State of Florida

Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE:	December 16, 2011
TO:	Ann Cole, Commission Clerk, Office of Commission Clerk
FROM:	Robert Simpson, Engineering Specialist II, Division of Economic Regulation
RE:	Docket No. 110238-WU; Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Attached are responses from the Utility regarding the September 1, 2011 letter which requested engineering information from Sunrise Utilities, LLC. Please place the attached documents in the docket file.

Should you have any questions, regarding this matter, please contact me.

Attachments

To: Robert Simpson

From; Mike Smallridge

RE: Docket # 110238-W Sunrise Utilities in Polk County.

Dear Mr. Simpson:

Enclosed please find requested information from your letter of September 1

1. Enclosed
2. Enclosed
3. There are no calibration reports for the last 3 years.
4. Enclosed
5. Enclosed
6. Other than complaints filed with the Commission, the utility has no complaints on file.
7. Sunrise Utilities, LLC is a class "c" water only utility which owns the land for which the well site is located. 1 primary 6" well and one 4" back up well. Two hydro tanks and the system is treated with chlorine.
8. Not currently available. I will forward copy to you. I believe you have a copy of the map from the 2009 rate case on file. Nothing has changed since then.
9. No future expansion.
10. Sunrise Utilities have installed 56 new meters at a cost of $2136.34 and $1960 for labor to install. Sunrise also replaced main well pump because it was hit by lightning.
11. Have not completed bid process.
12. Enclosed.

Customer History

SUNRISE GENERAL SERVICE CUSTOMER IS A convenience Store.

SUNRISE SUPERMARKET
2581 SUN ACRES BLVD
AUBURNDALE, FL 33823

Meter ID / Account Nbr: 2581SA
Service Adr: 2581 SUN ACRES BLVD
Service Type: General Services

Type	Date	Memo	Start	End	Usage	Est	Amount	Other Charges Amount	Taxes	Late Fee Period Total	Balance
I	12/12/2008					☐	$11.11	$0.00	$0.00	$0.00	
		bal. Fwd						$0.00	$0.00		
								$0.00	$0.00	$11.11	$11.11
P	12/15/2008					☐	($11.11)		$0.00	$0.00	
		check#2187							$0.00		
								$0.00	$0.00	($11.11)	$0.00
I	1/2/2009		1049660	1043310	-6350	☐	$10.10	$0.00	$0.00	$0.00	
		UtilBill						$0.00	$1.01		
								$0.00	$0.00	$11.11	$11.11
P	1/15/2009					☐	($11.11)		$0.00	$0.00	
		check#2212							$0.00		
								$0.00	$0.00	($11.11)	$0.00
I	2/2/2009		1043310	1047340	4030	☐	$16.71	$0.00	$0.00	$0.00	
		UtilBill						$0.00	$1.67		
								$0.00	$0.00	$18.38	$18.38
P	2/13/2009					☐	($18.38)		$0.00	$0.00	
		check#2234							$0.00		
								$0.00	$0.00	($18.38)	$0.00
I	3/1/2009		1047340	1053640	6300	☐	$21.50	$0.00	$0.00	$0.00	
		UtilBill						$0.00	$2.15		
								$0.00	$0.00	$23.65	$23.65
P	3/12/2009					☐	($23.65)		$0.00	$0.00	
		check#2255							$0.00		
								$0.00	$0.00	($23.65)	$0.00

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Service Type: General Services

Type	Date	Memo	Start	End	Usage	Est	Amount	Other Charges Amount	Taxes	Late Fee Period Total	Balance
I	4/1/2009		1053640	1057810	4170	☐	$16.94	$0.00	$0.00	$0.00	
		UtilBill						$0.00	$1.69		
								$0.00	$0.00	$18.63	$18.63
P	4/9/2009					☐	($18.63)		$0.00	$0.00	
		check#2276							$0.00		
								$0.00	$0.00	($18.63)	$0.00
I	5/1/2009		1057810	1060530	2720	☐	$14.56	$0.00	$0.00	$0.00	
		UtilBill						$0.00	$1.46		
								$0.00	$0.00	$16.02	$16.02
P	5/15/2009					☐	($16.02)		$0.00	$0.00	
		check#2302							$0.00		
								$0.00	$0.00	($16.02)	$0.00
I	6/1/2009		1060530	1065570	5040	☐	$18.40	$0.00	$0.00	$0.00	
		UtilBill						$0.00	$1.84		
								$0.00	$0.00	$20.24	$20.24
P	6/12/2009					☐	($20.24)		$0.00	$0.00	
		check#2324							$0.00		
								$0.00	$0.00	($20.24)	$0.00
I	7/1/2009		1065570	1068910	3340	☐	$15.58	$0.00	$0.00	$0.00	
		UtilBill						$0.00	$1.56		
								$0.00	$0.00	$17.14	$17.14
P	7/13/2009					☐	($17.14)		$0.00	$0.00	
		check#2347							$0.00		
								$0.00	$0.00	($17.14)	$0.00
I	8/3/2009		1068910	1073240	4330	☐	$17.20	$0.00	$0.00	$0.00	
		UtilBill						$0.00	$1.72		
								$0.00	$0.00	$18.92	$18.92

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Service Type: General Services

Type	Date	Memo	Start	End	Usage	Est	Amount	Other Charges	Amount	Taxes	Late Fee Period Total	Balance
P	8/10/2009					☐	($18.92)			$0.00	$0.00	
		check#2375								$0.00		
									$0.00	$0.00	($18.92)	$0.00
I	9/1/2009		1073240	1080130	6890	☐	$22.95		$0.00	$0.00	$0.00	
		UtilBill							$0.00	$2.30		
									$0.00	$0.00	$25.25	$25.25
P	9/10/2009					☐	($25.95)			$0.00	$0.00	
		check#2428								$0.00		
									$0.00	$0.00	($25.95)	($0.70)
I	10/1/2009		1080130	1083510	3380	☐	$15.64		$0.00	$0.00	$0.00	
		UtilBill							$0.00	$1.56		
									$0.00	$0.00	$17.20	$16.50
P	10/8/2009					☐	($16.50)			$0.00	$0.00	
		check#2476								$0.00		
									$0.00	$0.00	($16.50)	$0.00
I	11/2/2009		1083510	1093380	9870	☐	$30.28		$0.00	$0.00	$0.00	
		UtilBill							$0.00	$3.03		
									$0.00	$0.00	$33.31	$33.31
P	11/12/2009					☐	($33.31)			$0.00	$0.00	
		cehck#2533								$0.00		
									$0.00	$0.00	($33.31)	$0.00
I	12/2/2009		1093380	1098150	4770	☐	$17.92		$0.00	$0.00	$0.00	
		UtilBill							$0.00	$1.79		
									$0.00	$0.00	$19.71	$19.71
P	12/10/2009					☐	($19.71)			$0.00	$0.00	
		cehck#2580								$0.00		
									$0.00	$0.00	($19.71)	$0.00

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Type	Date	Memo	Start	End	Usage	Est	Amount	Other Charges Amount	Taxes	Late Fee	Period Total	Balance
I	1/1/2010		1098150	1103550	5400	☐	$19.28	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$1.93			
								$0.00	$0.00		$21.21	$21.21
P	1/7/2010					☐	($21.21)		$0.00	$0.00		
		cehck#2622							$0.00			
								$0.00	$0.00		($21.21)	$0.00
I	2/3/2010		1103550	1110710	7160	☐	$28.07	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.81			
								$0.00	$0.00		$30.88	$30.88
P	2/10/2010					☐	($30.88)		$0.00	$0.00		
		check#2678							$0.00			
								$0.00	$0.00		($30.88)	$0.00
I	3/4/2010		1110710	1129694	18984	☐	$57.75	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$5.78			
								$0.00	$0.00		$63.53	$63.53
P	3/9/2010					☐	($63.53)		$0.00	$0.00		
		check#2727							$0.00			
								$0.00	$0.00		($63.53)	$0.00
I	4/1/2010		1129694	1144020	14326	☐	$46.06	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$4.61			
								$0.00	$0.00		$50.67	$50.67
P	4/7/2010					☐	($50.67)		$0.00	$0.00		
		check#2781							$0.00			
								$0.00	$0.00		($50.67)	$0.00
I	5/1/2010		1144020	1149850	5830	☐	$24.73	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.47			
								$0.00	$0.00		$27.20	$27.20

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Type	Date	Memo	Start	End	Usage	Est	Amount	Other Charges Amount	Taxes	Late Fee	Period Total	Balance
P	5/9/2010					☐	($27.20)		$0.00	$0.00		
		check#2834							$0.00			
								$0.00	$0.00		($27.20)	$0.00
I	6/2/2010		1149850	1156840	6990	☐	$27.64	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.76			
								$0.00	$0.00		$30.40	$30.40
P	6/10/2010					☐	($27.64)		$0.00	$0.00		
		check#2888							$0.00			
								$0.00	$0.00		($27.64)	$2.76
I	7/1/2010		1156840	1161320	4480	☐	$21.34	$0.00	$0.00	$5.00		
		UtilBill						$0.00	$2.13			
								$0.00	$0.00		$28.47	$31.23
P	7/12/2010					☐	($21.34)		$0.00	$0.00		
		check#2941							$0.00			
								$0.00	$0.00		($21.34)	$9.89
I	8/2/2010		1161320	1166370	5050	☐	$22.78	$0.00	$0.00	$5.00		
		UtilBill						$0.00	$2.28			
								$0.00	$0.00		$30.06	$39.95
P	8/8/2010					☐	($39.95)		$0.00	$0.00		
		check#2995							$0.00			
								$0.00	$0.00		($39.95)	$0.00
I	9/2/2010		1166370	1170510	4140	☐	$20.49	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.05			
								$0.00	$0.00		$22.54	$22.54
P	9/9/2010					☐	($22.54)		$0.00	$0.00		
		check#3049							$0.00			
								$0.00	$0.00		($22.54)	$0.00

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Type	Date	Memo	Start	End	Usage	Est	Amount	Other Charges Amount	Taxes	Late Fee	Period Total	Balance
I	10/1/2010		1170510	1176210	5700	☐	$24.41	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.44			
								$0.00	$0.00		$26.85	$26.85
P	10/11/2010					☐	($26.85)		$0.00	$0.00		
		check#3107							$0.00			
								$0.00	$0.00		($26.85)	$0.00
I	11/4/2010		10	650	640	☐	$11.71	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$1.17			
								$0.00	$0.00		$12.88	$12.88
P	11/17/2010					☐	($12.88)		$0.00	$0.00		
		check#3167							$0.00			
								$0.00	$0.00		($12.88)	$0.00
I	12/1/2010		650	4390	3740	☐	$19.49	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$1.95			
								$0.00	$0.00		$21.44	$21.44
P	12/20/2010					☐	($21.44)		$0.00	$0.00		
		check#3229							$0.00			
								$0.00	$0.00		($21.44)	$0.00
I	1/2/2011		4390	9360	4970	☐	$22.57	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.26			
								$0.00	$0.00		$24.83	$24.83
P	1/20/2011					☐	($24.83)		$0.00	$0.00		
		check#3263							$0.00			
								$0.00	$0.00		($24.83)	$0.00
I	2/1/2011		9360	13950	4590	☐	$21.62	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.16			
								$0.00	$0.00		$23.78	$23.78

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Type	Date	Memo	Start	End	Usage	Est	Amount	Other Charges Amount	Taxes	Late Fee	Period Total	Balance
P	2/15/2011					☐	($23.78)		$0.00	$0.00		
		check#3304							$0.00			
								$0.00	$0.00		($23.78)	$0.00
I	3/1/2011		13950	18280	4330	☐	$20.97	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.10			
								$0.00	$0.00		$23.07	$23.07
P	3/18/2011					☐	($23.07)		$0.00	$0.00		
		ck 3365							$0.00			
								$0.00	$0.00		($23.07)	$0.00
I	3/31/2011		18280	23280	5000	☐	$22.65	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.27			
								$0.00	$0.00		$24.92	$24.92
P	4/29/2011					☐	($24.92)		$0.00	$0.00		
		ck 3427							$0.00			
								$0.00	$0.00		($24.92)	$0.00
I	5/2/2011		23280	28310	5030	☐	$22.73	$0.00	$0.00	$5.00		
		UtilBill						$0.00	$2.27			
								$0.00	$0.00		$30.00	$30.00
P	5/12/2011					☐	($30.00)		$0.00	$0.00		
		ck 3470							$0.00			
								$0.00	$0.00		($30.00)	$0.00
I	6/3/2011		28310	32870	4560	☐	$21.55	$0.00	$0.00	$0.00		
		UtilBill						$0.00	$2.16			
								$0.00	$0.00		$23.71	$23.71
P	6/16/2011					☐	($23.71)		$0.00	$0.00		
		ck 3530							$0.00			
								$0.00	$0.00		($23.71)	$0.00

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Type	Date	Memo	Start	End	Usage	Est	Amount	Other Charges	Amount	Taxes	Late Fee	Period Total	Balance
I	7/1/2011		32870	37720	4850	☐	$22.27		$0.00	$0.00	$0.00		
		UtilBill							$0.00	$2.23			
									$0.00	$0.00		$24.50	$24.50
P	7/12/2011					☐	($24.50)			$0.00	$0.00		
		ck 3463								$0.00			
									$0.00	$0.00		($24.50)	$0.00
I	8/2/2011		37720	44880	7160	☐	$28.07		$0.00	$0.00	$0.00		
		UtilBill							$0.00	$2.81			
									$0.00	$0.00		$30.88	$30.88
P	8/19/2011					☐	($30.88)			$0.00	$0.00		
		ck 3651								$0.00			
									$0.00	$0.00		($30.88)	$0.00
I	9/2/2011		44880	52684	7804	☑	$29.69		$0.00	$0.00	$0.00		
		UtilBill							$0.00	$2.97			
									$0.00	$0.00		$32.66	$32.66
P	9/15/2011					☐	($29.69)			$0.00	$0.00		
		ck 3715								$0.00			
									$0.00	$0.00		($29.69)	$2.97
I	10/4/2011		52684	58470	5786	☐	$24.62		$0.00	$0.00	$7.00		
		UtilBill							$0.00	$2.46			
									$0.00	$0.00		$34.08	$37.05
P	10/14/2011					☐	($37.05)			$0.00	$0.00		
		ck 3767								$0.00			
									$0.00	$0.00		($37.05)	$0.00
I	11/1/2011		58470	70790	12320	☐	$41.02		$0.00	$0.00	$0.00		
		UtilBill							$0.00	$4.10			
									$0.00	$0.00		$45.12	$45.12

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Type	Date	Memo	Start	End	Usage	Est	Amount	Other Charges Amount	Taxes	Late Fee Period Total	Balance
P	11/8/2011					☐	($45.12)		$0.00	$0.00	
		ck 3813							$0.00		
								$0.00	$0.00	($45.12)	$0.00
									Customer Balance		$0.00

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

1/1/2010 to 1/31/2010

General Services

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		5400		$0.00		$0.00		$1.93		$0.00		$0.00	
General Services			$19.28		$0.00		$0.00		$0.00		$21.21		$21.21
# of Customers Billed	1												

Residential

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1015045		$35.00		$0.00		$420.57		$325.00		$2,553.00	
Residential			$4,000.29		$0.00		$0.00		$0.00		$4,780.86		$7,333.86
# of Customers Billed	236												
Report Totals		**1020445**		**$35.00**		**$0.00**		**$422.50**		**$325.00**		**$2,553.00**	
			$4,019.57		**$0.00**		**$0.00**		**$0.00**		**$4,802.07**		**$7,355.07**
# of Cust / Billed Category			236	1	0	0				68			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

2/1/2010 to 2/28/2010

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	7160		$0.00		$0.00		$2.81		$0.00		$0.00	
General Services		$28.07		$0.00		$0.00		$0.00		$30.88		$30.88
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1247241		$35.00		$0.00		$503.98		$310.00		$451.56	
Residential		$5,038.51		$0.00		$0.00		$0.00		$5,887.49		$6,339.05
# of Customers Billed 234												
Report Totals	**1254401**	**$5,066.58**	**$35.00**	**$0.00**	**$0.00**	**$0.00**	**$506.79**	**$0.00**	**$310.00**	**$5,918.37**	**$451.56**	**$6,369.93**
# of Cust / Billed Category		234	1	0	0				64			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

3/1/2010 to 3/31/2010

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	18984		$0.00		$0.00		$5.78		$0.00		$0.00	
General Services		$57.75		$0.00		$0.00		$0.00		$63.53		$63.53
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1107120		$0.00		$0.00		$454.36		$170.00		$1,383.51	
Residential		$4,401.54		$0.00		$0.00		$0.00		$5,025.90		$6,409.41
# of Customers Billed 243												
Report Totals	**1126104**	**$4,459.29**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$460.14**	**$0.00**	**$170.00**	**$5,089.43**	**$1,383.51**	**$6,472.94**
# of Cust / Billed Category		237	0	0	0				49			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

4/1/2010 to 4/30/2010

General Services

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		14326		$0.00		$0.00		$4.61		$0.00		$0.00	
General Services			$46.06		$0.00		$0.00		$0.00		$50.67		$50.67
# of Customers Billed	1												

Residential

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		605637		$0.00		$0.00		$353.21		$220.00		$618.37	
Residential			$3,470.21		$0.00		$0.00		$0.00		$4,043.42		$4,661.79
# of Customers Billed	230												
Report Totals		**619963**	**$3,516.27**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$357.82**	**$0.00**	**$220.00**	**$4,094.09**	**$618.37**	**$4,712.46**
# of Cust / Billed Category			229	0	0	0				48			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

5/1/2010 to 5/31/2010

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	5830		$0.00		$0.00		$2.47		$0.00		$0.00	
General Services		$24.73		$0.00		$0.00		$0.00		$27.20		$27.20
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1259061		$52.00		$0.00		$501.52		$185.00		$267.40	
Residential		$4,932.02		$0.00		$0.00		$0.00		$5,670.54		$5,937.94
# of Customers Billed 233												
Report Totals	**1264891**	**$4,956.75**	**$52.00**	**$0.00**	**$0.00**	**$0.00**	**$503.99**	**$0.00**	**$185.00**	**$5,697.74**	**$267.40**	**$5,965.14**
# of Cust / Billed Category		230	1	0	0				48			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

6/1/2010 to 6/30/2010

General Services

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		6990		$0.00		$0.00		$2.76		$0.00		$0.00	
General Services			$27.64		$0.00		$0.00		$0.00		$30.40		$30.40
# of Customers Billed	1												

Residential

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1558765		$25.00		$0.00		$595.89		$225.00		$1,010.01	
Residential			$5,867.23		$0.00		$0.00		$0.00		$6,713.12		$7,723.13
# of Customers Billed	236												
Report Totals		**1565755**	**$5,894.87**	**$25.00**	**$0.00**	**$0.00**	**$0.00**	**$598.65**	**$0.00**	**$225.00**	**$6,743.52**	**$1,010.01**	**$7,753.53**
# of Cust / Billed Category			232	1	0	0				56			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

7/1/2010 to 7/31/2010

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	4480		$0.00		$0.00		$2.13		$5.00		$2.76	
General Services		$21.34		$0.00		$0.00		$0.00		$28.47		$31.23
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1400281		$0.00		$0.00		$563.43		$260.00		$1,192.07	
Residential		$5,327.66		$0.00		$0.00		$0.00		$6,151.09		$7,343.16
# of Customers Billed 233												
Report Totals	**1404761**		**$0.00**		**$0.00**		**$565.56**		**$265.00**		**$1,194.83**	
		$5,349.00		**$0.00**		**$0.00**		**$0.00**		**$6,179.56**		**$7,374.39**
# of Cust / Billed Category		230	0	0	0				61			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

8/1/2010 to 8/31/2010

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	5050		$0.00		$0.00		$2.28		$5.00		$9.89	
General Services		$22.78		$0.00		$0.00		$0.00		$30.06		$39.95
# of Customers Billed	1											

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1487993		$187.13		$0.00		$580.21		$385.00		$263.31	
Residential		$5,776.53		$0.00		$0.00		$0.00		$6,928.87		$7,192.18
# of Customers Billed	235											
Report Totals	**1493043**		**$187.13**		**$0.00**		**$582.49**		**$390.00**		**$273.20**	
		$5,799.31		**$0.00**		**$0.00**		**$0.00**		**$6,958.93**		**$7,232.13**
# of Cust / Billed Category		235	13	0	0				80			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

9/1/2010 to 9/30/2010

General Services

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		4140		$0.00		$0.00		$2.05		$0.00		$0.00	
General Services			$20.49		$0.00		$0.00		$0.00		$22.54		$22.54
# of Customers Billed	1												

Residential

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1109314		$52.00		$0.00		$456.45		$320.00		$1,632.90	
Residential			$3,806.14		$0.00		$0.00		$0.00		$4,634.59		$6,267.49
# of Customers Billed	237												

Kraft

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total				$0.00		$0.00		$0.00		$0.00		$51.25	
Kraft			($51.25)		$0.00		$0.00		$0.00		($51.25)		$0.00
# of Customers Billed	1												
Report Totals		**1113454**	**$3,775.38**	**$52.00**	**$0.00**	**$0.00**	**$0.00**	**$458.50**	**$0.00**	**$320.00**	**$4,605.88**	**$1,684.15**	**$6,290.03**
# of Cust / Billed Category			235	1	0	0				78			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

10/1/2010 to 10/31/201

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	5700		$0.00		$0.00		$2.44		$0.00		$0.00	
General Services		$24.41		$0.00		$0.00		$0.00		$26.85		$26.85
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1303480		$140.00		$0.00		$514.81		$305.00		$390.66	
Residential		$5,122.65		$10.00		$0.00		$0.00		$6,092.46		$6,483.12
# of Customers Billed 227												

Kraft

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	11830		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed 1												
Report Totals	**1321010**	**$5,147.06**	**$140.00**	**$10.00**	**$0.00**	**$0.00**	**$517.25**	**$0.00**	**$305.00**	**$6,119.31**	**$390.66**	**$6,509.97**
# of Cust / Billed Category		225	11	2	0				68			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

11/1/2010 to 11/30/201

General Services

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		640		$0.00		$0.00		$1.17		$0.00		$0.00	
General Services			$11.71		$0.00		$0.00		$0.00		$12.88		$12.88
# of Customers Billed	1												

Residential

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1358754		$230.00		$0.00		$525.48		$340.00		$126.07	
Residential			$5,117.47		$0.00		$0.00		$0.00		$6,212.95		$6,339.02
# of Customers Billed	233												

Kraft

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		14970		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft			$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed	1												

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Report Totals		**1374364**	**$5,129.18**	**$230.00**	**$0.00**	**$0.00**	**$0.00**	**$526.65**	**$0.00**	**$340.00**	**$6,225.83**	**$126.07**	**$6,351.90**
# of Cust / Billed Category			231	23	0	0				74			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

12/1/2010 to 12/31/201

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	3740		$0.00		$0.00		$1.95		$0.00		$0.00	
General Services		$19.49		$0.00		$0.00		$0.00		$21.44		$21.44
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1024039		$25.00		$0.00		$430.55		$340.00		$182.08	
Residential		$4,268.17		$0.00		$0.00		$0.00		$5,063.72		$5,245.80
# of Customers Billed 233												

Kraft

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	9210		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed 1												
Report Totals	**1036989**	**$4,287.66**	**$25.00**	**$0.00**	**$0.00**	**$0.00**	**$432.50**	**$0.00**	**$340.00**	**$5,085.16**	**$182.08**	**$5,267.24**
# of Cust / Billed Category		232	1	0	0				72			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

1/1/2011 to 1/31/2011

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	4970		$0.00		$0.00		$2.26		$0.00		$0.00	
General Services		$22.57		$0.00		$0.00		$0.00		$24.83		$24.83
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1120988		$25.00		$0.00		$458.86		$255.00		$641.53	
Residential		$4,582.66		$5.00		$0.00		$0.00		$5,326.52		$5,968.05
# of Customers Billed 236												

Kraft

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	12200		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed 1												
Report Totals	***1138158***	**$4,605.23**	***$25.00***	**$5.00**	***$0.00***	**$0.00**	***$461.12***	**$0.00**	***$255.00***	**$5,351.35**	***$641.53***	**$5,992.88**
# of Cust / Billed Category		231	1	1	0				63			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

2/1/2011 to 2/28/2011

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	4590		$0.00		$0.00		$2.16		$0.00		$0.00	
General Services		$21.62		$0.00		$0.00		$0.00		$23.78		$23.78
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1167605		$0.00		$0.00		$475.83		$265.00		($197.61)	
Residential		$4,522.24		$5.00		$0.00		$0.00		$5,268.07		$5,070.46
# of Customers Billed 235												

Kraft

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	12210		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed 1												
Report Totals	**1184405**	**$4,543.86**	**$0.00**	**$5.00**	**$0.00**	**$0.00**	**$477.99**	**$0.00**	**$265.00**	**$5,291.85**	**($197.61)**	**$5,094.24**
# of Cust / Billed Category		234	0	1	0				57			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

3/1/2011 to 3/31/2011

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	9330		$0.00		$0.00		$4.37		$0.00		$0.00	
General Services		$43.62		$0.00		$0.00		$0.00		$47.99		$47.99
# of Customers Billed 2												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	2487106		$185.00		$0.00		$1,008.82		$610.00		$278.81	
Residential		$10,086.70		$10.00		$0.00		$0.00		$11,900.52		$12,179.33
# of Customers Billed 465												

Kraft

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	22210		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed 2												
Report Totals	**2518646**	**$10,130.32**	**$185.00**	**$10.00**	**$0.00**	**$0.00**	**$1,013.19**	**$0.00**	**$610.00**	**$11,948.51**	**$278.81**	**$12,227.32**
# of Cust / Billed Category		466	11	2	0				125			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

4/1/2011 to 4/30/2011

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	17020		$0.00		$0.00		$6.51		($5.00)		$35.55	
Residential		$65.14		$0.00		$0.00		$0.00		$66.65		$102.20
# of Customers Billed 4												
Report Totals	**17020**	**$65.14**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$6.51**	**$0.00**	**($5.00)**	**$66.65**	**$35.55**	**$102.20**
# of Cust / Billed Category		3	0	0	0				1			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

5/1/2011 to 5/31/2011

General Services

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		5030		$0.00		$0.00		$2.27		$5.00		$0.00	
General Services			$22.73		$0.00		$0.00		$0.00		$30.00		$30.00
# of Customers Billed	1												

Residential

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1406797		$75.00		$0.00		$558.79		$263.59		($456.94)	
Residential			$5,576.36		$5.00		$0.00		$0.00		$6,478.74		$6,021.80
# of Customers Billed	243												

Kraft

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		12120		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft			$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed	1												
Report Totals		**1423947**	**$5,599.09**	**$75.00**	**$5.00**	**$0.00**	**$0.00**	**$561.06**	**$0.00**	**$268.59**	**$6,508.74**	**($456.94)**	**$6,051.80**
# of Cust / Billed Category			240	5	1	0				61			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

6/1/2011 to 6/30/2011

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	4560		$0.00		$0.00		$2.16		$0.00		$0.00	
General Services		$21.55		$0.00		$0.00		$0.00		$23.71		$23.71
# of Customers Billed	1											

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1447130		$85.00		$0.00		$560.75		$399.00		$886.65	
Residential		$5,430.79		$50.00		$0.00		$0.00		$6,525.54		$7,412.19
# of Customers Billed	236											

Kraft

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	11590		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed	1											
Report Totals	**1463280**	**$5,452.34**	**$85.00**	**$50.00**	**$0.00**	**$0.00**	**$562.91**	**$0.00**	**$399.00**	**$6,549.25**	**$886.65**	**$7,435.90**
# of Cust / Billed Category		236	5	4	0				57			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

7/1/2011 to 7/31/2011

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	4850		$0.00		$0.00		$2.23		$0.00		$0.00	
General Services		$22.27		$0.00		$0.00		$0.00		$24.50		$24.50
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1571057		$205.00		$0.00		$604.89		$211.00		$65.76	
Residential		$6,048.06		$0.00		$0.00		$0.00		$7,068.95		$7,134.71
# of Customers Billed 240												

Kraft

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	12830		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed 1												

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Report Totals	**1588737**	**$6,070.33**	**$205.00**	**$0.00**	**$0.00**	**$0.00**	**$607.12**	**$0.00**	**$211.00**	**$7,093.45**	**$65.76**	**$7,159.21**
# of Cust / Billed Category		237	11	0	0				39			

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

8/1/2011 to 8/31/2011

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	7160		$0.00		$0.00		$2.81		$0.00		$0.00	
General Services		$28.07		$0.00		$0.00		$0.00		$30.88		$30.88
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1281006		$239.35		$0.00		$528.22		$420.00		$1,698.65	
Residential		$5,276.09		$46.28		$0.00		$0.00		$6,509.94		$8,208.59
# of Customers Billed 247												
Report Totals	**1288166**	**$5,304.16**	**$239.35**	**$46.28**	**$0.00**	**$0.00**	**$531.03**	**$0.00**	**$420.00**	**$6,540.82**	**$1,698.65**	**$8,239.47**
# of Cust / Billed Category		245	13	1	0				64			

Sunrise Utitlities: 2010 Water Quality Report

We are committed to ensuring the quality of your water and want you to be informed about the water and services delivered to you in 2010. Our goal is to provide a dependable supply of healthy drinking water. Therefore we are pleased to provide our Annual Water Report that describes the quality of the water you drink everyday, information about the contaminants found in your water and how this may relate to your health. The presence of a moderate amount of contaminants in drinking water within regulated standards is normal and does not indicate that the water poses a health risk. Should there is any reason for health concerns with your water, we would notify you immediately.

We are proud to report that in 2010 our drinking water met all federal and state quality standards!

Where does our water come from?

Sunrise Utilities draws water from two wells drilled deep into the Floridan aquifer. The sources of drinking water include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and radioactive material and can pick up substances resulting from human or animal activity.

Why must our water have Chlorine?

Drinking water, including bottled water, may reasonably be expected to contain very small amounts of some contaminants. The presence of contaminants does not necessarily mean that water poses a health risk. Florida's drinking water rules require disinfection, so Chlorine is added in our water treatment plant, followed by fifteen minutes contact time to destroy living organisms before being delivered to you

What contaminants might be in water?

Naturally occurring or man-made contaminants that may be present in raw or source water before it is treated including:

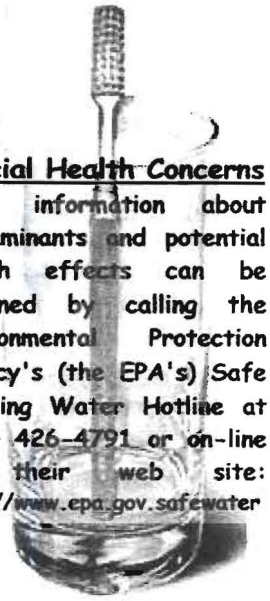
Microbial contaminants, such as living viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.

Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.

Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.

Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.

Radioactive contaminants, which can be naturally-occurring, or be the result of oil and gas production or mining activities.



Special Health Concerns

More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's (the EPA's) Safe Drinking Water Hotline at (800) 426-4791 or on-line at their web site: http://www.epa.gov.safewater

Have more questions?

If you have any questions about this report or concerns about your water utility, or want to obtain a copy of this report, please contact David Blount at (863) 661-5315.

We encourage our valued customers to be informed about their water utility.

Is our water safe for everyone?

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. US EPA/Center for Disease Control guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available on the web at ***epa.gov/safewater*** or telephone the Safe Drinking Water Hotline (800-426-4791) for any drinking water issue.

Want to learn more about your water data?

Please visit the Florida Department of Environmental Protection (DEP) web site at: http://www.dep.state.fl.us/water/drinkingwater/download.htm

Sunrise Utilities is Florida #6531739

Protecting your water

Florida's Department of Environmental Protection has conducted Source Water Assessment (SWA), for all public water systems in Florida, to identify and assess any potential sources of contamination in the vicinity of your water supply.

The susceptibility determination assumes that any contaminant released to the ground surface has the potential to enter a public water supply system. A SWA conducted for Sunrise Utilities in 2009 found that the system's wells are at moderate contamination risk from petroleum storage tanks and low risk for contamination from domestic wastewater.

The SWA report is available at the DEP SWAPP website: www.dep.state.fl.us/swapp or can be obtained from David Blount at (863) 326-6122

Why is Drinking Water Regulated?

The ultimate goal of the public water system supervision program under the Safe Drinking Water Act is to provide good quality of water for human consumption. There is no such thing as naturally pure water. In order to ensure that tap water is safe to drink, the DEP and EPA prescribe regulations and standards for limiting the amount of certain contaminants in water provided by public water systems. To protect consumers, Florida's DEP also requires public water systems comply with regulations governing the construction, operation and health issues relative to your water supply. Don't forget, the present of contaminants does not necessarily indicate that the water poses a health risk.

Bottled water and water vending machines are regulated under the Florida Department of Agriculture and Consumer Services, Division of Food Safety and the federal Food and Drug Administration regulations that establish limits for contaminants in bottled water which must provide the same protection for public health. All drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. Don't forget, the present of contaminants does not necessarily indicate that the water poses a health risk.

What is included in the Water Quality Test Results Data Table? — How do I read it?

The test results contained in this report are based on compliance monitoring for the period of January 1st to December 31st, 2010 or in earlier years for contaminants sampled less often than annually. For contaminants not required to be tested for in 2010, test results are for the most recent testing done in accordance with regulations authorized by the state and approved by the United States Environmental Protection Agency (EPA). We monitor for over 80 contaminants that might be in water. Only test results exceeding a regulated minimum detection level are included in this report. Although you will find many terms you might not be familiar with, to help you better understand these terms we've provided the following summary of these terms' abbreviations and definitions:

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TERM APPEARING IN TABLE		DEFINITION
Action Level	**AL**	The concentration of a contaminant which if exceeded triggers treatment or other requirements which a water system must follow.
Maximum Contaminant Level	**MCL**	The "Maximum Allowed" is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCGLS as feasible using the best available treatment technology.
Maximum Contaminant Level Goal	**MCLG**	The "Goal" is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
Maximum Residual Disinfectant Level	**MRDL**	The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.
Maximum Residual Disinfectant Level Goal	**MRDLG**	The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs to not reflect the benefits of the use of disinfectants to control microbial contaminants.
Not Applicable	**n/a**	Does not apply.
Not Detected	**ND**	Indicates that the substance was not found by laboratory analysis.
Parts per million	**ppm**	Or milligrams per liter (mg/l) – one part by weight of analyte to one million parts by weight of the water sample.
Parts per billion	**ppb**	Or micrograms per liter (µg/l) – one part by weight of analyte to one billion parts by weight of the water sample.
Picocuries per liter	**pCi/L**	picocuries per liter is a measure of the radioactivity in water.

Sunrise Utilities — 2010 TEST RESULTS TABLE — #6531739

**Results in the Level Detected column for Radioactive and Inorganic contaminants are individual samples.

Contaminant and Unit of Measurement		MCL Violation Yes / No	**Level Detected	MCLG	MCL	Monitoring Period Month / Year	Contaminant and Unit of Measurement
Radioactive Contaminants							
Alpha emitters	pCi/L	No	3.5	0	15	Jan - Dec 2009	Erosion of natural deposits
Radium 226 + 228 or combined Radium	pCi/L	No	1.3	0	5	Jan - Dec 2009	Erosion of natural deposits
Uranium	µg/L	No	5.3	0	30	Jan - Dec 2009	Erosion of natural deposits
Inorganic Contaminants							
Barium	ppm	No	0.013	4	4	Jan - Dec 2009	Discharge from metal refineries and coal-burning factories; discharge from electrical, aerospace, and defense industries
Fluoride	ppm	No	0.22	4	4	Jan - Dec 2009	Erosion of natural deposits; discharge from fertilizer and aluminum factories. Water additive which promotes strong teeth when at optimum levels between 0.7 and 1.2 ppm
Sodium	ppm	No	18	n/a	160	Jan - Dec 2009	Salt water intrusion, leaching from soil

TTHMs and Stage 1 Disinfectant/Disinfection By-Product (D/DBP) Parameters

Chlorine- Level Detected is the highest 2010 monthly average; Range of Results is the range of (lowest to highest) average monthly residual disinfectant.

Contaminant and Unit of Measurement		Dates of sampling (mo./yr.)	MCL Violation Y/N	Level Detected	Range of Results	MCLG or MRDLG	MCL or MRDL	Likely Source of Contamination
Chlorine	ppm	Jan - Dec 2010	No	0.9	0.2 – 1.4	MRDLG = 4	MRDL = 4.0	Water additive used to control microbes
Total Trihalomethanes [TTHM]	ppb	July - Sept 2009	No	0.94	n/a	n/a	MCL = 80	By-product of drinking water disinfection

The Safe Drinking Water Act (SDWA) requires that utilities issue the following information, even if you have no Lead in your water: If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Sunrise Utilities is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at http://www.epa.gov/safewater/lead.

Charlie Crist
Governor

FLORIDA DEPARTMENT OF HEALTH

Anna M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

COPY

November 23, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Leslie G. Szabo
11111 Biscayne Blvd
Miami, FL 33101

Warning Notice No. 09-653PW1739A

RE: Sunrise Water Company
PWS ID No. 6531739

Dear Mr. Szabo:

The purpose of this letter is to advise you of the violations of law for which the above mentioned facility's public water system may be responsible, and to seek your cooperation in resolving the matter. A review of the facility's drinking water records indicates that violations of Florida Statutes and Rules may exist at the facility.

- Failure to pay annual license fee for the July 1, 2009 to June 30, 2010 year as contained under *Laws of Florida 2008-150* which requires the Florida Department of Environmental Protection to collect the annual operating license fees.

You are requested to contact Owen Devine at (863) 519-8330 Ext. 1151 within Ten (10) days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Donald R. Ehlenbeck, P.E.
Administrator
Environmental Engineering

DRE/od

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD
Director

Environmental Engineering Division
2090 East Clower Street, Bartow, FL 33830-6741
Phone (863) 519-8330 / SC 515-7365 / Fax (863) 534-0245
www. mypolkchd.org

Lynne Saddler, MD, MPH
Assistant Director

Copy furnished to:

Roland Reis, Legal Council
Polk County Health Department
1290 Golfview Avenue, 4th floor
Bartow, Florida 33830

Sunrise Utilities, LLC
P.O. Box 10186
Brooksville, FL 34603

Email copy to:

l.szabo@rogers.com

utilityconsultant@yahoo.com

Water Supply, Incorporated
6115 Hwy 60 East
Bartow, FL 33830

Statement

Date
2/10/2010

To:
Sunrise Utilities 1645 West Main Street Inverness. Florida 34450-2498

Amount Due	Amount Enc.
$1.209.00	

Date	Transaction	Amount	Balance
10/07/2009	INV #2007-2-199W. Due 10/07/2009. Orig. Amount $278.75.	97.00	97.00
11/20/2009	INV #2007-2-212W. Due 11/20/2009. Orig. Amount $453.25.	453.25	550.25
12/04/2009	INV #2007-2-215W. Due 12/04/2009. Orig. Amount $278.75.	178.75	729.00
12/04/2009	INV #2007-2-216W. Due 12/04/2009. Orig. Amount $480.00.	480.00	1.209.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	0.00	0.00	1.112.00	97.00	$1.209.00

Water Supply, Incorporated
6115 Hwy 60 East
Bartow, FL 33830

Statement

Date
2/26/2010

To:
Sunrise Utilities 1645 West Main Street Inverness, Florida 34450-2498

Amount Due	Amount Enc.
$1,209.00	

Date	Transaction	Amount	Balance
12/04/2009	INV #2007-2-215W. Due 12/04/2009. Orig. Amount $278.75. --- Water, 1 @ $278.75 = 278.75 --- --- PLEASE NOTE ALL EMERGENCIES & EMERGENCY RELATED INVOICES ARE DUE IN 7 DAYS. --- --- We appreciate your prompt payment. --- --- Applied $100.00 received 12/03/09 to this invoice. --- Tax: Sales Tax @ 7.0% = 0.00	178.75	729.00
12/04/2009	INV #2007-2-216W. Due 12/04/2009. Orig. Amount $480.00. --- Water, 3 @ $65.00 = 195.00 --- Water, 3 @ $95.00 = 285.00 --- Started raining and could not finish job. --- --- This is to be completed at the same time the chlorine injector is moved. --- Tax: Sales Tax @ 7.0% = 0.00	480.00	1,209.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	0.00	0.00	658.75	550.25	$1,209.00

Water Supply, Incorporated
6115 Hwy 60 East
Bartow, FL 33830

Statement

Date
2/26/2010

To:
Sunrise Utilities 1645 West Main Street Inverness. Florida 34450-2498

Amount Due	Amount Enc.
$1.209.00	

Date	Transaction	Amount	Balance
10/07/2009	INV #2007-2-199W. Due 10/07/2009. Orig. Amount $278.75. --- Labor & Materials $278.75 --- Labor, vehicle and equipment included. --- --- PLEASE NOTE ALL EMERGENCIES & EMERGENCY RELATED INVOICES ARE DUE IN 7 DAYS. --- --- We appreciate your prompt payment. --- Tax: Sales Tax @ 7.0% = 0.00	97.00	97.00
11/20/2009	INV #2007-2-212W. Due 11/20/2009. Orig. Amount $453.25. --- Sunrise Emergency - 11/13/09 --- Water, 4 @ $65.00 = 260.00 --- --- Water, 1 @ $293.25 = 293.25 --- --- Labor, vehicle and equipment included. --- --- Water $-100.00 --- --- --- PLEASE NOTE ALL EMERGENCIES & EMERGENCY RELATED INVOICES ARE DUE IN 7 DAYS. --- --- We appreciate your prompt payment. --- Tax: Sales Tax @ 7.0% = 0.00	453.25	550.25

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	0.00	0.00	658.75	550.25	$1,209.00

Norman Duncan Enterprises, Inc.
6115 Hwy 60 E
Bartow, FL 33830

Invoice

Date	Invoice #
11/20/2009	222NDE

Bill To
Sunrise Utilites P. O. Box 10186 Brooksville, FL 34603-7406

Description	Qty	Amount
Emergency at Sunrise Main Pump - shutdown Breakdown of hours For Norman Duncan only: Chasing Pump Man - 2 hrs Answering Emergency Phones - 3 hrs Monday morning emergency pump had shut down. Drove from Mulberry to Sunrise and restarted pump. - 3 hrs. Due upon receipt. Please remit.	8	360.00

A 1-1/2% finance charge will be added per month to invoices not paid within 30 days.

Total $360.00

Norman Duncan Enterprises, Inc.
6115 Hwy 60 E
Bartow, FL 33830

Invoice

Date	Invoice #
12/8/2009	223NDE

Bill To
Sunrise Utilites P. O. Box 10186 Brooksville, FL 34603-7406

Description	Qty	Amount
Emergency @ Sunrise 12/08/09 @ 12:30 am Received 3 calls of low pressure at Sunrise. Upon arriving at Sunrise, I found backup pump shut down. Reset breaker. Pump running fine when I left. PLEASE NOTE ALL EMERGENCIES AND EMERGENCY RELATED INVOICES ARE DUE IN 7 DAYS. We appreciate your prompt payment.	3	135.00

A 1-1/2% finance charge will be added per month to invoices not paid within 30 days.

Total $135.00

Norman Duncan Enterprises, Inc.
6115 Hwy 60 E
Bartow, FL 33830

Invoice

Date	Invoice #
12/8/2009	223NDE

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SUNRISE UTILITIES LLC

[redacted]

DATE 3/25/10

PAY TO THE ORDER OF Norm Duncan Enterprises $ 135.00

one hundred thirty-five and 00/100 DOLLARS

Security Features Details on Back.

SUNTRUST ACH RT 061000104

FOR Inv. # 223 NDE. [redacted]

MP

	A 1-1/2% finance charge will be added per month to invoices not paid within 30 days.	**Total** $135.00

REDACTED

Water Supply, Incorporated
6115 Hwy 60 East
Bartow, FL 33830

Invoice

Date	Invoice #
3/31/2010	2007-1-230W

Bill To
Sunrise Utilities 1645 West Main Street Inverness, Florida 34450-2498

Terms	Job Name
Due on receipt	Emergency

Quantity	Description	Rate	Amount
1	Emergency - 03/29/10 - Water Main Repair Leak was on 2" Main where a 2" tee fed 2 services. One of those services also had to be repaired. Replaced necessary fittings, pipe and one 3/4" valve. Service Tech plus 1 man - 14 hours; used our pump in addition to rental pump, plus materials. Rental pump paid by customer. All other charges are included in total. Please note all emergency invoices are due in 7 days. Due to the total cost of this repair, we are offering a 10% (170.67) discount if payment in full is received in our office within 10 days.	1,706.71	1,706.71
		Total	$1,706.71
		Balance Due	$1,706.71

Phone #	Fax #	E-mail
(863) 537-1411	(863) 537-4398	ginger00317@msn.com

A 1 1/2% finance charge will be added to invoices not paid within 30 days.

J ✓

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

See page 4 for instructions.

I. General Information for the Month/Year of: January 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities		PWS Identification Number: 6531739	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 238	Total Population Served at End of Month: 526		
PWS Owner:			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 685 Alyson Rd.	City: Haines City	State: FL	Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827	Contact Person's Fax Number: 863-421-6827		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities / Sunrise Acres Sub / Alverson		Plant Telephone Number:	
Plant Address:	City: Auburndale	State: FL	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): ✓	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 2/8/11	D.L. Blount	A5611
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 633 1799 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: Jan 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	48000											
2	X		47000										0.6	
3	X		73000										0.6	
4	X		62000										0.6	
5	X		38000										0.6	
6	X		86000										0.6	
7	X		58000										0.6	
8	X		31000										0.6	
9			59000											
10	X		58000										0.6	
11	X		41000										0.6	
12	X		39000										0.6	
13	X		64000										0.5	
14	X		30000										0.5	
15	X		68000										0.5	
16			39000											
17	X		32000										0.5	
18	X		53000										0.5	
19	X		51000										0.5	
20	X		51000										0.5	
21	X		52000										0.5	
22	X		57000										0.4	
23			44000											
24	X		43000										0.5	
25	X		45000										0.5	
26	X		28000										0.5	
27	C		61000										0.5	
28	X		43000										0.5	
29	X		53000										0.5	
30			41000											
31	X		40000										0.5	
Total			1509000											
Average			49000											
Maximum			90000											

Refer to the instructions for this report to determine which plants must provide this information.

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

53

Lab Receipt Date & Time: _____

Analysis Date & Time: JAN 27 P 1:17

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7.1 °C

Disinfectant Check ☑ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

☒ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9

System Address: State Rd 542 **County:** Polk

System or Owner's Phone #: _____ **Fax #:** _____

Collector: S Blount **Collector's Phone #:** 863-424-0725

Type of Supply: (check only one)

☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)

☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 1/26/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	101485	1600	R		
2/4	Well 2	101486	1605	R		
3/4	Sunrise Market	101487	1609	D	0.6	
4/4	2540 Edmond	101488	1614	D	0.6	

To be completed by lab

Total Coliform Analysis Method: SM 9222

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

☒ A certified operator (# 12376) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 1/28/11

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required

Date Reviewed by DEP/DOH: 2/2/11

DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: February 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 775	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sun Acres Sub/Division		City: Auburndale	State: FL. Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	5/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 3/9/11	D.L. Blount	A5611

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

PWS Identification Number: 6531739 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: Feb 2017

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	61000											0.3	
2	X		45000											0.3	
3	X		49000											0.3	
4	X		32000											0.3	
5	X		40000											0.3	
6	X		50000											0.3	
7			53000												
8	X		52000											0.3	
9	X		43000											0.3	
10	X		45000											0.3	
11	X		50000											0.3	
12	X		42000											0.3	
13			49000												
14	X		42000											0.3	
15	X		43000											0.4	
16	X		52000											0.3	
17	X		58000											0.3	
18	X		62000											0.3	
19	X		58000											0.5	
20			51000												
21	X		51000											0.3	
22	X		53000											0.3	
23	X		78000											0.3	
24	X		51000											0.3	
25	X		98000											0.4	
26	X		65000											0.3	
27			62000												
28	X		62000											0.3	
29															
30															
31															
Total			1525000												
Average			54000												
Minimum			98000												

Refer to the instructions for this report to determine which plants must provide this information.

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED
Lab Receipt Date & Time: _____
Analysis Date & Time: 2/25 @ 2:40
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 5.8 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:
analysis date & time: 2/25/11 and 2:40

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 2 3 9
System Address: 54 Rd 542 County: Polk
System or Owner's Phone #: _____ Fax #: _____
Collector: S Blount Collector's Phone #: 863-224-0775

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 2/25/11

To be completed by collector of sample | **To be completed by lab**

Total Coliform Analysis Method: SM9223
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/4	Well 1	103444	1820	R				A		
2/4	Well 2	103445	1825	R				A		
3/4	Flushout Water Ridge	103446	1830	D	0.5			A		
4/4	2418 Teri	103447	1836	D	0.5			A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

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MAR 07 2011
ENVIRONMENTAL ENGINEERING

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.5

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples listed.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# 17376) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: Margaret Rajpaul Date 2/26/11
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 3/2/11
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 01/04

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

See page 4 for instructions.

I. General Information for the Month/Year of: March 201

A. Public Water System (PWS) Information

PWS Name: Alturas Utilities			PWS Identification Number: 6530057
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 126		Total Population Served at End of Month: 312	
PWS Owner:			
Contact Person:		Contact Person's Title: Owner	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: Fl. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Alturas Utilities			Plant Telephone Number:
Plant Address: Packing House Rd.		City: Alturas	State: Fl. Zip Code:
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	3/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount A5611	D.L. Blount	A5611

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

PWS Identification Number: 6530057 | Plant Name: Altoona Utilities

III. Daily Data for the Month/Year of: March 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24	20,000											
2			20,000											
3	X		20,000										1.2	
4			22,000											
5	X		22,000										0.6	
6			19,000											
7	X		18,000										0.5	
8			17,000											
9	X		17,000										0.4	
10			16,000											
11	X		16,000										0.4	
12			15,000											
13			15,000											
14			15,000											
15	X		15,000										0.5	
16			15,000											
17	X		15,000										0.4	
18			14,000											
19	X		14,000										0.4	
20			23,000											
21	X		29,000										0.3	
22			20,000											
23			20,000											
24	X		18,000										0.4	
25			16,000											
26	X		16,000										0.5	
27			30,000											
28	X		30,000										0.5	
29			30,000											
30	X		30,000										0.6	
31			23,000											
Total			660,000											
Average			21,548											
Maximum			30,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

MD 54

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Lab Receipt Date & Time: _____

Analysis Date & Time: MD 24 A 8:06

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 6-5 °C

Disinfectant Check ☑ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Analysis date/time 3/24/11 at 9:33am

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Alturas Water **PWS I.D.** 6 5 3 0 0 5 7

System Address: Packing House Rd **County:** Polk

System or Owner's Phone #: _____ **Fax #:** _____

Collector: S Blount **Collector's Phone #:** 863-224-0775

Type of Supply: (check only one)

☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System

☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)

☑ Distribution Routine ☐ Distribution Repeat ☑ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey

☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 3/23/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/3	Well	104912	1155	R		
2/3	3150 2nd St.	104913	1159	D	0.5	
3/3	2850 Packing House	104914	1204	D	0.5	

To be completed by lab

Total Coliform Analysis Method: MTF 9222B

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		

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ENVIRONMENTAL ENGINEERING

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.5

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

☑ A certified operator (# 12376) ☐ Employed by a certified lab

☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 3/25/11

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required

Date Reviewed by DEP/DOH: 3/30/11

DEP/DOH Reviewing Official: RS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: March 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6530739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 158		Total Population Served at End of Month: 320	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.	City: Haines City	State: FL.	Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827	Contact Person's Fax Number: 863-421-6827		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sun Acres Sub/Division	City: Auburndale	State: FL.	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): ✓		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 4/8/11 — Signature and Date

D.L. Blount — Printed or Typed Name

A5611 — License Number

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

PWS Identification Number: 6531739 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: March 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	57000										0.5	
2	X		72000										0.5	
3	X		53000										0.5	
4	X		52000										0.5	
5	X		62000										0.5	
6			86000											
7	X		79000										0.5	
8	X		69000										0.5	
9	X		69000										0.5	
10	X		72000										0.5	
11	X		56000										0.5	
12	X		69000										0.5	
13	X		76000										0.5	
14			69000											
15	X		69000										0.5	
16	X		83000										0.5	
17	X		87000										0.5	
18	X		70000										0.5	
19	X		101000										0.5	
20			77000											
21	X		72000										0.5	
22	X		71000										0.5	
23	X		74000										0.5	
24	X		78000										0.5	
25	X		96000										0.5	
26	X		92000										0.5	
27			92000											
28	X		91000										0.5	
29	X		81000										0.5	
30	X		68000										0.5	
31	X		89000										0.4	
Total			2348000											
Average			75000											
Maximum			101000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

DW 53

RECEIVED
Lab Receipt Date & Time: 3/30/11 at 10:15am
Analysis Date & Time: 3/30 A 11:43
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7.0 °C
Disinfectant Check ☑ Not Detected ☐ 0.50 mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9
System Address: 54 Rd 542 **County:** Polk
System or Owner's Phone #: _____ **Fax #:** _____
Collector: J Blount **Collector's Phone #:** 863-224-0775

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☑ Distribution Routine ☐ Distribution Repeat ☑ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 3/29/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	105080	1450	R		
2/4	Well 2	105081	1454	R		
3/4	2410 Thompson	105082	1500	D	0.6	
4/4	Flushout Station	105083	1504	D	0.6	

To be completed by lab
Total Coliform Analysis Method: 9222B
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
	A		

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[1]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# 12376) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: Margaret Rajpaul Date 3/31/11
Title: Director

Name and Mailing Address of PWS to Receive Report
BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 4/6/11
DEP/DOH Reviewing Official: RS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 620	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.	City: Haines City	State: FL.	Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sun Acres Sub/Division	City: Auburndale	State: FL.	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 5/6/11	D.L. Blount	A5611

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

PWS Identification Number: 6531739 | Plant Name: Seminole Water

III. Daily Data for the Month/Year of: April 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	58000										0.5	
2	X		80000										0.5	
3			94000											
4	X		93000										0.5	
5	X		100000										0.5	
6	X		101000										0.6	
7	X		86000										0.5	
8	X		114000										0.5	
9			115000											
10	X		115000										0.5	
11	X		166000										0.5	
12	X		134000										0.5	
13	X		132000										0.5	
14	X		97000										0.7	
15	X		69000										0.8	
16			71000											
17	X		71000										0.7	
18	X		61000										0.7	
19	X		45000										0.7	
20	X		79000										0.7	
21	X		51000										0.7	
22	X		58000										0.6	
23	X		57000										0.6	
24			72000											
25	X		74000										0.6	
26	X		42000										0.6	
27	X		63000										0.6	
28	X		48000										0.5	
29	X		64000										0.6	
30	X		79000										0.6	
31														
Total			2503000											
Average			84000											
Maximum			166000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

53.

Lab Receipt Date & Time: _____

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 5.5 °C

Disinfectant Check ☑ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Analysis Date Time 4/28/11 @ 9 AM

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water

PWS I.D. 6 5 3 1 7 3 9

System Address: SR 542

County: Polk

System or Owner's Phone #: _____ **Fax #:** _____

Collector: S Blount

Collector's Phone #: 863-224-0775

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Type of Supply: (check only one)

☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)

☑ Distribution Routine ☐ Distribution Repeat ☑ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 4/27/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	107038	1355	R		
2/4	Well 2	107039	1400	R		
3/4	Sunrise Market	107040	1406	D	0.6	
4/4	2540 Edwards	107041	1415	D	0.6	

To be completed by lab

Total Coliform Analysis Method: SM 9223 B

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

☑ A certified operator (# 17316) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____ Date 4/29/11

Title: Analyst

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Requir

Date Reviewed by DEP/DOH: 5/4/11

DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

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APR 20 2011
ENVIRONMENTAL ENGINEERING

MP 53

Lab Receipt Date & Time: _____

Analysis Date & Time: 4-20-11

Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not On Ice ☐ 7.5 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:
Due date Time 4/19/11 at 10:30 a.m.

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water Co. **PWS I.D.** 6 5 3 1 7 3 7

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Jeff Fellows Collector's Phone #: 863-661-5515

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☒ Boil Water Notice ☐ Other _____

Sample Collection Date: 4/19/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Sunrise Market	106411	1030	S	0.7	
2/4	FD Winter Ridge	106412	1040	S	0.7	

To be completed by lab

Total Coliform Analysis Method: MTF 9221B

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.7

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☐ A certified operator (# _____) ☐ Employed by a certified lab
☑ Supervised by a cert. operator (# 1551) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: Left VM 4/19/11 at 10:30 a.m. MP

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 4/19/11

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Require
Date Reviewed by DEP/DOH: 4/22/11
DEP/DOH Reviewing Official: KS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

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APR 20 2011
ENVIRONMENTAL ENGINEERING

53

Lab Receipt Date & Time: _____

Analysis Date & Time: 4/15/11 at 1130 am

Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not On Ice ☐ 3.5 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
If sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ _____

System Name: Sunrise Water Co. **PWS I.D.** 6 5 3 / 7 3 9

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Ed Blount Collector's Phone #: 863-662-5515

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☒ Boil Water Notice ☐ Other _____

Sample Collection Date: 4/15/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/1	Sunrise Market	106413	0945	S	0.1	
2/2	710 Winter Ridge	106414	0955	S	0.1	

To be completed by lab

Total Coliform Analysis Method: 9222B
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.1

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# 1960) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____ Date _____

Title: _____

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Require
Date Reviewed by DEP/DOH: 4/22/11
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Sunrise Utilities, LLC

Tuesday, November 15, 2011

Billing Summary

11/1/2010 to 11/30/201

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	640		$0.00		$0.00		$1.17		$0.00		$0.00	
General Services		$11.71		$0.00		$0.00		$0.00		$12.88		$12.88
# of Customers Billed 1												

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1358754		$230.00		$0.00		$525.48		$340.00		$126.07	
Residential		$5,117.47		$0.00		$0.00		$0.00		$6,212.95		$6,339.02
# of Customers Billed 233												

Kraft

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	14970		$0.00		$0.00		$0.00		$0.00		$0.00	
Kraft		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00
# of Customers Billed 1												
Report Totals	**1374364**	**$5,129.18**	**$230.00**	**$0.00**	**$0.00**	**$0.00**	**$526.65**	**$0.00**	**$340.00**	**$6,225.83**	**$126.07**	**$6,351.90**
# of Cust / Billed Category		231	23	0	0				74			

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

See page 4 for instructions.

I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6530737
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 600	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 695 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sun Acres Sub / Alverson		City: Auburndale	State: FL. Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): ✓		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/1
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 6/9/11	D.L. Blount	A5611

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

PWS Identification Number: 6537739 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: May 2017

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* — CT Calculations: Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	68000											
2	X		67000										0.5	
3	X		59000										0.5	
4	X		51000										0.5	
5	X		50000										0.5	
6	X		80000										0.5	
7	X		54000										0.5	
8			63000											
9	X		63000										0.5	
10	X		72000										0.5	
11	X		74000										0.5	
12	X		62000										0.5	
13	X		53000										0.5	
14			54000											
15	X		43000										0.5	
16	X		60000										0.5	
17	X		47000										0.5	
18	X		47000										0.5	
19	X		43000										0.5	
20	X		46000										1.5	
21	X		23000										0.5	
22	X		71000										0.5	
23			61000											
24	X		61000										0.5	
25	X		62000										0.5	
26	X		59000										0.5	
27	X		56000										0.5	
28	X		70000										0.5	
29	X		73000										0.5	
30			67000											
31	X		66000										0.5	
Total			1803000											
Average			58000											
Maximum			80000											

** Refer to the instructions for this report to determine which plants must provide this information.*

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DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: 5/25/11 @ 1400

Analysis Date & Time: 5/25/11 @ 1400

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7.1 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: *(check all that apply)*
☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9
System Address: SR 542 **County:** Polk
System or Owner's Phone #: _____ **Fax #:** _____
Collector: S Blount **Collector's Phone #:** 863 224 0795

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☑ Distribution Routine ☐ Distribution Repeat ☑ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

RECEIVED
JUN 02 2011
ENVIRONMENTAL ENGINEERING

Sample Collection Date: 5/24/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	108753	1510	R		
2/4	Well 2	108754	1515	R		
3/4	Flushout Winter Ridge	108755	1517	D	0.6	
4/4	2418 Terry	108756	1520	D	0.6	

To be completed by lab

Total Coliform Analysis Method: SM9223

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# 12376) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 5/26/11

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Requi
Date Reviewed by DEP/DOH: 6/2/11
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: June 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities		PWS Identification Number: 6530739	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 610	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities		Plant Telephone Number:	
Plant Address: Sun Acres Sub/Division	City: Auburndale	State: FL.	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	3/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 7/8/11	D.L. Blount	A5611

DEP Form 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 653 1737 | Plant Name: Sandia Water

Month and Year of Data Reported: June 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	65000										0.5	
2	X		53000										0.5	
3	X		60000										0.5	
4	X		60000										0.5	
5			53000											
6	X		53000										0.5	
7	X		65000										0.4	
8	X		53000										0.4	
9	X		58000										0.3	
10	X		61000										0.4	
11	X		67000										0.5	
12			62000											
13	X		62000										0.5	
14	X		55000										0.4	
15	X		64000										0.5	
16	X		60000										0.5	
17	X		39000										0.5	
18	X		45000										0.5	
19	X		46000										0.5	
20			60000											
21	X		59000										0.4	
22	X		47000										0.4	
23	X		63000										0.3	
24	X		44000										0.5	
25			40000											
26	X		40000										0.4	
27	X		47000										0.4	
28	X		43000										0.3	
29	X		37000										0.4	
30	X		42000										0.4	
31														
Total			1605000											
Average			54000											
Maximum			67000											

Refer to the instructions for this report to determine which plants must provide this information.

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

53

Lab Receipt Date & Time: _____

Analysis Date & Time: 21 P 2:18 6/21/11 mcT

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 6.8 °C

Disinfectant Check ☑ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **RECEIVED** **PWS I.D.** 6 5 3 1 7 3 9

System Address: St Rd 542 JUN 23 2011 **County:** Polk

System or Owner's Phone #: _____ ENVIRONMENTAL ENGINEERING **Fax #:** _____

Collector: S Blount **Collector's Phone #:** 863 224 0795

Type of Supply: (check only one)

☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System

☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)

☑ Distribution Routine ☐ Distribution Repeat ☑ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey

☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 6/20/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Lot 1	110243	1825	R		
2/4	Lot 2	110244	1830	R		
3/4	2410 Thompson	110245	1840	D	0.6	
4/4	Flushout Station	110246	1846	D	0.6	

To be completed by lab

Total Coliform Analysis Method: SM9223 B

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifi
	A		
	A		
	A		
	A		

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

☑ A certified operator (# 17396) ☐ Employed by a certified lab

☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 6/22/11

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required

Date Reviewed by DEP/DOH: 6/24/11

DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

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

See page 4 for instructions.

I. General Information for the Month/Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6530739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 530	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 655 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sunacres Sub/Division		City: Auburndale	State: FL. Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 8/8/11 — Signature and Date

D.L. Blount — Printed or Typed Name

A5611 — License Number

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

PWS Identification Number: 6531739 | Plant Name: Sunrise Water

III. Data Reported for Month/Year: July 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, if Disinfectant Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	10.7	42000										0.4	
2			48000											
3	X		48000										0.4	
4	X		33000										0.4	
5	X		50000										0.3	
6	X		32000										0.3	
7	X		63000										0.3	
8	X		50000										0.3	
9	X		45000										0.3	
10	X		62000										0.3	
11			37000											
12	X		36000										0.3	
13	X		55000										0.3	
14	X		58000										0.2	
15	X		47000										0.3	
16	X		36000										0.3	
17			50000											
18	X		50000										0.5	
19	X		46000										0.3	
20	X		34000										0.2	
21	X		50000										0.2	
22	X		61000										0.3	
23	X		44000										0.3	
24			47000											
25	X		46000										0.2	
26	X		45000										0.3	
27	X		40000										0.5	
28	X		31000										0.4	
29	X		31000										2.5	
30	X		30000										4.8	
31	X		60000										4.5	
Total			1379000											
Average			44484											
Maximum			63000											

Refer to the instructions for this report to determine which plants must provide this information.

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

NO [illegible] VED 53

Lab Receipt Date & Time: [illegible]
Analysis Date & Time: 7/27/11 [illegible]
Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not On Ice ☐ [illegible] °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9
System Address: State Rd 542 **County:** Polk
System or Owner's Phone #: _____ **Fax #:** _____
Collector: Blount **Collector's Phone #:** 863 324 0795

RECEIVED
AUG 04 2011
ENVIRONMENTAL ENGINEERING

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☑ Distribution Routine ☐ Distribution Repeat ☑ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 7/27/11

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	112220	1055	R		
2/4	Well 2	112221	1100	R		
3/4	Sunrise Market	112222	1105	D	0.5	
4/4	2540 Elmond Circle	112223	1110	D	0.5	

To be completed by lab

Total Coliform Analysis Method: [illegible]			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifie
	A		
	A		
	A		
	A		

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.5

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# 17336) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: Margaret Rajpaul Date 7/28/11
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 8/3/11
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

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

See page 4 for instructions.

I. General Information for the Month/Year of: November 2009

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531737
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive
Number of Service Connections at End of Month: 238		Total Population Se	ed at End of Month: 590
PWS Owner:			
Contact Person:		Contact Person's Tit	
Contact Person's Mailing Address: 695 Alyson Rd.	City: Haines City	State: FL.	Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827	Contact Person's Fa	Number:	863-421-6827
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sun Acres Sub / Morrison	City: Auburndale	State: FL.	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per sub	ection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/1
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 12/2/09	D.L. Blount	A5611

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

PWS Identification Number: 6531739 Plant Name: Dunnellon Utilities

III. Daily Data for the Month/Year of: November 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose		
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24	88000											
2	X		80000										0.6	
3	X		70000										0.5	
4	X		78000										0.5	
5	X		80000										0.5	
6	X		86000										0.4	
7	X		74000										0.4	
8			10,500											
9	X		10,400										0.4	
10	X		75000										0.4	
11	X		70000										0.3	
12	X		74000										0.4	
13	X		64000										0.5	
14	X		58000										1.0	
15			47,500											
16	X		41,500										0.5	
17			32000											
18														
19														
20														
21														
22														
23														
24														
25														
26														
27	X												1.5	
28	X												1.2	
29	X												1.0	
30	X		50000										1.0	
31														
Total			1,715,000											
Average			57,167											
Maximum			88000											

Flow Est 11-17 Thru 11-30-09 Meters not working

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED
2009 NOV 13 P 2:22

Lab Receipt Date & Time: _____
Analysis Date & Time: 11/13/09 at 2:50pm
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 6.1 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

RECEIVED
NOV 18 2009
ENVIRONMENTAL ENGINEERING

System Name: Sunrise Water Co **PWS I.D.** 6 5 3 1 7 3 9
System Address: _____ County: Polk
System or Owner's Phone #: _____ Fax #: _____
Collector: S Blount Collector's Phone #: 863-224-0775

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 11/12/09

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	915798	16:05	R		
2/4	Well 2	915799	—	R		
3/4	Flushout Winter Ridge	915800	—	D	0.5	
4/4	2418 Teri	915801	—	D	0.5	

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.5

All tests are performed in accordance with NELAstandards. The test results in this report relates only to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# D17376)
Supervised by a cert. operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 11/18/09
DEP/DOH Reviewing Official: RJ

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: January 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6530739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 560	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Dyson Rd.	City: Haines City	State: FL	Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827	Contact Person's Fax Number: 863-421-6827		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sun Acres Sub/Division	City: Auburndale	State: FL	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): ✓		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	17
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 2/9/10	D.L. Blount	A5611
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6531739 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: Jan 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	38000										0.6	
2	X		36000										0.4	
3	X		45000										0.6	
4	X		24000										0.5	
5	X		24000										0.5	
6	X		48000										0.5	
7	X		41000										0.4	
8	X		43000										0.5	
9	X		38000										0.4	
10			32000											
11	X		32000										0.5	
12	X		30000										0.5	
13	X		63000										0.5	
14	X		50000										0.5	
15	X		65000										0.6	
16	X		46000										0.5	
17			46000											
18	X		46000										0.4	
19	X		48000										0.6	
20	X		40000										0.5	
21	X		37000										0.5	
22	X		34000										0.4	
23	X		30000										0.5	
24			32000											
25	X		32000										0.5	
26	X		37000										0.5	
27	X		49000										0.5	
28	X		37000										0.5	
29	X		30000										0.5	
30	X		32000										0.5	
31			45000											
Total			1177000											
Average			37971											
Maximum			65000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED 53
2010 JAN 14 A 11:48

Lab Receipt Date & Time: _____
Analysis Date & Time: 1/14/10 at 12:45p
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 8.3 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

RECEIVED
JAN 22 2010
ENVIRONMENTAL ENGINEERING

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9
System Address: _____ **County:** Polk
System or Owner's Phone #: _____ **Fax #:** _____
Collector: S Blount **Collector's Phone #:** 863-224-0775

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 1/14/10

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	100500	06:20	R		
2/4	Well 2	100501	—	R		
3/4	Sunrise Market	100502	—	D	1.0	
4/4	2540 Edmund Circle	100503	—	D	1.0	

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

All tests are performed in accordance with NELAstandards. The test results in this report relates only to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# DW7316) ☐ Employed by a certified lab
Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 1/22/10
DEP/DOH Reviewing Official: RT

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: 12/09

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities		PWS Identification Number: 6531737	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 778	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Nelson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities		Plant Telephone Number:	
Plant Address: Sunacres Sub/Division	City: Auburndale	State: FL.	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): ✓	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	F
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 1/8/10 | D.L. Blount | A5611

Signature and Date | Printed or Typed Name | License Number

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

PWS Identification Number: 6531759 | Plant Name: Sunrise Utilities

Daily Data for the Month/Year of: 12/09

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	23,000										1.0	
2	X												1.4	
3	X												1.6	
4	X												1.0	
5	X												1.4	
6	X												1.6	
7	X												1.4	
8	X												1.6	
9	X												1.4	
10	X												1.0	
11	X												1.6	
12	X													
13														
14	X												1.0	
15	X												0.6	
16	X												1.0	
17	X												1.4	
18	X												1.4	
19	X												1.0	
20														
21	X												1.4	
22	X												0.6	
23	X												0.4	
24	X												0.9	
25	X		25,000										1.6	
26	X		24,000										1.0	
27			24,000											
28	X		31,000										1.4	
29	X		31,000										0.6	
30	X		30,000										1.0	
31	X		31,000										1.4	
Total			679,000											
Average			25,741											
Maximum			31,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED
DEC 16 2009
ENVIRONMENTAL ENGINEERING

53
2009 DEC -9 P 12:48

Lab Receipt Date & Time: _____
Analysis Date & Time: 12/9/09 at 1:30P
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 6.5 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water Co. **PWS I.D.** 6 5 3 1 7 3 9

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: S Blount Collector's Phone #: 863-224-0775

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 12/8/09

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	917264	16:50	R		
2/4	Well 2	917265	—	R		
3/4	2410 Thompson	917266	—	D	0.6	
4/4	Flushout Stanton	917267	—	D	0.6	

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

All tests ☒ performed in accordance with NELAstandards. The test results in this report relates only to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# D17376)
Supervised by a cert. operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 12/16/09
DEP/DOH Reviewing Official: RR

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Clearance

53

MR

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED
DEC 31 2009
ENVIRONMENTAL ENGINEERING

Lab Receipt Date & Time: _____

Analysis Date & Time: 12-24-09 at 9:20am

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 5.6 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Sub-Contract Lab ID: _____

(please check all that apply)
m Test

Bureau Water

PWS I.D. 6 5 3 1 5 5 2

County: Polk

's Phone #: _____ Fax #: _____

Collector's Phone #: 767-66-5715

(check only one)
☒ er System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Swimming Pool ☐ Bottled Water ☒ Other Authorized Surveyor

pling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☒ Other

on Date: 12/24/09

To be completed by collector of sample

Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)	pH
A Dales	918255	1400	S	2.0	

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier²
	A		

¹Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

...ectant residuals for routine and repeat samples. (Complete for community and ...community systems serving populations up to and including 4,900. Do not include ...es in the average.)

...idual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
...g analysis is (Please see instructions on reverse):
...rator (# 17077) ☐ Employed by a certified lab
...ert. operator (#_____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Mailing Address of Person to Receive Report

...OUNT UTLITIES, INC.
...ypress Gardens Blvd., #146
...inter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

...Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Clearance

53

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED
DEC 31 2009
ENVIRONMENTAL ENGINEERING

Lab Receipt Date & Time: _____
Analysis Date & Time: 12-24-09 at 1200
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 5.6 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: [illegible] **PWS I.D.** 6 5 3 1 7 3 9
System Address: _____ County: [illegible]
System or Owner's Phone #: _____ Fax #: _____
Collector: [illegible] Collector's Phone #: [illegible]

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☒ Other [illegible]

Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☒ Other

Sample Collection Date: [illegible]

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/2	[illegible]	918256	[illegible]	S	2.0	

To be completed by lab
Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.0

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# [illegible])
Supervised by a cert. operator (#_____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: [illegible]
Title: [illegible]

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Full Quarter '09 55

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Safe Drinking Water Program Laboratory Report

Mid Florida Water Lab
Blount Utilities

PUBLIC WATER SYSTEM INFORMATION PWS I.D. #: **6531739**

System Name: Sunrise Water Company
System Type: [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity
Address: State Road 542 West
City: Auburndale State: FL
Phone #: (863) 421-6827 ZIP Code: 33823
E-Mail Address: Fax #:

SAMPLE INFORMATION

Sample Number: 98017.01 Location Code:
Sample Date: 12/15/09 Sample Time: 11:30
Sample Location: Sun Rise Field pH:
Disinfectant Residual:

Sample Type (Check Only One)		Reason(s) for Sample (Check all that apply)			
Distribution	[ ]	Routine Compliance (with 62-550)	[X]	Quarterly (Which Quarter?)	[ ]
Entry Point (to Distribution)	[X]	Confirmation of MCL Exceedance*	[ ]	Special (not for compliance with 62-550)	[ ]
Plant Tap (not 62-550 compliance)	[ ]	*Composite of Multiple Sites***	[ ]	Violation Resolution	[ ]
Raw (at well or intake)	[ ]	Clearance (permitting)	[ ]	Replacement (of Invalidated Sample)	[ ]
Max Residence Time	[ ]				
Ave Residence Time	[ ]	Other:			
Near First Customer	[ ]	Sampling Procedure Used or Other Comments:			

Sampler's Name: D.L. Blount
Sampler's Phone #: 863-661-5315 Sampler's Fax #:
Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, D.L. Blount (Name), Operator (Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: D.L. Blount Date: 1/10/10

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Safe Drinking Water Program Laboratory Report

Mid Florida Water Lab
Blount Utilities

LABORATORY CERTIFICATION INFORMATION

Lab Name: Southern Analytical Laboratories, Inc. Florida Certification #: E84129

Address: 110 Bayview Blvd., Oldsmar, FL 34677 Certification Expires: 06/30/10

Phone: (813) 855-1844

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Rec'd: 12/15/09

PWS I.D. #: 6531739

Lab Assigned Report Number: 98017.01

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☑ All 21	☐ Trihalomethanes
☑ Partial	☑ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite			☐ Chlorite

Radionuclides	Secondaries
☑ Single Sample	☑ All 14
☐ Qtrly Composite**	☐ Partial

Were any analyses subcontracted? ☐ Yes ☑ No

If yes, please provide DOH certification numbers: _____

CERTIFICATION

I, Francis I. Daniels, Laboratory Director (or Leslie C. Boardman, QA Manager),
do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 01/07/10

** Provide radiological sample dates & locations for each quarter

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab
Blount Utilities
Sample ID: Sun Rise

January 7, 2010
Sample No.: 98017.01
PWS ID: 6531739

Inorganic Contaminants
62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.15		EPA 300.0	0.01	12/16/09	01:58	E84129
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 300.0	0.01	12/16/09	01:58	E84129
1005	Arsenic	0.01	mg/L	0.001	U	SM 3113 B	0.001	12/31/09	09:56	E84129
1010	Barium	2	mg/L	0.013	I	EPA 200.7	0.005	12/22/09	20:30	E84129
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	12/22/09	20:30	E84129
1020	Chromium	0.1	mg/L	0.004	U	EPA 200.7	0.004	12/22/09	20:30	E84129
1025	Fluoride	4	mg/L	0.22		EPA 300.0	0.01	12/16/09	01:58	E84129
1030	Lead	0.015	mg/L	0.001	U	SM 3113 B	0.001	12/30/09	14:30	E84129
1035	Mercury	0.002	mg/L	0.0001	U	EPA 245.1	0.0001	12/18/09	14:15	E84129
1036	Nickel	0.1	mg/L	0.001	U	EPA 200.7	0.001	12/22/09	20:30	E84129
1045	Selenium	0.05	mg/L	0.001	U	SM 3113 B	0.001	12/30/09	08:18	E84129
1052	Sodium	160	mg/L	18		EPA 200.7	0.1	12/21/09	23:08	E84129
1074	Antimony	0.006	mg/L	0.001	U	SM 3113 B	0.001	12/29/09	14:20	E84129
1075	Beryllium	0.004	mg/L	0.0001	U	EPA 200.7	0.0001	12/22/09	20:30	E84129
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	12/30/09	11:02	E84129

Qualifiers:

I	*The reported value is* between the laboratory method detection limit and the laboratory practical quantitation limit.
U	Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab
Blount Utilities
Sample ID: Sun Rise

January 7, 2010
Sample No.: 98017.01
PWS ID: 6531739

Secondary Contaminants
62-550.320

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.05	U	EPA 200.7	0.05	12/22/09	20:30	E84129
1017	Chloride	250	mg/L	24		EPA 300.0	0.05	12/16/09	01:58	E84129
1022	Copper	1	mg/L	0.028		EPA 200.7	0.003	12/22/09	20:30	E84129
1025	Fluoride	2	mg/L	0.22		EPA 300.0	0.01	12/16/09	01:58	E84129
1028	Iron	0.3	mg/L	0.02	U	EPA 200.7	0.02	12/22/09	20:30	E84129
1032	Manganese	0.05	mg/L	0.0028	I	EPA 200.7	0.001	12/22/09	20:30	E84129
1050	Silver	0.1	mg/L	0.0013	I	EPA 200.7	0.001	12/22/09	20:30	E84129
1055	Sulfate	250	mg/L	1.1		EPA 300.0	0.2	12/16/09	01:58	E84129
1095	Zinc	5	mg/L	0.034		EPA 200.7	0.003	12/22/09	20:30	E84129
1905	Color	15	CU	5	U	SM 2120 B	5	12/16/09	08:48	E84129
1920	Odor at 25C	3	TON	1	U	SM 2150 B	1	12/15/09	17:00	E84129
1925	pH	6.5-8.5	SU	7.8		EPA 150.1		12/16/09	08:54	E84129
1930	Total Dissolved Solids	500	mg/L	220		SM 2540C	10	12/17/09	15:30	E84129
2905	Foaming Agents	0.5	mg/L	0.20		SM 5540 C	0.05	12/16/09	16:30	E84129

*** Qualifiers:**

I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U	Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab
Blount Utilities
Sample ID: Sun Rise

January 7, 2010
Sample No.: 98017.01
PWS ID: 6531739

Radionuclides
62-550.310(6)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL **	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	3.5		EPA 900.0	2.0	3	2.0	01/04/10	09:18	E84129
4020	Radium-226	5*	pCi/L	1.3		EPA 903.1	0.07	1	0.08	01/06/10	14:30	E84129
4030	Radium-228	5*	pCi/L	0.6	U1	EPA RA-05	0.6	1	0.3	01/06/10	17:11	E84129

* Combined Limit
*** If the results exceed 5 pCi/L, a measurement for radium-226 is required.
If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

*** Qualifiers:**

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

U1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab
Blount Utilities
Sample ID: Sun Rise

January 7, 2010
Sample No.: 98017.01
PWS ID: **6531739**

Volatile Organics
62-550.310(4)(a)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL **	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4 Trichlorobenzene	70	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2380	cis-1,2-Dichloroethylene	70	µg/L	0.2	U	EPA 502.2	0.2	0.5	12/18/09	11:58	E84129
2955	Xylenes (total)	10,000	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2964	*Dichloromethane*	5	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2968	o-Dichlorobenzene	600	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2969	para-Dichlorobenzene	75	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2976	Vinyl Chloride	1	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2977	1,1-Dichloroethylene	7	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2979	trans-1,2-Dichloroethylene	100	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2980	1,2-Dichloroethane	3	µg/L	0.2	U	EPA 502.2	0.2	0.5	12/18/09	11:58	E84129
2981	1,1,1-Trichloroethane	200	µg/L	0.3	U	EPA 502.2	0.3	0.5	12/18/09	11:58	E84129
2982	Carbon tetrachloride	3	µg/L	0.3	U	EPA 502.2	0.3	0.5	12/18/09	11:58	E84129
2983	1,2-Dichloropropane	5	µg/L	0.3	U	EPA 502.2	0.3	0.5	12/18/09	11:58	E84129
2984	Trichloroethylene	3	µg/L	0.2	U	EPA 502.2	0.2	0.5	12/18/09	11:58	E84129
2985	1,1,2-Trichloroethane	5	µg/L	0.3	U	EPA 502.2	0.3	0.5	12/18/09	11:58	E84129
2987	Tetrachloroethylene	3	µg/L	0.2	U	EPA 502.2	0.2	0.5	12/18/09	11:58	E84129
2989	Monochlorobenzene	100	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2990	Benzene	1	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2991	*Toluene*	1,000	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2992	Ethylbenzene	700	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2996	Styrene	100	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129

*** Qualifiers:**

U Analyte was undetected. Indicated concentration is method detection limit.

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab
Blount Utilities
Sample ID: Sun Rise

January 7, 2010
Sample No.: 98017.01
PWS ID: 6531739

Synthetic Organics
62-550.310(4)(b)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL **	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	µg/L	0.1	U	EPA 525.2	0.1	0.01	12/17/09	12/21/09	05:09	E84129
2010	Lindane	0.2	µg/L	0.06	U	EPA 525.2	0.06	0.02	12/17/09	12/21/09	05:09	E84129
2015	Methoxychlor	40	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/17/09	12/21/09	05:09	E84129
2020	Toxaphene	3	µg/L	0.5	U	EPA 508.1	0.5	1	12/17/09	12/23/09	21:22	E84129
2031	Dalapon	200	µg/L	1	U	EPA 515.3	1	1	12/18/09	12/23/09	02:07	E84129
2032	Diquat	20	µg/L	1	U	EPA 549.2	1	0.4	12/16/09	12/18/09	17:23	E84129
2033	Endothall	100	µg/L	20	U	EPA 548.1	20	9	12/22/09	01/01/10	02:55	E84129
2034	Glyphosate	700	µg/L	10	U	EPA 547	10	6		12/17/09	23:17	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.3	U	EPA 525.2	0.3	0.6	12/17/09	12/21/09	05:09	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.5	U	EPA 531.1	0.5	2		12/19/09	04:16	E84129
2037	Simazine	4	µg/L	0.07	U	EPA 525.2	0.07	0.07	12/17/09	12/21/09	05:09	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	1.0	U	EPA 525.2	1.0	0.6	12/17/09	12/21/09	05:09	E84129
2040	Picloram	500	µg/L	0.75	U	EPA 515.3	0.75	0.1	12/18/09	12/23/09	02:07	E84129
2041	Dinoseb	7	µg/L	0.5	U	EPA 515.3	0.5	0.2	12/18/09	12/23/09	02:07	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.2	U	EPA 525.2	0.2	0.1	12/17/09	12/21/09	05:09	E84129
2046	Carbofuran	40	µg/L	0.5	U	EPA 531.1	0.5	0.9		12/19/09	04:16	E84129
2050	Atrazine	3	µg/L	0.06	U	EPA 525.2	0.06	0.1	12/17/09	12/21/09	05:09	E84129
2051	Alachlor	2	µg/L	0.2	U	EPA 525.2	0.2	0.2	12/17/09	12/21/09	05:09	E84129
2065	Heptachlor	0.4	µg/L	0.08	U	EPA 525.2	0.08	0.04	12/17/09	12/21/09	05:09	E84129
2067	Heptachlor Epoxide	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	12/17/09	12/21/09	05:09	E84129
2105	2,4-D	70	µg/L	1	U	EPA 515.3	1	0.1	12/18/09	12/23/09	02:07	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.25	U	EPA 515.3	0.25	0.2	12/18/09	12/23/09	02:07	E84129
2274	Hexachlorobenzene	1	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/17/09	12/21/09	05:09	E84129
2306	Benzo(a)pyrene	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	12/17/09	12/21/09	05:09	E84129
2326	Pentachlorophenol	1	µg/L	0.1	U	EPA 515.3	0.1	0.04	12/18/09	12/23/09	02:07	E84129
2383	(PCBs)	0.5	µg/L	0.2	U	EPA 508.1	0.2	0.1	12/17/09	12/23/09	21:22	E84129
2931	Dibromochloropropane	0.2	µg/L	0.005	U	EPA 504.1	0.005	0.02	12/16/09	12/16/09	20:59	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.005	U	EPA 504.1	0.005	0.01	12/16/09	12/16/09	20:59	E84129
2959	Chlordane	2	µg/L	0.05	U	EPA 508.1	0.05	0.2	12/17/09	12/23/09	21:22	E84129

*** Qualifiers:**

U Analyte was undetected. Indicated concentration is method detection limit.

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

Page 8 of 8

CHAIN OF CUSTODY

№ 42655

DHRS PERMIT #E84567

HRS - QA# 9710NC - 181

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2009 DEC 15 P 12: 26

98017

MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

Client Name: Blount Utilities

Address

City: State: ZIP:

Phone #

FAX #

Collected by: [signature] State Collected From:

TESTS REQUIRED — Analysis

	Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location	C.B.O.D.	TSS	NITRATE	Gross Alpha 226+228 (912)	SOC (912)	VOC (912)	Ammonia (912)	Disinfectants (912)	Remarks
01			12/15/09	11:30	Gr	Sun Rise				1201	1201	1201	1201	1201	
2						6531739									
3															
4						~~1 250ml P, NaOH~~ did not receive @									
5						3 40ml av, $Na^2S^2O^3$									
6						1 1LP, Cool									
7						1 250ml P, HNO^3									
8						1 1LaG, Cool									
9						3 1LaG, $Na^2S^2O^3$									
10						4 40ml cv, $Na^2S^2O^3$									
11						1 40ml v, NH^4Cl									
12						1 40ml cv, $Na^2S^2O^3$ (HCAA)									
13						1 1/2 Gallon P, HNO^3									
14															

CUSTODY TRANSFERS

Relinquished by [signature] Date 12/15/09 Time 12:26

Received by [signature] Date 12/15/09 Time 12:26

Laboratory Remarks [signature] E Wolfe 12/15/09 15:00

☐ Delivered Directly to Lab ☐ Shipped

Method of Shipment [illegible]

MATRIX CODES
GW — GROUND WATER
SW — SURFACE WATER
SO — SOIL
SL — SLUDGE

Cyanide 09 53

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Safe Drinking Water Program Laboratory Report

Mid Florida Water Lab
Blount Utilities

PUBLIC WATER SYSTEM INFORMATION PWS I.D. #: **6531739**

System Name: Sunrise Water Company
System Type: [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity
Address: State Road 542 West
City: Auburndale State: FL
Phone #: (863) 421-6827 ZIP Code: 33823
E-Mail Address: Fax #:

SAMPLE INFORMATION

Sample Number: 98017.02 Location Code:
Sample Date: 12/30/09 Sample Time: 14:00
Sample Location: Sun Rise Field pH:
Disinfectant Residual:

Sample Type (Check Only One)		Reason(s) for Sample (Check all that apply)			
Distribution	[ ]	Routine Compliance (with 62-550)	[X]	Quarterly (Which Quarter?)	[ ]
Entry Point (to Distribution)	[X]	Confirmation of MCL Exceedance*	[ ]	Special (not for compliance with 62-550)	[ ]
Plant Tap (not 62-550 compliance)	[ ]	Composite of Multiple Sites**	[ ]	Violation Resolution	[ ]
Raw (at well or intake)	[ ]	Clearance (permitting)	[ ]	Replacement (of Invalidated Sample)	[ ]
Max Residence Time	[ ]				
Ave Residence Time	[ ]	Other:			
Near First Customer	[ ]	Sampling Procedure Used or Other Comments:			

Sampler's Name: D.L. Blount
Sampler's Phone #: 863-661-5715 Sampler's Fax #:
Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, D.L. Blount (Name), Operator (Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: D.L. Blount Date: 1/20/10

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Safe Drinking Water Program Laboratory Report

Mid Florida Water Lab
Blount Utilities

LABORATORY CERTIFICATION INFORMATION

Lab Name: Southern Analytical Laboratories, Inc. Florida Certification #: E84129
Address: 110 Bayview Blvd., Oldsmar, FL 34677 Certification Expires: 06/30/10
Phone: (813) 855-1844

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Rec'd: 12/31/09
PWS I.D. #: 6531739
Lab Assigned Report Number: 98017.02

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☑ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite		Radionuclides	☐ Chlorite
		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☐ Yes ☑ No
If yes, please provide DOH certification numbers: _____

CERTIFICATION

I, Francis I. Daniels, Laboratory Director (or Leslie C. Boardman, QA Manager),
do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 01/07/10

** Provide radiological sample dates & locations for each quarter

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No
☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)
☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other: _____

Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab
Blount Utilities
Sample ID: Sun Rise

January 7, 2010
Sample No.: 98017.02
PWS ID: 6531739

Inorganic Contaminants
62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1024	Cyanide	0.2	mg/L	0.005	U	SM 4500 CN E	0.005	01/05/10	10:30	E84129

*** Qualifiers:**

U Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab
Blount Utilities
Sample ID: Sun Rise

January 7, 2010
Sample No.: 98017.01
PWS ID: 6531739

Synthetic Organics
62-550.310(4)(b)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL **	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	µg/L	0.1	U	EPA 525.2	0.1	0.01	12/17/09	12/21/09	05:09	E84129
2010	Lindane	0.2	µg/L	0.06	U	EPA 525.2	0.06	0.02	12/17/09	12/21/09	05:09	E84129
2015	Methoxychlor	40	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/17/09	12/21/09	05:09	E84129
2020	Toxaphene	3	µg/L	0.5	U	EPA 508.1	0.5	1	12/17/09	12/23/09	21:22	E84129
2031	Dalapon	200	µg/L	1	U	EPA 515.3	1	1	12/18/09	12/23/09	02:07	E84129
2032	Diquat	20	µg/L	1	U	EPA 549.2	1	0.4	12/16/09	12/18/09	17:23	E84129
2033	Endothall	100	µg/L	20	U	EPA 548.1	20	9	12/22/09	01/01/10	02:55	E84129
2034	Glyphosate	700	µg/L	10	U	EPA 547	10	6		12/17/09	23:17	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.3	U	EPA 525.2	0.3	0.6	12/17/09	12/21/09	05:09	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.5	U	EPA 531.1	0.5	2		12/19/09	04:16	E84129
2037	Simazine	4	µg/L	0.07	U	EPA 525.2	0.07	0.07	12/17/09	12/21/09	05:09	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	1.0	U	EPA 525.2	1.0	0.6	12/17/09	12/21/09	05:09	E84129
2040	Picloram	500	µg/L	0.75	U	EPA 515.3	0.75	0.1	12/18/09	12/23/09	02:07	E84129
2041	Dinoseb	7	µg/L	0.5	U	EPA 515.3	0.5	0.2	12/18/09	12/23/09	02:07	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.2	U	EPA 525.2	0.2	0.1	12/17/09	12/21/09	05:09	E84129
2046	Carbofuran	40	µg/L	0.5	U	EPA 531.1	0.5	0.9		12/19/09	04:16	E84129
2050	Atrazine	3	µg/L	0.06	U	EPA 525.2	0.06	0.1	12/17/09	12/21/09	05:09	E84129
2051	Alachlor	2	µg/L	0.2	U	EPA 525.2	0.2	0.2	12/17/09	12/21/09	05:09	E84129
2065	Heptachlor	0.4	µg/L	0.08	U	EPA 525.2	0.08	0.04	12/17/09	12/21/09	05:09	E84129
2067	Heptachlor Epoxide	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	12/17/09	12/21/09	05:09	E84129
2105	2,4-D	70	µg/L	1	U	EPA 515.3	1	0.1	12/18/09	12/23/09	02:07	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.25	U	EPA 515.3	0.25	0.2	12/18/09	12/23/09	02:07	E84129
2274	Hexachlorobenzene	1	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/17/09	12/21/09	05:09	E84129
2306	Benzo(a)pyrene	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	12/17/09	12/21/09	05:09	E84129
2326	Pentachlorophenol	1	µg/L	0.1	U	EPA 515.3	0.1	0.04	12/18/09	12/23/09	02:07	E84129
2383	(PCBs)	0.5	µg/L	0.2	U	EPA 508.1	0.2	0.1	12/17/09	12/23/09	21:22	E84129
2931	Dibromochloropropane	0.2	µg/L	0.005	U	EPA 504.1	0.005	0.02	12/16/09	12/16/09	20:59	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.005	U	EPA 504.1	0.005	0.01	12/16/09	12/16/09	20:59	E84129
2959	Chlordane	2	µg/L	0.05	U	EPA 508.1	0.05	0.2	12/17/09	12/23/09	21:22	E84129

*** Qualifiers:**

U Analyte was undetected. Indicated concentration is method detection limit.

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

98017

CHAIN OF CUSTODY
Nº 42173

DHRS PERMIT #E84567

HRS - QA# 9710NC - 181

FOR LAB USE ONLY
RECEIVED
DEC
2009 DEC 30 P 2:38

MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

Client Name BCI

Address

City: State: ZIP:

Phone #

FAX #

Collected by: D Rhodes State Collected From:

	Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location	TESTS REQUIRED Analysis: C.B.O.D.	TSS	NITRATE	FECAL	9125 Cyanide				Remarks
1	02	DW	12/29/09	1100	G	Sunrise					1201				
2															
3						6531739									
4															
5						1-250ml P Ascorbic Acid + NaOH									
6															
7															
8															
9															
10															
11															
12															
13															
14															0.0

CUSTODY TRANSFERS

Relinquished by D Rhodes Date 12/30/09 Time 1410

Received by Dil Date 12/30/09 Time 1420

☑ Delivered Directly to Lab ☐ Shipped

Method of Shipment On Ice

MATRIX CODES
GW — GROUND WATER
SW — SURFACE WATER
SO — SOIL

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

HRW N 3131

S3

HP

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2010 APR -1 A 9:38

Lab Receipt Date & Time: _____

Analysis Date & Time: 04/01/10 at 10:25 AM

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☐ 8.6 °C

Disinfectant Check ☒ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water Co. **PWS I.D.** 6 5 3 1 7 3 9

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: D Valent Collector's Phone #: 863-661-5315

Type of Supply: (check only one)

☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other PBAW

Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 3/31/10

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Sunrise Mkt.	104621	1:50	S	1.2	
2/4	Stanton F/O	104622	?		1.2	

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		

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APR 05 2010
ENVIRONMENTAL ENGINEERING

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.2

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

☒ A certified operator (# 4661) ☐ Employed by a certified lab
Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: Notified David Hilliard at 9:10am CD

Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

Lab Signature: Margaret Rajpaul

Title: Director

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: 4/6/10

DEP/DOH Reviewing Official: KS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 01/04

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

HP

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2010 APR -1 A 9:38

Lab Receipt Date & Time: _____
Analysis Date & Time: 04/01/10 at 10:05 AM
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 8.6 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water Co. **PWS I.D.** 6 5 3 1 7 3 9

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: DH Blount Collector's Phone #: 863-661-5515

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other PWS

Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☒ Other

Sample Collection Date: 4/1/10

To be completed by collector or sample							To be completed by lab: Total Coliform Analysis Method: MF			
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Fecal or E. coli Analysis Method:			
							Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
3/4	Sunrise WH	104623	0900	D	1.0			A		
4/4	Stanton F/O	104624	)	D	0.9			A		

RECEIVED
APR 05 2010
ENVIRONMENTAL ENGINEERING

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# 45611)
☐ Employed by a certified lab
Supervised by a cert. operator (#_____)
☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: Notified David Pollio at 9:15am 4/1/10
Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 4/6/10
DEP/DOH Reviewing Official: RS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

PBWN 4/14

53

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: ____________

Analysis Date & Time: ____________

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☐ ______ °C

Disinfectant Check ☑ Not Detected ☐ ______ mg/L

This sample does not meet the following NELAC requirements: ____________

Report Number: ____________ Sub-Contract Lab ID: ____________

Analysis Requested: (please check all that apply)

☐ Standard Coliform Test
☐ HPC
☐ Other: ____________

System Name: Sunrise Water Co **PWS I.D.** 6 5 3 1 7 3 7

System Address: ____________ County: Polk

System or Owner's Phone #: ____________ Fax #: [illegible]

Collector: [illegible] Collector's Phone #: ____________

Type of Supply: (check only one)

☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☒ Other PBWN

Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 4/14/10

To be completed by collector of sample / **To be completed by lab**

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/1	Sunrise Mbl.	105444	1045	S	.05			A		
1/1	F.O. Stanton	105445		S	.05			A		

RECEIVED
APR 19 2010
ENVIRONMENTAL ENGINEERING

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) .05

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____________

Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# [illegible]) ☐ Employed by a certified lab
Supervised by a cert. operator (#____________) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____________

Date State notified by lab of positive results: ____________

Lab Signature: [signature]

Title: [illegible]

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: ____________

DEP/DOH Reviewing Official: [signature]

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 01/04

PBWN 4/15

53

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: _____
Analysis Date & Time: _____
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:
_____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water Co. **PWS I.D.** 6 5 3 1 7 3 7

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: _____ Collector's Phone #: 863-661-5315

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☒ Other Potable

Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 4/15/10

To be completed by collector of sample | **To be completed by lab**

Total Coliform Analysis Method: MTF
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
3/4	Sunrise MH	105446	1300	D	0.5			A		
4/4	F.O. Harlow	105447			0.4			A		

RECEIVED
APR 19 2010
ENVIRONMENTAL ENGINEERING

[2] Per Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.45

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☐ A certified operator (# 2671) ☐ Employed by a certified lab
Supervised by a cert. operator (#_____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1] DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 01/04

YBWN 4/26

53

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: _____

Analysis Date & Time: 4/27 [illegible]

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ ____ °C
Disinfectant Check ☑ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 / 7 7 9

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Ed Vincent Collector's Phone #: 863-661-5315

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☒ Other YBWN

Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacement ☒ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 4/26/10

To be completed by collector of sample.

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/1	Sunrise MHP	106148	1700	D	0.8	
1/1	F.O Stanton	106149			0.8	

To be completed by lab
Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.8

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# 4561) ☐ Employed by a certified lab
Supervised by a cert. operator (#_____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [signature]

Title: [illegible]

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

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MAY - 5 2010
ENVIRONMENTAL ENGINEERING

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

PBW IV 421

112 53

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

2010 APR 27 A 11:31

Lab Receipt Date & Time: _____

Analysis Date & Time: 4/27/10 at 12:15 pm

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☐ 6.6 °C
Disinfectant Check ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water PWS I.D. 6530173

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Ed Clement Collector's Phone #: 863-661-5315

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☒ Other PBW

Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacement ☒ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 4/27/10

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
3/4	Sunrise MH	106150	1100	S	0.6	
4/4	F.O. Skelton	106151			0.7	

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.1

All tests are performed in accordance with NELAstandards. The test results in this report relates only to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# 1560)
Supervised by a cert. operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Not Required During Routine Monitoring
Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul 4/29/10

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

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MAY - 5 2010
ENVIRONMENTAL ENGINEERING

DEP/DOH USE ONLY
☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 5/10/10
DEP/DOH Reviewing Official: RD

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTIFORMREVISED0209

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

See page 4 for instructions.

I. General Information for the Month/Year of: February 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 795	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 695 Alyson Rd.		City: Haines City	State: FL Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sundoro Sub/Division		City: Auburndale	State: FL Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): ✓		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 3/8/10 — Signature and Date

D.L. Blount — Printed or Typed Name

A5611 — License Number

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

PWS Identification Number: 6531737 Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: Feb 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	45000										0.4	
2	X		44000										0.4	
3	X		46000										0	
4	X		47000										0	
5	X		36000										0	
6	X		37000										0	
7			51000											
8	X		51000										0	
9	X		48000										0.7	
10	X		37000										0.7	
11	X		44000										0.7	
12	X		47000										0.7	
13	X		37000										0.7	
14			49000											
15	X		48000										0.7	
16	X		46000										0.7	
17	X		41000										0.7	
18	X		39000										0.7	
19	X		52000										0.7	
20	X		38000										0.6	
21			46000											
22	X		46000										0.7	
23	X		61000										0.7	
24	X		30000										0.7	
25	X		40000										0.7	
26	X		43000										0.6	
27			50000											
28	X		50000										0.6	
29														
30														
31														
Total			1249000											
Average			44607											
Maximum			61,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED
2010 FEB -9 A 11:59

53

Lab Receipt Date & Time: _____

Analysis Date & Time: 2/9/10 @ 7 & 5pm

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 6 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water **RECEIVED** **PWS I.D.** 6 5 3 1 7 3 9

System Address: _____ FEB 17 2010 **County:** Polk

System or Owner's Phone #: _____ ENVIRONMENTAL ENGINEERING **Fax #:** _____

Collector: S Blount **Collector's Phone #:** 863-224-0775

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 2/8/10

To be completed by collector of sample							To be completed by lab			
							Total Coliform Analysis Method: MF			
							Fecal or E. coli Analysis Method:			
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/4	Well 1	101885	18:25	R				A		
2/4	Well 2	101886	—	R				A		
3/4	Flushout Winter Ridge	101887	—	D	0.7			A		
4/4	2418 Tara	101888	—	D	0.7			A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.7

All tests are performed in accordance with NELAstandards. The test results in this report relates only to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# 17376) ☐ Employed by a certified lab
Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 2/18/10
DEP/DOH Reviewing Official: RR

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 564	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.	City: Haines City	State: FL	Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827	Contact Person's Fax Number: 863-421-6827		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities Sunterra Sub/Division			Plant Telephone Number:
Plant Address:	City: Auburndale	State: FL	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6 / 7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 4/9/10	D.L. Blount	A5611

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

PWS Identification Number: 653 1737 | Plant Name: Swanee Water

III. Daily Data for the Month/Year of: March 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	50000										0.6	
2	X		44000										0.6	
3	X		40000										0.5	
4	X		44000										0.5	
5	X		47000										0.6	
6	X		63000										0.6	
7			51000											
8	X		50000										0.6	
9	X		68000										0.6	
10	X		79000										0.6	
11	X		66000										0.6	
12	X		60000										0.6	
13	X		50000										0.6	
14			50000											
15	X		50000										0.6	
16	X		54000										0.6	
17	X		50000										0.6	
18	X		39000										0.6	
19	X		50000										0.6	
20	X		46000										0.6	
21			58000											
22	X		59000										0.6	
23	X		47000										0.7	
24	X		50000										0.6	
25	X		63000										0.7	
26	X		50000										0.6	
27	X		41000										0.6	
28			56000											
29	X		56000										0.6	
30	X		123000										0.6	
31	X		72000										0.5	
Total			1730000											
Average			55806											
Maximum			123000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED
2010 MAR -4 A 11:33

Lab Receipt Date & Time: _____
Analysis Date & Time: 3-4-10 at 12:00pm
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 6.8 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: S Blount Collector's Phone #: 863-224-0775

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 3/3/10

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/4	Well 1	103244	18:00	R				A		
2/4	Well 2	103245	—	R			L	A		
3/4	2410 Thompson	103246	—	D	0.5			A		
4/4	Flostout Stanton	103247	—	D	0.5			A		

To be completed by collector of sample

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

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ENVIRONMENTAL ENGINEERING

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.5

All tests are performed in accordance with NELAstandards. The test results in this report relates only to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# DT376) ☐ Employed by a certified lab
Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 3/10/10
DEP/DOH Reviewing Official: RS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531737
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month:	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 695 Alyson Rd.	City: Haines City	State: FL.	Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827	Contact Person's Fax Number: 863-421-6827		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities		Plant Telephone Number:	
Plant Address: Sun Acres Sub/Division	City: Auburndale	State: FL.	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 5/6/10	D.L. Blount	A5611

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

PWS Identification Number: 6531737 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: April 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	69000										1.0	
2	X		72000										0.6	
3	X		46000										0.6	
4			75000										1	
5	X		75000										0.6	
6	X		63000										0.5	
7	X		60000										0.5	
8	X		50000										0.5	
9	X		39000										0.5	
10	X		41000										0.5	
11			74000											
12	X		74000										0.5	
13	X		63000										0.5	
14	X		64000										0.5	
15	X		58000										0.4	
16	X		53000										0.5	
17	X		72000										0.6	
18			65000											
19	X		61000										0.6	
20	X		72000										0.6	
21	X		79000										0.6	
22	X		80000										0.6	
23	X		26000										0.5	
24	X		65000										0.7	
25			58000											
26	X		57000										1.0	
27	X		42000										0.8	
28	X		56000										0.7	
29	X		48000										0.7	
30	X		50000										0.7	
31														
Total			1800000											
Average			60000											
Maximum			80000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED 53
MP
2010 APR -5 P 12: 56

Lab Receipt Date & Time:
Analysis Date & Time: 04/05/10 at 1:35pm
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7.4 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

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APR 12 2010
ENVIRONMENTAL ENGINEERING

System Name: Sunrise Water PWS I.D. 6 5 3 1 7 3 9

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: S Blount Collector's Phone #: 863-224-0775

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 4/5/10

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/4	Well 1	104729	0830	R				A		
2/4	Well 2	104730	—	R				A		
3/4	Sunrise Market	104731	—	D	0.6			A		
4/4	2540 Edmond Little	104732	—	D	0.6			A		

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

All tests are performed in accordance with NELAstandards. The test results in this report relates only to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# D17376) ☐ Employed by a certified lab
Supervised by a cert. operator (#_____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
330 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 4/12/10
DEP/DOH Reviewing Official: RS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 238		Total Population Served at End of Month: 605	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sundoro Sub/division		City: Auburndale	State: FL. Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 6/6/10 — Signature and Date

D.L. Blount — Printed or Typed Name

A5611 — License Number

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

PWS Identification Number: 6531737 Plant Name: Sonora Water

III. Daily Data for the Month/Year of: May 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	52000										0.7	
2			81000											
3	X		90000											
4	X		62000										0.6	
5	X		70000										0.6	
6	X		65000										0.6	
7	X		57000										0.6	
8	X		71000										0.6	
9			79000										0.7	
10	X		85000											
11	X		60000										0.7	
12	X		71000										0.7	
13	X		75000										0.7	
14	X		70000										0.7	
15	X		91000										0.7	
16			70000										0.6	
17	X		70000											
18	X		56000										0.6	
19	X		58000										0.6	
20	X		63000										0.4	
21	X		60000										0.7	
22	X		52000										0.6	
23			71000										0.6	
24	X		70000											
25	X		78000										0.6	
26	X		60000										0.6	
27	X		62000										0.6	
28	X		81000										0.6	
29	X		90000										0.6	
30			78000										0.6	
31	X		77000											
Total			2,101,000										0.6	
Average			67806											
Maximum			91,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

EM

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2010 MAY 11 P 12:06

Lab Receipt Date & Time: _____
Analysis Date & Time: 5-11-10 at 12:25 PM
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 8.2 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:
_____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9

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MAY 17 2010
ENVIRONMENTAL ENGINEERING

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: S Blount **Collector's Phone #:** 863-224-0775

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 5/10/10

To be completed by collector of sample							To be completed by lab			
							Total Coliform Analysis Method: MF			
							Fecal or E. coli Analysis Method:			
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/4	Well 1	107257	1830	R				A		
2/4	Well 2	107258	1832	R				A		
3/4	Flushout WinterRidge	107259	1836	D	0.7			A		
4/4	2418 Teri	107260	1840	D	0.7			A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.7

All tests are performed in accordance with NELAstandards. The test results in this report relates only to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# D17376)
☐ Employed by a certified lab
Supervised by a cert. operator (#_____)
☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul 5/12/10
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 5/18/10
DEP/DOH Reviewing Official: RS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: July 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 650	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sunterra Sub/Division		City: Auburndale	State: FL. Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 8/8/10	D.L. Blount	A5611

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

PWS Identification Number: 6531739 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: July 2018

Means of Achieving Four-Log Virus Inactivation/Removal: ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	50000										0.7	
2	X		53000										0.7	
3	X		46000										0.7	
4			40000											
5	X		40000										0.8	
6	X		66000										0.8	
7	X		27000										0.7	
8	X		74000										0.7	
9	X		59000										0.7	
10	X		53000										0.7	
11			53000											
12	X		53000										0.6	
13	X		53000										0.6	
14	X		57000										0.6	
15	X		57000										0.6	
16	X		53000										0.6	
17	X		50000										0.6	
18			75000											
19	X		75000										0.6	
20	X		53000										0.6	
21	X		53000										0.5	
22	X		50000										0.5	
23	X		53000										0.5	
24	X		60000										0.5	
25	X		66000										0.5	
26			66000											
27	X		100000										0.5	
28	X		55000										0.5	
29	X		45000										0.4	
30	X		52000										0.5	
31	X		59000										0.5	
Total			1,758,000											
Average			56,710											
Maximum			100000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

MR
Lab Receipt Date & Time: 53
Analysis Date & Time: 07/28/10 at 10:55am
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7.8 °C
Disinfectant Check ☑ Detected ☐ Not Detected 0.5 ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water
PWS I.D. 6 5 3 1 7 3 9
System Address: _____ County: Polk
System or Owner's Phone #: _____ Fax #: _____
Collector: S Blount Collector's Phone #: 863-224-0775

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ENVIRONMENTAL ENGINEERING

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 7/28/10

To be completed by collector of samples | To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM 9222B Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/4	Well 1	112987	0930	R				A		
2/4	Well 2	112988	0933	R				A		
3/4	Sunrise Market	112989	0937	D	0.8		L	A		
4/4	2540 Edmund Circle	112990	0942	D	0.8			A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.8

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# 017376) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: Margaret Rajpaul Date: 7/29/10
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 8/4/10
DEP/DOH Reviewing Official: RS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: August 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531737
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 645	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities Division			Plant Telephone Number:
Plant Address: Sunrise Sub / Division		City: Auburndale	State: FL. Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000.			
Plant Category (per subsection 62-699.310(4), F.A.C.): ✓		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	3/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 9/5/10 — Signature and Date

D.L. Blount — Printed or Typed Name

A5611 — License Number

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

PWS Identification Number: 6531739 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: August 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	59000											
2	X		59000										0.5	
3	X		53000										0.5	
4	X		72000										0.5	
5	X		62000										0.5	
6	X		62000										0.5	
7	X		74000										0.5	
8			39000											
9	X		38000										0.5	
10	X		53000										0.5	
11	X		50000										0.6	
12	X		60000										0.5	
13	X		55000										0.5	
14	X		55000										0.5	
15			55000											
16	X		54000										0.5	
17	X		51000										0.5	
18	X		90000										0.5	
19	X		51000										0.5	
20	X		47000										0.5	
21	X		51000										0.5	
22			58000											
23	X		58000										0.5	
24	X		84000										0.5	
25	X		34000										0.6	
26	X		31000										0.4	
27	X		40000										0.6	
28	X		35000										0.7	
29			53000											
30	X		53000										0.7	
31	X		71000										0.7	
Total			1,700,000											
Average			54,839											
Maximum			81,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

53.

DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED 2010 AUG 24 P 12:09

Lab Receipt Date & Time: ____
Analysis Date & Time: 8/24 mat 12:40p
Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☐ 7.5 °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements: ____

Report Number: ____ Sub-Contract Lab ID: ____

Analysis Requested: (check all that apply)
☒ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: ____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9

System Address: ____ County: Polk

System or Owner's Phone #: ____ Fax #: ____

Collector: S Blount Collector's Phone #: ~~S Blount~~ 863-224...

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other ____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other ____

Sample Collection Date: 8/23/10

To be completed by collector of sample / To be completed by lab

Total Coliform Analysis Method: SM9223B
Fecal or E. coli Analysis Method: ____

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/4	Well 1	114604	1810	R				A		
2/4	Well 2	114605	1814	R				A		
3/4	Flush out Winter Ridge	114606	1820	D	1.2			A		
4/4	2418 Teri	114607	1827	D	1.2			A		

RECEIVED SEP 1 2010 ENVIRONMENTAL ENG...

[2] Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.2

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____
Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (#017376) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (#____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water ____

Date PWS notified by lab of positive results: ____
Date State notified by lab of positive results: ____
Lab Signature: Margaret Rajpaul Date: 8/25/10
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
603... ...ress Gardens Blvd., #146
Wint... Haven, FL 33884

DEP/DOH USE ONLY
☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 9/1/10
DEP/DOH Reviewing Official: [signature]

[1] DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84867 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: RECEIVED 53
Analysis Date & Time: 8/20/10 at 10:20am
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ 6.3 °C
Disinfectant Check ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water Co. RECEIVED **PWS I.D.** 6 5 3 1 7 3 9
System Address: _____ AUG 24 2010 **County:** Polk
System or Owner's Phone #: _____ **Fax #:** _____
Collector: Bob Vincent ENVIRONMENTAL ENGINEERING **Collector's Phone #:** 863-661-5315

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☑ Boil Water Notice PBWN ☐ Other _____

Sample Collection Date: 8/19/10

To be completed by collector of sample — For laboratory use only

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B; Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1	2418 Tici	114410	1510	S	1.0			A		
2	Sunrise Mhc	114411	1510	S	1.0			A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# 5611) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: Called notified 8/21/10 at 10:00am
Date State notified by lab of positive results: _____
Lab Signature: Margaret Rajpaul Date 8/21/10
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 8/25/10
DEP/DOH Reviewing Official: RS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: ED 53
Analysis Date & Time: 8/20/10 at 10.20am
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☐ 6.3 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water Co. **PWS I.D.** 6 5 3 1 7 3 9

System Address: _____ **County:** Polk

System or Owner's Phone #: _____ **Fax #:** _____

Collector: D. Whitehead **Collector's Phone #:** 863-661-5315

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AUG 24 2010
ENVIRONMENTAL ENGINEERING

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Transient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☑ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☑ Boil Water Notice ☐ Other _____
PBWN

Sample Collection Date: 8/20/10

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
3/4	2418 Teri	114412	0910	S	0.8	
4/4	Sunrise WTP	114413	0915	S	0.7	

Total Coliform Analysis Method: 9222B
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.8

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# 7617) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: Left VM 8/21/10 at 10:20am

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 8/21/10

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 8/25/10
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: September 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities		PWS Identification Number: 6530139	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 510	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities		Plant Telephone Number:	
Plant Address: Sun Acres Sub/division	City: Auburndale	State: FL.	Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 105,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount	D.L. Blount	A5611

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

PWS Identification Number: 6531737 | Plant Name: Sunrise Water

III. Daily Data for the Month Year of: Sept 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	67000										0.7	
2	X		49000										0.7	
3	X		43000										0.7	
4	X		87000										0.7	
5			72000											
6	X		72000										0.6	
7	X		53000										0.5	
8	X		49000										0.7	
9	X		50000										0.7	
10	X		33000										0.7	
11	X		56000										0.6	
12			54000											
13	X		53000										0.6	
14	X		63000										0.6	
15	X		67000										0.6	
16	X		35000										0.6	
17	X		65000										0.6	
18	X		65000										0.6	
19			120000											
20	X		50000										0.4	
21	X		50000										0.6	
22	X		50000										0.6	
23	X		58000										0.6	
24	X		14000										0.6	
25	X		12000										0.6	
26			57000											
27	X		57000										0.6	
28	X		29000										0.4	
29	X		36000										0.5	
30	X		41000										0.3	
31														
Total			1,512,000											
Average			50,400											
Maximum			87,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

RECEIVED SEP 15 2010

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

MD 53

RECEIVED

Lab Receipt Date & Time: _____

Analysis Date & Time: SEP 13 A 8:52

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7.2 °C

Disinfectant Check ☑ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Analysis Date Time at 9/13/10 @ 9:35am

Report Number: _____ Sub-Contract Lab ID: ENVIRONMENTAL ENGINEERING

Analysis Requested: (check all that apply)

☒ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9

System Address: _____ County: Polk 53

System or Owner's Phone #: _____ Fax #: _____

Collector: S Blount Collector's Phone #: 863-224-0775

Type of Supply: (check only one)

☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System

☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)

☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey

☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 9/12/10

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	115602	1736	R		
2/4	Well 2	115603	1740	R		
3/4	2410 Thompson	115604	1750	D	1.0	
4/4	Floshout Stanton	115605	1900	D	1.0	

To be completed by lab

Total Coliform Analysis Method: Sm 9222 B

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

☒ A certified operator (# 1519316) ☐ Employed by a certified lab

☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 9/14/10

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Require

Date Reviewed by DEP/DOH: 9/15/10

DEP/DOH Reviewing Official: RV

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

2009 Water Quality Report
Sunrise Water Company

We are committed to ensuring the quality of your water and want you to be informed about the water and services delivered to you in 2009. Our goal is to provide a dependable supply of healthy drinking water. Therefore we are pleased to provide our Annual Water Report that describes the quality of the water you drink everyday, information about the contaminants found in your water and how this may relate to your health. The presence of a moderate amount of contaminants in drinking water within regulated standards is normal and does not indicate that the water poses a health risk. Should there is any reason for health concerns with your water, we would notify you immediately.

We are proud to report that in 2009 our drinking water met all federal and state quality standards.

Where does our water come from?

Sunrise Water Company draws water from a well drilled deep into the Floridan aquifer. The sources of drinking water include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and radioactive material and can pick up substances resulting from human or animal activity.

Why must our water have Chlorine?

Drinking water, including bottled water, may reasonably be expected to contain very small amounts of some contaminants. The presence of contaminants does not necessarily mean that water poses a health risk. Florida's drinking water rules require infection, so Chlorine is added in our ater treatment plant, followed by fifteen minutes contact time to destroy living organisms before being delivered to you

What contaminants might be in water?

Naturally occurring or man-made contaminants that may be present in raw or source water before it is treated including:

Microbial contaminants, such as living viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.

Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.

Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.

Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.

Radioactive contaminants, which can be naturally-occurring, or be the result of oil and gas production or mining activities.

Special Health Concerns

More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's (the EPA's) Safe Drinking Water Hotline at (800) [illegible] or on-line at their web site: http: [illegible] water

Have more questions?

If you have any questions about this report or concerns about your water utility, or want to obtain a copy of this report, please contact David Blount at (863) 661-5315.

We encourage our valued customers to be informed about their water utility.

Is our water safe for everyone?

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. US EPA/Center for Disease Control guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available on the web at ***epa.gov/safewater*** or telephone the Safe Drinking Water Hotline (800-426-4791) for any drinking water issue.

Want to learn more about Florida's water?

Please visit the Florida Department of Environmental Protection (DEP) web site at: http://www.myflorida.com

follow the prompts to Find an Agency, Environmental Protection, Water, and Drinking Water

Protecting your water

Florida's Department of Environmental Protection has conducted Source Water Assessment (SWA), for all public water systems in Florida, to identify and assess any potential sources of contamination in the vicinity of your water supply.

The susceptibility determination assumes that any contaminant released to the ground surface has the potential to enter a public water supply system. A SWA conducted for Sunrise Water Company in 2009 found that the system's wells are at low risk for contamination from domestic wastewater.

The SWA report is available at the DEP SWAPP website: **www.dep.state.fl.us/swapp** or can be obtained from David Blount at (863) 326-6122

Why is Drinking Water Regulated?

The ultimate goal of the public water system supervision program under the Safe Drinking Water Act is to provide good quality of water for human consumption. There is no such thing as naturally pure water. In order to ensure that tap water is safe to drink, the DEP and EPA prescribe regulations and standards for limiting the amount of certain contaminants in water provided by public water systems. To protect consumers, Florida's DEP also requires public water systems comply with regulations governing the construction, operation and health issues relative to your water supply. Don't forget, the present of contaminants does not necessarily indicate that the water poses a health risk.

Bottled water and water vending machines are regulated under the Florida Department of Agriculture and Consumer Services, Division of Food Safety and the federal Food and Drug Administration regulations that establish limits for contaminants in bottled water which must provide the same protection for public health. All drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. Don't forget, the present of contaminants does not necessarily indicate that the water poses a health risk.

What is included in the Water Quality Test Results Data Table? — How do I read it?

The test results contained in this report are based on compliance monitoring for the period of January 1st to December 31st, 2009 or in earlier years for contaminants sampled less often than annually. For contaminants not required to be tested for in 2009, test results are for the most recent testing done in accordance with regulations authorized by the state and approved by the United States Environmental Protection Agency (EPA). We monitor for over 80 contaminants that might be in water. Only test results exceeding a regulated minimum detection level are included in this report.

Although you will find many terms you might not be familiar with, to help you better understand these terms we've provided the following summary of these terms' abbreviations and definitions:

Action Level	AL	The concentration of a contaminant which if exceeded triggers treatment or other requirements which a water system must follow.
Maximum Contaminant Level	MCL	The "Maximum Allowed" is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCGLS as feasible using the best available treatment technology.
Maximum Contaminant Level Goal	MCLG	The "Goal" is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
Maximum Residual Disinfectant Level	MRDL	The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.
Maximum Residual Disinfectant Level Goal	MRDLG	The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs to not reflect the benefits of the use of disinfectants to control microbial contaminants.
Not Applicable	n/a	Does not apply.
Not Detected	ND	Indicates that the substance was not found by laboratory analysis.
Parts per million	ppm	Or milligrams per liter (mg/l) – one part by weight of analyte to one million parts by weight of the water sample.
Parts per billion	ppb	Or micrograms per liter (µg/l) – one part by weight of analyte to one billion parts by weight of the water sample.
Picocuries per liter	pCi/L	picocuries per liter is a measure of the radioactivity in water.

TEST RESULTS TABLE

**Results in the Level Detected column for Radiological and Inorganic contaminants are from single samples or the highest average result depending on the frequency of monitoring.

Contaminant and Unit of Measurement		MCL Violation Yes / No	**Level Detected	MCLG	MCL	Monitoring Period Month / Year	Likely Source of Contamination
Radiological Contaminants							
Alpha emitters	pCi/L	No	3.5	0	15	Jan - Dec 2009	Erosion of natural deposits
dium 226 + 228 or ombined Radium	pCi/L	No	1.3	0	5	Jan - Dec 2009	Erosion of natural deposits
Uranium	µg/L	No	5.3	0	30	Jan - Dec 2009	Erosion of natural deposits
Inorganic Contaminants							
Cadmium	ppb	No	1	5	5	Jan - Dec 2009	Corrosion of galvanized pipes; erosion of natural deposits; discharge from metal refineries; runoff from waste batteries and paints
Fluoride	ppm	No	0.13	4	4.0	Jan - Dec 2009	Erosion of natural deposits; discharge from fertilizer and aluminum factories. Water additive which promotes strong teeth when at optimum levels between 0.7 and 1.3 ppm
Sodium	ppm	No	5	n/a	160	Jan - Dec 2009	Salt water intrusion, leaching from soil

TTHMs and Stage 1 Disinfectant/Disinfection By-Product (D/DBP) Parameters

Chlorine: Level Detected is the 2009 monthly average; Range of Results is the range of (lowest to highest) monthly residual disinfectant. TTHMs: Level Detected are from a single sample.

Contaminant and Unit of Measurement		Dates of sampling (mo. /yr.)	MCL Violation Y/N	Level Detected	Range of Results	MCLG or MRDLG	MCL or MRDL	Likely Source of Contamination
Chlorine	ppm	Jan - Dec 2009	No	1.1	0.5 - 1.4	MRDLG = 4	MRDL = 4.0	Water additive used to control microbes
Total Trihalomethanes [TTHM]	ppb	July - Sept 2009	No	0.94	n/a	n/a	MCL = 80	By-product of drinking water

The Safe Drinking Water Act (SDWA) requires that utilities issue the following information, even if you have no Lead in your water: If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Sunrise Water Company is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at http://www.epa.gov/safewater/lead.

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

See page 4 for instructions.

I. General Information for the Month/Year of: June 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531737
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 510	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sun Acres Sub/Division		City: Auburndale	State: FL. Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 7/8/10 — Signature and Date

D.L. Blount — Printed or Typed Name

A5611 — License Number

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

PWS Identification Number: 6531739 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: June 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	59000										0.6	
2	X		71000										0.6	
3	X		65000										0.5	
4	X		74000										0.5	
5	X		35200										0.5	
6			78000											
7	X		78000										0.6	
8	X		58000										0.6	
9	X		56000										0.6	
10	X		59000										0.6	
11	X		67000										0.6	
12			64000											
13	X		65000										0.6	
14	X		65000										0.4	
15	X		67000										0.3	
16	X		59000										0.3	
17	X		50000										0.5	
18	X		57000										0.6	
19			55000											
20	X		54000										0.6	
21	X		73000										0.6	
22	X		54000										0.5	
23	X		54000										0.6	
24	X		62000										0.5	
25	X		62000										0.6	
26			53000											
27	X		52000										0.6	
28	X		45000										0.6	
29	X		53000										0.6	
30	X		61000										0.7	
31														
Total			1,798,000											
Average			59,933											
Maximum			78,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

MR
Lab Receipt Date & Time: _____
Analysis Date & Time: 06/08/10 at 11:10am
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7.8 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

RECEIVED
JUN 14 2010
ENVIRONMENTAL ENGINEERING

System Name: Suntrust Water **PWS I.D.** 6 5 3 1 7 3 9
System Address: _____ County: Polk
System or Owner's Phone #: _____ Fax #: _____
Collector: S Blount Collector's Phone #: 863-224-0775

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 6/7/10

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/4	Well 1	109246	1900	R			L	A	*	
2/4	Well 2	109247	1902	R			L	A		
3/4	2410 Thompson	109248	1910	D	0.5		L	A		
4/4	Flushout Stanton	109249	1915	D	0.5			A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.5

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# 0177776) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: Margaret Rajpaul Date 6/9/10
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 6/14/10
DEP/DOH Reviewing Official: RB

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 01/04

Certification of Delivery of Consumer Confidence Report

GENERAL INSTRUCTIONS: This form shall be completed by all community water systems (CWSs) that have prepared a Consumer Confidence Report (CCR) in accordance with Rule 62-550.824, F.A.C., Consumer Confidence Reports. At the end of this form is a certification in which a system's authorized representative shall certify that the reported information is accurate and is in conformance with Rule 62-550.824, F.A.C. **COMPLETE THIS FORM AND SUBMIT IT BY AUGUST 10,** together with a copy of your system's CCR, and any newspaper notice(s) and posted notice(s) of your CCR, to the appropriate DEP district office or Approved County Health Department (ACHD). Systems serving 100,000 or more persons posting their CCRs on publicly accessible Internet sites shall provide the information on the appropriate Internet link(s). All information provided on this form must be typed or printed in ink.

I. General Water System Information. (To be completed by all community water systems.)

System name: Sunrise Utilities — Contact person: Pat Blount

PWS Identification number (PWS-ID): 6531737 — Contact phone number: 863-662-5965

Mailing address: 6039 Cypress Gardens Blvd — City: Winter Haven

State: FL — Zip: 33884 — Population served (not the number of "service connections"): 645

II. CCR Distribution Method. (To be completed by all community water systems. Choose A or B as appropriate.)

☒ **A.** We mailed or otherwise directly delivered a copy of our CCR to each customer on (enter date(s) of mailing or delivery.) 6/27/10 (Systems that do not use the mailing waiver must mail or otherwise directly deliver a copy of their CCR to each customer.)

☐ **B.** We were eligible to use a mailing waiver and used a mailing waiver. (Systems are eligible to use a mailing waiver only if they serve fewer than 10,000 persons, have not had any MCL or monitoring and reporting (M/R) violations, nor have been issued any formal Notices of Violations (NOVs), Consent Orders, Administrative Orders, or court-ordered civil actions during the calendar year before the year the CCR is due to the customers.)

(swer a. b. and c below.)

☐ a. Date of newspaper: _____

☐ b. Name of newspaper/newsletter that published our CCR: _____

☐ c. A copy of our notice to customers, informing them that our CCR will not be mailed to them, is attached. This notice was: ☐ mailed with bill; ☐ published in newspaper/newsletter; or ☒ other (describe)

Handed out at office

III. Posting of CCR on the Internet. (To be completed by all CWSs serving 100,000 or more persons.)

☐ We posted our CCR on this publicly accessible Internet Site: _____

IV. Report on Your Effort to Distribute Your CCR to Your Water Consumers.

(To be completed by all CWSs. Check all items that apply. At least 2 items must be checked.)

In addition to the methods selected in Part II,

☐ **A.** We posted our CCR on this publicly accessible Internet _____

☐ **B.** We published our CCR in the local newspaper(s). The name(s) and date(s) of the newspaper(s) are:

_____

☐ **C.** We advertised the availability of our CCR as a press release, radio announcement, or TV announcement. The type(s) and date(s) of the advertisement(s) are: _____

☐ **D.** We delivered multiple copies of our CCR to single bill addresses serving several persons.

☐ **E.** We delivered multiple copies of our CCR to the following community organizations:

_____

☒ **F.** Our CCR was posted in the following public locations: Clubhouse & Office

_____

☐ G. Our CCR was distributed by other methods (e.g., additional copies placed in entrance hall to facility). Describe.

_____

_____

V. Use of Non-English Language in CCR. (To be completed by all community water systems.)

☐ Information in a non-English language was included in our CCR because 20% or more of our customers do not speak English but speak _____. The method we used to determine the proportion of non-English speaking customers is _____

☑ This requirement does not apply to our system, because we have no non-English speaking group among our customers equal to or exceeding 20% of our total number of customers.

VI. Other Delivery Requirements. (To be completed by all community water systems.)

(A) Was a copy of your CCR sent to your county health department, as required by rule? ☑ Yes ☐ No

(B) Is your system regulated by the Public Service Commission (PSC)? ☐ Yes ☐ No

If Yes, was a copy of your CCR sent to the PSC, as required by rule? ☐ Yes ☐ No

(C) If your system sells water to other systems, have you provided them with either a copy of your CCR or the required consumer confidence information? ☐ Yes ☐ No ☑ Not Applicable

VII. Certification of Delivery of CCR and Compliance with Regulations. (To be completed by all CWSs.)

This statement certifies that the above named community public water system has distributed its CCR for the time period starting January 1, __, and ending December 31, __, to its customers on (mm/dd/yy) _____ and provided the appropriate notices of availability according to the requirements listed in this form, which are also found in Rule 62-550.824, F.A.C. This statement also certifies that the reported information is correct and consistent with the compliance monitoring data for the same period previously submitted to the Department, and that the report has been delivered to the agencies identified in Rules 62-550.824(3)(e)3., and 4., F.A.C.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

NAME (please print): DeLee Blount

TITLE: Operator of Record DATE: 7/29/10

☐ **A copy of our CCR is attached.**

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6530739
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 238		Total Population Served at End of Month: 610	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sun Acres Sub/Division		City: Auburndale	State: FL Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 11/6/10	D.L. Blount	A5611

DEP Form 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 6537739 | Plant Name: Seaside Water

III. Daily Data for the Month/Year of: Oct. 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	11.4	47000										0.5	
2	X		51000										0.5	
3			52000											
4	X		52000										0.5	
5	X		50000										0.5	
6	X		51000										0.5	
7	X		53000										0.5	
8	X		38000										0.5	
9	X		53000										0.5	
10	X		46000										0.5	
11	X		31000										0.5	
12	X		54000										0.5	
13	X		54000										0.5	
14	X		32000										0.5	
15	X		32000										0.6	
16	X		50000										0.5	
17			23000											
18	X		73000										0.5	
19	X		45000										0.5	
20	X		47000										0.5	
21	X		36000										0.5	
22	X		68000										0.5	
23	X		59000										0.5	
24			66000											
25	X		65000										0.5	
26	X		58000										0.5	
27	X		62000										0.5	
28	X		57000										0.5	
29	X		57000										0.5	
30	X		47000										0.5	
31			39000											
Total			1,013,000											
Average			50,600											
Maximum			115,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

AK 53

Lab Receipt Date & Time: _____

Analysis Date & Time: 10/7/10 1:23

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7.4 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:
Analysis 10/07/10 at 1:50pm

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9

System Address: _____ **County:** Polk

System or Owner's Phone #: _____ **Fax #:** _____

Collector: S Blount **Collector's Phone #:** 863-224-0875

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 10/7/10

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	117363	0500	R		
2/4	Well 2	117364	0504	R		
3/4	Sunrise Market	117365	0508	D	0.6	
4/4	2540 Edmond	117366	0512	D	0.8	

To be completed by lab

Total Coliform Analysis Method: SM9222 B

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
L	A		

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[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# D17376) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 10/13/10

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 10/13/10
DEP/DOH Reviewing Official: RB

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

See page 4 for instructions.

I. General Information for the Month/Year of: Nov. 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531737
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 238		Total Population Served at End of Month: 476	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities Division			Plant Telephone Number:
Plant Address: Sundance Sub / Division		City: Auburndale	State: FL Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	5/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

D.L. Blount 12/6/10	D.L. Blount	A5611
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6531737 Plant Name: Sunrise Water

III. Daily Data for the Month Year of: Nov 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	59000										0.5	
2	X		52000										0.5	
3	X		45000										0.5	
4	X		47000										0.5	
5	X		31000										0.5	
6			57000											
7	X		57000										0.5	
8	X		59000										0.5	
9	X		93000										0.5	
10	X		63000										0.5	
11	X		55000										0.5	
12	X		79000										0.5	
13	X		56000										0.5	
14			76000											
15	X		52000										0.5	
16	X		53000										0.5	
17	X		56000										0.5	
18	X		57000										0.5	
19	X		50000										0.5	
20	X		45000										0.5	
21			65000											
22	X		64000										0.5	
23	X		49000										0.5	
24	X		50000										0.5	
25			65000											
26	X		65000										0.5	
27	X		31000										0.5	
28	X		52000										0.5	
29	X		56000										0.5	
30	X		55000										0.5	
31														
Total			1624000											
Average			54000											
Maximum			93000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

53

Lab Receipt Date & Time: _____

Analysis Date & Time: 2010 NOV 22 A 8:29

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 6-8 °C

Disinfectant Check ☑ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Analysis Date + Time 11/22/10 at 9:50am

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

☒ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9

System Address: State Rd 542 **County:** Polk

System or Owner's Phone #: _____ **Fax #:** _____

Collector: S Blount **Collector's Phone #:** 863-224-0775

Type of Supply: (check only one)

☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)

☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ *Boil Water Notice* ☐ Other _____

Sample Collection Date: 11/22/10

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	119984	0700	R		
2/4	Well 2	119985	0704	R		
3/4	Flushout Water Ridge	119986	0713	D	0.8	
4/4	2418 Teri	119987	0720	D	0.8	

To be completed by lab

Total Coliform Analysis Method: SM9222B

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
	A		

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[2]Listed in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.8

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

☒ A certified operator (# D17376) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 11/23/10

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Require
Date Reviewed by DEP/DOH: 11/30/10
DEP/DOH Reviewing Official: RS

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; *MMO/MUG* = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

nitrate '10 53

MID FLORIDA WATER LAB

DHRS PERMIT #: E84567
HRS – QA# 9710NC - 181
8 Oakwood Road, Winter Haven , FL 33880
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: SUNRISE WATER PWS: 653-1739

System Type: X Community Nontransient Noncommunity Transient Noncommunity

Address: P.O. Box 10196

City State: Brooksville FL ZIP CODE: 34603

Phone # Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1121335 Sample Date: 12/29/10 Sample Time 9.00 am

Sample Location (be specific) POINT OF ENTRY Location Code (be specific):

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH

Sample Type (Check Only One)

- Distribution
- X Entry point to Distribution
- ☐ Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- X Routine Compliance (with 62-550)
- ☐ Replacement
- ☐ Confirmation of MLC Exceedance*
- ☐ Special(not for compliance with 62-550)
- ☐ Composite of Multiples Sites**
- ☐ Clearance (permitting)
- ☐ Other

Qua

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.

And 62-550.512(3) for nitrate or nitrite exceedances

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

S BLOUNT (Print Name), do HEREBY CERTIFY (Print Title)
that the above public water system and sample collection information is complete and correct.

Signature: S Blount Date: 1/5/11

Certified Operator #: 5611 Phone# 863-66-5315 Sampler's fax#

Sampler's E-mail:

Reporting Format 62-550.730
Effective January 1995, Revised February 2010

MID FLORIDA WATER LAB

DHRS PERMIT #: E84567
HRS – QA# 9710NC - 181
8 Oakwood Road, Winter Haven , FL 33880
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: MID FLORIDA WATER LABORATORY Florida DOH Certification #: E84567

Certification Expiration Date: 06/30/11

Address: 8 OAKWOOD ROAD . WINTER HAVEN FL -33880. Phone #: 863-965-2540

Were any analyses subcontracted: Yes X No

If yes, Please provide DOH certification number(s)

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab Date Sample(s) Received :12/30/10

PWS ID (from page 1) : 653-1739 Sample Number (From Page 1) :1121335

Lab Assigned Report Number or Job ID

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics
All (Except Abestos)
Partial
X Nitrate
X Nitrite
☐ Asbestos

Synthetic Organics
☐ All 30
All Except Dioxin
Partial
☐ Bromate
☐ Dioxin Only

Secondaries
☐ All 14
Partial

Volatile Organic
All 21
Partial
XYLENE
ETHYLBENZENE

Radionuclides
Single Sample
☐ Qtrly Composite**

Disinfection Byproducts
Trihalomethanes
Haloacetic Acids

SLUDGE ANALYSIS
☐ Chloride

LAB CERTIFICATION

I, Margaret Rajpaul (Contact Person) (Print Name), DIRECTOR (Print Title),

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Margaret Rajpaul Date: 12/31/10

* **Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.**

** ***Please provide radiological sample dates & locations for each quarter.***

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE NITRITE MCL EXCEDANCES

NON-DETECTES ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non detects reported as "BDL"or with a"<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH-attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐Yes ☐No

Replacement Sample(s) Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____

DEP/DOH Reviewing Official: _____

MID FLORIDA WATER LAB

DHRS PERMIT #: E84567
HRS – QA# 9710NC - 181
8 Oakwood Road, Winter Haven , FL 33880
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

INORGANIC CONTAMINANTS

62-550.310(1)

CLIENT: BLOUNT UTILITIES

SYSTEM: SUNRISE WATER
POINT OF ENTRY

REPORT# :1121335

SUBCONTRACTED/JOB#:

PWS: 653-1739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	NITRATE (as N)	10	mg/L	0.02	U	SM4500NO3E	0.02	12/30/10	11.35 am	E84567
1041	NITRITE (as N)	1	mg/L	0.02	U	SM4500NO3E	0.02	12/30/10	11.35 am	E84567

QUALIFIER:

THESE TESTS MEET NELAC STANDARDS

THE TEST RESULTS IN THIS REPORT RELATE ONLY TO THE ANALYSES OF THE SAMPLES SUBMITTED.

U=BELOW DETECTION LIMIT
X = VALUE EXCEEDS MCL

***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, O, 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.**

Laboratory Scope of Accreditation

Attachment to Certificate #: E84567-10, expiration date June 30, 2011. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84567 **EPA Lab Code: FL01095** **(863) 965-2540**

E84567
Mid Florida Water Lab
8 Oakwood Road
Winter Haven , FL 33880

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Escherichia coli	SM 9223 B	Microbiology	NELAP	11/21/2001
Nitrate	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	5/23/2006
Nitrite	EPA 354.1	Primary Inorganic Contaminants	NELAP	11/21/2001
Nitrite	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	5/23/2006
Total coliforms	SM 9222 B	Microbiology	NELAP	11/21/2001
Total coliforms	SM 9223 B	Microbiology	NELAP	11/21/2001
Total nitrate-nitrite	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	11/21/2001

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program. **Issue Date: 7/1/2010** **Expiration Date: 6/30/2011**

nitrate 110 5 2

MID FLORIDA WATER LAB

DHRS PERMIT #: E84567
HRS – QA# 9710NC - 181
8 Oakwood Road, Winter Haven , FL 33880
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: SUNRISE Utilities PWS: 653-1739

System Type: X Community Nontransient Noncommunity Transient Noncommunity

Address: P.O. Box 10186

City State: Brooksville FL ZIP CODE: 34603

Phone # Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1121344 Sample Date: 12/29/10 Sample Time 5.40 pm

Sample Location (be specific) POINT OF ENTRY Location Code (be specific):

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH

Sample Type (Check Only One)

- Distribution
- X Entry point to Distribution
- ☐ Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)

Reason(s) for Sample (Check all that apply)

- X Routine Compliance (with 62-550)
- ☐ Replacement
- ☐ Confirmation of MLC Exceedance*
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiples Sites**
- ☐ Clearance (permitting)
- ☐ Other

Qua

Sampling Procedure Used or Other Comments:

- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.

And 62-550.512(3) for nitrate or nitrite exceedances

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

S BLOUNT (Print Name), do HEREBY CERTIFY (Print Title)
that the above public water system and sample collection information is complete and correct.

Signature: D H Blount Date: 1/3/11

Certified Operator #: 5611 Phone# 863-661-5365 Sampler's fax#

Sampler's E-mail:

MID FLORIDA WATER LAB

DHRS PERMIT #: E84567
HRS – QA# 9710NC - 181
8 Oakwood Road, Winter Haven , FL 33880
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: MID FLORIDA WATER LABORATORY Florida DOH Certification #: E84567

Certification Expiration Date: 06/30/11

Address: 8 OAKWOOD ROAD . WINTER HAVEN FL -33880. Phone #: 863-965-2540

Were any analyses subcontracted: Yes X No

If yes, Please provide DOH certification number(s)

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab Date Sample(s) Received :12/30/10

PWS ID (from page 1) : 653-1739 Sample Number (From Page 1) :1121344

Lab Assigned Report Number or Job ID

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics
All (Except Abestos)
Partial
X Nitrate
X Nitrite

☐ Asbestos

Synthetic Organics
☐ All 30
All Except Dioxin
Partial
☐ Bromate
☐ Dioxin Only

Secondaries
☐ All 14
Partial

Volatile Organic
All 21
Partial
XYLENE
ETHYLBENZENE

Radionuclides
Single Sample
☐ Qtrly Composite**

Disinfection Byproducts
Trihalomethanes
Haloacetic Acids

SLUDGE ANALYSIS
☐ Chloride

LAB CERTIFICATION

I, Margaret Rajpaul (Contact Person), DIRECTOR
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Margaret Rajpaul Date: 12/31/10

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE NITRITE MCL EXCEDANCES
NON-DETECTES ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non detects reported as "BDL"or with a"<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH-attach notes as necessary)
Sample Collection & Analysis Satisfactory: ☐Yes ☐No

Replacement Sample(s) Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____

DEP/DOH Reviewing Official: _____

MID FLORIDA WATER LAB

DHRS PERMIT #: E84567
HRS – QA# 9710NC - 181
8 Oakwood Road, Winter Haven , FL 33880
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

INORGANIC CONTAMINANTS

62-550.310(1)

CLIENT: BLOUNT UTILITIES

SYSTEM: SUNRISE FLEA POINT OF ENTRY

REPORT# :1121344

SUBCONTRACTED/JOB#:

PWS: 653-1739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	NITRATE (as N)	10	mg/L	0.02	U	SM4500NO3E	0.02	12/30/10	2.10 pm	E84567
1041	NITRITE (as N)	1	mg/L	0.02	U	SM4500NO3E	0.02	12/30/10	2.10 pm	E84567

QUALIFIER:

THESE TESTS MEET NELAC STANDARDS

THE TEST RESULTS IN THIS REPORT RELATE ONLY TO THE ANALYSES OF THE SAMPLES SUBMITTED.

U=BELOW DETECTION LIMIT
X = VALUE EXCEEDS MCL

***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, O, 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 esults must be replaced with acceptable results from samples collected during the same monitoring period.**

Laboratory Scope of Accreditation

Attachment to Certificate #: E84567-10, expiration date June 30, 2011. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84567 **EPA Lab Code: FL01095** **(863) 965-2540**

E84567
Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33880

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Escherichia coli	SM 9223 B	Microbiology	NELAP	11/21/2001
Nitrate	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	5/23/2006
Nitrite	EPA 354.1	Primary Inorganic Contaminants	NELAP	11/21/2001
Nitrite	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	5/23/2006
Total coliforms	SM 9222 B	Microbiology	NELAP	11/21/2001
Total coliforms	SM 9223 B	Microbiology	NELAP	11/21/2001
Total nitrate-nitrite	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	11/21/2001

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program. **Issue Date: 7/1/2010** **Expiration Date: 6/30/2011**

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

See page 4 for instructions.

I. General Information for the Month/Year of: December 2010

A. Public Water System (PWS) Information

PWS Name: Sunrise Utilities			PWS Identification Number: 6531737
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 258		Total Population Served at End of Month: 560	
PWS Owner:			
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address: 685 Alyson Rd.		City: Haines City	State: FL. Zip Code: 33844
Contact Person's Telephone Number: 863-421-6827		Contact Person's Fax Number: 863-421-6827	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sunrise Utilities			Plant Telephone Number:
Plant Address: Sundoro Sub/Division		City: Auburndale	State: FL. Zip Code: 33823
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	D.L. Blount	A	5611	6/7
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator 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 belief. I certify that all drinking water treatment chemicals 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 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 years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
D.L. Blount 1/4/11	D.L. Blount	A5611

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

PWS Identification Number: 6531799 | Plant Name: Sunrise Water

III. Daily Data for the Month/Year of: Dec 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	37000										0.5	
2	X		57000										0.5	
3	X		42000										0.5	
4	X		62000										0.5	
5			55000											
6	X		54000										0.5	
7	X		42000										0.5	
8	X		46000										0.5	
9	X		58000										0.5	
10	X		66000										0.5	
11	X		96000										0.5	
12			44000											
13	X		44000										0.5	
14	X		69000										0.5	
15	X		62000										0.5	
16	X		74000										0.5	
17	X		68000										0.5	
18	X		22000										0.6	
19			60000											
20	X		60000										0.5	
21	X		41000										0.6	
22	X		58000										0.6	
23	X		72000										0.6	
24	X		65000										0.6	
25			43000											
26	X		53000										0.5	
27	X		59000										0.5	
28	X		63000										0.5	
29	X		71000										0.7	
30	X		40000										0.6	
31	X		80000										0.6	
Total			1716000											
Average			55400											
Maximum			80000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

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DEC 22 P 3:34

Lab Receipt Date & Time: _____
Analysis Date & Time: _____
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 4 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9
System Address: State Road 542 **County:** Polk
System or Owner's Phone #: _____ **Fax #:** _____
Collector: S Blount **Collector's Phone #:** 863-224-0775

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 12/22/10

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
1/4	Well 1	121983	1325	R		
2/4	Well 2	121984	1328	R		
3/4	2410 Thompson	121985	1332	D	0.6	
4/4	Flushout Station	121986	1338	D	0.6	

To be completed by lab

Total Coliform Analysis Method:			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		
	A		
	A		

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☒ A certified operator (# 17776) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: Margaret Rajpaul Date 12/23/10
Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTILITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 12/29/10
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

MD Lab Receipt Date & Time: 12/4/10 53
Analysis Date & Time: 12/04/10 at 10:25a
Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not On Ice ☐ 7.0 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 1 7 3 9

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: 326-6122

Collector: Rob Blount Collector's Phone #: 863-661-5315

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☑ Boil Water Notice ☑ Other PBW

Sample Collection Date: * 12/3/10 per collector (RB)

To be completed by collector of sample | To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: 9222B	Fecal or E. coli Analysis Method:		
							Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
1/4	Sunrise Mkt	120539	1730	S	0.0			A		
2/4	2418 Teri	120540	1740	S	0.0			A		

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ENVIRONMENTAL ENGINEERING

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.0

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Results faxed to Rob

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# 3611) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 12/8/10

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 12/9/10
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

MD
Lab Receipt Date & Time: RECEIVED 53
Analysis Date & Time: 12/04/10 at 10:25a
Sample Acceptance Criteria:
Sample Preservation ☐ On-ice ☐ Not On-ice ☐ 7.2 °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:
_____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/E-Coli ☐ Total Coliform/Fecal ☐ Enterocci ☐ Colilert ☐ HPC ☐ Other: _____

System Name: Sunrise Water **PWS I.D.** 6 5 3 / 7 3 9

System Address: _____ County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Del Clement Collector's Phone #: 863-661-5365

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☑ Boil Water Notice ☐ Other PWS

Sample Collection Date: *12/4/10 per collector RB

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
3A	Sunrise Mkt.	120541	0930	D	0.7	
4/A	2418 Teri	120542	0936	D	0.7	

To be completed by lab

Total Coliform Analysis Method: SM9222B
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
	A		
	A		

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DEC 08 2010
ENVIRONMENTAL ENGINEERING

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.7

All tests are performed in accordance with NELA standards. The test results in this report only relate to the analyses of the samples submitted.

Results to be faxed to Blount

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# 3611) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: Margaret Rajpaul Date 12/4/10

Title: Director

Name and Mailing Address of Person to Receive Report

BLOUNT UTLITIES, INC.
6039 Cypress Gardens Blvd., #146
Winter Haven, FL 33884

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 12/9/10
DEP/DOH Reviewing Official: Ron Stadelbacher

[1]DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count