water	State: FE (		ip Code: ㅋㅋ৪৮ ς		
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water										
	Permitted Maximum	Day Operating Capacity of Pl	ant, gallons per day:	SMGD			A CONTRACTOR OF THE PROPERTY O	A CONTRACTOR OF THE PARTY OF TH	Manager of the second s		
		ubsection 62-699.310(4), F.A			Plant Class (per	aubsection 6:	2-699,310(4), F	A.C.): 😅	and the state of t		
	Ship and Police was	A Carlo Control		License Class	License Numb	ne la management	Day()	)/Shift(s) Wor	ked		
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in de	io minerallina maior r	reatment plant operator license	ic in Fiorica, am me les	overnat obstato	r of the water tre	atment plant	dentified in Part	I of this repor	t. I certify that the		
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3674	MANY A BUT THUS	٠.	rimed of 1	Aben Ianne			Licen	ise Number			

Daily Date   Section   Description   Descr	PWS Identification Number: 6	530408 Pla	nt Name: PARK	water co:		
Means of Achieving Four-Log Virus Instituted (Plane Chlorine   Chlorine Chlorine Chlorine Chlorine Chlorine)   Chlorine Chlorin	III Daile Data for the Month	NUMBER MARRY 1904				
Department   Residual Maintained in Distribution System	Means of Achieving Four-Log	Virus Inactivation/Removal: *	Free Chlorine	Chlorine Dioxide	Ozone C	ombined Chlorine (Chloramines)
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Maximum: あろり,5000 \* Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

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	General Information	clor the Almith/Year	11: APRIL	اصوحر	-			f Contraction of the Contraction		
A.	Public Water System									
		K WATER C	`O (	National Action in the Indiana in Indi				PWS Identificat	ion Number: 6	330468 ·
			ion-Transient Non-		Transie	nt Non-Communit	y Co	onsecutive		
	Number of Service C	onnections at End of I	Month: 75	2		Total Population	Served at E	nd of Month: S	1446	
		ell water ct		*****						
			EGAN	-		Contact Person's			゚゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゚゚゚゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙	
	Contact Person's Ma	ling Address: 25	FIRST AUE	<u> </u>		City: LAICE L		State:		Code: 33859
		phone Number: 63	58-1285	! ! <u>.</u>		Contact Person's	Fax Numbe	r: 638-74	41	
	Contact Person's E-N			The special contract of the same of the sa		and the second s		and the same of		The last transport of
B.	Water Treatment Plan	t Information	OTTO THE STATE OF THE PARTY OF	-			ويورون ليستاديه الوالديون			
			co.					Plant Telephone		13-1285
		FIRST DUE		The same of the sa		City: LOICE L	19cfe-5	State: FI.	Zip C	Code: 338.55
	Type of Water Treats		w Ground Water		ased Finished \					
	Permitted Maximum			The same and the s	3 MGD					
	Plant Category (per s	ubsection 62-699.310(	4), F.A.C.):	5		Plant Class (per su	bsection 62			
	Mataligato palacie		eName -	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Shift(s) Worker	
	Mesale history and allow					7426	6 Ui.			
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indo	e undersigned water to rmation provided in th	ernueur bigut obergio	r ncensed in Pionos	, am the isat	wonter operator	r or the water freat	nant plant i	dentified in Part 1	of this report.	certify that the
nter	International Standar	d toport is true and cab	jo standarde degrees in the near or	and in subse	offer stict petter.	1 Continy that all ci	nnking wan	er treatment chem	icais used at thi	a plant contomn to
-1	it were prepared each	devithet a lineaged can	neton eta <b>ol</b> ey on sigit	ogu III aubec	t during the ma	au(3), F.M.U. LRIB! ask indicated show	o corning ma	t the following at	iditional operati	ions records for this
hier	s; and (2) if applicable	sancomisto mesmes.	t menuase partheman	ve sevosys ien zitte bismi	Furthernors T	notes to totale above	or equipment	re or amounts or o	viewiczie naco i	ing chemical iced
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you			m sodness							
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Rior	nature and Date		1	Printed or Tr	yped Name				Number	
	theater A metro wante.		•	TIMOU OF 1,	THAM LIMITE			171001181	e rantiner	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: PARIC LUATER CO, PWS Identification Number: 6530408 III. Daily Data for the Month/Year of: Combined Chlorine (Chloramines) Ozone Chlorine Dioxide Means of Achieving Four-Log Virus Inactivation/Removal: \* Free Chlorine Ultraviolet Radiation Other (Describe): Chlorine Dioxide Combined Chlorine (Chloramines) Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine 0,4 280,000 10 .5 270,000 268,000 0.5 313,000 E2,4 300.000 0.4 205,000 290 000 1 387,000 0.5 330,000 BS 363,000 247,000 0.5 0.5 213,000 235,000 240,000 0.6 290,000 0.5 298,000 0,4 1277,000 0.5 312,000 0.6 264,000 0.5 233,000 50.5 278,000 0.4 315,000 0.5 3/0,000 O.5 303.000 0.4 340000 0.5 363 pens 0.4 319,000 0.5 0.5 314,000 210 ANTHER \$ 790,060

Mission 1287,0 = - \* Refer to the instructions for this report to determine which plants must provide this information.

See page 4 for instructions.	on Melling Address: A.S. S.	Contact Person's B-Mall Address: Water Trestment Plant Information  Water Trestment Plant Information  Plant Name: Plant Co.	Plant, gallons per day: 3 72 D Plant Class (per subsection 62-699.310 A.C.):	MANUEL TERMONE C 19593		
Ses		Ą	•			

NSF International Standard of or other applicable standards referenced in subsection 62-555,320(3), F.A.C. I also certify that the following additional operations records for this information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten I, the undersigned water treatment plant operator licensed in Plorida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the ったくつ years and to make them available for review upon request.

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License Number

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Printed or Typed Name アカロン

Page 1

s of Ac	hieving Four-Log Vi	rus Insctivation/Remov Other (Describe):	al: * Free Ch		Chlorine Dioxide	· 7,	mbined Chlorine (Chloramines)
			System: Q Fr	ee Chlorine	Combined C	hlorine (Chloramines)	Chlorine Dloxide
			Cole (e Deputembria)		ivaliče i Sampliebiem		Chlorine Doxide
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348	9,4903,00					0.3	

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



Se	e page 4 for instructions.	
	Coperal Information for the Month/Year ロリー・フィッチ プロロイ	
Ā.	Public Water System (PWS) Information	
	PWS Name: BORIL LOSTER CO:	PWS Identification Number: 6530408
	PWS Typs: S-Community Non-Translent Non-Community Trans	lent Non-Community Consecutive
	Number of Service Connections at End of Month: 7 52	Total Population Served at End of Month: 2, 446
	PWS Owner: PARIC WATER CO. THE.	
	Contact Person: KEUIN FGAN	Contact Person's Title: VICE PRESIDENT
	Contact Person's Mailing Address: 25 King put w:	City: Lake water   State: 1-1 - Zip Code: 3-3855
	Contact Person's Telephone Number: 638~ 1285	Contact Person's Fax Number: 638-7441
	Contact Person's E-Mail Address:	
B.	Water Treatment Plant Information	
	Plant Name: PARIC WATER CO.	Plant Telephone Number: 638-1285
	Plant Address: DS FIRST OUR W.	City: Cales ware State: F1. Zip Code: 33859
	Type of Water Treated by Plant: Kaw Ground Water Purchased Finished	
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 3 /7 C L	
	191 - A	Dient Class (was melasastian 62.600 210(4) TA Ch.
	Plant Chief of Vigor Houseon on Azoss 1910(4), P.A.C.):	skulternikkuministe (2002-2004) (2004) (Olshing) (Vertege 2007-2017)
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	ANTHONY J. STRY GNO C	18323 6 UISILF WEEK
	AND ASSESSED	
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	Crithwatum to Beatifelic Consistor	
	he undersigned water treatment plant operator licensed in Piorida, am the lead/chief opera	for of the water treatment plant identified in Part I of this report. I certify that the
inf	ormation provided in this report is true and accurate to the best of my knowledge and believe	ef. I certify that all drinking water treatment chemicals used at this plant conform to
NS.	F International Standard 60 or other applicable standards referenced in subsection 62-555.	.320(3), F.A.C. I also certify that the following additional operations records for this
pla	nt were prepared each day that a licensed operator staffed or visited this plant during the n	nonth indicated above: (1) records of amounts of chemicals used and chemical feed
rate	es; and (2) if applicable, appropriate treatment process performance records. Furthermore,	, I agree to retain these additional operations records at the plant site for at least ten
yes	us and to make them available for review upon request.	•
	Ne 2-5 7-02-04 KEUN J.	E6AU C-7426
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			Company			priivana en	and the	8 2 - 3	17.	Chlorine Dioxide	
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



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.1	Concept Information	for the Month/Year (	DUU SOO	٧				
$\overline{\mathbf{A}}$	Public Water System (I	(WS) Information						
1	PWS Name: PACK	LUDTER CO		and the same of				ber: 6530488
	PWS Type:	Community No	n-Transient Non-Communi	y Trans	ient Non-Communi	ty Consecutiv		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
1	Number of Service Co	nnections at End of M	onth: 7.52		Total Population	Served at End of Mo	onu: 3,446	
	PWS Owner: POR	k water co			والمرافق وال			
	Contact Person: X	FUIN J. FO	6m3	-	Contact Person's		ersi dent	
	Contact Person's Mail	ing Address: 25 F	in or Aug 12.		City: LAICE	warr-	State: F1.	Zip Code: 373 5
- 1	Contact Person's Teler	bone Number: 63	8-1285		Contact Person's	Fax Number: 63	8247	
	Contact Person's B-Mi	nil Address:		-				
В.	Water Treatment Plant	Information						
	Plant Name: Ppe	n water c	0 1	ويونيوك التقامية المتالات بيرو	-			638-1385
	Plant Address: D.C	FIRST AUR.	へ・		Chy: LAICE C	UPLES State:	Flo	Zip Code: 33855
	Type of Water Treated	by Plant: LARAW	Ground Water Pure	hased Pinished	Water			
	Permitted Maximum L	bay Operating Capacity	of Plant, gallons per day:	3M			174 W 1 AT	
	Plant Category (per su	bsection 62-699.310(4	), F.A.C.):	***	Plant Class (per l	ubsection 62-699.31	0(4), F.A.C.):	
			Olemas (see 1892) in production	# PITTOSOTAD (CITIE	HI STOCKLOOM STATISTICS		Traviewacitte)	
ı	Eraska pods	KRUW J.	<u>ream</u>	C	7426	6 USSINS	JWEEK	
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7. 6	se undersigned water tr	estment plant operator	licensed in Florida, am the	ad/chief opera	tor of the water trea	tment plant identifie	in Part I of this	enort. I certify that the
inf	ormation provided in th	is report is true and soc	curate to the best of my know	viedge and beli	of I certify that all	drinking water treats	nent chemicals us	ed at this plant conform to
			e standards referenced in sub					
pla	nt were prepared each o	isy that a licensed oper	ator staffed or visited this pl	ent during the i	nonth indicated abo	ve: (1) records of am	ounts of chemics	is used and chemical feed
rate	s; and (2) if applicable	appropriate treatment	process performance record	. Furthermore	I agree to retain th	ese additional operat	ions records at the	plant site for at least ten
Yes	rs and to make them av	ailable for review upor	i request.		. •	•		•
		_						
•	te De	D-02-		14 0.	EGAN		0-742	
Sig	nature and Date		Printed or	Typed Name			License Numb	51
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 6550468 | Plant Name: よったん このだん へっ

Menns of Ac	Ton-I	Virus Insort	July demonstr	1000	Free Chlorine		Chiorine Dioxide	□ Ozone	Combined Chlorine (Chloramines)	ie (Chloremines)
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* Refer to the	* Refer to the instructions for this report to determine which	s report to		lants must	plants must provide this information.	ormation				•

DEP Form 62-463.000(2) Affizetive August 26, 1993



See page 4 for instructions.

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Ā.	Public Water System (PWS) Information		والمراجع المراجع			The state of the s
	PWS Name: PARIL WATER	co.				Number: 6530408
	PWS Type: Community	Non-Transient Non-Community	Transle	nt Non-Communit	y Consecutive	tanta (180 <u>0) kanan ing panan anda (1</u> 800) kanan ing panan anda kanan ing panan anda kanan ing panan anda kanan
	Number of Service Connections at End of	Month: 752	ومريف والمتاب المتاب	Total Population	Served at End of Month: 🔎	246
	PWS Owner: PARIL WATER	CO, FAC				
	Contact Person: とんじん J.	ZGAN	THE OWNER WAS ASSESSED.	Contact Person's		
	Content Person's Mailing Address:	5 FRAT ONL W.	Market of the Cartest	City: Carrie		
	Contact Person's Telephone Number:	38-128-5		Contact Person's	Fax Number: 638-744	
	Contact Person's E-Mail Address:					
B,	Water Treatment Plant Information					
	Plant Name: PARK CUATER	<u> </u>				imber: 638-485
	Plant Address: 2 - FIR JF AL	E, w,		City: CARR C	your States = 1.	Zip Code: 33gより
	Type of Water Treated by Plant: R		hased Pinished	Vater	Kranskanska skologijk delik i kranska skologiska skologiska skologiska delik se kranska skologiska skologiska s	
	Permitted Maximum Day Operating Capac	elty of Plant, gallons per day:	3 MGD			
	Want Catagons (man enlagant) Am 62-500 311	MAY DA CON		Plant Class (par si	ubsection 62-699.310(4), F.A.C.	): C
	Figure 2000 Committee of the second of the s		HUDE) (SCHAL	CONCENSION OF THE		I(I) WOIKED
	開設性が最高に関する 人名シン	T. EGAN		7926	6 GUSTET /WER	4
	ANTHONY	J. STATANO	<u> </u>	לבבנו	6 VISIRT JUKE	16
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						en der eine geren serre er eine er eine er eine er
	Let gi tela stemble Land Clare Operator					
	the undersigned water treatment plant operati	or licensed in Viorida, am the le	ed/chief onerato	e of the water treats	ment plant identified in Part I of	this report. I certify that the
in the	formation provided in this report is true and	convete to the best of my know	ladge and ballet	I certify that all d	rinking water treatment chemics	ils used at this plant conform to
710	SF International Standard 60 or other applica	hie standards referenced in sub-	rection 62-555.3	20(3), F.A.C. Lab	o cartify that the following addi	tional operations records for this
140 -14	ant were prepared each day that a licensed or	eretor steffed or visited this nie	nt during the me	onth indicated show	e: (1) records of amounts of the	micals used and chemical feed
Pin	tes; and (2) if applicable, appropriate treatme	nt nrocess nerformance records	. Furthermore, I	seres to retain the	se additional operations records	at the plant site for at least ten
HDE	ers and to make them available for review up	on request.				<i>'</i>
) es						
	Jan 9 5 3-	or-oy KEU	س سارر	56 AN	ピーフ	826
Qia	gnature and Date	Printed or	Typed Name		License N	lumber
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of Ac raviol	phieving Four-Log Vision C	rus Inactivation/Removal:	T I Free Chic		lorine Dioxide	٠, ٢,	Combined Chlorine (Chloramines)
Dis			ratem: <b>冯F</b> ree	Chlorine	Combined Cl	nlorine (Chiloramines)	Chlorine Dloxide
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17	156,000					8.3	

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



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Ā,	Public Water System (	PWS) Information	† Rádio III de proprio de la companya							MARKET PROPERTY OF THE PARTY OF	-
	PWS Name: PAR	K LUATER	ලා .						ication Nun	iber: 6.53 04	28
	PWS Type:	Community	Non-Transient	Non-Communit	y Transi	nt Non-Communi	v LICO	nsecutive			-
	Number of Service Co	innections at End of	Month: 2	.52	وموسون كالانتجاب ومستطيري	Total Population	Served at E	nd of Month:	9179	6	A STREET, STRE
	PWS Owner: Rec	IC WATER	the second secon	<u> </u>					Charles and the Control of the Contr		-
	Contact Person: /C	KUIN J.	EGON			Contact Person's	Title: Co		esi da		
	Contact Person's Mail	ing Address: 2.	- King	pur a		City: Carce	works		6! / /·	Zip Code: 338	<u> </u>
	Contact Person's Teles	phone Number: 6	38 - 128 J			Contact Person's	Fax Numbe	ri 638-	7441		makan nga katalan sa
	Contact Person's B-M	ell Addressi		; Harat ing kantalah pagamanan pagabilan	والمستباري الكريان الأستان الأرايي						
B.	Water Treatment Plant	Information	Distribution of the state of the	Particulario de Arrigo Ingresiona de Com-	امری میرون اگرمیگانای معامله هاری	امعنی تاریخ این	A STANSON OF THE PERSON OF THE	this farth ann ann airth fhan tha tagain an an airth			Name of the last contract of the
	Plant Name: P Pre	K WATER	Co		يش مدود والأراب الاستسادة بازير					11638-1285	
	Plant Address: Q.	FIRST AUR	<u> </u>	عد فوالند مي ومي ويوني النواب المشاود ومورد		City: LAKE C	your	State:	i Mariana	Zip Code: 338	22
	Type of Water Treater	by Plant: XR	aw Ground Wa	ter Puro	hased Finished	Water					Regional Company of State Control Control
	Permitted Maximum I	Day Operating Capac	nty of Plant, ga	lions per day:	3/400	Paris de la company de la comp			The state of the s		
	Plant Category (per su	bsection 62-699.31(	(4), F.A.C.):			Plant Class (per s	ubsection 6	<b>2-699</b> .310(4),	F.A.C.):	<u>Carameire en la carameire en </u>	
				r Alles Johnson	AT NEW TOWNS	ELECTRICAL PROPERTY.				Market 1	
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			-		-					Laurente de la companya de la compa	-
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			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	alteration and the article and a second contract the first						and the supplication of th	NAMES OF TAXABLE PARTY.
	Learning again by Lan	of Charlet the ration									
1. (	he undersigned water to	eatment plant operat	or licensed in F	lorida, am the le	ad/chief operate	or of the water treat	ment plant i	dentified in Pr	ut I of this	report. I certify the	t the
inf	ormation provided in th	is report is true and	accurate to the b	cest of my know	ledge and belief	?. I certify that all o	irinking wal	ler treatment o	hemicals us	ed at this plant con	form to
NS	F International Standar	d 60 or other applies	ble standards re	eferenced in sub	section 62-555.3	320(3), F.A.C. Tal	so certify th	at the followin	g additiona	l operations records	for this
pla	nt were prepared each o	lay that a licensed of	perator staffed o	r visited this pla	nt during the m	onth indicated above	ve: (1) recor	ds of amounts	of chemica	is used and chemic	al feed
rat	es; and (2) if applicable	, appropriate treatme	nt process perfo	ormanos recordi	. Furthermore,	I agree to retain the	se additions	al operations re	coords at the	s plant site for at le	ast ten
yel	ers and to make them av	railable for review up	on request.							•	

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of Ach	leving Four-Lo	Virus Inactivation/Removal: *	Free Chlorine	Chlorine Dioxide	☐ Ozone ☐ C	Combined Chlorine (Chloramines)
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



J. General Information for the Month Visit at CCTOBER 2604	
A. Public Water System (PWS) Information	
PWS Name: PORK LOATER CO. IPWS Iden	ntification Number: 4336468
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive	
Number of Service Connections at End of Month: 7 5 2 Total Population Served at End of Mont	h: 2,446
PWS Owner: DBAK WATER CO. FRC.	
Contact Person: ICE UN J. EGAN Contact Person's Title: UICE OF	RESIDENT
Contact Person's Mailling Address: 35 F/25T AVE N. City: CAME WONS 8	State: 751   Zip Code: 33859
Contact Person's Telephone Number: 6 33-138 5 Contact Person's Fax Number: 638-	-7441
Contact Person's B-Mail Address:	
B. Water Trestment Plant Information	
Plant Name: PORIC CURTER CO. Plant Tele	sphone Number: 638-128
Plant Address: S-F12-7 BUG N. Clty: Care Cupur State: 12	/
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallone per day: 3 1000	
Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4)	4), F.A.C.): と
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II Corporation by Escata but Operation 12 12 12 12 12 12 12 12 12 12 12 12 12	
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment	Part I of this report. I certify that the
information provided in this report is true and accurate to the seat of my knowledge and sener, I centry that all drinking water freatmen. NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following the control of the control	it chemicals used at this plant conform to
plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts	wing additional operations records for this
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operation	ins of custificate from and other of ferritor
raies, and (a) it approache, appropriate treatment process performance records. Furthermore, I agree to retain mese admittorial operation years and to make them available for review upon request.	is redoctor at the blunt site tot at least ten
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



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	PWS Name: Por	44 CHATER	Co		nikalikannak rema kiniman militari kilikalik kilikanna	PWS Identification Number: と プラッソユミ
	PWS Type:	community No	on-Transient Non-Commun	ity Trans	tient Non-Commun	nity Consecutive
	Number of Service Co	nnections at End of M	fonth: フェケ		Total Populatio	on Served at End of Month: 2 7 46
	PWS Owner: PPA	K WASKR C	O. THUE			
	Contact Person: /	20120 5. 1	ECAN		Contact Person	's Title: UICE PRESIDENT
	Contact Person's Mail	ng Address:	FIRST PUR N.		City: Coles	
	Contact Person's Taler	hone Number: G 3	3-1285			's Fax Number: 438 - > 441
	Contact Person's E-Ma	il Address:				
R.	Water Treatment Plant	Information				
₩,	Plant Name: Par	I WATER C	O	die North Control of the Control of	1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Plant Telephone Number: 653-12-8
	Plant Address:				City: Course	CUBIC State: F/.  Zip Code: 33855
	Type of Water Treated	by Plant: Ray	v Ground Water Pu	chased Pinished	Water	
	Permitted Meximum D	ay Operating Capacit	y of Plant, gallons per day:	3 MGD		
	Plant Category (per su	nection 62-699.310(4	), F.A.C.):		Plant Class (per	subsection 62-699.310(4), F.A.C.):
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				1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 -		
	Critic than In Lea					
I, U	to undersigned water tre	atment plant operator	licensed in Florida, am the	lead/chief opera	ior of the water tre	atment plant identified in Part I of this report. I certify that the
ins	ormetion provided in thi	s report is true and acc	curate to the best of my kno	Wiedge mid cell	er. I certify that all	drinking water treatment chemicals used at this plant conform to
						also certify that the following additional operations records for this
pla	nt were prepared each d	sy that a mosnaou oper	MINISTRACTION OF VISITED WITH P	ient anting me i	om personal dinon	ove: (1) records of amounts of chemicals used and chemical feed hese additional operations records at the plant site for at least ten
mu	18; and (2) if applicable,	appropriate treatment	s process betrousence record	19. Laintellimie	' r williag to territ it	uese additional obeistions lection at me brant are for at least tou
yea	rs and to make them av	maore for textem fibor	n terinagt			
	Page 1	12-05-04	12F2 W	1/2 OF E	-6AJ	C-7426
Sig	nature and Date	A CONTRACTOR OF THE PROPERTY O	Printed o	r Typed Name		License Number

Builty D	ata tor the Month Ven	III NOOGM BER	2004	n de salating geograph ein de speciel de salating (18 mai en salating 18 mai en salating 18 mai en salating 18		
of Ac	hisving Four-Log Virus et Radiation 🔲 Othe	Inscrivation/Removal: *	Free Chlorine	Chlorine Dioxide	Ozone L	Combined Chlorine (Chloramines)
of Dist	r Remande ofectant Residual Maints	Inad in Michiganthan Greeken	: Bree Chlor	ine Di Combined C	hlorine (Chloramine	s) I Chlorine Dickide
		ie sta Diministra Parauk Dauge				
		Great	eli i i i i i i i i i i i i i i i i i i			
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THE REAL PROPERTY.		Salar de la constant	ERMANDELLE PROBLEMAN	Mile production and a substance	0.4	PER PER PER PER ANTAN PER
	765,000 812,000				0.5	
	158,500				0.5	
	164,000	name and the transfer of the second s			0.5	A CONTRACTOR OF THE PROPERTY O
	160,000				0.5	
-	163,000				0.4	
	1)58,000				0.4	
	180000				6.5	
	1/68/000				10.5	
	189,000				<u>                                     </u>	
	57/000				0.10	
	180,000 180,000				518	
	164,000				0.7	
<del> </del>	1/83/227				6,3	
	133 cos				6.5	
<del>                                     </del>	196,000				0.6	
	170,000	the state of the s			6.4	and a second to the second contract of the se
	175,000	The state of the s			8.7	
	1180,000				(D, 5	
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	170,000					The state of the s
	16/9/00-				0:5	
	1.55, 500				6,4	
	163,800		<del> </del>		8.5	
<u>z</u>	53,000	-			6.4	A STATE OF THE STA
37	153,000	<del>- [</del>			6:4	
			<del> </del>			

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



201	i bage 4 tot metricuon	٠ .							
	(	tor the Months	early DEC	ember a	1001				
Ā,	Public Water System (	PWS) Information	1						
	PWS Name: Pag	16 WATER	CO.				PW	S Identification Nur	nber: 6535408
	PWS Type:	Community	Non-Transient?	Yon-Community	Trans	ent Non-Commun	ty Consequ	tive	
	Number of Service Co	nnections at End	of Month: "7.5			Total Population		Month: 2,44	<u>C</u>
	PWS Owner: PAA	W LAD ANTER	CO. TUC	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON NAME	A PLANTING THE PARTY OF THE PAR			الرجعا والمرزية أراده يستندر كالمتارينيات الكا	
	Contact Person: /C					Contact Person	Title Uice	PRESIDEN	
	Contact Person's Mail	Ino Address S	C BOOF A	UK 23 ,	Andrea and a large of the section of	City; LAILE		State: 4/	Zip Code: 338 55
	Contact Person's Tele	ninna Vinnihar	638-1285					38-2441	
	Contact Person's E-M	ell Address:				CONTRACT A MENU.			in the second state of the second second ·
	Water Treatment Plant								and the state of t
	Plant Name: Par		C CO .				Plan	t Telephone Numbe	# 128 -1285
•	Plant Address: 25					City: CAKE C			Zip Code: 33855
	Type of Water Treated	her Blacet	Daw Genind Wat	At Dissol	seed Finished			The second second second	
	Permitted Maximum L	Sey Onegation Ca	en teel to what	ANG WAY AND		TY OUR			
	Plant Category (per su			WASHING THAT AND A		Tolani Class (nam	subsection 62-699.	TIME TA CI.	
I	Frank Catalogy (1907 at	Charles Carry 1.							water exception
					C	7726	6015145		
- 1			1 J. 57 m			1202 8	منسون والمتلوز المناور المناور المناور المناور المناور	- week	
(	fisher of the second	727702		<i>F</i> ~ 9	-	12000	100/3/30		
- 1			أناذ المحمد في يسم ويسم من الأراد الأناوالي						
ı				سيد در بيون و کام کام کارون پار					
- 1							-		
l l									
- 1					na di ini ini ini di anta anta anta anta anta anta anta ant				
								inny area of the second se	
11	Cerula ama la Leji	I Unick Operator							
1, th	e undersigned water tre	atment plant oces	etor licensed in Flo	orida, am the les	d/oblef operat	or of the water tres	tment plant identif	led in Part I of this	report. I certify that the
info	rmation provided in thi	s report is true an	d socurate to the bi	est of my knowl	edge and belie	f. I certify that all	drinking water tres	atment chemicals us	ed at this plant conform to
NSI	7 International Standard	60 or other appli	cable standards rei	brenced in auba	ection 62-555.	320(3), F.A.C. I al	so certify that the	following additions	I operations records for this
plan	it were prepared each di	ny that a licensed	operator staffed or	visited this plan	it during the m	onth indicated abo	ve: (1) records of a	emounts of chemics	is used and chemical feed
rate	s; and (2) if applicable,	appropriate treatr	nent process perfor	mance records.	Furthermore,	I agree to retain the	ese additional oper	rations records at th	e plant site for at least ten
year	s and to make them ave	ullable for review	upon request,		•	•	-		. •
6"	2eos	1-04-6.	<del></del>	_ ICRU,	ز برس نداد	EGAN		C-74	
	nature and Date			Printed or T	yped Name			License Numb	er ·

78 Ide					machine de la companyation de la				nert de la constante		The Contraction
ens o	Achieving Four-	onun Veneris 2) Log Virus Inscrivation Other (Describe	/Removal: *	Pres Chlorin		Chlorine Dic	xide	☐ Ozone	Con	nbined Chlorine (Chloremine	s)
e of	Disinfectant Resid	ual Maintained in Dia	whution System	Free C	hiorine	Combi	ned Chi	orine (Chloram	nes)	II Chierne Diezide	(A) WHICH HOLD
					ere e jan	Assista is mall	la ai f				
				principal de la company			Ç10.77.5				
			11			100					
		9.1%	and an interest our			11					
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	in call at subjects	in Lar	der e 💯 📆 a e dipariur	a diamental	An al		nt.	and the state	ing the	Control of the same and the Paris .	ellarie
	1,111	ton the Johnson	e of the believe	iliteration (principal	100	in mark		i diei i	rine	$ ilde{ heta}(A)$ for $A$ , $A$	3,
	Shall be beautiful	THE RELATIONS	OUT THE PROPERTY OF	Hadaponole Establis	the same						
4	14 \$,000 14 \$,000	-		_	-			8.4			**************************************
	S4/1002			_	-			6.3			-
	155,030	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN		-	-		0,5			administrati
	65,000			THE RESERVE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE	-	-		6.3	-		
	168,000				(REPOLITATION OF THE			0,4	-		MANAGEMENT
	77,000						-	6.5			
	200,000							P, 5			
	159,00	Management and the second state of the second						LO.G			
_	(20,000			Market and the second				5			
-	1.5,000	The state of the s			***************************************			کے کے ا			
-	175/800				AND PERSONAL PROPERTY.			0.7			-
	17/1003		-	-	-	-	******************	عارها ا			والزارة بشائ
	16X,000							<u> </u>			and the second
-	175,000	-				-	-	<u> </u>			
-	194,000					<del> </del>		<u> </u>			-
~	170,000	Marie de la companya della companya	-	-	****			6.5			-
	767,000		description and the second second		MANAGEMENT PROPERTY.			Q. 5			
	181,000				THE RESERVE THE PERSON NAMED IN COLUMN TWO		-	0.5			Note that the same of the
	64,000				Mark Consultation of the C	Talance Control of Talance		0.5	-	da in distribution de la company de la c La company de la company d	-
	195001							0.6			
	148,000							0.5			
	65,000							PIQ			
	163,000							0.5			
	97,800	-		-	-			673			
	140,000					disciplina ( 2 march 1 de march 1	-	2.5	-		protection in the party
in the sec	48,500	-						0.5			
U	153,600	The second section of the second		-	***************************************			6.4			
	180,000	The Control of the Co						6.4		incomentario, descripto especial del Colombia de Cilia Comazilia de Cilia de Colombia de Cilia de Colombia de Colo	-
SIA	57,530,800				-	and the same of th				india di Calendra i politico de la companya del companya de la companya del companya de la compa	-

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water NSTRUCTIONS: See Page 4.

JANUARY 2003	AIER IRCAINENI	PLANTINFORMA	HON FOR THE MONTH/YEAR OF				
Vater System Information System Name: PARIC LOATER System Owner	Co.	F	WS Identification No.: 653 04 08				
Name: PARK WOTER CO.	TWC,		Telephone No.: 638-1385				
Address: 25 FIRST AUG. NO							
City: LAKE WALES			State: F1. Zip Code: 33859				
ystem Type: Generally: G non-trans	ient non-community;	G non-community,	G consecutive				
lo. of Service Connections at End of Mo	nth: <u>750</u>	Total Population :	Served at End of Month: 1,927				
vater Treatment Plant Information teatment Plant			· · · · · · · · · · · · · · · · · · ·				
Name: PARK WATER CO	Name: PARK WATER CO.						
Address: 25 First Aug.	NORTH		Telephone No.: 638-1285				
City: LAKE WARF	·		State: F1: Zip Code: 33855				
ermitted Maximum Day Capacity of Plan	nt3	<u>ে g</u> pd					
lant Category and Class per Rule 62-69 ad/Chief Plant Operator:	19.310(4), F.A.C.:	<u>se                                    </u>					
	Coeffeets No. 1						
MEDIN J. EGM	Camaza roma	Class (A, B, C, or D)	Day(s)/Shill(s) Worked				
ther Certified Plant Operators (attach a			6 USits URER				
			Day(s)/Shift(s) Worked				
ONTHONY J. STAIGNO	12233	C.	6 USSIG WERK				
	700.0.3		6 Disign when				
STATEMENT BY LEAD/CHIEF WAT	TER TREATMENT P	LANT OPERATOR	FOR THE MONTH/YEAR OF				
r knowledge and belief, the information ditional operations records for the plan	provided in this report I listed in Part I of thi th indicated above:	ort is true and accur is form were prepare records of amounts	I of this form, certify that, to the best of ate. Also, I certify that the following ed each day that a certified operator of chemicals used and chemical feed				
allable for review upon request	-	<del>-</del>	for at least five years and to make them				
pature and Date	2		J. EGAN C-7426 ificate Number (please type or print)				

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

System PWS Identification Number:

-	6	<	2	O	CF	^	2	
	~		~	~	7	_	0	

Treatment Plant Name: PARK LUGTKIL CO.

# III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF JANUARY 2003

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

Summary of Daily Water Treatment Data for Month:

Day of		College Annual College	Lowest Residual	Residual	Disantiectung in Distributi		Reported
the Month	in Operation	Ottantity of Finished Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (ragil.)	Lowest Residual Disinfectant Concentration at Remote Point (mgf.)	Number of Instances Where Residual Disinfectant Measurements Token at Total Coliforn Sampling Points	Lowest Residual Disinfectant Concentration at Total Collions Sampling Points (moft)	Emergency or Abnormal & Operating Conditions
1	24	210,000	1.0	0.5			-70,000,000
2		213,000	1.1	0.5			
3		260,000	1.0	6,5			<del> </del>
4		265,000	1.1	0.6			
5		947,000	1.0	0.4			<del></del>
6		254,000	1.2	8.5			
7		166,000	1.0	0.6			<del> </del>
8		246,000		0.5			<del> </del>
9		232,000	1.0	0.4			<del> </del>
10		280,000	1.2	0.5			
11		270,000	1.0	0.5			
12		261,000	1.2	0,5			
13		233,000	1.5	0.4			
14		214,000	1.0	0.4			
15		294,000	1.1	0,5			
16		248,000	1.0	0.5			
17		315,000	7.2	0.6	Ø ,8		
18	-	200,000	1.0	0.4			
19	-	994,000	151	0,5			
20		274,000	1,2	0.5	-		<b> </b>
21		217,000	1.0	0.4			
22	<u></u>	235,000	1/2	0.5			
23		362,000	1.0	0.5	P	45	
24		320,000	1.1	0.5			
25		392,000	1.1	0.5			
26		314,000	1.0	0.4			
27		215,000	1.0	0.5			
28		243,000		0.4			
29	1	261,000	1.3	0,5			
30		253,000		0,5	·		
31	DY .	320,000	1.0	0.4:			and a second position of the second position
Total		7,975,000			a		
Avg.	40.00	257,000					
Max.		362,000					



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

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WA	ATER TREATMENT	PLANT INFORMAT	TION FOR THE MONTH/YEAR OF				
Water System Information		_					
System Name: Park Work C	'o、 たい 、	P	WS Identification No.: 6530408				
System Owner			T-1				
Name: popil waster Co. Address: 25 First Aue Non			Telephone No.: 638-1235				
City: Lake apers	-3.71		Clabe Ed. Zin Code 270 ad				
System Type G community: G non-transi	ent non-community	G non-community (	State: <u>F/</u> , Zip Code: <u>338.59</u>				
No. of Service Connections at End of Mor	othr 750	Total Portulation	Sensed at End of Months: 1 C >				
		rouse i opuicatori c	served at Life of Molies. 7, 7,27				
Water Treatment Plant Information							
Treatment Plant							
Name: DOPIL LUDIER CE	Name: DEPUL LUATER CO.						
Address: 35 Fig. ST DUS A	IDRTH						
City: LOUR WALES			State: <u> </u>				
Permitted Maximum Day Capacity of Plant	0.240/41 5 4 6	gpd					
Plant Category and Class per Rule 62-69	9.310(4), F.A.C.:	5°C					
Lead/Chief Plant Operator:							
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Stulk(s) Worked				
KEUIN J. F. GAN	7936		6 Uisits / WEREIL				
Other Certified Plant Operators (attach ac							
		Class (A, B, C, or D)	Day(s)/Shift(s) Worked				
ANTHONY J. STAIGNO	12223	C	6 visits IWEEK				
H STATEMENT DVI SADICUSE MAT							
II. STATEMENT BY LEAD/CHIEF WAT	ER JREA VEN E	LANT OPERATOR	FUR THE MUNITH/YEAR UF				
MKBRUARY 2003							
I, the undersigned lead/chief operator of my knowledge and belief, the information	of the water treatment provided in this rep	nt plant listed in Part ort is true and accura	I of this form, certify that, to the best of ate. Also, I certify that the following				
additional operations records for the plan							
staffed or visited the plant during the mor							
rates; and if applicable, appropriate treat							
	-		Programme and the second second				
available for review upon request.	uonai operations rec	cords at the plant site	o for at least five years and to make them				
De 3-03-0	>3	KEUN J	EGAN C-7426				
Signature and Date			ificate Number (please type or print)				

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

System	<b>PWS</b>	Identification	Number
--------	------------	----------------	--------

653.0408

ealment Plant Name: PARK WATER CU.

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

HB. 2003

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

Summary of Daily Water Treatment Data for Month:

			Lowest Residual	Residual	Recorted		
Day of the Month	in Operation	Clumity of Finished Water Produced by Plant (gelons)	Disinfectant Concentration at Entry to Distribution System (rog/L)	Lowest Residual Disinfactant Concentration at Remote Point (rag(L)	Number of instances Where Residual Distributions Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mgf.)	Emergency or Abnormal Operating Conditions
1	24	300,000	1.	0.5			-100,880,000
2		302,000	1.0	0.5			
3		254,003	1. [	0.4			<del> </del>
4		231,000	], s	0,5			
5		266,000	1.1	0.5			
6		244,000	1.0	D.4			
7		268,000	). 0	0.4		-	
8		240,000	1.1	0,5			
9		228,000		0.5			
10		230,200	1.0	0.5			***************************************
11		950,000		0.4			
12		925,000	1.0	0.5			
13		240,000		0.5			
14		285,000	1.2	0.6			
15 16		240,000	0, (	0.5			
17		310,00	!:1	0.4			
18		253,000		0.5			
19		233,000	1.0	0.5			
20		536,000	1.2	0.5			
21		260,000	. 0	0.4			
22		నై 58,000		0.5			
23		220,000	:_/,.9	<b>0.</b> \$ -			,
-		252,000	1,0	0.4		*	
24		<u> </u>		0.2		-	
26		232,000	0.8	0,4			
27		2 46,000	- <u> </u>	0.5			
28	3/4	265,000		0.6			
29		207,000		0,5		0.7	
30							On the second
31							The state of the s
		7.00	12 <b>19</b> 2				
Total		6,931,000	<u></u>		2		
Avg.		: 548,600	ing the second of the second				
Max.		302,000					



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

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WA	ATER TREATMENT	PLANT INFORMAT	ION FOR THE MONTH/YEAR OF
MINARCH 2003			
Water System Information System Name: PACK WATER	CO TAC.	pt.	WS Identification No.: 6530408
System Owner  System Owner	<u>Co. 47. c.</u>	***	TO localization to.
Name: PARK WATER CO.	anc.	•	Telephone No.: <u>638-128-5</u>
Address: AS First AUR A	JORTH		
City: LOKK CUPLES			State: F1. Zip Code: 33859
System Types Community G non-transit	ent non-community;	G non-community: G	S consecutive
No. of Service Connections at End of Mon	nth: フ50	Total Population S	served at End of Month: 1,927
		•	
Water Treatment Plant Information			
Treatment Plant			Telephone No.: <u>638-1285</u>
Name: BARK WATER CO			relephone No
Address: 25 Finst Aug. N City: CARR WARS, 1			State: F1 - Zip Code: 338.55
Permitted Maximum Day Capacity of Plan	t 3 m	and	The state of the s
lant Category and Class per Rule 62-69	9.310(4) F.A.C.:	5C	
Lead/Chief Plant Operator:	0.010(-1), 1 b c c	· · · · · · · · · · · · · · · · · · ·	
	Certificate Number	Class (A.B. C. or D)	Day(s)/Shift(s) Worked
	7426	C	6 WISHT / WEER
Other Certified Plant Operators (attach a	dditional sheets if ne		
Alexander Alexander (Cartes)	Codificate Number	Class (A. B. C. or D)	Day(s)/Striff(s) Worked
ANTHONY J. STAIDOND		C	6 visins /week
Michael C SIMBLE	750-3		2000
II. STATEMENT BY LEAD/CHIEF WAT	TER TREATMENT F	LANT OPERATOR	FOR THE MONTH/YEAR OF
Mercy 2003			
I, the undersigned lead/chief operator	of the water treatme	nt plant listed in Part	I of this form, certify that, to the best of
my knowledge and helief the information	n nmvided in this rec	ort is true and accur	ate. Also, I certify that the following
additional operations records for the plan	nt listed in Part I of th	ris form were prepar	ed each day that a certified operator
staffed or visited the plant during the mo	nth indicated above:	records of amounts	of chemicals used and chemical reed
rates; and if applicable, appropriate treat	tment process perfo	rmance records.	
			e for at least five years and to make them
rumemore, i agree to retain trese add	יים פוניטומים עלים ומוניים	solve at the block on	
available for review upon request.		100.11	- 500 1 0 7 Wol
Man 2.5 4-0	<u>3-03</u>	KEUW.	J. EGAN C-7426
Signature and Date		Name and Cer	tificate Number (please type or print)

In the operation Report for Public Water Systems man use	C CIVILIZI TTALCI GIRI IVI VOIDEVELITT	
ystems that Treat Their Water		
System PWS Identification Number:	•	

Treatment Plant Name: PARK WATER Co.

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

MARCH 2003

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

		100 pt 10	Lowest Residual	Residual I	Reported		
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point (mgf.)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliforn Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency i Abnormal Operating Conditions
1	24	200,000	1.1	0.5			
2	1	203,000	1.2	0.6			<u> </u>
3		199,000	1.1	0.4			
4		263,000	1.0	0.5			
5		234,000		0.4			
6		250,000	1,0	Ø 5			
7		300,000	1.0	0.5			<u> </u>
8		317,000		0,5			<u> </u>
9		260,000	1,0	0.4			<u> </u>
10		212,000	1.1	0.5			<u> </u>
11		285,000	1.0	0.5			<u> </u>
12		254,000	1.1	0.4		<b></b>	<b></b>
13		248,000	1.0	0.4			<u> </u>
14		275,000	1.2	0.5	2	0.7	<u> </u>
15		240,000	1.5	<u> </u>		<u> </u>	
16		206,000	1.0	0.5	<u> </u>	<u> </u>	<u> </u>
17		188,000	1.2	10.4	<del> </del>	<b></b>	<u> </u>
18		244,000	<u> </u>	0.5	<u> </u>		<u> </u>
19		215,000	1.0	10.4	<u> </u>		
20		990,000	1.2	0.5	<u> </u>		<del></del>
21	<u> </u>	238,000	1.0	10.4			
22		190,000	1.4.0	D.S.		1	<u> </u>
23		197,000	1.2	0.6		<u> </u>	<del></del>
24		206,000	1.1:1	0.2			
25		186,000	1.0	0.5			
28		243,000	<del>                                     </del>	0.4	-	-	
27		152,000	1.1.9	0.5		<del>- </del>	+
28		3/0,000	<del> </del>	15.4		<del></del>	
29	4_4_	230,000	1 4 5	0.6		1	
30	1	200,000	1, 2	10.4	<b>- </b>		_
31	T24	177,000	- 9.8		5		
Total		7,032,000					
Avg.		227,000					
Max.		317,000					



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water STRUCTIONS: See Page 4.

ij,				
	GENERAL WATER SYSTEM AND WA	TER TREATMEN	F PLANT INFORMA	TION FOR THE MONTHIVEAR OF
	peric 2003			ON SIX HE MONTHINEAR OF
Ŧ	LPEL 3037			
V	ater System Information			
	Stem Name: PANIC WATER C	d. INC.	ç	WS Identification No.: 653 5408
9	stem Owner		*	
T	Name: PARK WATER CO.	INC.		Telephone No.: 638-1285
	Address: <u>as first aug.</u> wo			
	City: LOKE WARES			State: 17. Zip Code: 33859
d	stem Type: G.community: G.non-transic	et non-community	G non-community (	G consecrative
M	of Service Connections at End of Mon	750	Total Population	Served at End of Month: / C 1 7
- 1	를 다 보고 있다. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Served at EIN OF MONUS. 7772
	ter Treatment Plant Information			
	atment Plant		•	
I	lame: PARK WATER CE	).		Telephone No.: 638-1385
	Address: 25 Fix 57 ANG A	ORTH		
ı	City: LAKE WOLFF			State: F/+ Zip Code: 33853
	mitted Maximum Day Capacity of Plant		か gpd	
P	ant Category and Class per Rule 62-699	.310(4), F.A.C.:	5 C	
	ad/Chief Plant Operator.			
1	Name	Certificate Number	Class (A. B. C. or D)	Day(s)/Shift(s) Worked
1	KEUIN J. FGAN	7426	C	@ visins JWERK
ol	er Certified Plant Operators (attach add			
	Name			Day(s)/Shiff(s) Worked
	والمرابع والم	12223	C	6 U'SIAS JURES
-	ANTHENCO. STATE	1000		6 UI SIFF TWEEK
		<del>                                     </del>	<del></del>	
		- <del>  </del>		
Ì			<u> </u>	
		_		
į				
Ш,	STATEMENT BY LEAD/CHIEF WATE	Kalkievinievinie	LANT UPERATUR	FURTHE WUNTHITEAR UP
	PARIL 2003			
	the undersigned lead/chief operator of	the wester broadense	d along linked in Days	Lef thin form portific that to the heat of
	I fine undersigned lead/chief operator of	une water beauties	t prant trace and comme	of this form, derity that the following
m	knowledge and belief, the information p	rovioed at uns repr	nt is the and accura	RE. ASO, I CEILITY WAT THE IGHOWING
	tional operations records for the plant			
	fed or visited the plant during the month			or chemicals used and chemical feed
ra	s; and if applicable, appropriate treatm	ent process penon	mance records.	
Fı	Intermore. I agree to retain these addition	mai operations rec	ords at the plant site	for at least five years and to make them
	alable for review upon request.			
		12	126, 3.4	- FCO 1 C-7401
_	De 25-02-	- 42	1CEUIN TO	J. EGAN C-7426
Si	diature and Date	Į	Name and Certi	ficate Number (please type or print)
		}		
		1 .		

Page 1

ystem PWS Identification Number:	ter Systems that Use Ground Water and for Consecutive Public Water
6536408	

realment Plant Name: PORK WATER CO

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

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

immary of Daily Water Treatment Data for Month:

Dayo			Lowest Residual	Residuel	Distribution in Distribution	on System	
the Monti	Hours Plans in Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual Disinfectusit Concentration at Remote Point (mg/L)	Number of Instances Where Residual Distriction Measurements Taken at Total Collors Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mall.)	Reported Emergency or Abnormal Operating Conditions
2	+2-1	210,000	1.0	0,5			113600.62
3	+-/	200,000	1-1	0.4			
4	<del>                                     </del>	219,000	1-2	0,5			
5		280,000	1.0	0.3			
6	1-1-	250,000	(.2	0.5			
7	+	250,000	1.0	0.4			
8		20,000	1.2	0.5			
9	1	100	1.0	0.5			
10	1-1-1		7.0	0,4			
11	<del>                                     </del>	315,000	1,0	0.5			
12	<del>                                     </del>	370,000	7.9	0.5	2	0.9	
13	1-1-1	340,000	1-4-2	0.5			
14		317,000	1	0.6			
15		282,000	0.6	0.2			
16		310,000	1.2	0.5			
17		350,000	4.0	0.4			
18		360,000	1:0	0,5			
19		340,000	1.2	0.5			
20		333,000	1:0	0,4			
21		355,000		0.5			
22		359,000	1.0	-			3
23		410,000	1/2	0.5			
24		345,000	1.0	0,5		-	
25		378,000	1:2	0,6			
26		280,000	1.2	0,5			
27		241,000	. 1.0	0.4			
28		302,000	1.2	0.5			
29	V.	319,000	1.0	0.4			
30	DY	288,000	1.1	0,5			
31			1 1 1 1				
Total		8.879,000	MARKETS		3		
Avg.		296,000					
Max.		410,000					
				CONTRACTOR AND A STATE OF THE STATE OF			



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

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND W.	ATER TREATMENT	PLANT INFORMAT	ION FOR THE MONTH/YEAR OF	
MAY 2003				Total Control
Water System Information System Name: PARI CONTER CO	9,	P	WS Identification No.: <u>しょ3~Yっぷ</u>	
Name: BARK WATER CO. Address: DS FIRST AUF. DS			Telephone No.: <u>633-1285</u>	
City: LAKE WALKS			State: Fl. Zip Code: 338.53	
System Type: @ community; G non-transi No. of Service Connections at End of Mor			i consecutive erved at End of Month: <u>// 927</u>	
Water Treatment Plant Information Treatment Plant		- ,	•	-
Name: <u>PARIL WATER CO.</u> Address: <u>OS FIAST AVE.</u> NO			Telephone No.: 678-1285	-
City: LAKE WALKS			State: 15/1 Zip Code: 33855	-
Permitted Maximum Day Capacity of Plan Plant Category and Class per Rule 62-69 Lead/Chief Plant Operator:		M gpd		
	Certificate Number	Class (A. B. C. or D)	Day(s)(Still(s) Worked	<b>7</b>
KAU; W J. EGAN		C	Gersier week	٦
Other Certified Plant Operators (attach a	dditional sheets if ne	cessary):		
Name Name	Certificate Namber	Class (A. B. C. or D)	Day(s)/Shilk(s) Worked	<b>3</b>
	12423	C	6 visin week	٦
				]
II. STATEMENT BY LEAD/CHIEF WA	TER TREATMENT (	PLANT OPERATOR	FOR THE MONTH/YEAR OF	
May 2003	of the water treatme of provided in this rep at listed in Part I of the of the indicated above:	nt plant listed in Part fort is true and accura is form were prepare records of amounts	of this form, cartify that, to the best of the. Also, I certify that the following and each day that a certified operator	
I, the undersigned lead/chief operator on knowledge and belief, the information additional operations records for the plan staffed or visited the plant during the moreates; and if applicable, appropriate treat Furthermore, I agree to retain these additional available for review upon request.	of the water treatme n provided in this rep nt listed in Part I of th nth indicated above: iment process perfo	nt plant listed in Part port is true and accuratis form were preparate records of amounts mance records.	I of this form, certify that, to the best of ate. Also, I certify that the following at each day that a certified operator of chemicals used and chemical feed for at least five years and to make ther	
I, the undersigned lead/chief operator on the undersigned lead/chief operator on the undersigned belief, the information additional operations records for the plant staffed or visited the plant during the more rates; and if applicable, appropriate treat Furthermore, I agree to retain these additional properties.	of the water treatme n provided in this rep nt listed in Part I of th nth indicated above: iment process perfo	nt plant listed in Part port is true and accuratis form were preparate records of amounts mance records.	I of this form, cartily that, to the best of site. Also, I certify that the following and each day that a certified operator of chemicals used and chemical feed	

Minimily chalemon veholt for Lange steer of	,	 	
Systems that Treat Their Water			
System PWS Identification Number:			
6530408			
- material Clark Name 12 - 01/4 1 - 07/4	<i>C</i> 0		

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

may 2003

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:

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Residual I	Disantioc Carge in Distributio	a System	
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual Disinfactual Concontration at Remote Point (mgf.)	Mumber of Instances Where Residual Disinfectant Measurements Taken at Total Collings Sampling Points	Lowest Residual Disinfectant Concentration at Total Colliom Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions
1	-24	270,000	0. (	b.5		·	
2		375,000	1.2	0.6			
3		360,000	1. 2	6,5			
4		286,000	1,0	6.4	·		
5		356,000	1, 0	0.5			
- 6		376,000	1.2	0.4			
7		385,000	1.0	0.5			
8		350,000	1.0	0.4			<u> </u>
9		430,000	1. 2-	0.6	<u></u> →	0.5	<u> </u>
10		420,000	1.5	0.4			
11		334,000	0.9	0.5			
12		1356,000	0.3	0.5	<u> </u>		
13	<u> </u>	342,000	1,0	0.4			
14		386,000	1,0	0.5			
15	<u> </u>	374,000		0.5			
16	<u> </u>	360,000	1.0	0,5			
17	<u> </u>	1341,000	1,0	0.5			
18		290,000	1.2	0,4			
19		273,800	1	0.5		<u> </u>	
20	<u> </u>	255,000	1.2	0.5			
21	14	305,000	1.1.	0.5			
22		265,000	1.0	0.4		<u> </u>	
23		240,000		0.5		ļ	
24		266,000	1.0	0.4	<del></del>		
25	11	290,000	0.5	0.5	<u> </u>		
26		1,9328,000	1 3 1	0.5		<del> </del>	
27		276,000	.0.9	0.5		<del></del>	
28		258,000.	<del>  . 4: %</del>	0.5		<del></del>	_
29	11-	233,000	. ०.१	0.4			
30	14	265,000	1.0	10.5		1	
31	aφ	342,000	1 1/19	10.7:			
Total		9,868,000			。 よ		
Avg.		318,000					
Max.		430,000					



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND W	ATER TREATMENT	FLANT INFORMA	ATION FOR THE MONTH/YEAR OF
White Outer Information			
Water System Information	<b>^</b> -	,	THE Identition that I was in 2
System Name: PARIC COSTEA System Owner	<u>Co.</u>		PWS Identification No.: 6530408
Name: PAKK CO.		•	Telephone No.: 638 - 1235
Address: 25 PRIT AVE 20			Technole No. 624 1855
City: LAKE EVALES	<u> </u>	· / · · · · · · · · · · · · · · · ·	State: 161. Zip Code: 33859
System Type: 8 community: G non-trans	ent non-community	G non-community	G consecutive
No. of Service Connections at End of Mo			
Water Treatment Plant Information Treatment Plant Name: PARIC WATER CO. Address: DS FIRST ANS D			Telephone No.: <u>638-128-5</u>
City: LALE CUPIES			State: F-1. Zip Code: 33858
Permitted Maximum Day Capacity of Plan	nt 3	(2) <b>GO</b>	_ come
Plant Category and Class per Rule 62-69			· •
Lead/Chief Plant Operator:			
Name	Certificate Number	Class (A. B. C. or D	Day(s)(Shill(s) Worked
KRUIN J. EGAN		C	6 UISIN / WERK
Other Certified Plant Operators (attach a		cessary):	
			Day(s)/Sink(s) Worked
	12223	C	6 visins poster
			·
	<u> </u>		
II. STATEMENT BY LEAD/CHIEF WA	TER TREATMENT	PLANT OPERATO	R FOR THE MONTH/YEAR OF
JUNE 2003			
I the and mineral bootlehing company	of the wester translates	of plant licted in Da	nt I of this form, certify that, to the best of
my knowledge and belief, the information			
additional operations records for the plan	t provided in Bat (c) vi licked in Dort I of (i	nic from more whose	med each dow that a certified onerain:
staffed or visited the plant during the mo	nth indicated about	na will more broke	te of chamicals used and chemical feed
rates: and if applicable, appropriate treat			as de desofeacous contra ceus cermenos rocos
	•		
Furthermore, I agree to retain these add available for review upon request.	itional operations re	cords at the plant's	ite for at least five years and to make them
	<b>7</b>	5/8.18.1	J- EGAN C-7426
Signature and Date			ertificate Number (please type or print)

### Systems that Treat Their Water

vstem PWS Identification Number:

6530408

Treatment Plant Name: PORK WATER CO.

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

JUNE 2003

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:

		ade l'edulest Data	Lowest Residual	Residuel I	Distribution Distribution	n System	Reported
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallous)	Disinfectant Concentration at Entry to Disinbution System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Distributions Measurements Taken at Total Colliom Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mgf.)	Emergency or Abnormal Operating Conditions
1	ач	ప్రాశ్మే ర్థాల్	1.1	0.5		3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
2	1	236,000	1.0	0.4			
3		182,000	1.1	0.5			
4		164,000	1.0	0.4		l	
5		196.000	1.0	0.5			
6		210,000	0.6	0.4			
7		2,08,000	0.9	0.5			
8		163,000	6.3	0.6			
9		159,000	0.9	0.4			
10		163,000	1,0	0.5			
11		187,000	0.8	0.4			]
12		168,000	ハロ	0.4			
13		176,000	0.6	0.4			
14		160.000	1.0	0.5			-
15		153,000	0.6	0.4			
16		163,000	0.6	0.2			
17		203,000	1.0	0.4			
18		120,000	1.2	0.5			
19		129,000	1.0	0.4			
20		137,000	1,2	0.5	6.2	0.3	
21		180,000	1.0	0.5			+
22		182,000	1.0	0.4		÷	
23		490,000	7:2	0.5	·	+	
24		471,000	2.0	0.8			
25		484,000	1.6	0.7			
26		461,000	1.8	0.5			
27		482,000	12.3	0,5			
28		488,000	1.7.0	0.5			
29	1 .	453,000	10	0.4			
30	27	493,000	7.0	0.5		<u> </u>	
31			· 165				
Total		7,683,000.			<b>a</b>		
Avg.		256,000					
Max.		493,000	7				



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

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF							
Water System Information System Name: PARK COATER CO. INC. PWS Identification No.: 653 0408							
System Owner							
Name: BARK WATER CO	. عدر .	·····	Telephone No.: <u>638-128-5</u>				
Address: 25 First Aur N	•						
City: LAKE WALKS			State: <u>F1.</u> Zip Code: <u>33859</u>				
System Type: G. community: G non-trans	ient non-community,	G non-community; (	3 consecutive				
No. of Service Connections at End of Mor	Mr. 750	Total Population S	Served at End of Month: 1,937				
Water Treatment Plant Information							
Treatment Plant							
Name: PARK WATER CO	) (		Telephone No.: <u>638-1285</u>				
Address: 25 FIRST AVE.	, در						
City: LAKE WALKE, FI	ę ·		State: <u>F1</u> , Zip Code: <u>338.59</u>				
Permitted Maximum Day Capacity of Plan		3 Progpd					
Plant Category and Class per Rule 62-69	9.310(4), F.A.C.:	5 <u>C</u>					
Lead/Chief Plant Operator:		•					
Name 1 A Line (A Manne 1 A Line (A Li	Certificate Number	Class (A, B, C, or D)	Day(s)/Shill(s) Worked				
DEEUIN J. F. GAN	7426	1 C	6 USIN /WERK				
Other Certified Plant Operators (attach a	dditional sheets if ne	cessary):					
Name V 58 Control	· Codificate Manufact	Park B C - OF	Day(s)(Shift(s) Worked				
7	· · · · · · · · · · · · · · · · · · ·	I COMPARE A COLUMN COLUMN TO THE COLUMN TO T					
ONTHONY J. STAIDNO	12223	C	6 ci 745 /cusen				
ONTHONY J. STAIDNO	12223	C	6 Ui 745 / WEER				
ONTHONY J. STAIDNO	/2223	C	6 vi 745 /ween				
ONTHONY J. STAIGHO	/2223	C	6 vi gus /ween				
ONTHONY J. STAIDNO	/2223	C	6 vi sus /ween				
ONTHONY J. STAIDNO	/2223	C	6 vi ges /ween				
ONTHONY J. STAIDNO	12223	C	6 vi gus /ween				
ONTHONY J. STAIDNO	12223	C	6 vi gus /ween				
ANTHONY J. STAIONO	/2223	C	6 vi sirs/ween				
II. STATEVIENT BY LEAD/CHIEF WA	/2223	C	6 vi sirs/ween				
II. STATEMENT BY LEAD/CHIEF WA	/2223	C	6 vi sirs/ween				
II. STATEMENT BY LEAD/CHIEF WA	TER TREATMENT	C LANT OPERATOR	FOR THE MONTH/YEAR OF				
II. STATEMENT BY LEAD/CHIEF WAT	ER TREATMENT I	C PLANT OFFRATOR  It plant listed in Part	FOR THE MONTH/YEAR OF				
II. STATEMENT BY LEAD/CHIEF WA  TULY 2003  I, the undersigned lead/chief operator on knowledge and belief, the information	TER TREATMENT I	CANT ORERATOR  Int plant listed in Part ort is true and accura	FOR THE MONTH/YEAR OF  I of this form, certify that, to the best of the Also, I certify that the following				
II. STATEMENT BY LEAD/GHIEF WAS  I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant	ERTIREATMENTS of the water treatment provided in this reput listed in Part I of the	CANT OPERATOR  Int plant listed in Part ort is true and accura is form were prepare	FOR THE MONTHIYEAR OF  I of this form, certify that, to the best of the Also, I certify that the following and each day that a certified operator				
II. STATEMENT BY LEAD/CHIEF WATER TOWN 4 2003  I, the undersigned lead/chief operator only knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the more	of the water treatmen provided in this reput listed in Part I of the hindicated above:	LANT OPERATOR  Int plant listed in Part ort is true and accurs is form were prepare records of amounts	FOR THE MONTHIYEAR OF  I of this form, certify that, to the best of the Also, I certify that the following and each day that a certified operator				
II. STATEMENT BY LEAD/GHIEF WAS  I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant	of the water treatmen provided in this reput listed in Part I of the hindicated above:	LANT OPERATOR  Int plant listed in Part ort is true and accurs is form were prepare records of amounts	FOR THE MONTHIYEAR OF  I of this form, certify that, to the best of the Also, I certify that the following and each day that a certified operator				
II. STATEMENT BY LEAD/CHIEF WATER TOWN 4 2003  I, the undersigned lead/chief operator only knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the more	of the water treatment provided in this reput listed in Part I of the hith indicated above: ment process performent process performent process performent process.	nt plant listed in Part ort is true and accurate form were prepare records of amounts mance records.	FOR THE MONTHIYEAR OF  I of this form, certify that, to the best of site. Also, I certify that the following ad each day that a certified operator of chemicals used and chemical feed				
II. STATEMENT BY LEAD/CHIEF WATER AND A DOUBLE WATE	of the water treatment provided in this reput listed in Part I of the minimal process performent performent process performent process performent	PLANT OPERATOR  Int plant listed in Part ort is true and accura is form were prepare records of amounts mance records.  cords at the plant site	FOR THE MONTH/YEAR OF.  I of this form, certify that, to the best of ale. Also, I certify that the following and each day that a certified operator of chemicals used and chemical feed for at least five years and to make them				
In STATEMENT BY EAD/GHEF WAS  If the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the more rates; and if applicable, appropriate treal Furthermore, I agree to retain these additional part of the plant during the more rates.	of the water treatment provided in this reput listed in Part I of the minimal process performent performent process performent process performent	int plant listed in Part ort is true and accurate form were prepare records of amounts mance records.	FOR THE MONTHIYEAR OF  I of this form, certify that, to the best of site. Also, I certify that the following ad each day that a certified operator of chemicals used and chemical feed				

Systems that Treat Their Water

System PWS Identification Number:

6	<u> 5</u>	3	0	4	O	8
	_	_	_		_	٤.

Treatment Plant Name: PARN WATER CO.

# III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF

54L4 2003

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

Summary of Daily Water Treatment Data for Month:

30.366686	And Annual Marie	CONTROL VERNINGS CONTROL	in House	-			
Day of			Lowest Residual	Residual Disinfectant in Distribution System			Reported
the Month	Hours Plant in Operation	Ouantity of Finished Water Produced by Plant (gallons)	Disinfectant Concentration at Entry to Distribution System (mgfl.)	Lowest Residual Disinfectant Concentration at Resnote Point (mg/L)	Number of Instances Where Residual Districtant Measurements Taken at Total Colloon Sampling Points	Lowest Residual  Disinfectant Concentration at Total Coliform Sampling Points  (mg/L)	Emergency or Abnormal Operating Conditions
1	24	472,000	1.2	1.0		- Cuac	7 ( ) 3 ( ) ( ) ( ) ( ) ( ) ( )
2		471,000	1.5	0.8			
3		485,000	1.3	1.5	0.6	<del> </del>	
4		490,000	1.6	0.8	0.9	<u> </u>	
5		471,000	1.0	0.6			
6		445,000	14	8.8			
7		480,000	1.2	8.5			
8		480,000	1.0	0.5			
9		476,000	1.2	0.6			
10		457,000	1.0	0.5			
11		453,000	1.1	0.5			
12		515,000	1.0	0.6			The same of the sa
13		448,000	1.2	0.7			
14		463,000	1.0	0.5			
15		455,000	1,2	0.6			
16		472,000	1.2	0.5			
17		481,000	1.0	0.5			
18		454,000	1.1	0.5			
19		455,000	1.0	0.4			
20		484,000	1.2	0,5			
21		495,000	1,2	0.6			
22		465,000	11.154	0.5			*
23		487,000	11.7.2	0.5			
24		481,000	. / . 2	0.5		***************************************	-
25		543,000	1.4	0.5			
26		440,000	11.2	0.5			
27		457,000	. 1.2	01.5			-
28		484,000		0,5			
29		472,000		0,5			
30	V	491,000	1.0	0.5			
31	24	448,000	3 11/12	0.4			
Total		14.830,000			2		
Avg.		478,000					
Max.		543,000					100



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF						
Water System Information	_			_		
System Name: PARK WATER I	PWS Identification No.: 6530408					
Name: RACK LOATER CO.	~~~~			•		
Address: 25 Fig. 7 AUR N	77.		Telephone No.: 638-1285	_		
City: 1 ale Lipier						
System Type: G community G non-trans	ient non-community	· G non community	State: 51. Zip Code: 33858	_		
No. of Service Connections at End of Mo	nth: 752	Talai Ponulation	Consecutive			
Water Treatment Plant Information		·our · opusion	Served at Citil or Month: 1,733			
Treatment Plant						
Name: PARIL WATER CO						
Address: 25 Fig 15 ANK	<b>対</b> ,		Telephone No.: 638 138 5			
CRY. LAKE WALKS			State E/ To Code Sp. C. C.			
Permitted Maximum Day Capacity of Plan	nt:		State: F/. Zip Code: 32855			
Plant Category and Class per Rule 62-69	9.310(4), F.A.C.:	5C				
Lead/Chief Plant Operator:			1	-		
Name	Certificate Number	Class (A. B. C. or D)	Day(s)/Shill(s) Worked	<b>38</b> 1		
Other Cartified Plant O	7426	C	60isis ween	4		
Unier Certified Plant Operators (attach additional shoots #						
AND A CONTRACT OF THE PROPERTY		7 /-		۷		
Name	Certificate Number	Class (A. B. C. or D)	Day(syStatt(s) Worker			
ANTHONY J. STAIRNO	Certificate Manager (	Chess (A.B.C. or D)	Cuisis Week			
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shan(s) Worked	<b>80</b>		
Name	Certificate Number	Class (A, B, C, or D)	Buy(s)/Sull(s) Worked  GU: 3;45 Week			
Name	Certificate Number	Class (A, B, C, or D)	Guisius Week			
Name	Certificate Number	Class (A, B, C, or D)	Cuisis worked	<b>%</b>		
Name	Certificate Number	Class (A, B, C, or D)	GUISIUS Worked			
Name	Certificate Number	Class (A, B, C, or D)	Coisis week			
ANTHONY J. STRIPNO	22233	Class (A. B. C. ac 0)	60;3)45 Week			
ANTHON J. STRIBNO	22233	Class (A. B. C. ac 0)	60;3)45 Week			
Name	2223	Class (A. B. C. ac 0)	60;3)45 Week			
II. STATEMENT BY LEAD/CHIEF WAT	Certificate Musicary 2,2223  ER TREATMENT P	Cass (A. B. C. or D)	FOR THE MONTH YEAR OF			
II. STATEMENT BY LEAD/CHIEF WAT  AUGUST 2003  I, the undersigned lead/chief operator of my knowledge and belief the information	ERTREATMENT 9	CANT OPERATOR	FOR THE MONTH YEAR OF			
ANTHONY J. STRIPPO  II. STATEMENT BY LEAD/CHIEF WAT  AUGUST 2003  I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant	Certificate Number 2,2223  ERSTREATMENTS  The water treatment provided in this repulsed in Part Lofter	Cass (A.B. C. ac 0)	FOR THE MONTH YEAR OF lof this form, certify that, to the best of the Also, I certify that the following			
II. STATEMENTEY LEAD CHIEF WAT  AUGUST 2003  I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the more	Certificate Number 2,2223  2,2223  ERSUREAUNIEATES  The water treatment provided in this report listed in Part I of this indicated above.	LANT OPERATOR  t plant listed in Part ort is true and accurate s form were prepare	FOR THE MONTH YEAR OF lof this form, certify that, to the best of the Also, I certify that the following			
II. STATEMENTEY LEAD CHIEF WAT  AUGUST 2003  I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the more	Certificate Number 2,2223  2,2223  ERSUREAUNIEATES  The water treatment provided in this report listed in Part I of this indicated above.	LANT OPERATOR  t plant listed in Part ort is true and accurate s form were prepare	FOR THE MONTH YEAR OF lof this form, certify that, to the best of the Also, I certify that the following			
ANTHONY J. STRIBNO  IN STATEMENT BY LEAD/SHIEF WAT  AUGUST 2003  I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the mont rates; and if applicable, appropriate treating	Certificate Number 2,2223  ERSEREATMENTS  Fifthe water treatment provided in this report listed in Part I of this indicated above: ment process performent process performent process performent process performent.	Cass (A.B.C. w/D)  C  LANT OPERATOR  It plant listed in Part ort is true and accura is form were prepare records of amounts mance records.	FORTHEMONTHYEAR OF Life this form, certify that, to the best of sie. Also, I certify that the following id each day that a certified operator of chemicals used and chemical feed			
Il STATEMENT BY LEAD CHIEF WATE  AUGUST 2003  I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the montrates; and if applicable, appropriate treatmer. Furthermore, I agree to retain these additional properties to retain the plant the retain the properties to retain the properties to retain the properties to retain the plant the properties the plant t	Certificate Number 2,2223  ERSEREATMENTS  Fifthe water treatment provided in this report listed in Part I of this indicated above: ment process performent process performent process performent process performent.	Cass (A.B.C. w/D)  C  LANT OPERATOR  It plant listed in Part ort is true and accura is form were prepare records of amounts mance records.	FORTHEMONTHYEAR OF Life this form, certify that, to the best of sie. Also, I certify that the following id each day that a certified operator of chemicals used and chemical feed			
ANTHONY J. STRIPPO  II STATEMENT BY LEAD/CHIEF WAT  AUGUST 2003  I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the mont rates; and if applicable, appropriate treatin Furthermore, I agree to retain these addition available for review upon request.	Certificate Number 2,2233  Fifthe water treatment provided in this report is ted in Part I of the indicated above; ment process performant performant process performant perfo	ANT OPERATOR  t plant listed in Part ort is true and accura is form were prepare records of amounts mance records.  ords at the plant site	FOR THE MONTH YEAR OF the best of the Also, I certify that the following id each day that a certified operator of chemicals used and chemical feed for at least five years and to make them			
Il STATEMENT BY LEAD CHIEF WATE  AUGUST 2003  I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the montrates; and if applicable, appropriate treatmer. Furthermore, I agree to retain these additional properties to retain the plant the retain the properties to retain the properties to retain the properties to retain the plant the properties the plant t	Certificate Number 2,2233  Fifthe water treatment provided in this report is ted in Part I of the indicated above; ment process performant performant process performant perfo	LANT OPERATOR  It plant listed in Part out is true and accurate from were prepare records of amounts mance records.  Ords at the plant site	FORTHEMONTHYEAR OF Life this form, certify that, to the best of sie. Also, I certify that the following id each day that a certified operator of chemicals used and chemical feed			

Systems that Treat Their Water

System PWS Identification Number: 653 0408

Treatment Plant Name:	PARK	WATER	CO.

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

PUGUST 2003

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

Summary of Daily Water Treatment Data for Month:

			Lowest Residual	Residual Distribution in Distribution System		Recorted	
Day of the Month	in Operation	Quantity of Finished Water Produced by Plant (guillons)	Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Whose Residual Disinfectant Measurements Taken at Total Collicen Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mgfL)	Recorded Emergency or Abnormal Operating Conditions
11	24	520,000	1.4	0.5	a.	0.9	
2		526,000	1.2	0.6			
3		370,000	1.0	0.5			
4		456,000	1.2	0.6			
5		466,000	7.0	0.5			
6		470,000	1.2	- تکر ه			
7		45/,000	1,4	0.5			
8		485,000	1.5	0.6			
9		460,000	1.4	0.5			
10		482,000	1.2	0.6			
11		424,000	1.4	0,5			
12		469,000	1.2	0,5			
13		461,000	/, 3	0,4			
14		441,000	/12	0,5			
15	-	266,000	1:0	0.6			
16		160,000	1.0	0,5			
17	<del>  </del>	146,000	1:2	0.5		<del></del>	
18		163,000	/, 2	_ ئ. ه			
19	<del></del>	156,000	1.0	0,5	<u> </u>		
20	<del>                                     </del>	170,000	<del>- 4:9</del>	0,4	<u> </u>		
21	<del>  </del>	123,000	1:4	2.7	<u> </u>		
22		142,000	: 1; 2	0.6	<u> </u>	<u> </u>	
23		/35,000	<u> </u>	0.4	<u> </u>	<u> </u>	<u> </u>
24	<del>  </del>	145,000	112	<u> </u>			
25	<del> </del>	/38,000		0.4	<u> </u>	<b> </b>	<b></b>
26	<del>                                     </del>	143,000	<u> </u>	1	· · · · · · · · · · · · · · · · · · ·	<b> </b>	
27	<del>                                     </del>	/37,000	/	0.5		<del> </del>	
28	<del>                                     </del>	136,000	1.0			<del> </del>	
29 30	H	126,000	0.6	0,4	<del></del>	<del> </del>	
31	l Šy			0,4	<del> </del>	<del></del>	-
		50,000	(		1 3		
Total		9,0421000					1.
Avg.		392,000					
Max.		526,000					



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH YEAR OF September 2003						
Water System Information						
System Name: PARIC LOAGER System Owner	C 0 .	P	WS Identification No.: 6536468			
Name: PORIL WATER CO.	INC,		Telephone No.: 638-1285			
Address: 25 Fig. of Aug. )			retephone No. 630 1333			
City: Loper works		*	State: 11. Zip Code: 33853			
System Type: 8 community; G non-trans	ient non-community;	G non-community; (	3 consecutive			
No. of Service Connections at End of Mo	mh: <u>フェン</u>	Total Population S	Served at End of Month: 1,933			
Water Treatment Plant Information Treatment Plant						
Name: BARK WATER CO			Telephone No.: 639-1095			
Address: 25 Flast pur	٠٠,					
City: Lane Lapes	- 9 -		State: Fl. Zip Code: 33855			
Permitted Maximum Day Capacity of Plan Plant Category and Class per Rule 62-69	nt <u>S</u> C					
Lead/Chief Plant Operator:	9.310(4), F.A.C.:	3 -				
	Codings berie	Commercial Dr. Commercial	Day(s)/Shitt(s) Worked			
140N J. EGBN	7426	C	Day(s)(Shiff(s) Worked			
Other Certified Plant Operators (attach a	dditional sheets if ne	CB22SUA).	6 USBE LORRER			
Name 2-35 22 325 27	Cestificate Number	Class (A. B. C. or Di	Day(s)/Shift(s) Worked			
ANTHONY J. STAIANC	12223	C	6 UISTE WEEK			
			60,374 2004			
		•				
·	·					
		<u> </u>	<u> </u>			
II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF SEPTEMBER 2003						
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.						
1600 + Ban 10-04-03 1600 + Ban 10-7426						
Signature and Date Name and Certificate Number (please type or print)						

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

System	<b>PWS</b>	Identification	Number:

65	30	45	28 -	
	_			_

Treatment Plant Name:	$\sim$		_	
I reatment Diant Name:	W 0042	,		
Treatment riant rante.	# 5-H/#(	/ . 1 Q . 1 m/	{ 23·	

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

Sept 2003

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:

[							
	Hours Plant in Operation		Lowest Residual	Residual I	Reported		
Day of the Month		Hours Plant Quantity of Finished Water in Produced by Plant Entry to Distribution		Concentration at Entry to Distribution	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	21	141,000				0.4	
2	]	130,000				0.5	
3		133,000				0,5	
4		146,000				0.4	
5		157,000				0.5	
6		140,000				0.6	
7		132,000				0.6	
-8		153,000				P.0	
9		149,000				0.4	
10		174,000				0.4	
11		186,000				0.4	
12		200/000				0.6	
13		220,000				0.5	
14		230,000				0.5	·
15		206,000				0.5	
16		3,000				0.5	
17		230,000				0.6	
18		224,000				0.5	
19		240,000				0.5	
20		245,000				0.5	
21		2341000				0.4	4.
22		234,000				0.5	
23		199,000	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			0.6	
24		216,000				0.4	
25		186,000				0.5	
26		181,000				0.6	
27		200,000		·		6.4	
28	6.2	191,000				0.6	
29		188,000				0.5	
30	24	184,000				0.0	
31			4 19 3				
Total	* 17	5,632,000					
Avg.		187,000					
Max.		245,000					



## Department of Environmental Protection

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

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND W	ATER TREATMENT	PLANT INFORMAT	ICN FOR THE MONTH	NYEAR OF
OCTOBER 2003				
Water System Information				
System Name: PARK WATER	Co;	P	WS Identification No.:	0530608
System Owner			T. C. C. 128	200
Name: POOK WATER CO.			Telephone No.: 638	1000
Address: 25 First Aug	<i>,</i>		O 61 7.0.1	270.0
City: LOUR WOLK		O	State: FI- Zip Code	5 2585
System Type: G community, G non-trans				1 0 22
No. of Service Connections at End of Mo	(NGL / 3 5	_ 10tal Population S	served at End of Month:	11735
Water Treatment Plant Information				
Treatment Plant				
Name: PARK WATER			Telephone No.: <u>638</u>	-1987
Address: 25 Hin 5 AUR	<i>i</i> U.			
City: [ ALCA WALKS			State: <u>卢/·</u> Zip Code	: <u>33855</u>
Permitted Maximum Day Capacity of Pla		127 gpd		
Plant Category and Class per Rule 62-69	9.310(4), F.A.C.:	<u>5C</u>		
.ead/Chief Plant Operator:				
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s)	Worked
KEUIN J. EGAN	7426	C	6 015/15 /WE	EK
Other Certified Plant Operators (attach a	dditional sheets if ne	cessary):		
Name	Certificate Number	Class (A, B, C, or D)		
ANTHONY J. STAIANO	12223	C	6015its/40	EK K
			<u> </u>	
	ļ			
	<u> </u>			
	1	<u> </u>	<u> </u>	
II. STATEMENT BY LEAD/CHIEF WA	TER TREATMENT P	LANT OPERATOR	FOR THE MONTH/YEA	AR OF
OCTOBER 2003				
I, the undersigned lead/chief operator	of the water treatmer	t nlant lieted in Part	I of this form cortify the	t to the hest of
my knowledge and belief, the information				
additional operations records for the plan	•	•		-
staffed or visited the plant during the mo				
rates; and if applicable, appropriate trea				
	• •			
Furthermore, I agree to retain these add available for review upon request.	•	•		
Signature and Date	03	PEEU'Z	J- EBBN C.	7826
Signature and Date		Name and Certi	ificate Number (please	type or print)
,				

### Paraller of the state of the st Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER Co,

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

OCTO BRE 2003

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		American Company of the Company of t	Lowest Residual	Produce	Distribution in Distributi	on System:	
Month	Operation	Quantity of Finished Water Produced by Plant (gallons)	Distribution at Entry to Distribution System (rugsl.)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Vituee Residual Disinfectant Measurements Taken at Total Coliforn Sampling Points	Lowest Residual Disinfectant Concentration at Total Conform Sampling Points	Reported Emergency or Abnormal Operating Conditions
2	ay.	172,000	1.2	0.5	3, 0,0	(mg/L)	10000
3	-	197,000	1.2	0.5			
4	<u>`</u>	227,000	1.4	0.5			
5		200,000	1.2	0.4			
6		203,000	1.4	0.5			
7	_	290,000	1.2	0.4			
8		205,000	1.4	0.6			
9		212,000	1.2	0.5			
10	-	228,000	1.2	0.4			
11		242,000	1.4	0.6			
12		250,000	12	0.5			
13		237,000	1.4	0.6			
14		352,000	1.4	0.5			
15		245,000	1.2	0.5			
16		245,000	1,0	0.4			
17	$\rightarrow$	246,000	0.8	0.4			
18	$\dashv \dashv \dashv$	352,000	100	0.4			
19	-+-+	360,000	1.2	0.5			
20	-+-+	239,000	1.0	0.5			
21	$\dashv$	260,000	1.0	0.4			
22	+-+	252,000	1.2	0.5			
23		308,000	::/.0	0,5			4
24		283,000	11.0	0.6	-		
25	+-+	287,000	1.2	0,5	2	<u> </u>	
26		240,000	1.0	0.4		0.8	

O. 5

0.5

0 .

26

27

28

29

30

31 Total

Avg.

267,000

225,000

185,000

236,000

293,000

296,000

2,511,000

249,000 308,000 25 1

0

2

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

See page 4 for instructions.

360	page 4 tot manuchons.						
	General Information	to the Month/Year of 100 460	BER S	2003			
A.	Public Water System (P	WS) Information					
	PWS Name: PPR	i watered.				PWS Ide	entification Number: 6536468
	PWS Type:	Community Non-Transient No	n-Community	Transic	nt Non-Community	Consecutive	
		nnections at End of Month: 7 S	<b>A</b>			Served at End of Mor	nth: 1,933
	PWS Owner: PAR	K WATER CO. INC.		and the same of th			
	Contact Person: 1< 7	UN J. EGAN			Contact Person's	Title: Usca F	PRESIPENT
	Contact Person's Maili	ng Address: SS FIRST AU	E / V .		City: LAKE	duple -	State: F-1, Zip Code: 333553
	Contact Person's Telep	hone Number: 638 -1285			Contact Person's I	Fax Number: 638	7-7441
	Contact Person's E-Ma	Il Address:					·
В.	Water Treatment Plant	Information					
	Plant Name: Pare	IK CHATICR CO.				Plant Te	lephone Number: 638-1385
		FIRM AUK 13.			City: Lake L	ALES State:	F), Zip Code: 32359
	Type of Water Treated			used Finished V	Vator		
	Permitted Maximum D	ay Operating Capacity of Plant, gallor	ns per day: .	3000			
	Plant Category (per sul	section 62-699.310(4), F.A.C.):	5 C		Plant Class (per su	bsection 62-699.310	)(4), F.A.C.):
	Major and Alegeration of	Numer Comment	of 1000 Personal (1)	License Class	License Number		Day(s)/Shift(s):Worked
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1				******************			
	Certification by Lical					원 시간 중에 가장 이렇게 한 사람들이 없었다.	
I, E	ie undersigned water tre	atment plant operator licensed in Flori	da, am the lead	/chief operator	of the water treatr	nent plant identified	in Part I of this report. I certify that the
inte	imation provided in this	s report is true and accurate to the best	of my knowle	dge and belief.	I certify that all di	rinking water treatme	ent chemicals used at this plant conform to
NS	r International Standard	ou or other applicable standards refer	enced in subse	ction 62-555.3	20(3), F.A.C. I also	o certify that the follo	owing additional operations records for this
plaz	at were prepared each di	ly that a licensed operator staffed or vi	isited this plant	during the mo	nth indicated above	e: (1) records of amo	unts of chemicals used and chemical feed
rate	s; and (2) if applicable,	appropriate treatment process perform	ance records.	Furthermore, I	agree to retain the	se additional operatio	ons records at the plant site for at least ten
yea	rs and to make them ava	ilable for review upon request.					•
-	20 DC	12-03-03	سدارل تقري	م که چې د	(And		0-7426
Sign	nature and Date		Printed or Ty	ped Name	<del>-</del>		License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: PANK LUBTHE CO PWS Identification Number: 6530408 III. Daily Data for the Month Aver of 2005 Ozone Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactivation/Removal: \* Free Chlorine Chlorine Dioxide Ultraviolet Radiation Other (Describe): Combined Chlorine (Chloramines) Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: | Combined Chlorine (Chloramines) | Chlorine Dioxide | Combined Chlorine (Chloramines) | Chlorine Dioxide | Chlorine Chlorine Dioxide | Chlorine Chlorine Chlorine | Chlorine Ch Free Chlorine 24 080,000 368,000 0,4 25/1000 0,5 196,000 0.5 185,000 195,000 0,4 9 7/003 0. Ó. 212,000 337,000 3 250.00-2 217.00 250,000 0 CD, 4 215,000 0 705,000 1980,000 0 198,000 O 234,000 0 330,000 0,4 Ø, 225,000 0 330,000 A73 Ò. 2221000 195,00.1 0.

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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



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

See page 4 for instructions.

26	e page 4 for instructions.				
Ţ.	General Information for the Month/Year of:	DECEMBER 2003			
Ā.	Public Water System (PWS) Information				'
	PWS Name: PROK WATER CO.				Number: 6536468
	PWS Type: Community Non-Tra	nsient Non-Community Trans	ient Non-Commun		
	Number of Service Connections at End of Month:	752	Total Population	n Served at Bnd of Month:	933
	PWS Owner: PARK WATER CO. 5	ZNC .	A STATE OF THE STA	A SINGLE FORM AND IN THE PROPERTY OF THE PROPE	
	Contact Person: KKUIN EGAN		Contact Person'	STITLE: UICE PREVID	ENT
	Contact Person's Mailing Address: 25 Frast	ask w.	City: LARE.	enperie State: K-1	.   Zip Code: 多38テリ
	Contact Person's Telephone Number: 638 - 1		Contact Person'	a Fax Number: 639 * フィイノ	
	Contact Person's E-Mail Address:				
B.	Water Treatment Plant Information				
	Plant Name: paric cuarter co.				mber: 638-1285
	Plant Address: 25 Fig. over 10.	Albertantes Management and Association and Ass	City: LAKER C	cupies   State: F1.	Zip Code: 33859
	Type of Water Treated by Plant: 🔀 Raw Grou	ind Water Purchased Finished			
	Permitted Maximum Day Operating Capacity of Pl				
1	Plant Category (per subsection 62-699.310(4), F.A.	(0):	Plant Class (per	subsection 62-699.310(4), F.A.C.)	
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11	Certification by Light Chief Operator				
ī, ti	ne undersigned water treatment plant operator license	ed in Fiorida, am the lead/chief operat	or of the water tree	tment plant identified in Part I of t	his report. I certify that the
ink	ormation provided in this report is true and accurate (	to the best of my knowledge and belie	f. I certify that all	drinking water treatment chemical	s used at this plant conform to
NS	F International Standard 60 or other applicable stand	ards referenced in subsection 62-555,	320(3), F.A.C. I a	iso certify that the following additi	onal operations records for this
	nt were prepared each day that a licensed operator st				
	is; and (2) if applicable, appropriate treatment proces		I agree to retain th	iese additional operations records a	t the plant site for at least ten
yea	rs and to make them available for review upon reque	ist.			•
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Sigi	nature and Date	Printed or Typed Name		License N	imber

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

PWS	Identifi	ication Number:	6530408	Plant Name: Pack	WATER CO.				
*************			MAYON OF DECEMBER	3003					
Mean	Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)								
U	Ultraviolet Radiation Other (Describe):								
***	(1. No. 1	4 1 1 1 1	4 5 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	em: Free Chlorine	Combined Chl	orine (Chloramines)	Chlorine Dioxide		
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

Attachment A - #5

Please see attached sanitary survey



M. Rony François, MD, MSPH, PhD Secretary

December 9, 2005

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

Anthony Staiano 25 First Avenue North Lake Wales, FL 33859

Dear Mr. Staiano:

A sanitary survey of your water system conducted on December 8, 2005 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

#### Deficiencies are listed below:

- 1. The top of the well casings is less than twelve inches above the finished grade. Chapter 62-532.500(3)(b)(4) indicates that the upper terminus of the well casing shall project at least twelve inches above the pump house floor, pump pit floor, or concrete apron around the well. Please ensure that this is corrected whenever any component of the wells is renovated.
- 2. The raw water sampling tap for each well is located after the check valve. Chapter 62-555.320(8)(b)2 requires a smooth-nosed tap for sampling raw well water located before the check valve and any treatment. Please correct during the next well repair.
- 3. There is a cross-connection with three unused hydropneumatic tanks. <u>Chapter 62-555.360(3)</u> requires that cross connections be eliminated by an air gap separation or the installation of an appropriate back flow prevention device acceptable to the Department.
- 4. The treatment plant is not equipped with a self-contained breathing apparatus (SCBA). <u>Chapter 62-555.320(13)(a)10a</u> requires that gas chlorination facilities be equipped with an SCBA meeting the requirements of the National Institute for Occupational Safety and Health (NIOSH). Please submit a statement outlining the procedure that will be followed when a leak is detected. This statement must be accompanied by a copy of the written agreement between the utility and the Fire Department located across the street.
- 5. Bacteriological samples are not being collected from all of the wells supplying water to the system. Chapter 62-550.518(2) requires water systems that are using ground water to take a minimum of one monthly raw water sample representative of each ground water source.
- 6. Only one well is equipped with a flow measuring device. <u>Chapter 62-555.320(16)</u> requires that all public water systems be equipped with a totalizing flow meter that accurately indicates pumpage of finished water at each water treatment plant.
- The 2004 Consumer Confidence Report Certification of Delivery is not on file.
   <u>Chapter 62-550.824(1)(k)(3)(e)1.b</u> states that a certification must be sent this office every year by August 10 using Form 62-555.900(19).

### CS/Park Water Company Page 2

8. There is no current asbestos plan on file. <u>Chapter 62-550.511(3)</u> requires that community and non-transient non-community water systems submit a plan to the Department using Form 62-555.900(10). This plan must be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

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

The following items are reminders:

- Ascertain compliance with the emergency preparedness/response plan requirement.
   <u>Chapter 62-555.350(15)</u> states that all community water systems serving, or designed to serve, 350 or more persons or 150 or more service connections, shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities, AWWA Manual M19*. Such plan must also include all the information required in <a href="Chapter 62-555.350(15">Chapter 62-555.350(15)</a> paragraphs (a) through (e). Please complete by December 31, 2005.
- 2. Ensure compliance with the operation and maintenance manual requirement. Chapter 62-555.350(13) states that the supplier of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual must be kept updated and shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this section. Please ascertain that a manual will be available for reference at the plant by December 31, 2005.
- 3. Make sure that a current drinking water distribution map is available onsite.
  <u>Chapter 62-555.350(14)</u> states that the supplier of water shall have an up-to-date map of the drinking water distribution system. The map must show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. Please complete the map by December 31, 2005.
- 4. Institute a piping color coding program. <u>Chapter 62-555.320(10)</u> indicates that all new or altered, aboveground piping at drinking water treatment plants shall be color coded and labeled as recommended in Section 2.14 of Recommended Standards for Water Works as incorporated into Rule 62-555.330.

If you have any questions, please contact me at (863) 519-8330 extension 1136.

Sincerely,

Rafael Reyes

**Engineering Specialist III** 

Reyes

RR/adh

Cc: Kevin Egan

### Water Lines

Raw

Settled or Clarified Finished or Potable

Reclaimed

Olive green

Aqua

Dark Blue

Purple

## **Chemical Lines**

Alum of Primary Coagulant

Ammonia Carbon Slurry

Caustic

Chlorine (Gas and Solution)

Fluoride

Lime Slurry

Ozone

Phosphate Compounds
Polymers or Coagulant Aids

Potassium Permanganate

Soda Ash

Sulfuric Acid

Sulfur Dioxide

Orange

White Black

Yellow with Green Band

Yellow

Light Blue with Red Band

Light Green

Yellow with Orange Band Light Green with Red Band Orange with Green Band

Violet

Light Green with Orange Band

Yellow with Red Band

Light Green with Yellow Band

## **Waste Lines**

**Backwash Waste** 

Sludge

Sewer (Sanitary or Other)

Light Brown

Dark Brown

Dark Gray

## **Other**

Compressed Air

Gas

Other Lines

Dark Green

Red

Light Gray

In situations where two colors do not have sufficient contrast to easily differentiate between them, a sixinch band of contrasting color should be on one of the pipes at approximately 30 inch intervals. The name of the liquid or gas should also be on the pipe. In some cases it may be advantageous to provide arrows indicating the direction of the flow.

Attachment A-46

Rule 25-30.440(6) I am providing a copy of a permit issued to Park Water Co. from the Polk County Health Department. This is the only construction or operating permit issued to us at this time. Also Allached is SWFMD parmit

N-16-2005 10:23 AM POLK COUNTY

965 534 7287

P.ST

Attachment #3

TRANSPORTATION DEPARTMENT - ENGINEERING SIVINGS POST OFFICE NOX 1004, DRAWIN TS - 47, MARTON, PLORIDA 33031- 9006

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	(Page 1 of 2)	1	
		CONSTRUCTION &	TESTING

### SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT WATER USE GENERAL PERMIT NO. 204005.003

**EXPIRATION DATE:** 

March 31, 2010

PERMIT ISSUE DATE: March 31, 2000

THE PERMITTEE IS RESPONSIBLE FOR APPLYING FOR A RENEWAL OF THIS PERMIT PRIOR TO THE EXPIRATION DATE WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL. FAILURE TO DO SO AND CONTINUED USE OF WATER AFTER EXPIRATION DATE IS A VIOLATION OF DISTRICT RULES AND MAY RESULT IN A MONETARY PENALTY AND/OR LOSS OF WATER. APPLICATION FOR RENEWAL PRIOR TO THE EXPIRATION DATE IS SUBJECT TO DISTRICT EVALUATION AND APPROVAL.

This permit, issued under the provision of Chapter 373, Florida Statutes and Florida Administrative Code 40D-2. authorizes the Permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

**GRANTED TO:** 

Park Water Company

25 First Avenue North Lake Wales, FL 33853

PROJECT NAME:

Not Specified

TYPE OF APPLICATION:

Renewal

**WATER USE CAUTION AREA:** 

Highlands Ridge

Southern

APPLICATION FILED:

January 13, 2000

APPLICATION AMENDED:

N/A

ACRES:

1.5 Owned

6,400.0 Serviced 6.401.5 Total

PROPERTY LOCATION:

Polk County, approximately 5.4 miles south of the city of Lake Wales

and 0.73 mile south of the intersection of County Highway 640 and US

Highway 27.

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE:

303,700

PEAK MONTHLY:

411,500

Use

**Average** 

**Peak Monthly** 

\*Public Supply\*:

303,700 gpd

411,500 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

Permittee: Park Water Company

Page :

**WATER USE: PUBLIC SUPPLY** 

#### **SERVICE AREA NAME**

Park Water Company

	POPULATION	PER CAPITA
<u>USE TYPE</u>	SERVED	RATE

Residential Single Family Other Metered Uses

**Total Public Supply:** 

2270

133.8 gpd/person

I.D. NO.				GALLONS	PER DAY
PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TTL./CSD.	USE	AVERAGE	PEAK MONTHLY
1/1	10	1,060 / 128	В	303,700	411,500
2/2	10	850 / 150	В	303,700	411,500

B = Public Supply

I.D. NO.	LOCATION LAT./LONG.	SECTION/TOWNSHIP/RANGE
1	275000.26/813520.12	35/30/27
2 .	274959.23/813519.32	35/30/27

#### **SPECIAL CONDITIONS:**

All conditions referring to approval by the Regulation Department Director, Resource Regulation, shall refer to the Director, Bartow Regulation Department, Resource Regulation.

1. All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

Permit Data Section, Records and Data Department Southwest Florida Water Management District 2379 Broad Street

Brooksville, Florida 34609-6899

Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

Permittee: Park Water Company

Page 3

- 2. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meters, or other flow measuring devices as approved by the Regulation Department Director, Resource Regulation, for District ID Nos. 1 and 2, Permittee ID Nos. 1 and 2. Such devices shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a monthly basis and reported to the Permit Data Section, Records and Data Department, (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permit Data Section, Records and Data Department, indicating zero gallons.
- 3. The average day, peak monthly, and maximum daily, if applicable, quantities for District ID Nos. 1 and 2, Permittee ID Nos. 1 and 2, shown above in the production withdrawal table are estimates based on historic and/or projected distribution of pumpage, and are for water use inventory and impact analysis purposes. The quantities listed in the table for these individual sources are not intended to dictate the distribution of pumpage from permitted sources. The Permittee may make adjustments in pumpage distribution as necessary up to 303,700 gallons per day on an average basis and up to 411,500 gallons per day on a peak monthly basis for the individual wells, so long as adverse environmental impacts do not result and other conditions of this Permit are complied with. In all cases, the total average annual daily withdrawal and the total peak monthly daily withdrawal are limited to the quantities set forth above.
- 4. By January 1, 1993, the Permittee shall have achieved a per capita water rate equal to or less than 150 gpd; this standard shall remain in effect until modified by rule. For planning purposes, listed below are per-capita goals for future management periods. These goals may be established as requirements through future rulemaking by the District:
  - a. By January 1, 1997, the District may establish a new per capita water use standard. Based on current information, the per capita water use goal may be established by rule at 140 gpd; and
  - b. By January 1, 2002, the District may establish a new per capita water use standard. Based on current information, the per capita water use goal may be established by rule at 130 gpd.

By April 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

- a. The population served;
- b. Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
- c. Total withdrawals:
- d. Treatment losses.
- e. Environmental mitigation quantities.
- f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point.
- g. Documentation of reuse and desalination credits, if taken.

If for some reason, the Permittee does not achieve the specified per capita rate, the report shall document why the rate and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

Permittee: Park Water Company

Page

4

The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is justifiable and a variance is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger-than-average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period. Per capita rate requirements may be adjusted upward or downward through rulemaking and will become requirements.

- 5. The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permit Data Section, Records and Data Department, by the following dates: April 1, 2001 and April 1, 2011. Water audit reports shall include a schedule for remedial action if needed.
- 6. By April 1 of each year, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:
  - a. The number of single family dwelling units served and their total water use,
  - b. The number of multi-family dwelling units served and their total water use.
  - c. The number of mobile homes served and their total water use.

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

- 7. By January 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:
  - a. Quantity of total reclaimed water provided by the Permittee for reuse on both a total annual average daily and monthly basis;
  - b. For all individual customer reuse connections with line sizes of 4 inches or greater, list:
    - 1. account name and address:
    - 2. location of connection(s) by latitude longitude;
    - 3. line size:
    - 4. meter (yes or no); and
    - 5. metered quantities, if metered.

#### STANDARD CONDITIONS:

1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.

Authorized Signature

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Permittee: Park Water Company

Page

# 40D-2 Exhibit "A" WATER USE PERMIT CONDITIONS

#### STANDARD CONDITIONS

- 1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
- 2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
- 3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
- 4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
- 5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
- 6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
- 7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
- 8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
- 9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
- 10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
- 11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

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- 12. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
- 13. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
- 14. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
- 15. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

R.02/24/2000

Attachment A - #7

No violations exist

Attach A-#8

Rule 25-303440(8) Employee responsibilities and Salary Allocation

Jennifer Staiano - Secretary Treasurer- Corporate Officer, 100% of Salary allocated to salary Expense.

- A. Office manager
- B. Billing department
- C. Late Billing
- D. Accounts receivable
- E. Accounts payable
- F. Banking responsibility
- G. General Ledger posting
- H. Records maintenance
- I. Customer relations
- J. Check signer

Kevin Egan - VP - Corporate Officer, 100% of Salary allocated to salary Expense.

- A. Plant manager C class Water Operator
- B. Out of office customer relations
- C. Plant Repair and Maintenance
- D. Distribution Repair and Maintenance
- E. Meter Reading
- F. Chemical Testing
- G. Equipment maintenance
- H. Purchasing manager
- I. Inventory manager
- J. Forms and regulations filing
- K. Check Signer
- L. Hurricane Readiness Planner

### Anthony Staiano - President, 100% of Salary allocated to salary Expense

- A. C class Water Operator
- B. Accounting and Bank Reconciliation, JE, PSC forms and Fees
- C. Tax preparations annual.
- D. Bank accounts and loans manager
- E. Customer relations
- F. Distribution System repair and maintenance
- G. Meter reading
- H. Large repairs, purchases, and acquisitions manager
- I. Read out plant and check chlorine residual
- J. Oversee all corporate aspects, and insurances
- K. Check signer
- L. Emergency Response Planner

Attach A-#9

Rule 25-30.440(9) Vehicle allocation
Park Water Companies two vehicles are allocated 100% to Transportation Expense.

Attachment A - #10

No complaints filed