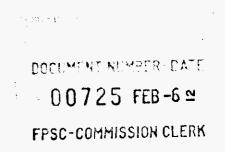
State of Fl	Iorida Jublic Service Commizsion Capital Circle Office Center • 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 -M-E-M-O-R-A-N-D-U-M- 10238-WU
DATE:	February 6, 2012
TO:	Ann Cole, Commission Clerk, Office of Commission Clerk
FROM:	Robert Simpson, Engineering Specialist II, Division of Economic Regulation β
RE:	Docket No. 11023-WU; Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Attached are copies of Sunrise Utilities, LLC monthly operating reports from January through November of 2011 and proforma plant item bids requested in this rate case. Please place the attached documents in the docket file.

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

Attachments

RECEIVED-FPSC 12 FEB - 6 Pit 4: 16 COMINISSIO; CLERK





See	page 4 for instructions	Λ								
Π.	General Information I	for the Month/Year of: Janua	ary 20	0/1						
	Public Water System (P									
[PWS Name: Def	muse Ittililes		<u></u>	PWS Identification N	umber: 672/137				
ļ		Community Non-Transient Non-Community	y 🗌 Transie	isient Non-Community Consecutive						
		nnections at End of Month: 258		Total Population Served at End of Month: 326						
	PWS Owner:		······································							
	Contact Person:	- A A		Contact Person's Title: City: Annes City State: Fl. Zip Code: 33844						
	Contact Person's Mailin									
Contact reison's relephone runneer.										
Contact Person's E-Mail Address:										
B. (Water Treatment Plant			······	1 Plant Telephone Num	ber:				
Flaint Valle Alleverthe City of the Alleverthe Tip Code: 23912										
Flair Address. X How Working XING / neutron										
	Type of Water Treated	by Plant: Raw Ground Water Purch Pay Operating Capacity of Plant, gallons per day:	108,00							
	Permitted Maximum D	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):						
}	Licensed Operators	Name	License Class		Day(s)/Shift	(s) Worked				
ļ	Lead/Chief Operator:	Deto Bloawi	A	5611	6/1					
		Vare Klouw								
	Other Operators:		·•							
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	ŗ									
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	- F									
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	r									

II. Certification by Lead/Chief Operator

1. 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

License Number 0725 FEB-6 ₽

Signature and Date

Printed or Typed Name

__e l __2____

FPSC-COMMISSION CLERK

MONTHLY OPERATION REPORT FOR PWS& TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 633/739 [Flant Name: Sun 1930]

	HI. Daily Data for the Month/Year of: Jan 2011														
Me	us of A	chiev	ing F			on/Removal; *	Free	Chlorine	Ľ.	Chlorine	Dioxide)20ne	Combin	ed Chlorine (Chloramines)
	Ulbavk				ther (Descri			A	<u></u>						
Typ	e of Du	infect	tant R	esidual Mat	ntained in D	stribution Syst	emi X	Free Chi	orine		mbined C	luorine (Chloram	ides)	Chlorine Dioxide
ĺ	Day			· ·	<u>-</u>	T Calculations, or	UV DOR, ID D	ations	out-Log	Virus mean	VALIOR, IT A	DOLICED IN	Dogo	ł	•
f	Plan			í · ·	·····	T		Lowest CT	· · · · ·	1	T			Lowert	
ļ	Staffe				.,	Lowest Residual	Disinfactant	Provided	Ì	1				Residual	
]	or]	Disinfootant	Contect Time	Before or		1	1		3. at	Disinfectant Concentration	
	Visite by	a		Net Quentity		Concentration (C) Before or at	(1) at C Measurement	. at Piret Custometr	(ł	Linimum	Lowest Operating	Minimum IV Dom	at Ramote	Emergency or Abnormal Operating
Dava		or H		of Finished		Pint Castomer	Point During	During	d d	pHof	i cr	UV Dose	Required,	Point in	Conditions; Repair or Maintenance Work that
-	Piec) Pie	nt in	Wster	Peak Flow	During Peak	Peak Plow,	Peak Flow,	Water	Water If	Remained.	i mW.	mW-	Distribution	Involves Taking Water System Components
Mont	<u>(X')</u>	076	ration	Produced, gal	Rote, god	Flow, mg/L	<u>minette</u>	mg-min/L	2	Applicable	mg-min/L	Bet/tun"	150/081	System, mg/L	Out of Operation
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total				509000					- e an airte					·····	
reras	8		-	19000											

30000 Maximum

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

1 2

System or Owner's Phone #:	- <u>c</u> mg/L rements: - <u>yay</u> 3 7 3 7 7 2 7 2 7										
Report Number:	rements:										
Analysis Requested: (check all that apply) Image: Total Coliform/E-Coli Image: Total Coliform/Fecal System Name: Total Coliform/Fecal Image: System Address: Stude System or Owner's Phone #:	3 7 37 47 57 8 9 9 9 9 9 9 9 9 9 9 9 9 9										
System Name: June 352 Units County: Police System or Owner's Phone #:	e System										
System or Owner's Phone #:	e System										
System or Owner's Phone #:											
Type of Supply: (check only one) Community Water System Noncommunity Water System Private Well Swimming Pool											
Reason for Sampling: (check all that apply) Image: Check all that apply)											
To be completed by collector of sample To be completed											
Sample Sample Point Lab Sample Collection Sample Disinfect PH Total Coliform Analysis Methodies Number (Location or Specific Address) Number Time Type ¹ Res'd (mgrL) pH Total Coliform Analysis Methodies	od: pr Data										
4 Well 1 101485 1600 R A											
34 Lorli 2 101486 1605 R A											
3/4 Sunerer Marriet 101487 1609 D D6 A											
14 2540 Edward 101488 1614 D 0.6 A											
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.)	NELA standards.										
Disinfectant Residual Analysis Method: DPD Colorimetric Other: Date PWS notified by lab of positive results: Person performing analysis is (Please see instructions on reverse): Date PWS notified by lab of positive results: MA certified operator (#) Employed by a certified lab Date State notified by lab of positive results: Date State notified by lab of positive results:											
Name and Maning Address of Person to Receive Report	USE ONLY s Required										

¹DEP 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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See	page 4 for instructions									
	General Information	for the Month/Year of: Tubau	ares to	11						
	Public Water System (P		V							
	PWS Name:	muse attilitees			PWS Identification 1	Number: 6.72/137				
	PWS Type:	Community Non-Transient Non-Communi	ty 🗌 Transie	nt Non-Community		- Marc				
	Number of Service Con	nnections at End of Month: 258		Total Population Served at End of Month: 9779						
	PWS Owner:		······							
	Contact Person:	A	<u></u>	Contact Person's Title: City: Hampa, City State: Fl. Zip Code: 33844						
	Contact Person's Maili			City: Haine						
	Contact Person's Telep			Contact Person's H	ax Number: $763^{-}7\chi^{-}$	-0016				
	Contact Person's E-Ma			······································	·····	· · · · · · · · · · · · · · · · · · ·				
Β.	Water Treatment Plant			- <u></u>	Pleast Telephone Nu					
Plant Name: Plant Telephone Number: Plant Address: Zip Code: 3.797										
	Plant Address:	Sunderes Sub/ Minister		City: auburn	state State: Fl.					
1	Type of Water Treated		chased Finished	water						
		Day Operating Capacity of Plant, gallons per day:		Diget Class (per si	ubsection 62-699.310(4), F.A.C.					
		bsection 62-699.310(4), F.A.C.):	License, Class	License Number	Dav(s)/Shif	t(s) Worked				
	Licensed Operators	Name	License Class	56//	8/1					
	Lead/Chief Operator:	Dete Blockart		1011						
	Other Operators:			· · · · · · · · · · · · · · · · · · ·		······································				
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11. 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.

ge i

D.L. Blouwt

License Number

Signature and Date

Printed or Typed Name

PWS Identification Number: 653 173 9 Plant Name: Sugar ise Water Ht. Daily Data for the Month/Vear of: 2011 Feb Combined Chlorine (Chloramines) Free Chlorine Chlorine Dioxide Means of Achieving Four-Log Virus Inactivation/Removal: * Ozone Ultraviolet Radiation Other (Describe): Combined Chlorine (Chloramines) Chlorine Dioxide X Free Chlorine Type of Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dore, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose **CT** Calculations Days Lowest Lowest CT Plant Residual Provided Lowest Residual Disinfactant Staffed Disinfectors Contact Time Balbre or Disinfectant OĽ. Lowest Minimum Concentration · : · at Pint Visited Concentration (T) at C Operating UV Dose at Remote **Emergency or Abnormal Operating** Meesurement Customer Temo. Minimum Net Opentity (C) Before or at by. Conditions: Repair or Maintenance Work that UV Dose, Required, Point in of Finished Point During During đ pH of CT First Customer Day of Operator Hours Involves Teking Water System Components Water, if Required, mW-Applicable mg-min/L set/cm² nW-seo/cm Distribution Peak Flow. Peak Flow, Water, Place Plant in Water Peek Flow During Peak Ġ6 Out of Operation System, mg/L Operation Produced, gal minates *C mg-min/L "X") Flow, mg/L Month Rate. md 0.5 14 61000 0.5 45000 49000 0.5 0.5 172000 X 0.5 40000 ≯ 05 50000 à 53000 0.5 5222000 X 0.5 43000 0.5 45000 X 0.5 50000 v 05 42000 12 / 7 49000 13 -0.5 14 49000 O.Y 53000 æ. 9 57000 16. 0.5 58000 0.5 18 62000 0.0 18000 19 21 51000 20 0.5 51000 0.5 53000 22 1 0.9 78000 23 1.5 51000 11 1 0.4 98000 15 0.5 65000 26 62000 17 0.5 62000 21 29 30 31 1525000 Totel 54000 Average

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

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	DRINKING WATE BACTERIOLOGICAL A	NALYSIS	· · · ·	لَرِ	, v			 	50		S.
Analysis	MID FLORIDA WATER I 8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (80 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED Imber:Sub-Contrac Requested: (check all that apply) Coliform/E-Coli I Total Coliform/Fecal I En		Lab Receipt Date & Time: Analysis Date & Time: Sample Acceptance Criteria: Sample Preservation Q On Ice Not On Ice Disinfectant Check DNot Detected This sample does not meet the following NELAC requirements: CALLER ACCEPTION AND ACCEPTION ACCEPTION AND ACCEPTION ACCEPTION AND ACCEPTION								
					/S 1.D.	6	5	3]	2	39
ýstem A	Name: Sunrisk Water										
ystem o	r Owner's Phone #:			Fax #:	-,. <u>.</u>		11.		774	<u>م س</u>	
oliecto	r: <u>SBlownt</u>			Collecto	r's Phon	ie #:_ <u>*</u>	63		<u> </u>	O_{1}	<u> </u>
Private eason Distrit Cleara	unity Water System Noncommunity Water Well Swimming Pool for Sampling: (check all that apply) ution Routine Distribution Repeat Image: Replacement (also check type of samp Collection Date: 2	Bottle w (triggered or assessmer ble being replaced) 📮 Be	oil Water N	w (trigge otice	ered or as	Other	nent) additio	onal (Jrvey
	To be completed by	collector of sample					10			npleted k sis Method:	oy lab המיני ב
ample umber	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)	pН		Non	Total	Fecal or E. coli	Data
4	Well 1	103444	1820	8					A		
4	Well 2	1.03445	1825	R					<u>A</u>		
4	Flushout Writer Ridge	103446	1830	D	0.5				A		
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		1 1	N							EIV	ED
non-trar	e of disinfectant residuals for routine and repe isient non-community systems serving population lant samples in the average.)				0.5	All test The te of the	ts are st re sam	⁷ Defined in f pe travity sulta in ti ples	MARduffin With accord 115 GAVA DIRH	and Will NE and Will NE muly relate	ula 62-160, Table ELA standards to the analy!
A cer		orimetric Other: on reverse): Employed by a certified Employed by DEP or De			Date Sta	ate notifie	ed by	lab of po	silive resu	lts:	21.26
Na	BLOUNT UTILITIES, IN 6039 Cypress Gardens Blvd, Winter Haven, FL 33884		Satisfa Incomp Repea Date Rev DEP/DOI	olete Co t Sampl viewed t	es Req by DEP/	Inform uired [DOH;	⊒R	eplace			JSE ONL
1	DEP Sample Type Codes: D - Distribution (Routine Compli-	ance); C = Repeat or Čheck; F 22B & D; MTF = 9221B & EC/M	 R = Raw; N = //UG; MMO/M	Entry to D MUG = SM	istribution; 9223B; H	: P = Pla PC = SN	ant Ta 1921	aip; S = S 5B	Special (cl	earance, e	lc.)

ale present, o = company gr



See page 4 for instructions.

	General Information	for the Month/Year of:	ent 7	101							
	Public Water System (P										
)	PWS Name:	alturas attilities	······································		PWS Identification	Number: 6530057					
		Community Non-Transient Non-Communi	ity 🗌 Transie	nt Non-Community	Consecutive						
		nnections at End of Month: 126		Total Population Served at End of Month: 212							
	PWS Owner:					······································					
	Contact Person:	2 11		Contact Person's Title: Juner							
Ì	Contact Person's Maili	ng Address: 685 Musson Ma.	· · · · · · · · · · · · · · · · · · ·	City: Haines City State: Fl. Zip Code: 33844							
	Contact Person's Telep			Contact Person's Fax Number: 863-421-6827							
Contact Person's E-Mail Address:											
B Water Treatment Plant Information											
Plant Name: Altural Attitutes 1											
Plant Address: Varking Forcese Mar City: Plantas State: 7% 210 Code.											
ľ	Type of Water Treated	by Plant: 🛛 Raw Ground Water 🗌 Pur	chased Finished			·····					
Ì	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	108,000	2							
ļ	Plant Category (per sul	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):							
Ī	Licensed Operators	Name	License Class	License Number	Day(s)/Sh	ift(s) Worked					
	Lead/Chief Operator:	Deto Blouwit	A	5611							
Ī	Other Operators:										
	o and openational										
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II. Certification by Lead/Chief Operator

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D.L. Blount

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Signature and Date

Printed or Typed Name

License Number

$\begin{array}{c c c c c c c c c c c c c c c c c c c $		MON	THLY	OPERAT	ION REP	ORT FOR	PWSs TF	REATIN	<u>G</u> RA	W GRC	UND V	ŊAŢEF	R OR P	URCHAS	ED FINISHED WATER
Interving Four-Log Virus Inactivation/Removal.* Intervint Provide Intervint Chlorine Intervint Chlorine Intervint Chlorine (Chloramines) Untraviolation Chlorine Chlorine Intervint Chlorine (Chloramines) Combined Chlorine (Chloramines) Open Intervint Chlorine Intervint Chlorine Intervint Chlorine (Chloramines) Chlorine Chlorine (Chloramines) Untraviolation Chlorine Chlorine (Chloramines) Chlorine Chlorine (Chloramines) Untraviolation Chlorine Chlorine (Chloramines) Chlorine Chlorine Chlorine (Chloramines) Untraviolation Chlorine Chlorine Chlorine (Chloramines) Chlorine Chlorine Chlorine Chlorine (Chloramines) Unvest Chlorine Chlorine Chlorine Chlorine (Chloramines) Chlorine Chlorine Chlorine Chlorine (Chloramines) Unvest Chlorine Chlori	PWS	Identifi	cation N	umber: 💪	5300	57	Plant Na	me: 🧷	Utu	cas ;	<u>Itali</u>	ties			
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Orane Combined Chlorine (Chloramines) Type of Distingtent Residual Munitated in Distribution System: Means of Achieving Combined Chlorine (Chloramines) Chlorine Dioxide Chlorine (Chloramines) Days Construction of Chlorine System: Means of Achieving Combined Chlorine (Chloramines) Chlorine Dioxide Days Construction of Chlorine System: Pree Chlorine Construction Construction Staffed Construction of Chlorine System: Distribution System: Distribution Construction Construction Days Construction of Chlorine Staffed Distribution Construction Construction Lowest Residual Munified in Distribution Construction Lowest Residual Munified in Distribution Construction Day of Operation Poduced, pal Res. god Dow, mg/L minutes Days of Post Post Post Post Post Post Post Post															
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Type of Disinfectant Residual Maintained in Distribution System: Image: CT Calculations CT Calculations Pres UV Date UV Date UV Date Lowest Pres CT Calculations CT Calculations UV Date Lowest Visited Desinfectant Provide UV Date Lowest Visited Desinfectant Contant Time Briot Or Contant Time Briot or Contant Time Briot or Contant Time Briot or Contant Time During CT Calculations Day of Operator Hours of Finished During Part of Contant Time Briot or Contant Time Briot Contant Time Briot or									-			_			
Days Print Staffed CT Calculations or UV Dors, © Emonstrate Pour-Log Virus Insciverion, if Applicable* Days Print Staffed CT Calculations or UV Dors, CT Calculations UV Due Lovest Residual Disinfectant Consentation (D) Before or Visited Lovest Residual Disinfectant Consentation (D) Before or Visited Lovest Residual Disinfectant Consentation (D) Before or Print Disinfectant Consentation (D) Before or Messmenet Customer During Print Customer UV Dose Visite Required, Print Distribution Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Distribution Day of Operation Print Distribution To Steem, Print Distribution To Steem, Print Distribution Water, Print Distribution Print Distribution Distribution Customer Lovest Residual Distribution Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Distribution 1 200 First Customer During Print Distribution Nater, fir Required, Required, mW- Prov, mg/L Maintenance Work that Distribution 2							em: 🗵	Free Chl	orine	Co	mbined C	Chlorine (Chlorami	ines)	Chlorine Dioxide
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	1900					T Calculations, or	UV Dose, to D	emonstrate F	our-Log	Virus Inactiv	vation, if A	pplicable*			
Plan Lowes Residual Disinfectant Forvised Before 0 Or Visited Net Quantity Disinfectant Forvised Before Forvised Minimum Enconstruction Day of Operator Pours of Tisshed Point is Dring Past Point is Dring Past Point is Day of Operator Pours of Tisshed Point is Dring Past Point is Dring Past Point is 1 Z/Z Algooo Invest Residual Dring Past Point is Dring Past Point is Dring Water ytem Components 1 Z/Z Algooo Invest Residual Dring Past Past Now, Past Now		Days						lations				ŪV	Dose		
Statical visited by by by by by by by by by by by by by			{	1					1	ł	1				
Visited by Ner Quantity (C) Distribution (C)			ļ												
Type Net Quantity (C) Before or m Measurement Customer Customer Temp. Minimum Operating UV Does at Renote Customer Customer <td></td> <td></td> <td></td> <td>1</td> <td>[</td> <td></td> <td></td> <td>1</td> <td>{</td> <td>}</td> <td>}</td> <td>Lowest</td> <td>Minimum</td> <td></td> <td></td>				1	[1	{	}	}	Lowest	Minimum		
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $			}	Net Quantity	ļ			- · · · -	Temp.		Minimum	Operating	UV Dose	at Remote	
the branch Plate Plate in Water in Water in Return in the second	Day of	•	Hours		1			During		pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
$\begin{array}{c c c c c c c c c c c c c c c c c c c $		(Place								Water, if	Required,	mW-		1	Involves Taking Water System Components
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Month	<u> "X") </u>			Rate, gpd	Flow, mg/L	minutes	mg-min/L	_°C	Applicable	mg-min/L	sec/cm*	sec/cm	System, mg/L	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			24	20,000	ļ			<u> </u>		<u> </u>	ļ	<u> </u>	<u> </u>	<u> </u>	
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8 7 <th7< th=""> <th7< th=""> <th7< th=""></th7<></th7<></th7<>		X				1			[ļ. <u></u>	0,5	
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			1	12,00				<u> </u>	ļ	ļ	 		 	04	
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$\begin{array}{c c c c c c c c c c c c c c c c c c c $						 		<u> </u>	}	<u> </u>	<u> </u>	<u> </u>	<u>}</u>	24	
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$)	76,000				<u> </u>						(15	
$\frac{28}{29}$ × $\frac{1000}{29}$		X		16,000				 							
20		Y				}		}	<u> </u>					0.5	
	29	~		Daco									[
30×100	30	×	1	32000										0,6	
31 / 23,000]	/	13,000				L				L			
Total 650,000 Average 71,548	Total			DO 1000											
Average <u>11,518</u> Maximum <u>Doro</u>			· · · · · · · · · · ·	April D											

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

Page 2 1-se

	e de la companya de l	F	15	<u> </u>				· · · ·			
DRINKING WATE			MY						57		
A A				coint Do					14		
MIĎ FLORIDA WATER L		T	Lab Receipt Date & Time:								
8 Oakwood Road - Winter Hav Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir	3) 967-8601 ector, Contact Person		Analysis Date & Time: <u>A. C. C.</u> Sample Acceptance Criteria: Sample Preservation @On Ice DNot On Ice D_6.5 °C								
NELAC CERTIFIED			Disinfectant Check @Not Detectedmg/L This sample does not meet the following NELAC requirements: ((1)) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)								
eport Number:Sub-Contrac	(Lab ID:	. ((114)	<u>13150</u>	alsi	1,1(3)	24/11 L	19:	<u>23a</u>		
naiysis Requested: (check all that apply) 1 Total Coliform/E-Coli 🏾 Total Coliform/Fecal 🗳 En				Г							
System Name: Alturus Wat			PW	S I.D.	6				3 [1	ł	
ystem Address: <u>Fack tuy how</u>	se RUN			County:		10					
ystem or Owner's Phone #:		<u> </u>	Fax #: _			263r	229	-0'	775		
collector: <u>SBIDUNT</u>			Collecto	r's Phone	e#: <u> </u>	, , , , ,					
ype of Supply: (check only one)	r System	ansient No	ncommu	nity Wate	er Syste	ւ՝ հ m :	🖵 Limite	ed Use \$	System		
Private Well	Bottle	ed Water			Other_				······		
Reason for Sampling: (check all that apply)	÷	_									
Distribution Routine Distribution Repeat	w (triggered or assessmen	nt) ⊡Ra	w (trigge	red or as	ssessme	ent) additi	onal 🖵	I Well St	irvey		
Clearance Replacement (also check type of samp	le being replaced) 🖵 Bo	Dil VValei IN			·						
Sample Collection Date:/2_3///	 collector of sample					stario ana Tenana T	be com	pleted b	v lab		
To be completed by	CONECTOR OF SAMPIA	. Second	1.1.1	$(x,y) \in [x]$		Total Col	form Analysi	is Method:	ويسامعون والأس	\mathcal{B}	
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	рН	Non	E. coli Analy Total Coliform	Fecal or	Data		
:/3 Well	104912	1155	R			Се 28	A				
73 3150 2nd St.	104913	1159	D	0.5			A				
3/3 2850 Packing Louise	104914	1204	<u></u>	0.5			A				
							NEO	En	-		
the second s	. This of the case of the second second	a. Maharan		Providente			MAR		50		
				in _{se} vice Theory (A.T		E E	MRON	ZUTT	e diastri		
Average of disinfectant residuals for routine and rep non-transient non-community systems serving populatio raw or plant samples in the average.)	eat samples. (Complete fins up to and including 4,9)	or commun 00. Do not i	ity and include	0,5	The tes		this report o		te 62-160, Table 1 ELA standards. to the analyse	15	
Disinfectant Residual Analysis Method: ADPD Col	lorimetric Dother:	· · · · · · · · · · · · · · · · · · ·		Date PL	_		ositive result	ts:			
A certified operator (#7 7 7 7 7	Employed by a certified			Date SI	ate notifie	d by lab of p	iositive résul	ts:			
Supervised by a cert. operator (#) Authorized representative of supplier of water	Employed by DEP or D			Lab Sig	nature ??	Lag	Ref Ill	Date	d aps	#1 _	
Name and Mailing Address of Person to F	Receive Report			 Title:		6-111	(-te			-	
_		DEP/DOH USE ONLY									
BLOUNT UTILITIES, II 6039 Cypress Gardens Blv Winter Haven, FL 338	d., #146	Satisfactory Incomplete Collection Information Repeat Samples Required Replacement Samples Required Data Reviewed by DEP/DOH 3/3011									
I Soo											
	DEP/DOH Reviewing Official:										

Page 1 of 1 ¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (dearance, etc.) Analysis Methods: MF = SM92228 & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

See	page 4 for instructions				·						
1.	General Information	for the Month/Year of:	March	holl							
A.F	ublic Water System, (P	WS) Information	· · · · · · · · · · · · · · · · · · ·			199					
Γ		wuse Willeer			PWS Identification	Number: 6, 17 1.31					
	PWS Type:	Community Non-Transient Non-Com	<u>munity Transier</u>	nt Non-Community	/ Consecutive	520					
Γ	Number of Service Con	nnections at End of Month: 258		Total Population 3	Served at End of Month:	240					
	PWS Owner:										
	Contact Person:		14	Contact Person's Title: City: Mainen Cilen State: H. Zip Code: 33844							
	Contact Person's Maili	ng Address: 693 Allesson Me	<u>u</u>								
Contact Person's Telephone Number: 000-777-000											
	Contact Person's E-Ma										
	Water Treatment Plant		<u></u>		Diant Telephone Nu						
	Plant Name: Survise Utilityep c. Ale Mant Telephone Number:										
	Plant Address:			City: Clubur	state State TC.	Zip Code. 3 20 K 2					
	Type of Water Treated	by Plant: 🛛 Raw Ground Water	Purchased Finished								
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per	day: 108,00	Plant Class (per subsection 62-699.310(4), F.A.C.):							
		bsection 62-699.310(4), F.A.C.):		License Number	Dar(s)/Shi	ft(s) Worked					
	Licensed Operators	Name	License Class								
	Lead/Chief Operator:	Date Blockwi		3611	0/1						
	Other Operators:										
						· · · · ·					
1	ļ										
1											
1					· · · · · · · · · · · · · · · ·						

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 1 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. Blouwt

Signature and Date

Printed or Typed Nam

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 653/737 Plant Name: Sunthase Lager

÷ .

111.	Daily D	ata for t	he Month/Ye	ar of: 🧹	Yorch 7	2011								
Mear	is of Acl	hieving F	'our-Log Viri	s Inactivation	on/Removal: *	🗌 Free	Chlorine		Chlorine	Dioxide		Dzone	🗌 Combir	red Chlorine (Chloramines)
		et Radiati		her (Descril										
Туре	of Disir	nfectant I	<u>Residual Mair</u>	itained in D	istribution Syst		Free Chl					Chlorami	nes)	Chlorine Dioxide
}		1		С	T Calculations, or	UV Dose, to D	emonstrate F	our-Log	Virus Inactiv	vation, if A			_	
	Days	1				CT Calcu		 			UV	Dose		1
1	Plant	1		-		<u></u>	Lowest CT						Lowest Residual	
	Staffed			1	Lowest Residual	Disinfectant	Provided	[1	1	Disinfectant	·
	or Visited				Disinfectant	Contact Time (T) at C	Before or at First]			Lowest	Minimum		
	by		Net Quantity		(C) Before or at	Measurement		Temp.	1	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pHof	CT	UV Dose.	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow.			Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable			sec/cm ²	System, mg/L	Out of Operation
1	6	24	51000								L		0.5	
2	X		72000								ļ		2.50	
3	đ.		53000							L	·		0.5	
4	X		57.000				L		L		ļ		0.5	
5	X		62000								├ ────		0.5	
6			80000		ļ	<u></u>	<u>}</u>			<u> </u>			0.5	
7	d_		79000				<u> </u>						0.5	
8	X	┝──┼·	68000	·								/ /	0.5	
9	×	<i> </i>	69000				L				·		0.5	
10	1	└── ∕─	7200										0.5	
11 12		<u>├</u>	56000				··						05	
13	5		7600C			·							0.5	
14	<u> </u>		69000											
15	x		69000										0.5	
16	X		83000	···									05	
17	T	-1	83000	•									P.5	
18	1.		70000										0.5	
19	X		101000										0.5	
20			77000										0,5	
21	5		72000											
22			91000										0.5	
23	X		79000										0.5	
24	¥.		28000										0.4	
25	X	/	92000							f			0.5	
26	<i>a</i>	/	92000						ț					
28			91000										Onis	
29	$\frac{1}{2}$		81000										85	
30	Ž.	1	62000										0.5	
31	X	1	SP000									l	8.4	
Total			234800											
Average			75000											
Maximu	m		101000											

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

N7-	DRINKING WAT BACTERIOLOGICAL A		Del 5:										
	MID FLORIDA WATER	LABORATOR	Y	Lab F	Receipt D	ate & T	îme:						
, snbr. K	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIE	aven, FL 33880 /63) 967-8601 irector, Contact Person		Analysis Date & Time:, <u>3/30/11 CT 13/15p.</u> Sample Acceptance Criteria: CALL: U.3 Sample Preservation Don Ice QNot On Ice Q_7.2 °C									
Report N	lumber:Sub-Contra	ct Lab ID:		This s	ample doe	snot me	Not Detected D <u>UMA</u> mg/L set the following NELAC requirements:						
	s Requested: (check all that apply) Coliform/E-Coli 🔲 Total Coliform/Fecal 🔲 El	nterocci 🗋 Colilert 📮	 нрс⊡	Other: _									
System	Name: SUNFISE LOGAT Address: St-Rob Stra	er		PWS I.D. 53/739									
Collect				Fax #:		- 41.	863-224-0775						
	Supply: (check only one)	Collecti	JI \$ PN0	e#:	DUI DUI CITT								
Comm Private Reason	e Well Check all that apply)	Bottle	ransient No ed Water			Other_							
Distri	bution Routine 🖸 Distribution Repeat 🛱 Ra ance 🔲 Replacement (also check type of same	w (triggered or assessmer de being replaced)	nt) ⊡Ra pil Water N	w (trigge ofice D	ered or a] Other	ssessm	nent) additional						
	Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other												
43.5	To be completed by				To be completed by lab								
Sample Number		Lab Sample Number	Collection Time	Sample [Total Coliform Analysis Method: Fecal or E. coli Analysis Method: Non Total Fecal or Data Coliform Coliform E. coli Qualifier ²						
'A	Well 1	105080	1450	R									
2/4	Well 2	10508.	1454	R									
3/4	2418 TLONDSON	105082	1500	D	0.6								
1/4	Flushout starton	1.05083	1504	D	0,0								
							APR B SSS						
]]			!	En Com Con						
non-trar	e of disinfectant residuals for routine and repension non-community systems serving population: lant samples in the average.)	at samples. (Complete fo s up to and including 4,900	r communit). Do not in	y and Iclude	0.6	The tes	² Defined in Floride Administrative Code Rule 52-160, Table 1 are performed in accordance with NELA standards. t results in this report only relate to the analyses amples submitted.						
Disinfe	ctant Residual Analysis Method: DPD Colo performing analysis is (Please see instructions				Date PW	S notified	by lab of positive results:						
A cer	tified operator (#_ <u>17376_</u>)	Employed by a certified I Employed by DEP or DC	ab NH		Date Stat	e notified	by lab of positive results:						
•	prized representative of supplier of water			Lab Sign	ature: 🎢	Ungalet Ely Bale il 3/31/1							
Nar	ne and Mailing Address Ipf RESONIC. Re	ceive Report			Title:	(
	6039 Cypress Gardens Blvd., #1 Winter Haven, FL 33884	DEP/DOH USE ONLY											
			Date Reviewed by DEP/DOH: <u>4/6/11</u> DEP/DOH Reviewing Official:										
	DEP Sample Type Codes: D - Distribution (Routine Complia	Page 1 of 1											

EP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Čheck; 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 <u>A</u>E



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

See page 4 for instructions.

I. G	eneral Information	for the Month/Year of:	april	1011			
	blic Water System (P		/				
		muse atiliter				PWS Identification Nu	imber: 6.79 1737
P		Community 👘 🗍 Non-Transient 1		Transie	nt Non-Community		
N	umber of Service Cor	nnections at End of Month:	58		Total Population S	Served at End of Month:	610
P	WS Owner:						
C	ontact Person:	 	11		Contact Person's 7		
	ontact Person's Maili	ng Address: 693 Aliest	on fall.		City: Macne		Zip Code: 33844
C	ontact Person's Telep	hone Number: 963-4/21-	6827		Contact Person's F	ax Number: 863-471-	6317
C	ontact Person's E-Ma						
	ater Treatment Plant						
PI	ant Name:	Junzise allifite	A.A. C.			1 Plant Telephone Numb	
PI	ant Address:	unaver Sub/	Mursian		City: Clubur	ala State: Fl.	Zip Code: 33973
T	ype of Water Treated	by Plant: 🛛 Raw Ground Wat		ed Finished V			
Pe	ermitted Maximum D	Day Operating Capacity of Plant, ga	llons per day:	108,00	20		
PI	ant Category (per su	bsection 62-699.310(4), F.A.C.):	<u> </u>			ubsection 62-699.310(4), F.A.C.):	<u>C</u>
	icensed Operators	Name	Lic	cense Class	License Number	Day(s)/Shift(s	s) Worked
L	ead/Chief Operator:	Dete Bloawl		A	5611		
0	ther Operators:						
Ĭ	ther operators.				· · · · · · · · · · · · · · · · · · ·		
	ĺ						

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 1 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. 1 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. Blouwit

Signature and Date

Printed or Typed Name

License Number

Means of Achieving Four-Log Vints Insertivation/Removal: * Free Colorine	111	Daily Da	ita for tl	he Month/Ye	sar of:	a	nil a	0/1	<u></u>						
Untraviolet Radiation Construint Chorne Combined Chlorine Chlorine Dre of Disinfectant Residual Maintance in Distribution System: X Yree Chlorine Combined Chlorine (Chloramines) Chlorine Days Chlorine Combined Chlorine UV Dees. Lower Lower Plant Staffiel Cr Calculation, or UV Dees. Lower (Chlorine) UV Dees. Lower Staffiel Unvest Residual Distribution System: Contact This Before or (Chlorine) Reservation. Lower (Chlorine) Reservation. Reservation. Contact This Before or (Chlorine) Before or (Chlorine) Reservation. Contact This Before or (Chlorine) Before or (Chlorine) Before or (Chlorine) Contact This Before or (Chlorine) Contact This Before or (Chlorine) Contact This Contact This Before or (Chlorine) Contact This Before or (Chlorine) Contact This Contact This </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>m/Removal: *</td> <td>Free</td> <td></td> <td>ľ</td> <td>Chlorine</td> <td>Dioxide</td> <td></td> <td>Dzone</td> <td>Comoir</td> <td>red Chlorine (Chloramines)</td>						m/Removal: *	Free		ľ	Chlorine	Dioxide		Dzone	Comoir	red Chlorine (Chloramines)
Type of Disinfectant Residual Maintined in Distribution System: Yes Chlorine Construct Chlorine (Calorations) Chlorine Distribution Point CT Calculation CT Calculation UV Doe Lower (The construction of the co										-					
Days Plant Stelled C.C. Celevisions, or UV Des. (b) Demonstrate Per-Log Virus Interjustion, if Applicable 201 CT Celevisions or VI Dese Lowest Residual Distinctions (C) Before or at Point of Table Demonstrate Per-Log Virus Interjustion, if Applicable 201 Distinctions (C) Before or at Point of Table Demonstrate Per-Log Virus Interjustion, if Applicable 201 Distinctions (C) Before or at Point of Table Demonstrate Per-Log Virus Interjustion, if Applicable 201 Distinctions (C) Before or at Point of Table Demonstrate Per-Log Virus Interjustion, if Applicable 201 Distinctions (C) Before or at Point point Distinctions (C) Before or at Point point point Distinctions (C) Before or at Point point point point point (C) Before or at Point point point point point point point point (C) Before or at Point point point point point point (C) Before or at Point point point point point point point point (C) Before or at Point point p					ntained in D	istribution Syst	em:	Free Chl	orine				Chloram	ines)	Chlorine Dioxide
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		1	1	1	C	T Calculations, or	UV Dose, to D	monstrate F	our-Log	Virus Inactiv	vation, if A	pplicable*		I	
Statisfield Lowest Residual Distribution Provided Provided Residual Distribution	1	Days					CT Calcu	lations				UV	Dose		
\mathbf{w} (v) byNr Quantity (C) Before or at (C) Befor			Į						[1	ł	1	1		
Value (y_1 Dry of Operator (y_2) Operator (y_2) (y_2)									1	1	1	ł	1		· ·
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $]		ļ						1	ł	ł	Terret	Reindenung	1	
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Momb 'X'' Operation Produced, and Solution Rate, got Solution Prov. mg/L minutes mg-min/L CC Applicable mg-min/L sectors' System, mg/L Out of Operation 1 X Street, and Street, and X Street, and Street, and X Street, and Street, and X Street, and Street, and X Street, and		Place			Peak Flow	During Peak						mW-	mW-	Distribution	Involves Taking Water System Components
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	•	"X")	Operation							Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	1	7	24	SLECO		<u> </u>								0.5	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	2	X	1	80000	·····]								0.5	
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$\begin{array}{c c c c c c c c c c c c c c c c c c c $				115000							[
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$\begin{array}{c c c c c c c c c c c c c c c c c c c $														0.3	
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30 A / 730 A /			-/	4866											
31 / / Jona / Jo	10	5-+		1200										O.S.	
Total 250800		a	1												
			<u>'</u> {	7508ax	المرب ويتسوي والمو						·····				
Average Stoce				84000											

Maximum /66.000 * Refer to the instructions for this report to determine which plants must provide this information.

DRINKING WATH BACTERIOLOGICAL A				<u>_</u>	-	•			<u> </u>
MID FLORIDA WATER	LABORATOR	RY	Lab F	leceipt D	ate & T	īme:			
8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI	63) 967-8601 rector, Contact Person		Samp Sampi	e Preserv	ptance	Criteria:	Not On Ice	e Ci <u>sta</u>	
Report Number:Sub-Contrac	t Lab ID:		This sa	ample doe	es not me	lot Detecte	wing NEL	AC require	
Analysis Requested: (check all that apply)								-	
System Name: Sontise Doct	CY RECEIV	=>	PV	VS I.D.	L		31	7	39
System Address: 2 / 5 / /				County	/:	Profi	<u>k</u>		
ystem or Owner's Phone #:	MAY 04	<u>2</u> 041	Fax #:			100			
ollector: <u>5 Bloch</u>	<u>ENGINES</u>	ENTAL	Collecto	or's Phor	ne #:	363	-22	7-6	<u> </u>
ype of Supply: (check only one) Community Water System Noncommunity Water Private Well Swimming Pool Reason for Sampling: (check all that apply) Distribution Routine Distribution Routine Distribution Repeat Clearance Replacement (also check type of sampling)	Bottl Bottl W		√ w (trigge	ered or a	Other_	nent) addil	tional (
ample Collection Date: <u>4/27/11</u> To be completed by	collector of sample	en e		n alt		Т	o be con	npleted b	y lab
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd	рН	Fecal or Non	E. coli Anal	ysis Method Fecal or	
4 Well 1	107038	1355	Z				A		<u> </u>
Her Well 2	1070.39	1400	2				A		
14 Course Audiet	107040	1406	\mathcal{D}	6.6			A		
14 2540 Edwards	10704/	1415	P	6.6					
Average of disinfectant residuals for routine and rependent representation representation from the serving population from the average.)				0.6	The tes	are performe	id in accorda his report c		A standards. The analyses
Disinfectant Residual Analysis Method: DPD Colo Person performing analysis is (Please see instructions A certified operator (#) [Supervised by a cert. operator (#) [Authorized representative of supplier of water]	rimetric Other: on reverse): Employed by a certified Employed by DEP or D(lab OH		Date Sta	'S notified le notified	l by lab of po I by lab of po	ositive result	ts:	
Name and Mailing Address of Person to Re	eceive Report								
BLOUNT UTILITIES, INC. 6039 Cypress Gardens Blvd., # Winter Haven, FL 33884	46	Satisfac Incomp Repeat Date Revi DEP/DOH	lete Co Sample	llection es Requ	Inform lired 🗆	Replace	ement S	amples F	
¹ DEP Sample Type Codes: D - Distribution (Routine Complia Analysis Methods: MF = SM922 Results: A = coliforms are absent	Page 1 of 1 nce); C = Repeat or Check; R 2B & D; MTF = 9221B & EC/M	R = Raw; N = E //UG; MMO/M	Entry to Di UG = SM	stribution; 92238; HF	P = Plan PC = SM9	nt Tap; S = 3 9215B	1		.)

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	DRINKING WATH BACTERIOLOGICAL A			N Z				<u>_</u>			5
	MID FLORIDA WATER 8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI	LABORATOR Iven, FL 33880 63) 967-8601 rector, Contact PerR	ECEI		(eceipt Date ais Date Accep e Preserva actant Che	& Time otance	Crit On to	teria: ce 🗆 No	t On Ice		°C
Analymie	umber:Sub-Contrac Requested: (check all that apply) Coliform/E-Coli I Total Coliform/Fecal I Er	t Lab ID:	ENVIRO	This s	argple doe:	s not me	eet th	he followii	ng NELA	C require	
System	Name: Securice Uni	the Con			VS I.D.	(e)	S				7 2
System	Address:				County	:	1	and.	1		
Collecte	or Owner's Phone #:	2		Fax #: Collect						etange sa Sange ya	
Comm Private Reason Distril	Supply: (check only one) aunity Water System Noncommunity Water Well Swimming Pool for Sampling: (check all that apply) bution Routine Distribution Repeat Ran ance Replacement (also check type of samp Collection Date:	Bott w (triggered or assessme		aw (trigg	ered or as	l Other	nent) additio	nal 🕻	Well S	
		collector of sample						То	be com	pleted I	oy lab
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd	pН	F	otal Colifo ecal or E. Non Coliform (coli Analy Total	sis Metho Fecal or	Data
	Europe Machal	106411	180go	R	27				A	<u> </u>	
- AND - MARKEN	710 aunter Rulpe	106412	\$040	x8	27				A		
		1					-				
non-trar raw or p	e of disinfectant residuals for routine and repension non-community systems serving populations lant samples in the average.)	s up to and including 4,9	00. Do not ir	ty and iclude	27	The tes	s are p st res samn	performed i sults in this des submit	n accorda s report o tteri	nce with NE nly relate 1	ile 62-160, Table 1 ELA standards. to the analyses
Person DA cer Supe		rimetric DOther: on reverse): Demployed by a certified Demployed by DEP or D	l lab		Date Stat	e notifier	d by l	ab of posil	live result	5:	
	me and Mailing Address of Person to Re	aceive Report			Title:	ature:		<u>.</u>		Uate	
INd	BLOUNT UTLITIES, INC. 6039 Cypress Gardens Blvd., #146 Winter Haven, FL 33884		Satisfa Incomp Repeat Date Rev DEP/DOF	olete Co t Sampl	llection l es Requ	Inform iired 🗆	natio D Re	on eplacen	nent Sa	amples	JSE ONLY Require
 1 f	DEP Sample Type Codes: D - Distribution (Routine Complia	Page 1 of 1 nce); C = Repeat or Check; F						·····			G)

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

BACTLEORM REVISED OF 04

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/in :	DRINKING WATH BACTERIOLOGICAL AN			$\langle \rangle$						5
	MID FLORIDA WATER	LABORATOR	Y	Lab R	eceipt Da	te & T	ime:			
•	8 Oakwood Road - Winter Ha	iven, FL 33880		Analys	is Date &	Time	: - <u>-</u>	· · · · ·	, ,	
	Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIED	63) 967-8601 rector, Contact PERE	CEI	Enly	Preserva	lion 🗅	Criteria: On Ice III	Not On Ice	<u> </u>	°C °C
Report N	umber:Sub-Contrac			2010 sa	mple does	notme	lot Detected eet the follow	ving NELA	C require	ments:
					ù					
J Total	Requested: (check all that apply) Coliform/E-Coli 📮 Total Coliform/Fecal 📮 En		FNGINF							
	Name: <u>Samuel</u> Address:			_	/S I.D.	6	50 Rock			
	ar Owner's Phone #			Fax #				<u></u>	- 	
Collecto	pr:			Collecto	or's Phon	e #:	-37-	سيند سيند من المريخ	575	
Comm Private Reason Distril	for Sampling: (check all that apply) bution Routine D Distribution Repeat DRa ance D Replacement (also check type of samp	Bottle w (triggered or assessmen	ransient No ed Water nt) 🔲 Ra oil Water N	aw (trigge	ered or as	Other	nent) addit	ional [ited Use	urvey
Sample	Collection Date: <u>7/15/11</u>						т	o be com	unlated i	hy lab
<u> </u>	To be completed by	collector of sample	1		[]		Total Co	iform Analy:	sis Method	
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type'	Disinfect Res'd (mg/L)	рН	Non	E, coli Anal Total Coliform	Fecal or	Data
1.7 m	Service Flerbol	106413,	- Mari	-9	27			A		:
<u>.</u>	FTO Wenter Rulye	106434 (<u>7756</u>	Ł	27			A		
			. 1							
Averag	e of disinfectant residuals for routine and repe	at samples. (Complete fo		ity and			² Defined in	Florida Adminis	itrative Code R	ule 62-160, Table 1
non-tra	nsient non-community systems serving population plant samples in the average.)				The F	The te of the	st results in samples sub	this report o	only relate	ELA standards to the analys
Dereen	ctant Residual Analysis Method: DPD Cold performing analysis is (Please see instructions	primetric Dother:		<u>.</u>	Date PW	S notifie	d by lab of p	ositive resul	ts:	
A ce	rtified operator (#)	Employed by a certified			Date Sta	e notifie	ed by lab of p	ositive resul	lts:	
		Employed by DEP or DC	н	,	1					a tan
	orized representative of supplier of water				,					
Na	me and Mailing Address of Person to R	eceive Report					- <u>1</u>	DE	F/DOH I	USE ONLY
	BLOUNT UTLITIES, INC. 6039 Cypress Gardens Blvd., #146 Winter Haven, FL 33884		Satisfa	plete Co it Samp	es Reau	iired [ement S	amples	Require
			Date Rev DEP/DO	H Revie	ving Of	ficial:	•			<u></u>
1	DEP Sample Type Codes: D - Distribution (Routine Compli	Page 1 of 1 ance): C = Repeat or Check: R	t= Raw: N ≃	Entry to D	istribution:	P = Pla	antTap:S≈	Special (cli	earance, e	itc.)

D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw, N = Entry to Distribution, P = Plant rap; S 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



See page 4 for instructions.

	General Information	for the Month/Ye	ar of	May	2011			
	Public Water System (P		3 /1					
<u>а</u> .		muse [thelites				PWS Identificatio	on Number: 6.33/737
ł		Community	Non-Transient Nor	n-Community	Transie	nt Non-Community	Consecutive	
	Number of Service Cor			8		Total Population Se	erved at End of Month:	600
	PWS Owner:			ý <u> </u>				
	Contact Person:		2	11		Contact Person's Ti	tle:	d
ł	Contact Person's Maili	ing Address:	595 Aleston	LAD.		City: Maines	State: 7	Zip Code: 33944
	Contact Person's Telep	And the second s	863-481-6			Contact Person's Fa	1x Number: 863-4	21-6927
	Contact Person's E-Ma							
	Water Treatment Plant							
[Plant Name:	Junuse	Illilitees	1 1 1			1 / Plant Telephone	
	Plant Address:	un arris	Sub/h	livision		City: auburn	Vale State: Fl.	Zip Code: 33873
	Type of Water Treated	by Plant: 🛛 🕅 F	Raw Ground Water		ased Finished	Water		
	Permitted Maximum D	Day Operating Capa	acity of Plant, gallor	ns per day:	108,00	70		
	Plant Category (per sul	bsection 62-699.31	0(4), F.A.C.):	Y			osection 62-699.310(4), F.A	
	Licensed Operators		Name		License Class	License Number	Day(s)/S	Shift(s) Worked
ļ	Lead/Chief Operator:	Data	DIOUNT		<u> </u>	3611	6/7	
	Other Operators:		<u>_</u>					
	ĺ							
!							· · · · · · · · · · · · · · · · · · ·	

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. Blouwt

5611

Signature and Date

Printed or Typed Name

License Number

11	Daily Da	ita for th	re Month/Ye	ar of:	Mas	201	1	· ·						
Mean	is of Ach	nieving F	our-Log Viru	is Inactivati	on/Removal: *	🗌 Free	Chlorine] Chlorine	Dioxide)zone	🗌 Combin	ed Chlorine (Chloramines)
		t Radiati		her (Descril	pe):		<u>/</u>		····					
1ype	of Disin	tectant R	lesidual Mair		istribution Syst	tem: 🗡	Free Chl	orine		mbined C		Chlorami	nes)	Chlorine Dioxide
				C	T Calculations, or			our-Log	Virus Inactiv	ration, if Ap				
	Days Plant				· · · · ·	CT Calcul		r	T			Dose	Lowest	
	Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Residual	
	or		-		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First		}	1	Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at		Customer	Temp.		Minimum			at Remote	Emergency or Abnormal Operating
ay of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Worl
the	(Place	Plant in	Water	Peak Flow	During Peak		Peak Flow,		Water, if	Required,	mW-	mW-	Distribution	Involves Taking Water System Compon
lonth	"X")		Produced, gai	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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2	X	\rightarrow	67000			[[0.5	
3	<u>r</u>		5-9000	- · · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·				0.5	· · · · · · · · · · · · · · · · · · ·
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8			63000										00	
9 10	-¥	/_	63000										0.5	
11	-1	/	74000		<u> </u>					· · · · · · · · · · · · · · · · · · ·			a. 5 17, 51	
12	<u> </u>		62000										0.5	
13	7		53000										0.5	
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15	x		43000										0.5	
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7	X		47000										0,3	· · · · · · · · · · · · · · · · · · ·
8	$\frac{x}{x}$		47000										0.5	
9	X	·	43000										0.51	
0	$\overline{\mathbf{x}}$		416000										1.5	
1	N I	- \ +	73000					j					0.5	
2	X		71000			···-·		1	· · · · · · · ·				8.5	
3	· · · · · · · · · · · · · · · · · · ·		61000											
4	x		61000			· · · ·							05	
5	X		620000										0.5	
6	X		59000										05	
7	K		56000										05	
8			10000										0.5	·····
	X	_/	75000										05	
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1	×	/	66000										0.5	
<u>al</u>			1803cer											
rage			58000											
umu			30000		mine which pla									

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	DRINKING WATE BACTERIOLOGICAL AN		Γ		2				<u> </u>		5-
	MID FLORIDA WATER I	ABORATOR	r	Lab Re	⊃ eceipt Da	te & T	ïme		· .		•
	8 Oakwood Road - Winter Ha		•	Analys	is Date &	Time	:	· _	sy no	er al t	1 ² ² ² ² ² ² ² ²
	Phone (863) 965-2540 • Fax (86	3) 967-8601		Sampl	е Ассер	tance	Cri	iteria:	37 (19) 100 (19)		
	Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED				Preservat tant Chec					u <u>/</u>	
port Ni	umber:Sub-Contrac	t Lab ID:			nple does						— ~ .
Total (Requested: (check all that apply) Coliform/E-Coli 🔲 Total Coliform/Fecal 🔲 En										
stem	Name: Sontise 1027e	5		PW	'S I.D.	5	Š		26	2	57
stem A	Address: 53 592				County		1	EN 3	<u> </u>	······································	
stem o	or Owner's Phone #:						1				**************************************
llecto	r: <u>SBlout</u>	·		Collecto	r's Phone	e #::	21	ل معمد الم معمد ال	428		175
Comm Private eason	for Sampling: (check all that apply)	Bottle W (triggered or assessment)) 🛛 Ra	w (trigge	red or as	Other	nen	R t) additi			ED Irvey
	ance D Replacement (also check type of samp	le being replaced) 🛛 🛛 Bo	il Water N	otice 🗆	Other _						
Imple	Collection Date: _5/24/11		·	·	a a sha	· ·· (Enviro Engl		
	To be completed by	collector of sample	n se			ining fing Ting	l 🛛 L	Total Colin	form Analys	sis Method:	
ample umber	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pН		Non	Coli Anal Total Coliform	Fecal or	l: Data Qualifier ²
the second second	Well 1	108753	1010	L					A		م
14	Well Z	108754	1513	R					A.		
3/4/	Aushart Winter Rodye	105750	1517	D	0.6				A		
11/1	2418 Terry	108756	1520	D	9.6		- Nation - 812		A		
	· · · · · · · · · · · · · · · · · · ·	j j j	,	- 							
				<u> </u>							
	ge of disinfectant residuals for routine and rep	eat samples. (Complete fo	r commun	ity and	s L		est r	re performe	id in accordants	ance with NE	ile 62-160, Table 1 ELA standards, to the analyse:
non-tra	insient non-community systems serving population plant samples in the average.)	is up to and including 4,90			Ø,E	1	5 341				
non-tra aw or Disinf Perso	nsient non-community systems serving population plant samples in the average.) ectant Residual Analysis Method: DPD Col n performing analysis is (Please see instructions	orimetric Other: s on reverse):			Date PV] of the VS notifi	ied b		sitive resul		
Disinf Perso	nsient non-community systems serving population plant samples in the average.) ectant Residual Analysis Method: DPD Col- n performing analysis is (Please see instructions ertified operator (# 17376)	primetric Dother:	lab		Date PV Date Sta) of the VS notifi ate notifi	ied b ied b	lab of p	osilive resu	lts:	
Disinf Perso	nsient non-community systems serving population plant samples in the average.) ectant Residual Analysis Method: DPD Col- n performing analysis is (Please see instructions ertified operator (# 17:75)	orimetric Other: s on reverse): Employed by a certified	lab		Date PV Date Sta) of the VS notifi ate notifi	ied b ied b	lab of p	osilive resu	lts:	K apa
Disinf Perso	nsient non-community systems serving population plant samples in the average.) ectant Residual Analysis Method: DPD Color n performing analysis is (Please see instructions ertified operator (#) ervised by a cert. operator (#)	orimetric Other: s on reverse): Employed by a certified Employed by DEP or DC	lab		Date PV Date Sta) of the VS notifi ate notifi	ied b ied b	lab of p	ositive resu	ltsDate	
non-tra raw or Disinf Perso D A ce Sup D Auti	Insient non-community systems serving population plant samples in the average.) ectant Residual Analysis Method: DPD Color n performing analysis is (Please see instructions ertified operator (#) horized by a cert. operator (#) horized representative of supplier of water) ame and Mailing Address of Person to R BLOUNT UTILITIES, IN 6039 Cypress Gardens Bive	orimetric Other: on reverse): Employed by a certified Employed by DEP or DO ceceive Report NC.	lab DH DrSatisfi D Incom	actory plete Co at Samp	Date PV Date Sta Lab Sig Title:	of the VS notifi ate notifi nature:	ied b ied b jn	tion	osilive resu	Date	JSE ONLY
non-tra raw or Disinf Perso D A ce Sup D Auti	Insient non-community systems serving population plant samples in the average.) ectant Residual Analysis Method: DPD Color in performing analysis is (Please see instructions ertified operator (#) horized by a cert. operator (#) horized representative of supplier of water) ame and Mailing Address of Person to R BLOUNT UTILITIES, 11	orimetric Other: on reverse): Employed by a certified Employed by DEP or DO ceceive Report NC.	lab DH □rSatisf: □ Incom	actory plete Co at Samp viewed	Date PV Date Sta Lab Sig Title: bllection les Req by DEP/	of the vS notifi ate notifi nature: Infor uired /DOH	ied b ied b <u>///</u> ma	tion	Demonstration	Date	JSE ONLY

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See	page 4 for instructions		1			
	General Information	for the Month/Year of:	une h	011		
	Public Water System (P					
		maise Altililies			PWS Identification	Number: 6.70/107
		Community 🚺 Non-Transient Non-Commu	inity 🗌 Transie	nt Non-Community		
		nnections at End of Month: 258		Total Population S	Served at End of Month: @	5/0
	PWS Owner:			, <u></u>		
	Contact Person:		1	Contact Person's		1-
	Contact Person's Maili	ing Address: 683 Abeston Made		City: Flaune		Zip Code: 33544
	Contact Person's Telep	phone Number: 963-4121-6827		Contact Person's I	Fax Number: 863-41/	-6927
	Contact Person's E-Ma				·····	
Β.	Water Treatment Plant					
		Sumise Alleliteer , -	t		1 / Plant Telephone Nu	
		un abrea Dub Numite	env	City: Clubur	delle State: Fl.	Zip Code: 33873
	Type of Water Treated		urchased Finished			
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day	y: 108,00	00		
	Plant Category (per su	bsection 62-699.310(4), F.A.C.):	· · · · · · · · · · · · · · · · · · ·	the second s	ubsection 62-699.310(4), F.A.C.	
	Licensed Operators	Name	License Class		Day(s)/Shi	ft(s) Worked
	Lead/Chief Operator:	Dato Blockwil	A	5611	3/7	
	Other Operators:			 		
	Outer operators.					
				[
				<u> </u>		

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

Signature and Date

Printed or Typed Name

License Number

MONTHLY OPERATION REPORT FOR PWBs TREATING RAW GROUND WATER OR PURCHASED FINISHED W... IER PWS Identification Number: 633 1739 [Flant Name: Scatting Conter

10.	Daily D	ala local	icaMonth A	ananti	J.0.4	e	ZOU		ر بالمردين محدثهم المحدوم 		ور المالي التي الم	المدائلات والقوماتين		
Mea	ns of Ac	hisving F	our-Log Vin	15 Inactiveti	on/Removal: *		Chlorina	Ľ	Chlorine	Dioxide)zone	Combin	ned Chlorins (Chloramines)
	Jiravioli	n Radiati	on []O	her (Descril	be):									
Typ	of Disi	Afectanti R	esidual Mat	atsined in D	istribution Syst		Free Chi	orine		mbined C	Lucrine (Chioren	nes)	Chlorine Dioxide
	7	T		C	T Celculations, or	V Dore, to D	eponstrate P	our-Log	Vires Inseth	vation HA	colic blo*			
	Days	ļ				CT Colon		_			UV VI	Dore		
[Pierst Staffed		Í			The last of a strengt	Lowest CT Provided	1	1	1	ł	1	Lowest Residual	
	0000000	1			Lowest Residual Disinfactant	Disinfectant Contact Three	Before or					ł	Disinfectant	
	Visited	1	1 1 1		Concentration	(T) at C	tt Pirst		1	!	Lowest	Minimum	Concentration	
	by.		Net Questity		(C) Before or at	Mesurement	Customer	Texa).	ł	Minjusm	Octrating	UV Dost	et Remote	Emergency or Abaormal Operating
Day o	Operator	Hours	of Finished		First Customer	Point During	During	ď	pHicf	I CT	IUV DOSE			Conditions; Repair or Maintenanas Work that
(the	Place	Plant in	Water	Peak Flow	During Peak	Peek Flow,	Peak Flow,	Water,	Water, if Applicable	Ramited,	DW-	mW- sec/em ¹	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
Most	"X")		Produced, gal	Rata, and	Flow, mg/L	pairutes	mg-min/L	<u>.</u>	Application	DIS-GINL	NOG/GUT	3967484		Uer or Oreanon
┝╼┋╍	12	24	65800										0.1	
			53000				-						D.S	
4	سرک		60000										5.5	
5	-Z		53000	مان بر _{الم} ین که مند فرید بر ا					المكار في والكالي الأربي ا		ويعباه غيزين الاعبادي	₩./ 	a manta and in the second second	
. 6	x		13000	الالاجديات ويعتقبنا الوطني بتنيا		ميرمر والمرحد وريدا يواجه	وسيادي والمساطني ويرد فيا المع						2,7	
	4		ASTED								ang Panga Daggan da Sana P		0.4	
	12-1		39000										0.4	
9	121		59000	الانتفاجير بالطلاح فعيدتها									0,3	
10	\mathcal{K} .	71	61000										0.4	
	K		67020	•									é.	والمحاجب والمحاجبة المراجب المراجب المراجع المحاجب المحاجب والمحاجب والمحاجب المحاجب
12 1			62005										05	
13 -			622200				∽∽∽∽┥						0.4	
4	in the second		JSOLD										0.3	
15	X,	╾┦╍╍┼	64000										0.5	والمحمد كالنا علي المراجع والمعرف المتحميل والفليا كالمكافر ومأحد المعرفين والمحمد فيهمه الكريمية
-17	12 -		39000					+				-	0.5	
12	2-1		15.20										0.5	
19	8-1		4000			,				I			D.C.	
20		-	60000											
21	X		57000										0.4	
22	x		4402D.										0.9	
23	×		6300										03	
4			44600				<u> </u>		+				es	
			40000										P.Y	
2	L		YOUP					+					0.7	
27	Ki-		47000										0.3	
	*+		37000										0.4	
10		1	42000						· .				04	
<u>n</u>	-	7+									· I			
total.			605-000										,	
A COLOR)		54000											

Machinen 67000 * Refer to the instructions for this report to determine which plants must provide this information.

Page 2

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DRINKING WAT		ſ		3.49					53
BACTERIOLOGICAL									r
MID FLORIDA WATER		R		eceipt Da					() ()
8 Oakwood Road - Winter F Phone (863) 965-2540 • Fax (Lab I.D. #E84567 • Margaret Rajpaul - D NELAC CERTIFIE	(863) 967-8601 Director, Contact Person		Samp Sample	le Accep	ntance	Criteri On Ice	a:		
eport Number:Sub-Contra	act Lab ID:						ollowing NELA		
nalysis Requested: (check all that apply)									
iystem Name: South Sre (3)	ATT RECE	IVE) ^{РМ}	/S I.D.	ć	s	3 1		39
ystem address;		3 2011	 Fax #:						
ollector:	ENGIN	NMENTAL	Collecto	or's Phon	e #:	863	229	1 2	725
ype of Supply: (check only one)		transient No		inity Wat	er Syst	em	Limi	ted Use	
Private Well Swimming Pool	🗋 Bott	led Water			Other_				<u> </u>
Reason for Sampling: (check all that apply)	ow (triggered or pessesme	ant) 🗍 Ra	w (triane	ered or a	ssessm	ent) ar	Iditional [INEV
Distribution Routine Distribution Repeat Distribution Repatie Distribution Repeat Distribution Repeat									
Sample Collection Date: 6/20/11									
To be completed I	by collector of sample	gen é _{a s} é	Şergi,				To be com		
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)	pН	Feca	Coliform Analys I or E. coli Analy on Total orm Coliform	sis Methor Fecal or	r Data
1/4 Lot 1	110243	1825	R				A		
7/1 lot 2	110244	1830	R				A		
3/4 2410 Thompson	110245	1890	D	0.6			4		
1/9 Flughout Stanton	110246	1946	D	0.6			A		
		_							· · ·
Average of disinfectant residuals for routine and re non-transient non-community systems serving population raw or plant samples in the average.)	peat samples. (Complete ons up to and including 4,9	for commun 900. Do not i	ity and nclude	0.6	The te	s are peri st result:	ned in Florida Adminis formed in accords s in this report of submitted.	unce with Ni	ELA standards.
Disinfectant Residual Analysis Method: ZDPD Co Person performing analysis is (Please see instruction	ns on reverse):						of positive resul		
A certified operator (# <u>1737</u>)	Employed by a certifie Employed by DEP or I	DOH		Date Sta	ate notifie (4)	d by lab	of positive resul	IS	Alex In-
Authorized representative of supplier of water				Lab Sig	nature: _	126.56	y a script	Date	61-22
				Title:		1. Jan 1.			
Name and Mailing Address of Person to	Receive Report							P/DOLL	ISE ONLY I
	ES, INC. s Blvd., #146	⊡rSatisfa □Incom □Repea Date Rev	plete Co t Samp	ollection	Inform	nation D Ren	DE	P/DOH (

Analysis Methods: MF = SM9222B & U; MTF = 9221B & EU/MUG; MMO/MUG = SM9223B; HFC = SM9215B Popular: A = celiforms are present: C = confluent prowth: TNTC = too numerous to count

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See page 4 for instructions.

	1		<u> </u>		
	1 for the Month/Venrofs	ly he			
A. Public Water System (V			
	inverse atilitees			PWS Identification N	iumber: 6.7.2 / 37
	Community Non-Transient Non-Commun	ity Transie	<u>nt Non-Community</u>		· · · · · · · · · · · · · · · · · · ·
	onnections at End of Month: 258		Total Population S	Served at End of Month:	530
PWS Owner:			,		
Contact Person:	AA	· · · · · · · · · · · · · · · · · · ·	Contact Person's T	itle:	1
Contact Person's Mai		·	City: Haine	a City State: Fl	Zip Code: 33844
Contact Person's Tele	phone Number: 363-4721-6827		Contact Person's F	ax Number: 863-471-	-6827
Contact Person's E-M	ail Address:				
B. Water Treatment Plan	t Information				
Plant Name:	Surveise Alliliteer			1 / Plant Telephone Nun	nber:
Plant Address:	Sun acres Sub/ Murried	n e	City: Cuburn	dala State: Fl.	Zip Code: 37873
Type of Water Treater	d by Plant: 🛛 Raw Ground Water 🗌 Pur	rchased Finished			· · · · · · · · · · · · · · · · · · ·
Permitted Maximum	Day Operating Capacity of Plant, gallons per day:	108,00	90.		
Plant Category (per su	ubsection 62-699.310(4), F.A.C.):		Plant Class (per su	bsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift	(s) Worked
Lead/Chief Operator:	Dete Blockwit	A	5611	6/1	
Other Operators:					
-					
(į		
					· · · · · · · · · · · · · · · · · · ·

I. 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.

8/4/11

D.L. Blouwt

Signature and Date

Printed or Typed Name

License Number

111	P	+l - : : 1	······································		3.	3(2 2	110.		وعريسين فراري مانتها المستجمعين				an a	
Mea	of Ac	lieving P	our-Log Vin	is Inactiveti	on/Removal: *	Pree	Chlorine	Ľ	Chiorine	Dioxide		Drone	Combin	ned Chlorine (Chlorsmines)
<u>ם</u> ז	haviel;	t Radiati	<u>80 🗋 80</u>	ther (Descril	te):		.							
Type	of Dist	factent R	lesidnal Main	ntetned in D	istribution Syst		Free Chi	orisa		mbjued (alorine (Chicran		Chlorine Diozicie
	1		<i>,</i>	C	T Calculations, or	IV Dom. to D	incentrate A	m-Lat	Vine hat	rathe HA	all address			
	Days Pieut	Į			-		stions			-		Dom	T mantenda	
	Staffed or Visited				Lowest Residual Disinfectant Concentration	Disinfectant Contact Thins (T) at C	Lowest CT Provided Befors or . st.Pizet				Lowest	Mainuz	Lowest Residual Disinfectant Conceptration at Remote	
100	by Operator (Place	Plant in	Net Quentity of Flaished Water	Park Flow	During Peak	Measurement Point During Posk Flow,	Past Pow.	Tenne. de Water,	pH of Water, if Applicaties	CT Required,	UV Dose,	UV Dors Required, RW-	Point in Distribution System, my/L	Emergency or Abacamal Operating Conditions: Repair or Maintenases Work that Involves Taking Water System Components Out of Operation
Month	77	Operation	Produced, gal	Rate, and	Flow, mg/L	nomica	my-eninél.	<u>E</u>	ADDICEUS	國外領導上		sec/sur	D.Y	
	X.	24	4200				and the second second	-					- Citme	
-	- <u>V</u>		45100	and the second									0.4	
	-1,	╺┯╾╋╼╾	33000	والواد يغريها ومكاسب فليود أيد			and the state of the				ي روي ويوري المحالين ا		0.4	
-	2		50000	نظار با البريني بالاكتريني ومشيرية 			and and a strength of the stre		الا مناجية بيريين المنتجي	and the state of the			0.4	
	<u>x</u>		32000	أجائلها والبرعية والمعافي البر		-	and the second secon	1999 - 1997 - 1997 - 1999 - 1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -				Ì	0.3	
7	~		63000	امالا ادینگن <u>در بر</u> ی به تقریبان البار افن ز									0.3	
	~	T	50000									-	29	ومعقوما والمراجع ويعرون ويسترجع ومعارفة فالمراجع والمتاري والمراجع والمراجع والمراجع والمراجع والمراجع
9	Æ]	45000			and the second							03	
10	1		62000			and the second designed							e,3	
			37000	and the second									~ 7	
12 /	- K +		36000					{	{	{			03	
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14			47000				and the second s						0.3	مىيى بىلى بىلى بىلى بىلى بىلى بىلى بىلى ب
16.	. ^ +		36000		and the second secon				†	No. of Concession, name			0.3	
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18	81	1	50000										25	
19	7	7	76000										0.3	
20	21		34000	· ·									0,2	
21	X		500001										0.2	
23	$\overline{\Lambda}$		GIDDD.										0.2	
2	8		44000										0.0	
24			17020										0,2	
8-	K-		46000 ·										$\overline{3}$	
G +	×	/-+	40000		┉╴┉┉┉┉┉								05	
*	4-+		3/000										OH	
3	×.		3/000										01	
30	R		30000			1			·		T]	4.8	
31	XI		60000								. · _ T	l	451	
			1379000											
11110			44/2/84											

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

Page 2

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G	DRINKING WATER BACTERIOLOGICAL ANA			δ_{U}					, ,	53
	8 Oakwood Road - Winter Have	ABORATORY		Analysis	eipt Date	Time:	14.	<u></u>		الم <u>المحمد المرا</u> لية
	8 Oakwood Road - Winter Hav Phone (863) 965-2540 • Fax (863 Lab I.D. #E84567 • Margaret Rajpaul - Dire NELAC CERTIFIED	3) 967-8601		Sample Sample I	Accepta Preservation ant Check	ance Ci on COn Ci Not	ice DNo Detected	t On Ice J	э <u>7</u> ц	"C mg/t
keport Nur	nber:Sub-Contract	Lab ID:		This sam	ple does r	not meel	the following	ng NELAC	requirem	ients:
Analysis F D Total C	tequested: (check all that apply) oliform/E-Coli 🔲 Total Coliform/Fecal 🗍 Ente	erocci 🖸 Colilert 📮 H								
System N	Name: <u>Surrise</u> (Dote ddress: <u>State Rel</u> r Owner's Phone #: r: / <u>B</u> 100 W	×r		-	S I.D.		2			
System A	ddress: <u>57, 7 & 2 d.</u> r Owner's Phone #: r:/ <i>B</i> /5 0 M/ Supply: (check only one)	PEC E		Fav #	County.					
System o	r Owner's Phone #:		1800	Collector	's Phone	 :#:	863	2 1		2715
Collecto	r:/ <u>8/30 k/</u>									
Commu Private	Inity Water System IN Noncommunity Water Well ISwimming Pool	r System	d Water			Other_				
	for Sampling: (check all that apply) ution Routine	w (triggered or assessmer le being replaced) 🛛 🖸	it) 🔲 Ra pil Water Ne	w (trigge otice 🖵	red or as I Other	sessme	ent) addilio	onal	I Welt St	urvey
Our Uleara	2 1127/11 Datas 7/27/11									
Sample	To be completed by	collector of sample	<u> 1919 - S</u>	* • <u>.</u> * .	T	·	Total Cold	be com	pleted t	by lab
[]		Lab Sample	Collection	}		•	Fecal or E	E, coli Analy	rsis Method Fecal or	d:
Sample Number	Sample Point (Location or Specific Address)	Number	Time	Туре	Res'd (mg/L)		Non Coliform	Coliform		
14	Well 1	112220	- 20:5%	R,			·	A	 	
24	Well 2	112221	1120	R				A		
3	Sornie Market	112222	1105	Ø	0.5			12		
4/4	2540 Elmund Lorde	112223	1110	<u>D</u>	3.5			<u>A</u>		
					<u> </u>					
			r							D 1- 52 (50 Table 1
non-tr	ge of disinfectant residuals for routine and rep ansient non-community systems serving population plant samples in the average.)	beat samples. (Complete ons up to and including 4,9	for commu 900. Do not	nity and include	02.45	The te	ts are perform	ed in accor I this report	dance with I	Rule 52-160, Table 1 NELA standards. e to the analyses
Dista	Featant Residual Analysis Method: DPD Co	lorimetric DOther:			Date P	WS notifi	ed by lab of j	positive res	uils:	
	pervised by a cert. operator (#)		d lab DOH		Date S	tate nolifi	ed by lab of	positive res イイングー	ults:	- <u>Cap</u> ti
👌 🖵 Au	thorized representative of supplier of water					gnature	Buch	Relation	- J.	· · ·
N	lame and Mailing Address of Person to	Receive Report		<u> </u>				C	EP/DOF	USE ONLY
	BLOUNT UTILITIES, 6039 Cypress Gardens Blv Winter Haven, FL 338	vd. #146		factory mplete eat San eviewe	Collectio iples Re d by DEl	n Infor quired P/DOH	mation Repla		Sample	es Required
				OH Rev	viewing (Official				
		Page 1 of								

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Page 1 of 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

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See	page 4 for instructions.											
	General Information I	for the Month/Year of:	aug	ust	2011							
Α.	Public Water System, (P	WS) Information				DWC 14	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
	PWS Name:	nuse allilulees				PWS Identification I	VUIIDEL CONVERT					
	PWS Type: XC	Community Non-Transient Non-C		Transie	nt Non-Community	Consecutive	and some a f					
	Number of Service Cor	nnections at End of Month: 258			Total Population S	erved at End of Month:	217					
	PWS Owner:											
	Contact Person:		11_		Contact Person's T		A DO ADCINI					
	Contact Person's Maili	ng Address: 693 Aleston	Alle.		City: Frances City State: Fl. Zip Code: 33844							
ĺ	Contact Person's Telep		17		Contact Person's Fax Number: 863-471-6817							
	Contact Person's E-Ma											
R	Water Treatment Plant											
<u>.</u>	Plant Name:	Suncise alleliter,	1 C .			1 2 Plant Telephone Nu						
i		underey Sub/All	NULLAN		City. Cluberen	lale State: Fl.	Zip Code: 33873					
	Type of Water Treated		Purch	ased Finished	Water							
	Permitted Maximum D	Day Operating Capacity of Plant, gallons		108.00	20							
	Plant Category (ner sil	bsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):							
	Licensed Operators	Name		License,Class	License Number	Day(s)/Shif	t(s) Worked					
	Lead/Chief Operator:	Dato Blockart		A	3611	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.

D.L. Blouwt Printed or Typed Name

Signature and Date

License Number

DEP Form 62-655 900(3) =#active Autoust 28, 2003

29	WS Identification Number: 653/739 Plant Name: Jun-150 Water													
11L	Daily D	and to d	ne Montfile F		æ.	07-6t	20	11				ويتبارك فيتقري التجميع والم		
Me	us of Ac	hieving P	car-Log Vin		op/Removal: *	Free			Chlorine	Dioride		02003	Combi	and Chlorins (Chloramines)
	Itraviol	r Radiati	on 🗖 O	ther (Descri	bal:									- بالمحمد بالمحمد بالمحمد بالمحمد المحمد
Typ	of Dist	afectant I	Lesidual Mat	ntatued in D	istribution Sys 7 Calculations, or		Free Ch	orius		michaed (alorine (Chlorent		Chlorine Dioxide
	1	Ţ	J .	C	T Calabisticas, or	UV Don. to D	mandrata 2	01-102	Yime heat	vethe, If A	polizable*			
	Days	ł				CT Calor						Does		
1	Piant Staffed	1	ł	· ·	Lowest Residual	Tislations	Lowest CT Provided]		1		i	Residual	· ·
1	00	1	ļ		Distriction	Disinfectant Contact These	Befort or						Disinfectant	*
	Visited				Concentration	(T)#C	at Past		1	ł	Lowest	Momm	Concentration	
	by .		Net Creatity		C) Before or at	Meesurement	Castomer			Minimum	Operations	UV Dose	st Lamoin Point is	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
Days	f Operator (Place	Hours Plant in	of Finished Water		First Castomer	Point During Pask Flow,	During Peak Flow,		pHot	CT	U Y 1.0056,	Required,		Involues Toking White Suction Commonweit
Mont	(1785) (777)	Oncration	Produced, gel	Peak Flow Rate, and	During Peak Flow, mg/L	tabalta	me cont.	T AURI	Water, if Applicable	ma-mit/L	11. 140/022 ²	MC/531	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
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	12		43000			1							0.5	
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Total			1359000				· -							·
A-months		4	44000 L											

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

i										
	DRINKING R BACTERIOLOGICA			Ø			· · · ·	na se San se San se		5
	MID FLORIDA WATE	R LABORATOR	Y		ceipt Dat					
	8 Oakwood Road - Wint Phone (863) 965-2540 • F Lab I.D. #E84567 • Margaret Rajpau NELAC CERT	ax (863) 967-8601 J - Director, Contact Person		Sample Sample	e Accept Preservati	ance on QC	Criteria:	Not On Ice		
keport Nu	imber:Sub-Co			This san	nplę does	not me	et the follo	wing NELA	C require	nents:
Analysis Total (Requested: (check all that apply) Coliform/E-Coli 🛛 Total Coliform/Fecal 🤇	🗅 Enterocci 🖸 Colílert 📮	 нрс □	 Dther:	<u>1118-1168</u> 1		<u>i 216 </u>	<u></u>		<u></u>
System	Name: Juniter Wa	ter RECE			s I.D. [6	<u>y</u>	30	$\overline{2}$	39
	ddress: Stable Rd	S Z AUG	04 2011		County:			1.11-		
System o Collecto	r:5 Blook		ONMEN	IFax #: _ IG Collector	r's Phone	#:	533	324	ج ^{الس} یم م	330
Commu Private Reason	Supply: (check only one) unity Water System Noncommunity Well Swimming Pco for Sampling: (check all that apply) pution Routine Distribution Repeat	Bottl	ransient No ed Water			Other_			ited Use	
Cleara	ance D Replacement (also check type of Collection Date: <u>-5/1/11</u>		loil Water N	otice 🗖			7	fo be con	npleted I	y lab
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	ρН	Fecal or Non	Liform Analy E. coli Anal Total n Coliform	ysis Metho Fecal or	d: Data
1/4	(w/1 [112561	1855	${}^{\circ}\mathcal{R}^{\circ}$		1000 Ay.		A		:
2/4	WEIL L	112562	1700	2				A	 	
34	Flostand Writer	112563	1905	0	0.5	[.	IA_	 	
1/1	2418 Ter	112564	1910	<u>D</u>	6.7			A		
			¢en	'ED	 				<u> </u>	
		A							ļ	
	- · · ·	EN		المريون						
non-tran	e of disinfectant residuals for routine an isient non-community systems serving poor lant samples in the average)	d repeat samples. (Complete f	or commun 00. Do not i	226	0,5	The te	s are perforn	in Florida Admini ned in accord n this report foritled.	ance with N	ELA standa
Disinfo	ctant Residual Analysis Method: 🚈 চল	D Colorimetric D Other:			Date PW	S notifie	ed by lab of p	oositive resu	lts:	
Person A cer	performing analysis is (Please see instru tified operator (#2 2 &)	ictions on reverse): Employed by a certified			Date Stat		ed by lab of g	positive resu	ilts:	
Person A cer Supe	performing analysis is (Please see instructified operator ($\#$ $(7,7)$ $(2,2)$) ervised by a cert. operator ($\#$) orized representative of supplier of water	ictions on reverse): Employed by a certified Employed by DEP or D			Date Stat Lab Sign	e notifie	ed by lab of j Care po	positive results $\mathcal{D} = \frac{1}{2} \frac{1}$	ults: Date	¹ s/a

Analysis Methods: Mi7 = 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



See	page 4 for instructions					
	General Information	for the Month/Year of Sent	7011			
Ā.	Public Water System (P					
	PWS Name: Del				PWS Identification N	umber: 6.13 1737
		Community Non-Transient Non-Communi	ty Transie	nt Non-Communit		
	the second se	nnections at End of Month: 259		Total Population	Served at End of Month:	610
	PWS Owner:				T***	
	Contact Person:	All All		Contact Person's		Zip Code: 33844
	Contact Person's Maili Contact Person's Telep		···· ··· ·· ··· ···	City: Jaine Contact Person's I		6817
	Contact Person's Telep Contact Person's E-Ma			Contact Persons I	ax Number. (185-9,X)-	OUNE
Ð	Water Treatment Plant					
D.	Plant Name:	Junrise Allaliteer 1		d	1 A Plant Telephone Num	ber:
		underey Sub/ Murision	iV.	City: Perburn	alale State: Fl.	Zip Code: 339733
	Type of Water Treated		chased Finished	Water		
	Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	108,00	90)		
	Plant Category (per sul	bsection 62-699.310(4), F.A.C.):			ubsection 62-699.310(4), F.A.C.):	
	Licensed Operators	Name	License Class	License Number	,Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Date Bloant	1	56/1	3/7	
	Other Operators:					
	Ļ					
	}		4			
	}		+			
			++			
			1			

16. 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.

L. Blouwt

Signature and Date

Printed or Typed Name

License Number

	<u>Identifi</u>	cation N	lumber: 6	77 /1	37	Plant Na	me: <u>5</u> 2	In the	1 <u>r</u>					······································
			he Month/Yo		~		2011					<u> </u>		
		<u>a a ior i</u>	<u>ue aronum r</u>		<u></u>		Chlorine		Chlorine	Dii da		Dzone	Combin	ed Chlorine (Chloramines)
mea	IS OF ACI	neving I	our-Log Vin	is inactivati	on/Removal; *		Chiorine	L.	J Chionne	Dioxide		Jzone		led Chioi me (Chioi annies)
	ltraviole			her (Descri	De):		/							<u></u>
Type	of Disin	ifectant	<u>Residual Mair</u>	<u>ptained in D</u>	istribution Syst	em: 🛛 🔀	Free Chl	orine		mbined C	blorine (Chlorami	nes) 📋	Chlorine Dioxide
				C	T Calculations, or	UV Dose, to De	monstrate F	our-Log	Virus Inactiv	vation, if Ap	oplicable*			
	Days	1		L		CT Calcul		<u>.</u>	<u></u>			Dose	. Laminut]
	Piant		ļ	·			Lowest CT						Lowest Residual	
	Staffed				Lowest Residual	Disinfectant	Provided						Disinfectant	· ·
	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First				Lowest	Minimum	1 - · · · · · · · · · · · · · · · · · ·	
	by	ļ	Net Quantity		(C) Before or at	Measurement	Customer	Temp.)	Minimum		UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in		Peak Flow	During Peak	Peak Flow,	Peak Flow,			Required,		mW-	Distribution	Involves Taking Water System Components
Month			Produced, gal	Rate, gpđ	Flow, mg/L	minutes	mg-min/L	°C	Applicable			sec/cm ²	System, mg/L	Out of Operation
1	X	24	40000		1	j <u> </u>							0.4	
2	X	~	37000					[[6.3	
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8	\mathbf{X}		37000		**************************************								0,3	
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11	X		37000										0.5	
12	X		48000										6.4	
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15	X		59000										0.3	
16	<u>×</u>		41000										0,3	
17	<u> </u>		45000										0.3	
18			74000	··										
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20	K		57000										0-3	
21	<u> </u>	<u> </u>	80000	. <u> </u>									0.3	
22 23	X	<u> </u>	60000										0.2	
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Maxim			96000											

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

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		DRINKING WATE BACTERIOLOGICAL A			K?					Si	
		MID FLORIDA WATER	LABORATOR	Y	Lab R	eceipt Da)e:			ć
		8 Oakwood Road - Winter Ha	ven, FL 33880						- (; - ; ;		7
		Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di							ີ ແມ່ ໄຟ lot On Ice ເປັ		
	1	NELAC CERTIFIE			Disinfe	ctant Chec	k ⊡Ńo	t Detected	ū.	mg/L	
		umber:Sub-Contrac Requested: (check all that apply)	t Lab ID:		x E	mple does	5	<i>, , ,</i>	ving NELAC re	quirements: <u>2 - 5 - 7</u>	
ب	Total	Coliform/E-Coli 🖵 Total Coliform/Fecal 📮 En	iterocci 📮 Colilert 📮 i	нрс 🔲 с	Other:	10		· · · ·			
	System	Name: Sworlse Wett	er re	IVED) PV	VS I.D. [6	53	175	73	9
	System	Address: State RA	542 REUL			County:	قر	2011.			
	System of	or Owner's Phone #:	0 T 30	6 2011	Fax#:						
	Collecto	pr: 5Blount	ENVIK	UNMENI	Gollecto	or's Phone	e#:	163	324	3338	<u> </u>
	Type of	Supply: (check only one)									
		unity Water System Sourcommunity Water System Sourcemmunity Water Sourcemmunity Water	r System 🔲 Nonti	ransient No		•	•			Use System	
		for Sampling: (check all that apply)		su, vvalei i		4 1 1	Quier			*	
	🖾 Distrit	oution Routine 🛛 Distribution Repeat 📿 Ra									۱
		ance 🔲 Replacement (also check type of samp	ble being replaced) 🛄 Be	oil Water No	otice L	JOther_					
	Sample	Collection Date: $\frac{9/2 + 1}{7}$	 collector of sample					. т.	be comple	tod by Job	
								Total Coli	form Analysis M	ethod: April 9.	
	Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Non	<u>coli Analysis M</u> Total Fec Coliform E.	al or Data	
·. •	14	Well 1	116280	1635	R				A		
	2/4	Well Z	1/6281	1840	R			ļ	A L		i
	3/4	2410 Thomason	116282	1645	\mathcal{D}	E.Z			<u>A</u>	_	
	2/2/	Flighout Stankon	116283	1655	17	0,72			A		
			· · · · · · · · · · · · · · · · · · ·								
								· · · · · · · · · · · · · · · · · · ·	an an an Agranda	i consecții fostere anales. 	ober Suego Verforgen er som
			194								-
	non-trai	e of disinfectant residuals for routine and separation residuation non-community systems serving population plant samples in the average.)				0,B	The test	are performe results in t	Florida Administrative d in accordance w his report only i	with NELA standa	ards.
	Disinfe	ctant Residual Analysis Method: ADPD Colo	primetric Dother:			Data PIM		mples subi	nittea. isitive results:		
	Person	performing analysis is (Please see instructions		lab					sitive results:		
•	📮 🛄 Supe	ervised by a cert. operator (#)	Employed by DEP or D						silve results	and,	philip
	r	orized representative of supplier of water			<u> </u>	Lab Sign	ature: 🔄	Di di	Den D	ale <u>k</u>	
	Na	me and Mailing Address of Person to R				Title:	<u>`</u> /*	<u></u>	DEP/D	OH USE ON	ILY
		BLOUNT UTILITIES, INC	c.	Satisfa	olete Co	ollection	Informa	ation			4
		6039 Cypress Gardens Blvd. Winter Haven, FL 33882	#146	Repea	t Samp	les Requ	uired 🖵	Replace	ement Sam 10 1つ 1	ples Requi	red
		Sinter Haven, FL 33882	+	Date Rev DEP/DO		•		-44	-62 8		-
l		DEP Sample Type Codes: D - Distribution (Boutine Crumble	Page 1 of 1								

EP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Čheck; 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 = colliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count



255	e page 4 for instructions					
T.	General Information	for the Month/Year of: Ocl	5 701			
	Public Water System (F					
	PWS Name:	muse attilitees			PWS Identification N	Number: 6.73 1737
		Community 🚺 Non-Transient Non-Comm	nunity 🗌 Transie	nt Non-Community	Consecutive	
	Number of Service Co	nnections at End of Month: 258		Total Population S	erved at End of Month:	57.6
,	PWS Owner:		. <u> </u>	·····		
	Contact Person:		11	Contact Person's T		1
	Contact Person's Mail		<u>l.</u>	City: Maines		Zip Code: 33844
	Contact Person's Telep	ohone Number: 863-4721-6827		Contact Person's F	ax Number: 863-471-	-6927
	Contact Person's E-Ma	ail Address:				
Β.	Water Treatment Plant	Information , , , , , ,				
	Plant Name:	Survise Alliliteer			1 / Plant Telephone Nun	
	Plant Address:	Sunderes Sub/ Alevis		City: Cuburn	dala State: Fl.	Zip Code: 33973
İ	Type of Water Treated	l by Plant: 🛛 Raw Ground Water 📋	Purchased Finished			
		Day Operating Capacity of Plant, gallons per d	lay: 108,00	20		
	Plant Category (per su	bsection 62-699.310(4), F.A.C.):	······································		bsection 62-699.310(4), F.A.C.):	
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Date Blockwit	<u> </u>	56/1	6/7	
	Other Operators:					
I	I			······		l
		·				i

11. 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. Blouwt

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Signature and Date

Printed or Typed Name

License Number

	Daily-D.	itä for ti	ne Month/Ye	ear of:	Oc	1 2	ΠO							
	is of Act hraviole	tieving F t Radiati	our-Log Viru	is Inactivati ther (Descri	ion/Removal: *	Free	Chlorine		Chlorine	Dioxide)zone	Combin	ed Chlorine (Chloramines)
				tained in D	Distribution Syst	em: X	Free Chl	orine		mbined C	hlorine (Chloremi	nes)	Chlorine Dioxide
		1	T		T Calculations, or							VIII014IIII		
	Days				vi odvalencies, or	CT Celcul		VIII-DOB	11:03 11:04:11	auva, 11 Aj		Dose	ł	
	Plant	ļ	1 1	· · · · ·	<u> </u>	1	Lowest CT	<u> </u>	1	1			Lowest	
	Staffed		} (Lowest Residual	Disinfectant	Provided	i	Į				Residual	-
	10		1		Disinfectant	Contact Time	Before or	{					Disinfectant	
	Visited				Concentration	(T) at C	at First	{				Minimum	Concentration	
Dou of	by Operator	TT '	Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
the	(Place	Hours Plant in	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Wor
Month			Water Produced, gal	Peak Flow	During Peak		Peak Flow,			Required,		mW-	Distribution	Involves Taking Water System Compos
1	$\frac{\hat{x}}{\hat{x}}$	72	40000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2		det	21000		+			ļ) 			0.3	
3	X	- \	20000								· · · · · · · · · · · · · · · · · · ·			<u> </u>
4	2		33000		<u> </u>								0.6	
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11			61000		++								0.5	╡ ┍┍╴╴┓╘╧╧╧╺┲╴┑╸┲┍╘╾╸╾╌╴┲┍╘╧╸╝╌╝╸╝┚╧╌╧┲╴┱╴╼┱╘╧═┶┶╍┲╸╼┱╘╡┿╘┲╴╼
12	5		38000										0.5	
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	X	11	50000											
15	<u>Z</u>		49000		1								0.5	
16	T	\mathcal{I}	83000	······································	[]									
17	X		42000										05	
18	X		44000			{							05	
	C.	(432162]							0.5	
	K		370500										0.5	
	$\frac{1}{z}$		92000	····-]				0,5	
23	~		1000000										0.5	
24			45000											
25	<u>×</u>		45000										0.5	
26	€	/	33000										13.4	· · · · · · · · · · · · · · · · · · ·
	2		28000										0.4	
	<u>-</u>		37200	<u></u>									0.5	
	X	/ +=	40000										05	
0			36000		·····								er 3	
1	K I		350000						+				25	
al		1	365000					k				<u>!</u>	i i i i i i i i i i i i i i i i i i i	
erage			44.129											
ximum			30043											

a /						
DRINKING WA	ANALYSIS					10 T/ 53
MIĎ FLORIDA WATEF	LABORATOR	Y	Lab Re	ceipt Dat	e & Tim	ne: 125 A 13 59
8 Oakwood Road - Winter Phone (863) 965-2540 • Fa	Haven, FL 33880		Analys Sampl	is Date & e Accept	Time: ance C	r de la ser en la companya de
Lab I.D. #E84567 • Margaret Rajpaul	Director, Contact Person	÷	Sample	Preservatio	on 🗹 Ģi	n Ice DNot On Ice D 5 7 C
NELAC CERTIN						ot Detected mg/L et the following_NELAC requirements:
keport Number:Sub-Cor			dr.	aling	4	10/25/10 at 11.550
Analysis Requested: (check all that apply)	Enterocci 🖸 Colilert 📮 I	нрс 🖵 с	Other:			
,	•			'S I.D.	61	531739
System Name: Jourise Wut System Address: State RA	CY7 RECE	IVED	L	Countyr	╧┈╌┛┞┯	Polic
System Address: <u>STLFL</u>			Eax #			
System or Owner's Phone #: Collector:	ENVIRO	NMENTA		r's Phone	#.	863 324 3330
		EERING				
Type of Supply: (check.only.one)		ransient No	ncommu	inity Wate	r Syste	em Limited Use System
Private Well Swimming Pos.		ed Water				<u> </u>
Reason for Sampling: (check all that apply)		_				
⊠ Distribution Repeat	Raw (triggered or assessme	nt) 🖵 Ra	iw (trigge	ered or as	sessme	ent) additional
Clearance Replacement (also check type of a	ample being replaced)	ioil Water N	otice '-	Uther		v
Sample Collection Date: 10/25/11		المعرين المعرين				To be completed by lab
To be complete	d by collector of sample	<u> </u>	r		<u> </u>	Total Coliform Analysis Method: SAI 9 200
Sample Sample Point	Lab Sample	Collection Time	Sample Type ¹		рн	Fecal or E. coli Analysis Method: Non Total Fecal or Data
Number (Location or Specific Address)	Number	- inite		Res'd (mg/L)		Coliform Coliform E. coli Qualifie
14 Well 1	117969	1000	R			A
2/4 Loch 2	117970	1005	R			A
34 Source Morket	117971	1012	D_	0.5		
4/4 2540 Edmond	117972	12020	0	0.5		
		~	4			
· · · · · · · · · · · · · · · · · · ·		_{	 			·
Average of disinfectant residuals for routine and	repeat samples. (Complete t	for commun	ity and	0.7	All test	² Defined in Florida Administrative Code Rule 62-160, Table ts are performed in accordance with NELA standard
non-transient non-community systems serving popular raw or plant samples in the average.)	lations up to and including 4,9	100. DO HOU	incidue		The tes	st results in this report only relate to the analy samples submitted.
Disinfectant Residual Analysis Method: ADFC	Colorimetric Other:			Date BW		ed by lab of positive results:
Person performing analysis is (Please see inst. A certified operator $(# 17376)$	tions on reverse):	d lab				ed by lab of positive results:
Supervised by a cert. operator (#)	Employed by DEP or L			Date Sta	te notitie	Mag of Act Dal Date Date
Authorized representative of supplier of water					ature!	Quelar Date
Name and Mailing Address of Perso:	to Receive Report			Title:	¥	DEP/DOH USE ONL
		Satisf		- 11	(m.f)	
BLOUNT UTILITIES, IN	C.	│ □ Incom □ Repea	ipiete C at Samp	olles Regi	uired [nation Replacement Samples Require
6039 Cypress Gardens Blvd Winter Haven, FL 3388	, #146	Date Re				
Winter Haven, FL 3388	4	DEP/DC				1.1.1.1
¹ DEP Sample Type Codes: D - Distribution (Routir.e. 0	Page 1 of 1 compliance); C = Repeat or Check;	R ⇔ Raw: N =	= Entry to I	Distribution:	P = Pla	ant Tap; S = Special (clearance, etc.)

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¹DEP Sample Type Codes: D - Distribution (Routine: Compliance); C = Repeat or Čheck; R ≈ Raw; N = Entry to Distribution; P = Plant Tap; S = Spe Analysis Methods: Me = SM9222B & D; MTF ≃ 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms a: s absent; P = coliforms are present; C = confluent growth; TNTC ≈ too numerous lo count

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See	page 4 for instructions	i.	-			•					
Έ.	General Information	for the Month/Year of:	05. 2011								
	Public Water System, (P										
	PWS Name:	muse attilitees			PWS Identification N	lumber: 6.53 1737					
1	PWS Type: X	Community 🗌 Non-Transient Non-Comm	iunity 🗌 Transie	nt Non-Community	Consecutive						
ĺ	Number of Service Con	nnections at End of Month: 758		Total Population Serv	ed at End of Month:	515					
	PWS Owner:				<u></u>						
	Contact Person:	A	A	Contact Person's Title		1					
	Contact Person's Maili		<i>l.</i>	City: Haines		Zip Code: 33844					
	Contact Person's Telep			Contact Person's Fax	Number: 863-471-	-6927					
l	Contact Person's E-Ma				<u> </u>						
Β.	Water Treatment Plant										
ļ	Plant Name:	Junvise Illiliteep ,		a to t	Plant Telephone Num						
	Plant Address:	Sunderes Sub/ Murre		City: Cuburns	le State: Fl.	Zip Code: 33973					
ļ	Type of Water Treated		Purchased Finished								
ļ		Day Operating Capacity of Plant, gallons per da	ay: 108,00								
ļ		bsection 62-699.310(4), F.A.C.):			ction 62-699.310(4), F.A.C.): Day(s)/Shift						
ļ	Licensed Operators	Name	License Class	License Number	Day(s)/Shill	(s) worked					
-	Lead/Chief Operator:	Dete Bloawi		56/1							
	Other Operators:										
	i r										
			· · · · · · · · · · · · · · · · · · ·								
1	<u> </u>	<u></u>			<u>. </u>						
	-										
Į			<u>_</u>								

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 1 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. Blouwt

5611

Signature and Date

Printed or Typed Name

License Number

PW	PWS Identification Number: 653/139 Plant Name: Summiss Ocher													
111.	Daily Da	ata for f	he Month/Y	par of-	2	42.2	201	1						
Mea	as of Aci	hieving E	OUT-LOG Vir	the Importiventia	on/Removal: *	E-L/	Chlorine		Chlorine	Disvide		Dzone	Combin	ned Chlorine (Chloramines)
Πī	Itraviole	t Radiati		ther (Descrit			; CHIOI IIIe	Ł	1 спютше	DIOXIGE)20ne		ieu chiorine (chiorannies)
Type	of Disis	fectort I			istribution Syst	``````````````````````````````````````	Free Chl					<u>(1)</u>		Chlorine Dioxide
175		<u>necialii r</u>	Cesicual Man	named in D	T Calculations, or	em:	I Free Chi	orne		moined (norme (Chlorami	nes)	
1	Days				I Calculations, or	UV Dose, to D CT Calcu		our-Log	VITUS IMACO	Valion, II A		Dose		
	Plant			· · · · · ·	T		Lowest CT		I	T			Lowest	
	Staffed	ļ			Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
Day	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.			Operating	UV Dose	at Remote	Emergency or Abnormal Operating
the	Operator (Place	Hours Plant in	of Finished Water		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in Distribution	Conditions; Repair or Maintenance Work that
Month			Produced, gal	Peak Flow Rate, gpd	During Peak	Peak Flow,	Peak Flow, mg-min/L	Water, °C	Water, if Applicable	Required,	mW- sec/cm ²	mW- sec/cm ²	System, mg/L	Involves Taking Water System Components Out of Operation
1		2.4	250000	Rate, gpu	Flow, mg/L	minutes	mg-min/L	<u>-</u>	Applicable	mg-mm/L	sec/cm	Sec/cm		Cut or Operation
2	1		40000		 		<u> </u>		· · · · · · · · · · · · · · · · · · ·	{	· · · ·		05	
3	1		44000				<u> </u>						08	<u> </u>
4	$\hat{\boldsymbol{X}}$		27000										05	
5	X	1	57000					· · · · ·					65	
6			530000							· · · · · · · · · · · · · · · · · · ·			÷	
7	1		53000										0.6	
8	1		42000										05	
9	*		42000										Ðś	
10			42000										05	
11	<u> </u>		38000										09	
12	-Ce-		33000										65	
13 14			47000											
14	<u> </u>	/	47200										45	
16	1, 		45000										25-	
17	1	-{	75000										05	·····
18	~ +		51000										02	······································
19	<u></u>		41000							· ·····			02	
20	ir t	-	41000				-						02	
21	1		12000										05	
22	×		57000										05	
23	×.		46000										26	
24	<u> </u>		TODOR										05	
25	~		53000										66	
26			19000											
27	X		49000										01	
28 29	X		42000									r	05	
30	*	-/	42000										25	
31		1	4.2000										-e	
otal		t	315,000		[
verage			13833											
	The second s													

Maximum 39000 * Refer to the instructions for this report to determine which plants must provide this information.

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	DRINKING WATH		X	б <u>р</u> и, -	-			53
	MID FLORIDA WATER		¥ /	Lab R	eceipt Dat	e & Time:		1
					sis Date &			n n 1
	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8	63) 967-8601	1	Samp	le Accept	ance Criter	ria:	
	Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI	rector, Contact Person	1				Not On ice	
				Disinfe This sa	ctant Check	: ,⊐anNot Dete not meet the	ected ⊑ follgwing/NELAC_	i mg/L requirements:
-	umber:Sub-Contrac					(<u>7 9:05</u> am
Total (Requested: (check all that apply) Coliform/E-Coli 🔄 Total Coliform/Fecal 📮 Er		нрс 🔲 (
System	Name: <u>Soniile</u> Wede Address: <u>14 R.S. 547</u>	RECE	VED			ଗାଧ୍ରି	31/11 //	739
System A	Address:		2011		-			
ystem c	or Owner's Phone #:		0 2011	Fax #:		120		
ollecto	r: <u>SBlouit</u>	ENVIRON ENGINE	MENTAL ERING	Collecto	or's Phone	#: <u>805</u>	324	3330
	Supply: (check only one)		ransient No	n eo mini	inity Mate	r Svetem	D Limiter	d Use System
	unity Water System Noncommunity Water		ed Water		-	•		•
Private		- 500.0	su maio.		_			
eason	for Sampling: (check all that apply) bution Routine 🛄 Distribution Repeat DR	w (triggered or assessmer	nt) 🗋 Ra	w (triga	ered or as	sessment) a	additional 💷	Nell Survey
	ance D Replacement (also check type of sam	ple being replaced)	oil Water N	otice	Other			
	,				-			
ample	Collection Date: <u>///2 1///</u>	y collector of sample					To be compl	leted by lab
<u> </u>			T		<u>1 </u>		al Coliform Anal	Method Z Z D
Sample	Sample Point	Lab Sample	Collection			- LI	al or E coli Analysis	
Number	(Location or Specific Address)	Number	Time	Type ¹	Res'd (mg/L)		liform Coliform E	
14	Well 1	120101	1755	R				
74	Well 2	20102	1800	R	<u> </u>]		A	
3/4	Flishout Winter Ridre	120103	1808	D	0.5		_ <u> </u> A	
4/4	2418 Ter:	120104	1914	D	0.5		- A	
		<u></u>						
				<u> </u>	<u> </u>			
							efford a Electric Administral	ive Code Rule 62-160, Table 1
	e of disinfectant residuals for routine and rep	eat samples. (Complete f	or commun 00. Do not í	ity and nclude	0.5	All tests are pe	erformed in accordance Its in this report on	e with NELA standards. ly relate to the analyses
non-tra	nsient non-community systems serving populatio	ns up to and including 4,90			Ļ]	of the sample	as supmitted.	
non-tra raw or	plant samples in the average.)				Date PW			
non-tra raw or Disinfe	plant samples in the average.) ectant Residual Analysis Method: XDPD Col	lorimetric Dother:				S notified by la	b of positive results:	
non-tra raw or Disinfe	plant samples in the average.) ectant Residual Analysis Method: XDPD Col	lorimetric Dother: is on reverse): Employed by a certified			Date Stat	S notified by la e notified by la	b of positive results: b of positive results:	
non-tra raw or Disinfe Person Di A ce Di Sup	plant samples in the average.) ectant Residual Analysis Method: DPD Col n performing analysis is (Please see instruction entified operator (#) ervised by a cert. operator (#)	lorimetric Dother:			Date Stat	S notified by la e notified by la	b of positive results: b of positive results:	
non-tra raw or Disinfe Person DIA ce Sup D Autr	plant samples in the average.) ectant Residual Analysis Method: DPD Col n performing analysis is (Please see instruction ertified operator (#) ervised by a cert. operator (#) horized representative of supplier of water	lorimetric Other: is on reverse): Employed by a certified Employed by DEP or D			Date Stat	S notified by la e notified by la	b of positive results: b of positive results:	
Disinfe Person Dis A ce Disinfe Parson Di Aut	plant samples in the average.) ectant Residual Analysis Method: XDPD Col n performing analysis is (Please see instruction ertified operator (#) ervised by a cert. operator (#) norized representative of supplier of water) mame and Mailing Address of Person to F	lorimetric Other: is on reverse): Employed by a certified Employed by DEP or D Receive Report	i lab DOH		Date Stat	S notified by la e notified by la	b of positive results: b of positive results: x + G / Z / Z / Z / Z / Z / Z / Z / Z / Z /	
Disinfe Person Dis A ce Disinfe Parson Di Aut	plant samples in the average.) ectant Residual Analysis Method: DPD Col in performing analysis is (Please see instruction entified operator (#) ervised by a cert. operator (#) norized representative of supplier of water) arme and Mailing Address of Person to F	lorimetric Other: is on reverse): Employed by a certified Employed by DEP or D Receive Report	I lab DOH ⊡r≶atisfa	actory	Date Stat	S notified by la e notified by la ature: <u>Man</u>	b of positive results: b of positive results: () (Bate 1.2/1/1
Disinfe Person Dis A ce Disinfe Parson Di Aut	plant samples in the average.) ectant Residual Analysis Method: DPD Col n performing analysis is (Please see instruction ertified operator (#) ervised by a cert. operator (#) horized representative of supplier of water) norized representative of supplier of water) arme and Mailing Address of Person to F BLOUNT UTILITIES, INC 6039 Cypress Gardens Blvd.,	Iorimetric Other: Is on reverse): Employed by a certified Employed by DEP or D Receive Report #146	l lab DOH DYSatisfa D Incom	actory	Date Stat	S notified by la e notified by la ature: <u>Man</u> <u>An</u> Informatio	b of positive results: b of positive results: <u>c c c c c c c c c c c c c c c c c c c </u>	Bate 1.2/1/1
Disinfe Person Dis A ce Disinfe Parson Di Aut	plant samples in the average.) ectant Residual Analysis Method: XDPD Col n performing analysis is (Please see instruction ertified operator (#) ervised by a cert. operator (#) norized representative of supplier of water) mame and Mailing Address of Person to F	Iorimetric Other: Is on reverse): Employed by a certified Employed by DEP or D Receive Report #146	I lab DOH □Satisfa □Incom □Repea	actory plete C at Samp	Date Stat	S notified by la e notified by la ature: <u>Man</u> Junformatio lired 🗆 Re	b of positive results: b of positive results: <u>c c c c c c c c c c c c c c c c c c c </u>	Bate 12/1/1
Disinfe Person Dis A ce Disinfe Parson Di Aut	plant samples in the average.) ectant Residual Analysis Method: DPD Col n performing analysis is (Please see instruction ertified operator (#) ervised by a cert. operator (#) horized representative of supplier of water) norized representative of supplier of water) arme and Mailing Address of Person to F BLOUNT UTILITIES, INC 6039 Cypress Gardens Blvd.,	Iorimetric Other: Is on reverse): Employed by a certified Employed by DEP or D Receive Report #146	I lab DOH DI Satisfa D Incom D Repea Date Ref	actory plete C at Samp	Date Stat	S notified by la e notified by la ature: M(M J) ature: M(M J) ature: M(M) ature: Ature:	b of positive results: b of positive results: <u>c c c c c c c c c c c c c c c c c c c </u>	Bate 1.2/1/1

le Type Codes: Di- Distribution (Routine Compliance); C = Repeat or Check; K ≈ Kaw; N = Enuy to Distribution, P = Plant tap; S 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

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RANDALL C LUDWIG INC. 445 BRIGHT HILL AVENUE LAKE PLACID, FL 33852

Licensed General Contractor #CGC059027 Licensed Underground Utility Contractor #CUC057245 N.A.C.E. Certified Coatings Inspector Confined Space Certified

Phone #	863-699-1892
Cell #	863-441-4680
Fax #	863-699-1893
E-mail	rcl.inc@earthlink.net
Website:	www.tempwatertanks.com

Proposal

Date	Proposal #
2/1/2012	1266

Project Location:

SUNRISE UTILITIES LLC 2560 SUNRISE TERRACE. AUBURNDALE FL.33823

Description		Total
CLEANING AND INSPECTION OF 2 HYDROTANKS. TANKS TO AND OPENED BY OTHERS. R.C.LUDWIG WILL PRESSURE WA THE INTERIOR AND EXTERIOR OF THE HYDROTANKS FOR S COATING INTEGRITY, GENERATE PHOTOS AND REPORT TO P.E. FOR HIS SEALED INSPECTION REPORT WITH PHOTOS FO HEALTH DEPARTMENT 5 YEAR INSPECTION REQUIREMENT. TESTING BY OTHERS 3,000 GALLON HYDROTANK 5,000 GALLON HYDROTANK PRICE BELOW IS VALID FOR 60 DAYS FROM DATE OF PROPO	ASH AND INSPECT STRUCTURAL AND DALE POLSTON, DR F.D.E.P. OR THE BACTERIOLOGIC	0.00 2,000.00 2,500.00
If accepted, to initiate work, please sign below and	Subtotal	\$4,500.00
return by email or fax	Sales Tax (0.0%)	\$0.00
Authorized X	Total	\$4,500.00

Florida Utility Services 1

2562 Christy Lane Lakeland, FL 33801

Estimate

Date	Estimate #
2/2/2012	2052

Name / Address	
Sunrise Utilities, LLC P. O. Box 1798 Eaton Park, FL 33840	

			Project
Description	Qty	Rate	Total
Replace piping between well and water tank.	1.00	2,400.00	2,400.00
Bid includes all material and labor.			
Bid is valid for 30 days from date of bid.			
			۰
	•	Total	\$2,400.00

Water Supply, Incorporated

6115 Hwy 60 East Bartow, FL 33830

-

Estimate

Date	Estimate #
2/2/2012	1211

Name / Address	
Sunrise Utilities P. O. Box 1798 Eaton Park, FL 33840	

		-	Project		
Description	Qty	Co	st	<u> </u>	Total
Isolation Valve Installed	9		392.50		3,532.50
Material and Labor is included in this bid.					
Bid is valid for 30 days from date of bid.					
			Subtotal	L. L	\$3,532.50
			Sales Tax	(7.0%)	\$0.00
			Total		\$3,532.50

Signature

Water Supply, Incorporated

6115 Hwy 60 East Bartow, FL 33830

•

Estimate

Date	Estimate #
2/2/2012	1212

Name / Address	
Sunrise Utilities P. O. Box 1798	
P. O. Box 1798 Eaton Park, FL 33840	

		-	Project		
Description	Qty	Cos	st		Total
Replace the piping between the well and the water tank.	1		2,700.00		2,700.00
Material and Labor are included in bid.					
Bid is valid for 30 days from date of bid.					
			Subtotal _{\$2,} Sales Tax (7.0%)		\$2,700.00
					\$0.00
			Total		\$2,700.00

Signature

Florida Utility Services 1

2562 Christy Lane Lakeland, FL 33801

Estimate

Date	Estimate #		
2/2/2012	2051		

Name / Address	
Sunrise Utilities, LLC P. O. Box 1798 Eaton Park, FL 33840	

		[Project
Description	Qty	Rate	Total
Isolation valve Installed	9.00	356.00	3,204.00
All material and labor is included in this bid.			
Bid is valid for 30 days form date of bid.			
·			
		Total	\$3,204.00

Florida Utility Services 1

2562 Christy Lane Lakeland, FL 33801

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Estimate

Date	Estimate #	
2/2/2012	2050	

Name / Address	
Sunrise Utilities, LLC P. O. Box 1798 Eaton Park, FL 33840	

	_	Project
Qty	Rate	Total
1.00	55.00	55.00
1.00	30.00	30.00
1.00	25.00	25.00
	Total	\$110.00
	1.00 1.00	1.00 55.00 1.00 30.00