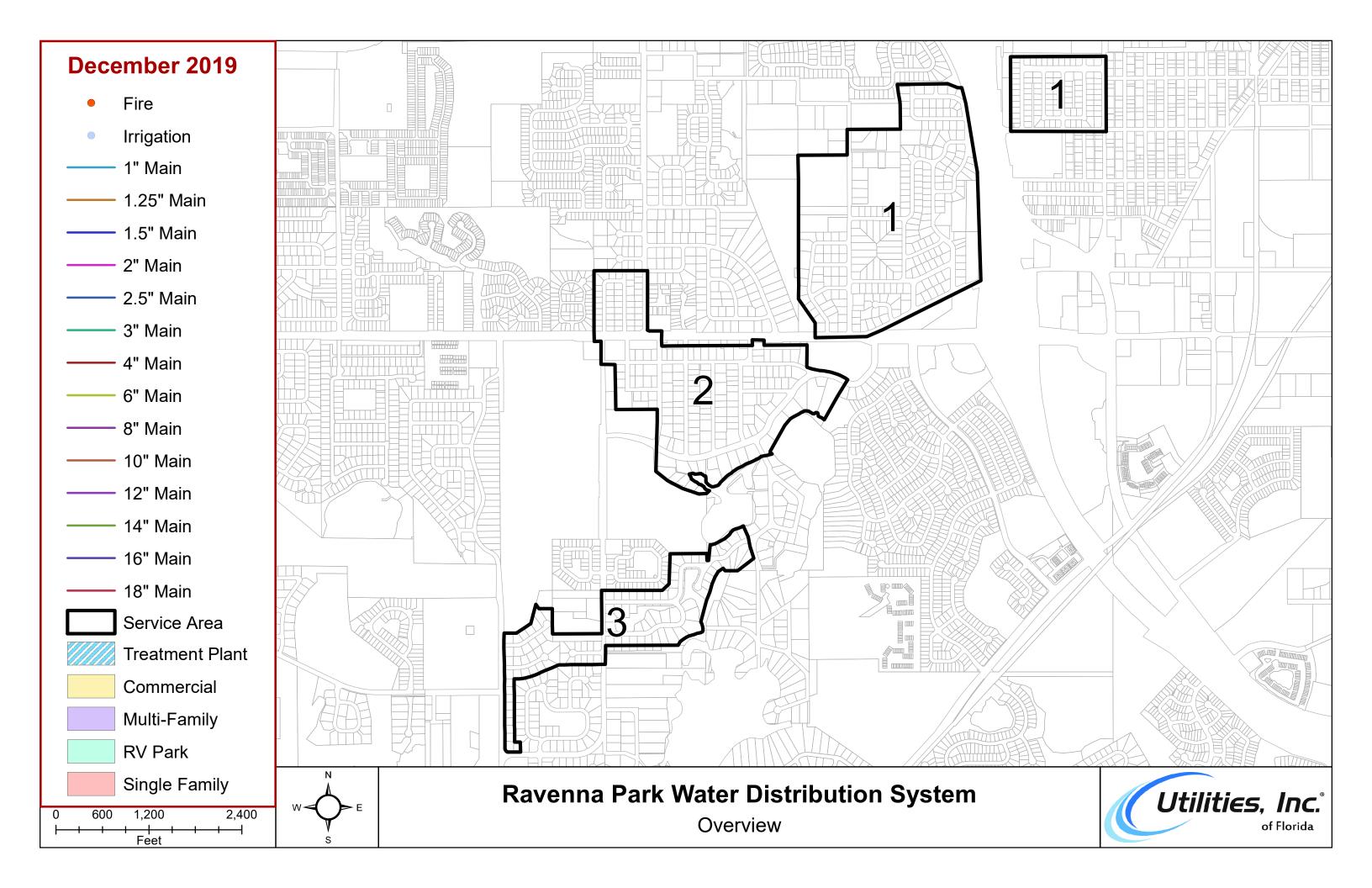
RAVENNA PARK

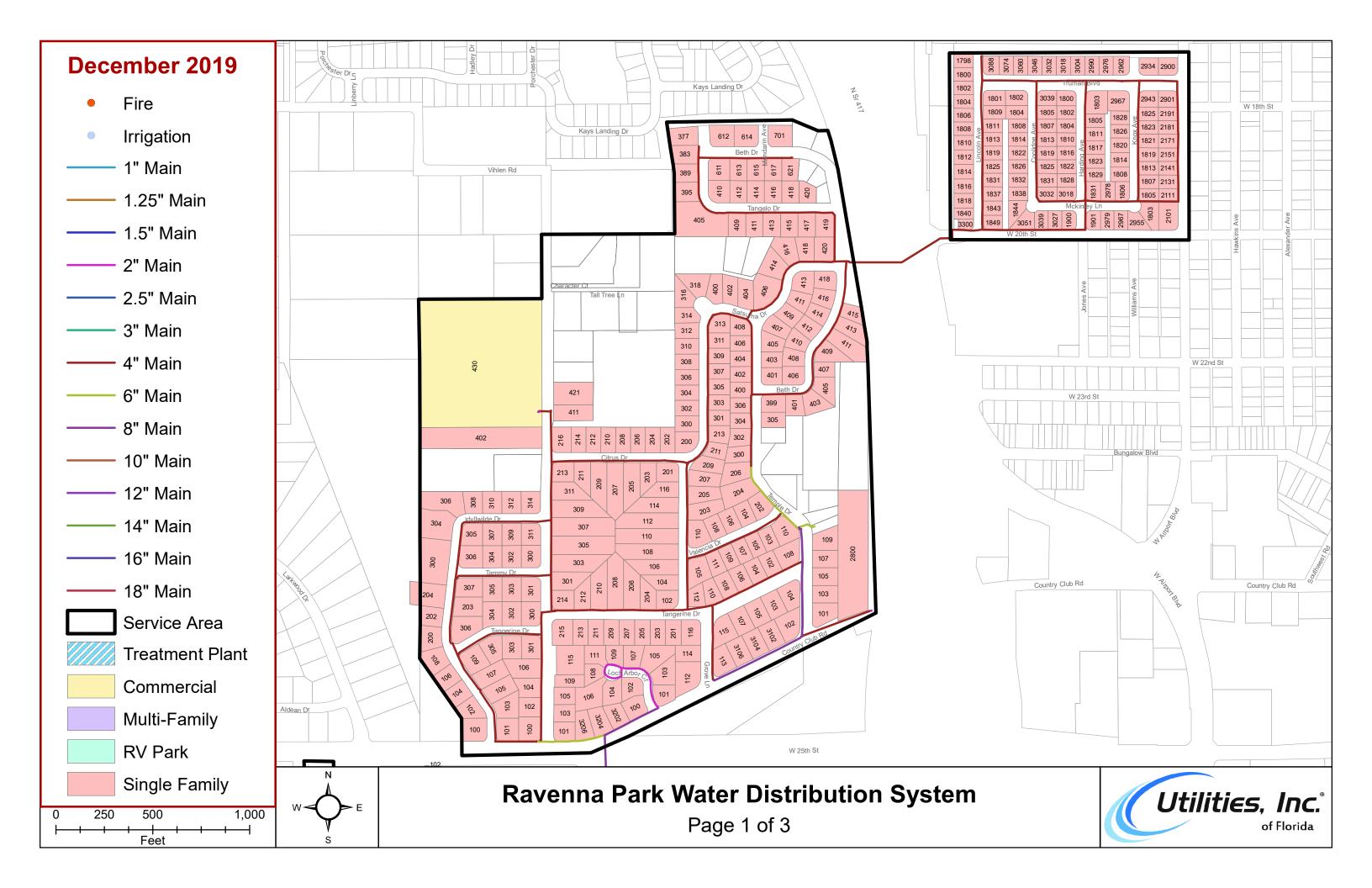
MAPS

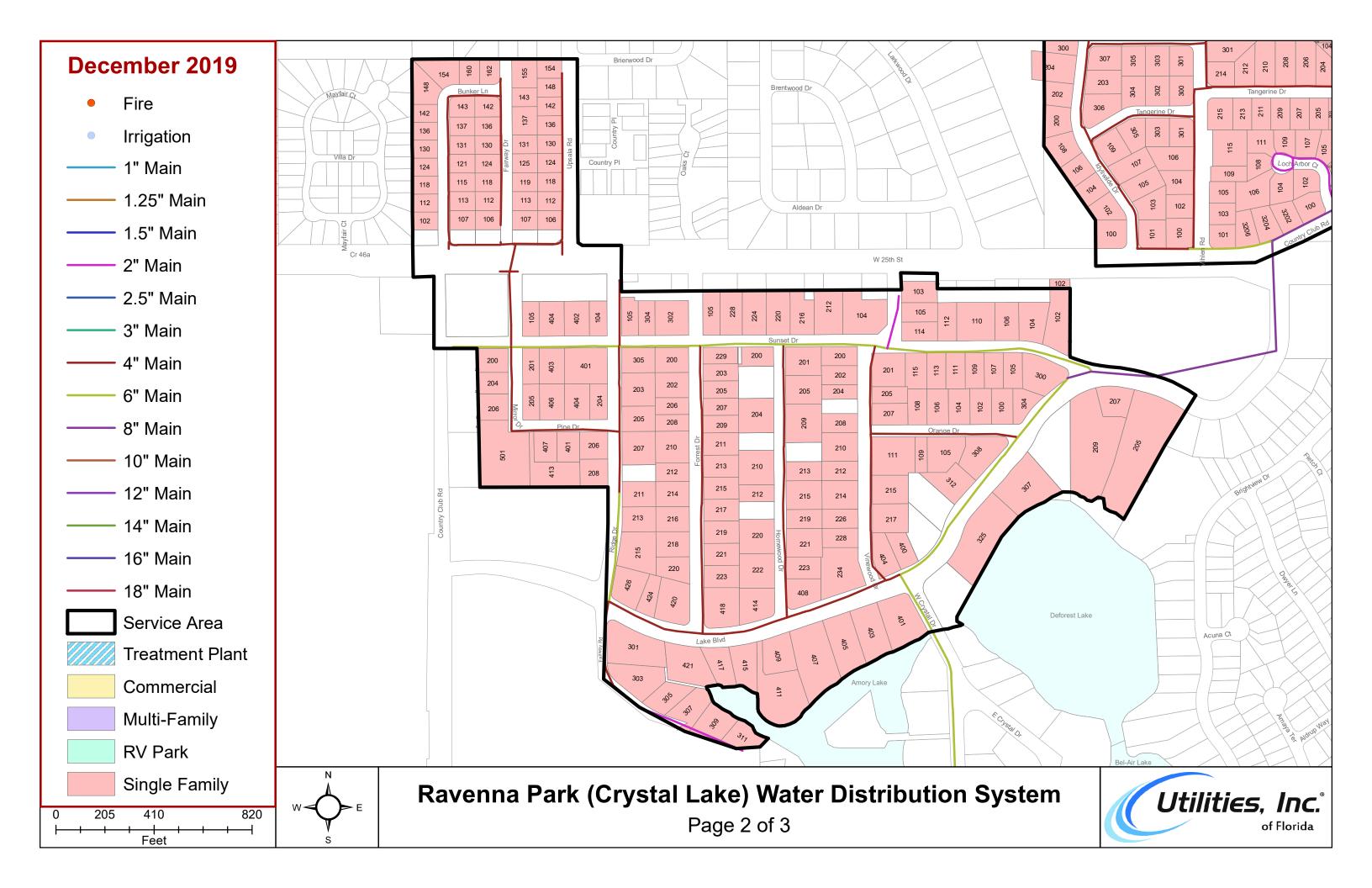
A detailed map showing (a) the location and size of the applicant's distribution and collection lines as well as its plant sites, and (b) the location and respective classification of the applicant's customers

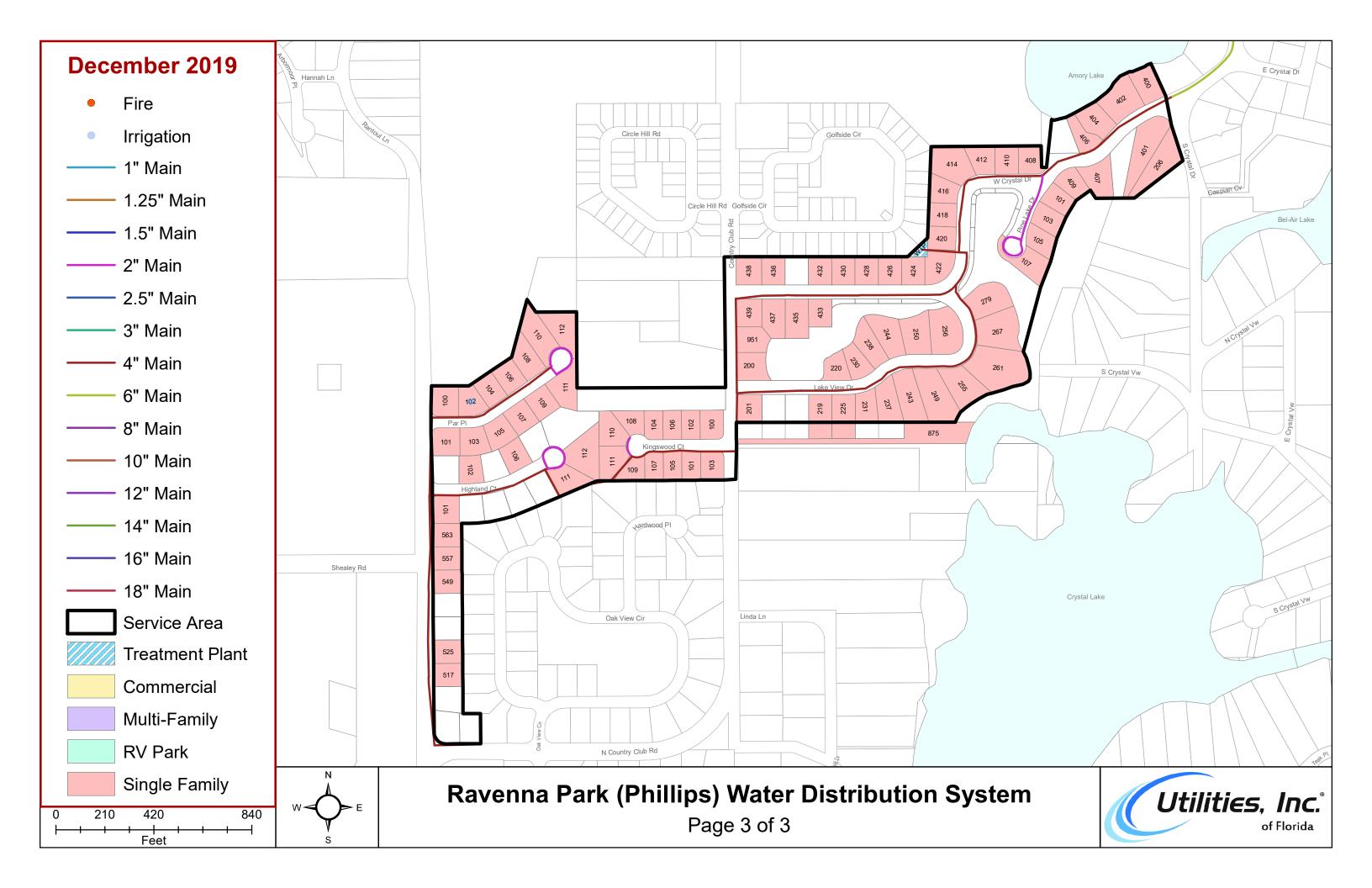
[Commission Rule 25-30.440(1)]

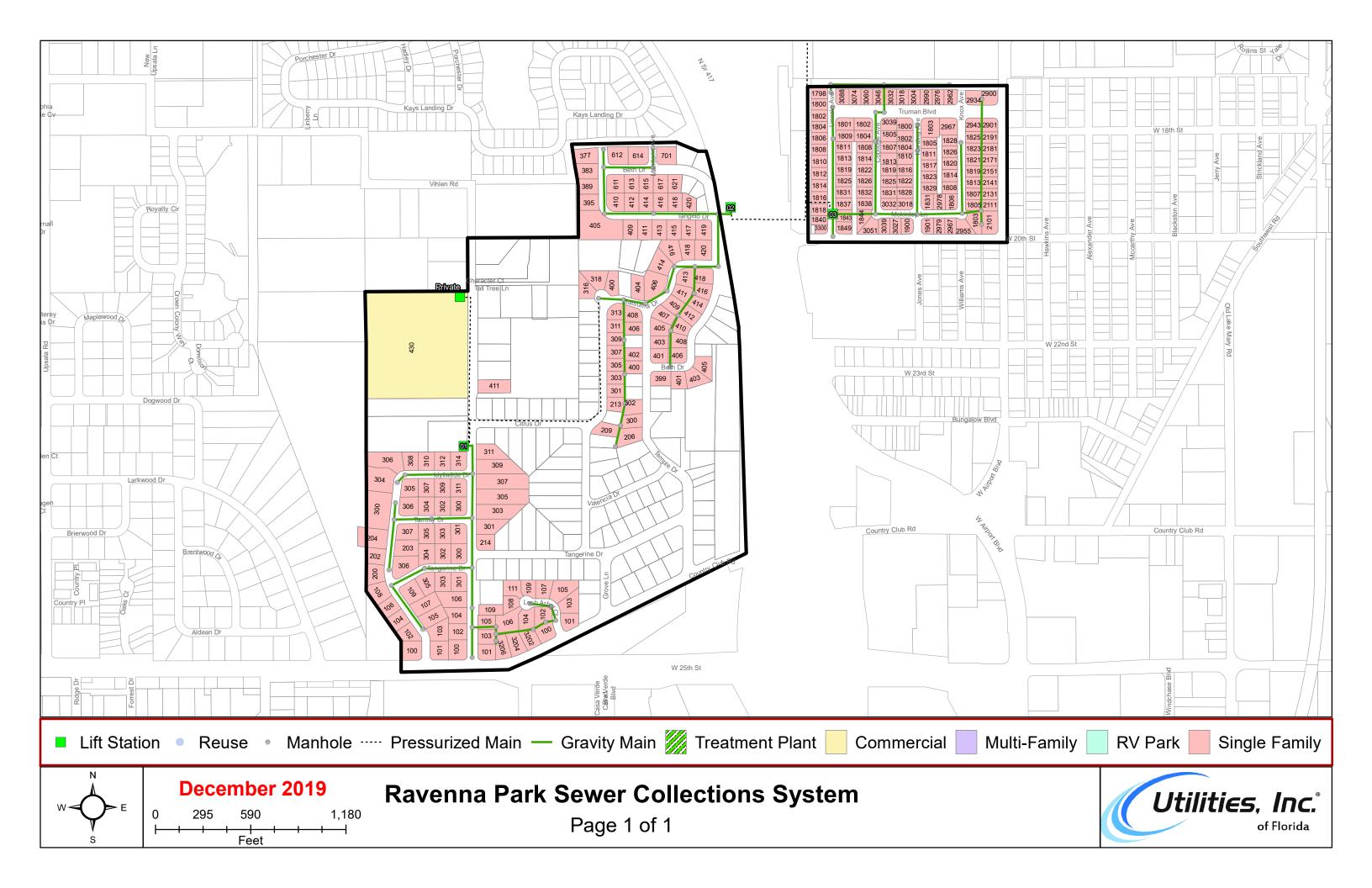
Includes the Phillips water system since it is interconnected











A list of chemicals used for water and wastewater treatment, by type, showing the dollar amount and quantity purchased, the unit prices paid and the dosage rates utilized.

[Rule 25-30.440 (2), F.A.C.]

The wastewater system is collection only and does not use chemicals

Utilities, Inc. of Florida - Ravenna Park

Docket No. 2020049 Schedule of Chemicals

Test Year Ended December 31, 2019

		dium Hypoch	lorite	Polyphosphate			
Date of Invoice	Units (gal)	Unit Price	Total	Units (gal)	Unit Price	Total	
1/8/2019 Ravenna Park	110	1.30	143.00				
1/15/2019 Phillips				448	0.91	407.68	
1/22/2019 Ravenna Park	137	1.30	178.10				
2/5/2019 Ravenna Park	165	1.30	214.50				
2/19/2019 Ravenna Park	137	1.30	178.10				
3/5/2019 Ravenna Park	175	1.30	227.50				
3/19/2019 Ravenna Park	140	1.30	182.00				
4/2/2019 Ravenna Park	165	1.30	214.50				
4/2/2019 Phillips	50	1.30	65.00				
4/16/2019 Ravenna Park	175	1.30	227.50				
4/30/2019 Ravenna Park	165	1.30	214.50				
5/14/2019 Ravenna Park	165	1.30	214.50				
5/28/2019 Ravenna Park	134	1.30	174.20				
6/11/2019 Ravenna Park	190	1.30	247.00				
6/25/2019 Ravenna Park	195	1.30	253.50				
7/9/2019 Ravenna Park	165	1.30	214.50				
7/23/2019 Ravenna Park	130	1.30	169.00				
8/6/2019 Ravenna Park	170	1.30	221.00				
8/6/2019 Phillips	36	1.30	46.80				
8/20/2019 Ravenna Park	110	1.30	143.00				
9/3/2019 Ravenna Park	140	1.30	182.00				
9/17/2019 Ravenna Park	165	1.30	214.50				
10/1/2019 Ravenna Park	205	1.30	266.50				
10/15/2019 Ravenna Park	206	1.30	267.80				
10/29/2019 Ravenna Park	175	1.30	227.50				
11/12/2019 Ravenna Park	165	1.30	214.50				
11/26/2019 Ravenna Park	160	1.30	208.00				
12/10/2019 Ravenna Park	170	1.30	221.00				
12/23/2019 Ravenna Park	145	1.30	188.50				
TOTAL			5,518.50			407.68	
Quantity Purchased	4,245			448			
Unit of Measure	Gallons			Pounds			
Average Unit Price		1.30			0.91		
Use Type		Water			Water		
Application		Disinfecting ag	gent	Со	rrosion inhibi	tor	
Chemical volume (gal)		4,245			448		
Dosing rate (ppm)		10.5			2.1		
Treated volume (mg)		40.550			1.004		

The most recent chemical analyses for each water system conducted by a certified laboratory covering the inorganic, organic turbidity, microbiological, radionuclide, secondary and unregulated contaminants specified in Chapter 62-550, F.A.C.

[Commission Rule 25-30.440(3)]

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Revenue Park		PWS I.D. # 3591041
System Type (check one): Community Address: 200 4) cethers field	□ Nontransient Noncommunity □	Transient Noncommunity
city: Altamonte Springs		ZIP Code: 327/4
Phone #: 407-682-5651 Fax #	E-Mail	Address: _Supprell@vivater.com
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number: 359363DW1 Sa	mple Date: 3718	Sample Time:
Sample Location (be specific):		ocation Code: P.O.E. Distribution
Disinfectant Residual (required when reporting trihalom	ethanes and haloacetic acids): mg/L	Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Che	eck all that apply)
Distribution	Routine Compliance (with 62-550)	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites **	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	☐ Sampling Procedure Used or Other Comments:	
Avg Residence Time		
Near First Customer		
	* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	** See 62-550.550(4) for requirements and attach a results page for each site.
1. Allan Finch	SAMPLER CERTIFICATION	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and collection inform	nation is complete and correct.	
Signature: Simch		Date: 4~5~/8
Certified Operator #: B-7806 Phon	e#: <u>(407) 948 - 9843</u>	Sampler's Fax: (407) 682 - 5713
Sampler's F-Mail: Ofice la Color	ter com	

LABORATORY CERTIFIC	SATION INFORMATION (1	o be completed by lab - pl	ease type or print legibly)		
Lab Name: Flowers Chemi	cal Laboratories, Inc.	Florida DOH	Certification #: E83018	Certific	cation Expiration Date: 6/30/2018
				ATTACH CUI	RRENT DOH ANALYTE SHEET
Address: P. O. Box 150597	7, Altamonte Springs, FL 32	715-0597			Phone #: 407-339-5984
Were any analyses subcor	ntracted? 🔲 Yes 🖟	o If yes, please provi	de DOH certification number(s):		
			ATTACH DO	H ANALYTE SHEET FOR	EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION		Date	Sample(s) Received: 03/07/18		
PWS ID (From Page 1):	3591061	Sample Number (Fro	m Page 1): 359363DW1	Lab Assi	gned Report # or Job ID: 359363
Group(s) analyzed and res	ults attached for compliance	with Chapter 62-550, F.A	.C. (check all that apply)		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	<u>Secondaries</u>
All Except Asbestos	□AII 30	☑ All 21	☐ Trihalomethanes	☐ Single Sample	☑ All 14
Partial	All Except Dioxin	☐ Partial	☐ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
□Nitrate	Partial		☐ Chlorite		
□Nitrite	☐ Dioxin Only		☐Bromate		
Asbestos		90.			
		LAB	CERTIFICATION		
I, Jefferson S. Flowers, Ted	chnical Director, do HEREB	Y CERTIFY that all attache	ed analytical data are correct an	d unless noted meet all req	uirements of the
National Environmental La	aboratory Accreditation Con	erence (NELAC).			
Signature:	W,	Date:	03/30/18		
* Failure to provide a valid and	d current Florida DOH certificat	ion number and a current Ana	lyte Sheet for the attached analysis	results will result in rejection o	of the
			may result in notification of the DOF		
	sample dates & locations for ea				
	CONFIDMATION AND	NOTIFICATION IS DESIGN		D	
NON DETECTO A			RED WITHIN 24 HRS FOR NIT		
			UALIFIER. (Non-detects repo	rted as "BDL" or with a "<	<" are not acceptable.)
	on (to be completed by DEI		• •	B 18	
-	sis Satisfactory ☐ Yes ☐		Replacement Sample		
Person Notified:		_ Date Notified:	DEP/DOH Revi	ewing Official:	

INORGANIC CONTAMINANTS 62-550.310(1)

Contai	r			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1040	Nitrate (as N)	10	mg/L	0.200	Ū	EPA300.0	0.200	03/08/18	11:15 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.200	U	EPA300.0	0.200	03/08/18	11:15 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1010	Barium	2	mg/L	0.00900		EPA200.8	0.00200	03/07/18		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1020	Chromium	0.1	mg/L	0.00160		EPA200.8	0.00100	03/07/18		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	03/16/18		E83018
1025	Fluoride	4	mg/L	0.200	U	EPA300.0	0.200	03/08/18		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	03/08/18		E83018
1036	Nickel	0.1	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	03/07/18		E83018
1052	Sodium	160	mg/L	18.9		EPA200.7	0.500	03/08/18		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	03/07/18		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	03/07/18		E83018

SECONDARY CONTAMINANTS 62-550.320

Contar	Υ			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1002	Aluminum	0.2	mg/L	0.0200	Ū	EPA200.8	0.0200	03/07/18		E83018
1017	Chloride	250	mg/L	30.9		EPA300.0	0.400	03/08/18		E83018
1022	Copper	1	mg/L	0.0103		EPA200.8	0.00100	03/07/18		E83018
1025	Fluoride	2	mg/L	0.400	U	EPA300.0	0.400	03/08/18		E83018
1028	Iron	0.3	mg/L	0.0209		EPA200.7	0.0100	03/08/18		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	03/08/18		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	03/07/18		E83018
1055	Sulfate	250	mg/L	7.49		EPA300.0	1.00	03/08/18		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	03/07/18		E83018
1905	Color	15	CÜ	5.00	U	SM2120 B	5.00	03/07/18	03:00 PM	E83018
1920	Odor	3	TON@40C	1.00	U	SM2150 B	1.00	03/07/18	03:00 PM	E83018
1925	pН	6.5 -8.5	рН	8.04		SM4500-H B	0.0100	03/11/18	04:00 PM	E83018
1930	Total Dissolved Solids	500	mg/L	206		SM2540 C	2.50	03/10/18		E83018
2905	Foaming Agents	0.5	ma/L	0.200	U	SM5540 C	0.200	03/07/18	11:00 AM	F83018

VOLATILE ORGANICS 62-550.310(2)(b)

Contar	r			Analysis		Analytical	Lab		Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	RDL	Date	Time	Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	Ū	EPA524.2	0.500	— 0.5	03/08/18	· · · · · · · · · · · · · · · · · · ·	E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA524.2	0.200	0.5	03/08/18		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2990	Benzene	1	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018
2996	Styrene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	03/08/18		E83018

SYNTHETIC ORGANICS 62-550.310(2)(c)

Conta	ſ			Analysis		Analytical	Lab		Extraction	Analysis	Analysis	DOH Lat
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	RDL	Date	Date	Time	Cert#
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	03/13/18	03/14/18	().	E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/13/18	03/14/18		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	03/13/18	03/14/18		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	03/13/18	03/14/18		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	03/07/18	03/14/18		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	03/08/18	03/19/18		E83018
2033	Endothall	100	u g/L	9.00	U	EPA548.1	9.00	9	03/09/18	03/16/18		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		03/08/18		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	03/09/18	03/14/18		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		03/12/18		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA525.2	0.0700	0.07	03/09/18	03/14/18		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	03/09/18	03/14/18		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	03/07/18	03/14/18		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	03/07/18	03/14/18		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	03/13/18	03/14/18		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		03/12/18		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA525.2	0.100	0.1	03/09/18	03/14/18		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA525.2	0.200	0.2	03/09/18	03/14/18		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	03/13/18	03/14/18		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/13/18	03/14/18		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	03/07/18	03/14/18		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	03/07/18	03/14/18		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	03/13/18	03/14/18		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	03/09/18	03/14/18		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	03/07/18	03/14/18		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	03/13/18	03/14/18		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	03/13/18	03/14/18		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	03/13/18	03/14/18		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	03/13/18	03/14/18		E83018

FLOWERS	SAD I
CHEMICAL	A
INCORPORATED	

☐ Flowers Chemical Laboratories, Inc.

481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984

Fax: 407-260-6110

☐ Flowers Chemical Labs-South

West Park Industrial Plaza 571 N.W. Mercantile Pl., Ste. 111 Port St. Lucie, FL 34986 Bus: 772-343-8006

Fax: 772-343-8089

☐ Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, FL 32340 Bus: 850-973-6878

Fax: 850-973-6878

□ Flowers Chemical Labs-Keys

3980 Overseas Highway Ste. 103

Marathon, FL 33050 Bus: 305-743-8598 Fax: 305-743-8598

	Utilities.	Inc.									ww	w.fl	low	ers	labs	6.CQ	m									
Clier	Utilities. 200 Weather	rsf.'el	dA	ve,				Public	Wate	r Syster	n Name	R	3(1)	121	100	λ.	Par	-k								
Addr	Altermente Si	oringe	5. F1	32714				PWS I	ID#		35	7/6	06) (P.O. i	#						
- ((407) 682-	5651	1	•				FCL L	ab Co	ordinato	or	, , , ,							Kit#							
hon	Allan Finci	5								ter Syst	em Ty _l	pe:		(] Limit	ed Us	e Con	nmerc	ial / P	Public		CO	MMEN	NTS		
iam;	Allery Fine	^	3	-7-18			1	J.C.	ommu	inity	□Non	-Com	muni	ty	□ Non	-trans	ient / I	Non C	omm	unity						
ia(n)	Signature			Date Sampled			PRE	ESERV	VATIV	ES	=		1	1	1	/	7	7	/	1	7	7	/	1	/	/
R	INKING WATER - CI	hain of C	ustody	F.A.C. 62 - 550	NUMBER	ų.	Ξ	33		Na ₂ S ₂ O ₃		my tho	. Olo Old	Soup	, 20°			/ /	/	/	04/PA228 PA	solios ruezas	1	1	//	
TEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUN	NONE	NaOH	HNO3	Ę	Na2	V	Prim	Seco	Š	ွတ္ခ်	NO.	E	THA	100	3/6	8	Aspen	()	Λ.	pH F	Field Cl₂Re
	P.O.E. Distribution	3-749	1130	359363 DW							-	()	- 1	X												
2																										
3		-		41 11																						
4		-									_										L					
5											_	4														
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10	By / Attailation	Date Tim	10	Accepted By / Affiliation	1	Date		ime.			1	. / 800		_												1
1	By / Ataliation	-7-18-13		Accepted by / Anniation	-	vale	- "	ime	H	Relinquis	ned By	/ Atfil	iation		Date	В	Time			_	d By /		_	4	Date	Time
¥A		1.011	10				+		-		_		_	-		-	-	1-2	198	16	1#	0		_	3/7	1314

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name:RAVEN	NA PARK				PWS I.D. # 3	5 9 1 0 6 1
System Type (check one): Address:TEMPLE AVE	☑ Community	☐ Nontranslent Noncommunity	ДТ	ransient Noncor	mmunity	
City: SANFORD					ZIP Code:	32771
Phone #:(407)869-191	9 Fa	x #:	_ E-Mail A	ddress:	SEE RELATED PA	ARTIES
SAMPLE INFORMATION (to b		ler)				
Sample Number:43239		Sample Date: <u>03/27/2020</u>		Sample Time:	09:05	AM PM (Circle One
Sample Location (be specific):						Location Code: POE to Dist
		omethanes and haloacetic acids):	mg/L	Field pH:		
Sample Type (Check Onl		Reason(s) for S		ck all that apply)		
Distribution		Routine Compliance (with 62-550)		Replaceme	ent (of Invalidated Sa	imple)
Entry Point (to Distribution)		☐ Confirmation of MCL Exceedance*		Special (no	ot for compliance with	1 62-550)
Plant Tap (not for compliance v	vith 62-550)	Composite of Multiple Sites **		Clearance	(permitting)	
Raw (at weli or intake)		Other:				
Max Residence Time		Sampling Procedure Used or Other Cor	mments:			
Avg Residence Time						
☐ Near First Customer						
		* See 62-550.500(6) for requirements and And 62-550.512(3) for nitrate or nitrite ex			0.550(4) for requirem sults page for each si	
7	-1 A	SAMPLER CERTIFICA				
1 NV 1451	4	LEAD OF	nutor		, do HEREBY	CERTIFY
	n(Name)	•	nt Title)			•
that the above public water sy	stem and collection inf	ormation is complete and correct.				
Signature:	W			Date: _	4-2-2020	
Certified Operator #:	1 46625 PI	none #: 407 948 4210	s	Sampler's Fax:	407 68	2-5713
Sampler's E-Mail:	V DLHAS	TYPUEWATER, COM				

LABORATORY CERTIFI	CATION INFORMATION (to be completed by lab - ple	ease type or print legibly)		
Lab Name: Flowers Chen	nical Laboratories, Inc.	Florida DOH	Certification #: E83018	Certific	cation Expiration Date: 6/30/2020
				ATTACH CU	RRENT DOH ANALYTE SHEET*
Address: P. O. Box 15059	97, Altamonte Springs, FL 32	715-0597			Phone #: 407-339-5984
Were any analyses subco	ontracted? Yes N	lo If yes, please provi	de DOH certification number(s):		
			ATTACH DO	H ANALYTE SHEET FOR	EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATIO	ON(to be completed by lab)	Date	Sample(s) Received: 03/27/20		
PWS ID (From Page 1):	3591061	Sample Number (Fro	om Page 1): 432399DW1	Lab Assi	gned Report # or Job ID: 432399
•	esults attached for complianc	e with Chapter 62-550, F.A	.C. (check all that apply)		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	<u>Radionuclides</u>	<u>Secondaries</u>
All Except Asbestos	□ All 30	☐ All 21	☐ Trihalomethanes	Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☑ Nitrate	☐ Partial		☐ Chlorite		
☑Nitrite	Dioxin Only		☐Bromate		
Asbestos					
		LAB	CERTIFICATION		
I, Jefferson S. Flowers, T	echnical Director, do HEREE	BY CERTIFY that all attach	ed analytical data are correct ar	nd unless noted meet all red	quirements of the
	Laboratory Accreditation Cor				
M					
()	$\mathcal{X} \sim \mathcal{X}$				
Slaw atoms		Data	: 03/29/20		
Signature:	\mathcal{M}	Date	. 03/29/20		
* Fallure to provide a valid a	and current Florida DOH certifica	tion number and a current Ana	alyte Sheet for the attached analysis	s results will result in rejection (of the
report and possible enforcer	nent against the public water sys	stem for fallure to sample, and	may result in notification of the DOI	H Bureau of Laboratory Service	98.
** Please provide radiologica	al sample dates & locations for e	ach quarter.			
			RED WITHIN 24 HRS FOR NIT		
			QUALIFIER. (Non-detects repo	orted as "BDL" or with a "	<" are not acceptable.)
•	tion (to be completed by DE				
	lysis Satisfactory ☐Yes 〔				cle or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Rev	riewing Official:	

Page 2 of 3

INORGANIC CONTAMINANTS 62-550.310(1)

Contarr		Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab		
ID	Contam Name	MCL	Units	Result	Qualifler	Method	MDL	Date	Time	Cert #
1040	Nitrate (as N)	10	mg/L	0.200	U	EPA300.0	0.200	03/27/20	07:30 PM	E83018
1041	Nitrite (as N)	1	ma/L	0.200	U	EPA300.0	0.200	03/27/20	07:30 PM	E83018



The Flowers Chemical Laboratories, Inc.

481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984

Bus: 407-339-5984 Fax: 407-260-6110

☐ Flowers Chemical Labs-South

West Park Industrial Plaza 571 N.W. Mercantile Pl., Ste. 111 Port St. Lucie, FL 34986 Bus: 772-343-8006

www.flowerelahe.com

Bus: 772-343-8006 Fax: 772-343-8089

☐ Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, FL 32340

Bus: 850-973-6878 Fax: 850-973-6878

☐ Flowers Chemical Labs-Keys

3980 Overseas Highway Ste. 103

Marathon, FL 33050 Bus: 305-743-8598

Bus: 305-743-8598 Fax: 305-743-8598

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	200 WEATHERS F	ELD AVE	<i></i>					ECL L	ah Co	ordina		35°	7/6	96	1				Kit#	·····					
	ALTAMONIE SPRI	NGS FL	3271	4								2006	YLT.												
Phone	816 847 - 81	•				Publi	c Wal	ter Sy	stem	Type:			□ Lim	ited Us	e Cor	nmerc	ial / P	ublic		COMM	ENTS				
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Samp	oler Signature	Date Sampled	Γ	Ţ	PRE	ESER	/ATIV	ES		Γ			7			7							7		
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Relinquished By / Affiliation Date Time Accepted By / Affiliation							Ti	ime	F	Relinqu	ished	By / A	filiatio	n	Dat	e	Time		Acc	epted	By / A	ifiliation]	Date	Time
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1	' " '						1											1		1	\mathbf{N}	\	/ 1	• • •	

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: RAVENNA PARK		PWS I.D. # 3 5 9 1 0 6 1
System Type (check one):	☐ Nontransient Noncommunity	☐ Transient Noncommunity
City:SANFORD		ZIP Code:32771
Phone #:(407)869-1919 Fax	c#: E-Ma	ail Address: SEE RELATED PARTIES
SAMPLE INFORMATION (to be completed by sample		
Sample Number: 409298DW1	Sample Date:08/12/2019	Sample Time:09:50 AM PM (Circle One
Sample Location (be specific): 108 Par Place		Location Code: 108 Par Place
Disinfectant Residual (required when reporting trihalo		
Sample Type (Check Only One)	Reason(s) for Sample (C	
Distribution	Routine Compliance (with 62-550)	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites **	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Avg Residence Time		
■ Near First Customer		
	* See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedances	
	SAMPLER CERTIFICATION	
I, JON HASTY	LEAD OPERATOR	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and collection info	rmation is complete and correct.	
Signature:		Date:AUGUST 26, 2019
Certified Operator #: A 6625 Pho	one #: 407 948-420	Sampler's Fax: 407 682-5713
	I WATER. COM	

LABORATORY CERTIFIC	CATION INFORMATION	to be completed by lab - ple	ease type or print legibly)		
Lab Name: Flowers Chem	nical Laboratories, Inc.	Florida DOH	Certification #: E83018	Certific	cation Expiration Date: 6/30/2020
				ATTACH CU	RRENT DOH ANALYTE SHEET*
Address: P. O. Box 15059	7, Altamonte Springs, FL 3	2715-0597			Phone #: 407-339-5984
Were any analyses subco	ntracted? ☐Yes ☒	No If yes, please provi	de DOH certification number(s)	:	
			ATTACH DO	H ANALYTE SHEET FOR	EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATIO	N(to be completed by lab)	Date	Sample(s) Received: 08/12/19	1	
PWS ID (From Page 1):	3591061	Sample Number (Fro	m Page 1): 409298DW1	Lab Assi	gned Report # or Job ID: 409298
Group(s) analyzed and res	sults attached for compliand	ce with Chapter 62-550, F.A	.C. (check all that apply)		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	☐All 30	☐ All 21	☑ Trihalomethanes	☐ Single Sample	☐ All 14
Partial	☐ All Except Dioxin	☐ Partial	☑ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
□Nitrate	☐ Partial		☐ Chlorite		
■Nitrite	☐ Dioxin Only		☐ Bromate		
Asbestos					
		LAB	CERTIFICATION		
I, Jefferson S. Flowers, Te	echnical Director, do HEREI	BY CERTIFY that all attache	ed analytical data are correct ar	nd unless noted meet all red	uirements of the
National Environmental L	aboratory Accreditation Cor	nference (NELAC).			
Signature:		Data	08/19/19		
Signature.	W,	Date.	00/19/19		
* Failure to provide a valid ar	nd current Florida DOH certifica	ation number and a current Ana	lyte Sheet for the attached analysis	s results will result in rejection o	of the
report and possible enforcem	ent against the public water sy	stem for failure to sample, and	may result in notification of the DOI	H Bureau of Laboratory Service	es.
** Please provide radiological	I sample dates & locations for e	each quarter.			
	CONFIRMATION AND	NOTIFICATION IS REQUI	RED WITHIN 24 HRS FOR NIT	RATE MCL EXCEEDANC	ES
NON-DETECTS	ARE TO BE REPORTED A	S THE MDL WITH A "U" C	UALIFIER. (Non-detects repo	orted as "BDL" or with a "	<" are not acceptable.)
Compliance Determinati	on (to be completed by DE	P or DOH - attach notes as	necessary)		
Sample Collection & Analy	ysis Satisfactory	No	Replacement Sampl	e or Report Requested (circ	cle or highlight group(s) above)
Person Notified:			DEP/DOH Rev	riewing Official:	

Page 2 of 6

DISINFECTION BYPRODUCTS 62-550.310(3)

Report Number / Job ID: 409298DW1 Disinfectant Residual (mg/L): 2.0000000 PWS ID (From Page 1): 3591061 Ravenna

Contan	r			Analysis		Analytical	Lab	Regulatory	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	MRL**	Date	Time	Cert #
2450	Monochloroacetic Acid	N/A	ug/L	5.43		EPA552.3	2.00	2.0	08/15/19	- 3	E83018
2451	Dichloroacetic Acid	N/A	ug/L	1.00	U	EPA552.3	1.00	1.0	08/15/19		E83018
2452	Trichloroacetic Acid	N/A	ug/L	7.89		EPA552.3	1.00	1.0	08/15/19		E83018
2453	Monobromoacetic Acid	N/A	ug/L	2.83	1	EPA552.3	1.00	1.0	08/15/19		E83018
2454	Dibromoacetic Acid	N/A	ug/L	2.96	1	EPA552.3	1.00	1.0	08/15/19		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	19.1		EPA552.3	1.00		08/15/19		E83018
Contan	r			Analysis		Analytical	Lab	Regulatory	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	MRL**	Date	Time	Cert #
2941	Chloroform	N/A	ug/L	33.6		EPA524.2	0.500	1.0	08/16/19	10	E83018
2942	Bromoform	N/A	ug/L	0.830	1	EPA524.2	0.500	1.0	08/16/19		E83018
2943	Bromodichloromethane	N/A	ug/L	22.4		EPA524.2	0.500	1.0	08/16/19		E83018
2944	Dibromochloromethane	N/A	ug/L	11.2		EPA524.2	0.500	1.0	08/16/19		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.0		EPA524.2	0.500	200 5	08/16/19		E83018

^{**} Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

^{***} Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii)

^{****} Laboratories that use EPA methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: RAVENNA PARK		PWS I.D. # 3 5 9 1 0 6 1
System Type (check one):	☐ Nontransient Noncommunity	☐ Transient Noncommunity
City: SANFORD		ZIP Code:32771
Phone #:(407)869-1919 F	ax #: E	E-Mail Address: SEE RELATED PARTIES
SAMPLE INFORMATION (to be completed by same	oler)	
Sample Number: 409298DW2 Sample Location (be specific): 2900 Truman	Sample Date:08/12/2019	Sample Time:09:00 AM PM (Circle One
Disinfectant Residual (required when reporting triha	lomethanes and haloacetic acids): 1.50	mg/L Field pH:
Sample Type (Check Only One)	,	ble (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites **	Clearance (permitting)
Raw (at welt or intake)	Other:	- Community
Max Residence Time	Sampling Procedure Used or Other Commen	nts:
Avg Residence Time		·
☐ Near First Customer		
	* See 62-550.500(6) for requirements and restrict And 62-550.512(3) for nitrate or nitrite exceeds	()
Day MACTU	SAMPLER CERTIFICATIO	
I, JOIN HASTY	LEAD RECHON	
(Print Name) that the above public water system and collection in	(Print Title	э)
that the above public water system and conection in	normation is complete and correct.	
Signature:		Date: <u>AVGUST ZL</u> , Z019
	hone #: _ 407 948-4210	Sampler's Fax: 407 682 - 5713
	I WATER. COM	

LABORATORY CERTIFIC	ATION INFORMATION (o be completed by lab - ple	ease type or print legibly)		
Lab Name: Flowers Chemi	cal Laboratories, Inc.	Florida DOH	Certification #: E83018	Certific	cation Expiration Date: 6/30/2020
				ATTACH CUI	RRENT DOH ANALYTE SHEET*
Address: P. O. Box 150597	, Altamonte Springs, FL 32	715-0597			Phone #: 407-339-5984
Were any analyses subcon	tracted?	lo If yes, please provi	de DOH certification number(s)		
			ATTACH DO	H ANALYTE SHEET FOR	EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION	N(to be completed by lab)	Date	Sample(s) Received: 08/12/19	1	
PWS ID (From Page 1):	3591061	Sample Number (Fro	om Page 1): 409298DW2	Lab Assi	gned Report # or Job ID: 409298
Group(s) analyzed and res	ults attached for compliance	e with Chapter 62-550, F.A	.C. (check all that apply)		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	▼ Trihalomethanes	☐ Single Sample	☐All 14
Partial	☐ All Except Dioxin	☐ Partial	☑ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
□Nitrate	☐ Partial		☐ Chlorite		
□Nitrite	☐ Dioxin Only		Bromate		
Asbestos					
		LAB	CERTIFICATION		
I, Jefferson S. Flowers, Ted	chnical Director, do HEREB	Y CERTIFY that all attache	ed analytical data are correct ar	nd unless noted meet all rec	juirements of the
National Environmental La	boratory Accreditation Con	ference (NELAC).			
Signature:	M	Date:	: 08/19/19		
* Failure to provide a valid and	d current Florida DOH certificat	ion number and a current Ana	lyte Sheet for the attached analysis	s results will result in rejection o	of the
report and possible enforceme	nt against the public water sys	tem for failure to sample, and	may result in notification of the DO	H Bureau of Laboratory Service	es.
** Please provide radiological	sample dates & locations for ea	ach quarter.			
	CONFIRMATION AND	NOTIFICATION IS REQUI	RED WITHIN 24 HRS FOR NIT	RATE MCL EXCEEDANCE	ES
NON-DETECTS A	RE TO BE REPORTED AS	S THE MDL WITH A "U" C	QUALIFIER. (Non-detects repo	orted as "BDL" or with a "	<" are not acceptable.)
Compliance Determinatio			•		. ,
Sample Collection & Analys	· · · · · · · · · · · · · · · · · · ·			e or Report Requested (circ	cle or highlight group(s) above)
Person Notified:	•	_ Date Notified:		riewing Official:	

Page 5 of 6

DISINFECTION BYPRODUCTS 62-550.310(3)

Report Number / Job ID: 409298DW2 Disinfectant Residual (mg/L): 1.5000000 PWS ID (From Page 1): 3591061 Ravenna

Contan	•			Analysis		Analytical	Lab	Regulatory	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	MRL**	Date	Time	Cert #
2450	Monochloroacetic Acid	N/A	ug/L	6.06		EPA552.3	2.00	2.0	08/15/19		E83018
2451	Dichloroacetic Acid	N/A	ug/L	9.16		EPA552.3	1.00	1.0	08/15/19		E83018
2452	Trichloroacetic Acid	N/A	ug/L	9.23		EPA552.3	1.00	1.0	08/15/19		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.44	1	EPA552.3	1.00	1.0	08/15/19		E83018
2454	Dibromoacetic Acid	N/A	ug/L	1.97	1	EPA552.3	1.00	1.0	08/15/19		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	27.9		EPA552.3	1.00		08/15/19		E83018
Contarr				Analysis		Analytical	Lab	Regulatory	Analysis	Analysis	DOH Lab
<u>ID</u>	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	MRL**	Date	Time	Cert #
2941	Chloroform	N/A	ug/L	42.2		EPA524.2	0.500	1.0	08/16/19		E83018
2942	Bromoform	N/A	ug/L	0.780	1	EPA524.2	0.500	1.0	08/16/19		E83018
2943	Bromodichloromethane	N/A	ug/L	21.6		EPA524.2	0.500	1.0	08/16/19		E83018
2944	Dibromochloromethane	N/A	ug/L	11.1		EPA524.2	0.500	1.0	08/16/19		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	75.7		EPA524.2	0.500		08/16/19		E83018

^{**} Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

^{***} Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii)

^{****} Laboratories that use EPA methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.



▼ Flowers Chemical Laboratories. Inc.

481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984 Fax: 407-260-6110

Port St. Lucie Bus: 772-343

West Park Industrial Plaza 571 N.W. Mercantile Pl., Ste. 111 Port St. Lucie, FL 34986 Rus: 773 242 8006

Bus: 772-343-8006 Fax: 772-343-8089

■ Flowers Chemical

Labs-South

☐ Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, FL 32340 Bus: 850-973-6878 Fax: 850-973-6878

Marathon, FL 33050 Bus: 305-743-8598 Fax: 305-743-8598

Labs-Keys

Ste. 103

☐ Flowers Chemical

3980 Overseas Highway

www.flowerslabs.com

Client			In														
Address INC OF FL			Publi	ic Wate	er Syster	m Name	PAVE	NNA	+ P	ARK							
200 WEATHERSFIELD AVE			PWS	ID#	2		061			2.15.15	P.	O. #					
			FCL	Lab Co	oordinato		Risso				Kit	#					
Phone 866 842-8432			Pub	lic Ma	tor Svet	tem Type			itod I Io			/ Public		СОММЕ	NTS		
Sampled By (BRINT)						, ,	ommunity							COMINE	MIS		
DON HASTY			ya c	JOHNN	inty	- INOII-C	ommunity	□ NO	n-trans	ient / iv	on Con	nmunity					
Sampler Signature Date Sampled		PF	RESER	RVATIV	ES		/	77	/	1	1	1	17	1	7	7	/
8-12-19	1						//		1	/)	/ /		18	/	/ /		
DRINKING WATER - Chain of Custody F.A.C. 62 - 550	NUMBER	부	, s		Na ₂ S ₂ O ₃	1/	Secondanes	/./.	. / 9		/_	[.,	Ash. RAZZB RAZZB	so _{ss}			
NO. SAMPLE DESCRIPTION DATE TIME LAB NO.	NON S	NONE	HNO3	H	Na ₂	1	/80/		NO NO	THIN	7.HA4	2	48th		/ /	pH (ield Cl. Res
1 108 PAR PLACE 8-12-19 0950 409298DW	3					-				. 1	X						2,0
2 2960 TRUMAN BLVD, 8-12-19 0900	3										X						1.5
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FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs, FL 32715-0597 571 NW Mercantile Pl, Suite 111, Port St. Lucie, FL 34986 812 SW Harvey Green Dr, Madison, FL 32340 3980 Overseas Hwy, Suite 103, Marathon, FL 33050 Phone: 407-339-5984 E83018 (Main Lab)
Phone: 772-343-8006 E86562 (South Lab)
Phone: 850-973-6878 E82405 (North Lab)
Phone: 305-743-8598 E35834 (Keys Lab)

Utilities Inc. - Drinking Water 200 Weathersfield Avenue Altamonte Springs,FL 32714 PO #: BU252118 Client Project #: 3591061 Date Sampled: Aug 8, 2018 Sep 5, 2018; Invoice: 376184

Invoice

Description	Amount	Units	Extension	
Pb/CuDW	20.00	10	200.00	
TOTAL			200.00	

This invoice is due upon receipt.

Please remit to: P.O. Box 150597

Altamonte Springs, FL 32715-0597

VISA, MasterCard, and American Express cards will be accepted.

There will be a 1.5% service charge per month on all unpaid balances.

Lead and Copper Tap Sample Analysis and Result Ranking Reporting Format 62-550.730(5)(a)

System Name: BU252118 Date Submitted to Lab: 08/28/18

PWS-ID: 3591061 Analysis Date: 09/4/18

Laboratory Name: Flowers Chemical Laboratories, Inc.

Lab Analysis Method: EPA200.8

Lead or Copper (list one): Lead

Contact Person: Dr. Jefferson S. Flowers Method Detection Limit: .001
Phone: (407) 339-5984 90th Percentile Value: 0.00150

Α	Rank	Location Code Number	Lab Sample ID	Date Site	Lead
	(ascending)			Sampled	(mg/L)
	1	100 Loch Arbor	376184DW6	08/8/18	0.00100 U
	2	112 Grove	376184DW3	08/8/18	0.00100 U
	3	102 lpyllwilde Idyllwilde	376184DW5	08/27/18	0.00100 U
	4	206 Temple	376184DW8	08/26/18	0.00100 U
	5	101 lpyllwilde Idyllwilde	376184DW4	08/8/18	0.00100 U
	6	102 Tangerine	376184DW1	08/26/18	0.00100 U
	7	306 Tammy	376184DW7	08/27/18	0.00100 I
	8	406 Beth	376184DW10	08/8/18	0.00140 I
	9	3102 Country Club	376184DW2	08/15/18	0.00150 I
	10	106 Satsuma	376184DW9	08/16/18	0.00160 I

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

Signature of Authorized Laboratory Representative:

Name (Please Print): Jefferson S. Flowers Title and Date: Technical Director 09/05/18

Lead and Copper Tap Sample Analysis and Result Ranking Reporting Format 62-550.730(5)(a)

System Name: BU252118 Date Submitted to Lab: 08/28/18

PWS-ID: 3591061 Analysis Date: 09/4/18

Laboratory Name: Flowers Chemical Laboratories, Inc.

Lab Analysis Method: EPA200.8

Lab-ID: E83018

Lead or Copper (list one): Copper

Contact Person: Dr. Jefferson S. Flowers Method Detection Limit: .001
Phone: (407) 339-5984 90th Percentile Value: 0.237

Α	Rank	Location Code Number	Lab Sample ID	Date Site	Copper
	(ascending)			Sampled	(mg/L)
	1	102 Tangerine	376184DW1	08/26/18	0.0193
	2	112 Grove	376184DW3	08/8/18	0.0227
	3	206 Temple	376184DW8	08/26/18	0.0336
	4	106 Satsuma	376184DW9	08/16/18	0.0374
	5	101 lpyllwilde Idyllwilde	376184DW4	08/8/18	0.0758
	6	306 Tammy	376184DW7	08/27/18	0.0854
	7	102 lpyllwilde Idyllwilde	376184DW5	08/27/18	0.0866
	8	3102 Country Club	376184DW2	08/15/18	0.108
	9	100 Loch Arbor	376184DW6	08/8/18	0.237
	10	406 Beth	376184DW10	08/8/18	0.333

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

Signature of Authorized Laboratory Representative:

Name (Please Print): Jefferson S. Flowers Title and Date: Technical Director 09/05/18

FLOWERS

CHEMICAL LABORATORIES



Flowers Chemical Laboratories, Inc.

481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984

Fax: 407-339-5984

☐ Flowers Chemical Labs-South

8253 South US Hwy. 1 Port St. Lucie, FL 34952 Bus: 772-343-8006

Fax: 772-343-8006

☐ Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, FL 32340

Bus: 850-973-6878 Fax: 850-973-6878

					17,22,00										W	ww.	low	ersi	abs.	com										
Client	UTUTES	NC OF	FL							Pu	blle W	ater :	System			ENI	I/A	PA	DV											
Addre	200 WEATH			<u>-</u>						PV	/S ID	#	J	35					1212	7745	P.O	. #					HII-THE-LAND			
	ALTAMUNTE.				14					FC	L Lab	Coo	rdinator	Ron)))				Kit 4		-							
Phone	866									Public Water System Type:								rciel /	Public											
Sample	ed By (PRINT): ·												nity [•								- 1							
Sample	npler Signature Date Sampled									ATIV	ES	_	T	7	-/	7	7	7	7	7	7	7	\rightarrow	7	7	7	,			
_	IKING WATER - Ch	62 - 550	NUMBER	¥	8	ြီ		Na ₂ S ₂ O ₃		/	South Page	No comember		//	ON/S E	/	_/	/ .s /	A ROSS RESIDENCE OF THE PROPERTY OF THE PROPER		/,	//	//							
NO.			DATE	TIME	LAB NO.	7₹	NONE	POR N	HNO3	오	Ze Z		/ de	18	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3/8	8/ \	No L		\$ / å	/3	1				/ pH Fi	eld Cl ₂ Ree			
1	102 TANGERI		8-26-18	-	ļ	1	_													X										
2	3102 COUNTRY	Cub	8-15-18	1		1														X										
3	112 GROVE		8-8-18	0625		1														X										
4	101 I PYLLWIL	DE	8-8-18	0717		1														X										
5	102 IPYLWIL	DE	8.27-18	0630		1														V										
6	100 LOCH AR	-	8-8-18	0522		ı														Ŷ						******				
7	306 TAMMY		5-27-18	0548		Ī														X										
8	206 TEMPLE		8-2618	2105		١														V										
9	106 SATSUN	1 <i>A</i>	8-16-18	0500		1														$\sqrt{}$										
10	406 Bert		8-818	0624		1										-:				$\hat{\chi}$		\neg			\dashv					
Rel	inquished By / Affiliation	Date	Time	Acost	pted By / Affiliati	lon		Date	7	lme		Relir	edalupr	d By /	Affiliet	lon	Di	ate	Time	,	Ac	cepted	By/A	ffilatio	—— n	Date	emiT			
4	8-28-18																													
	U		1 1																			- 0			774					

KNL Environmental Testing 3202 N. Florida Ave. Tampa, FL 33603 Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES

62-550.310(6)

KNL Report Number/Job ID: 15.1251

PWS ID(From Page 1):

Client ID: Flowers 259177DW1

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	2.1		EPA 900.0	1.4	3	0.9	2-27-15	0800	E84025
4020	Radium-226		pCi/L	0.8		EPA 903.0	0.2	1	0.2	3-3-15	1635	E84025
4030	Radium-228	5	pCi/L	1.4		EPA Ra-05	1.0	1	0.8	3-4-15	1308	E84025

Reporting Format 62-550.730

Effective January 1995, Revised February 2010.

- Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
 - I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- ** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- *** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Page of

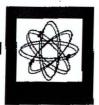
Test results meet all requirements of the NELAC standards. Statement of estimated uncertainty available upon request. Test results refer only to sample(s) listed. Contact person: Jim Hayes (813) 229-2879.

Approved by:

James W. Hayes Laboratory Director

James W. Hages

INCORPORATED



☐ Flowers Chemical Laboratories, Inc.

481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984 Fax: 407-260-6110

☐ Flowers Chemical Labs-South

West Park Industrial Plaza 571 N.W. Mercantile Pl., Ste. 111 Port St. Lucie, FL 34986 Bus: 772-343-8006

www.flowerslabs.com

Fax: 772-343-8089

☐ Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, FL 32340 Bus: 850-973-6878 Fax: 850-973-6878

☐ Flowers Chemical Labs-Keys

3980 Overseas Highway Ste. 103 Marathon, FL 33050

Bus: 305-743-8598 Fax: 305-743-8598

Client	Litilitos	Tal								Pub	lic Wa	ater S	ystem	Name			P	2	L								•
Addres	200 Westherfield Ave.									PW	Public Water System Name Ravenna Park PWS ID# 3591061										P.O.	P.O. #					
Address 200 Weetherfield Ave. Altamonte Springs, Fl. 32714 Phone 407-869-1919 Sampled By (PRINT):									FCL	FCL Lab Coordinator										Kit #							
Phone 407 -869 - 1919								Public Water System Type;										mmei	comments								
Sampled By (FRINT): FECTION FIGURE OF								Community Non-Community Non-transient / Non-Community																			
Sampled By (PRINT): FECTIO FIGUETO & Sampler Signature Date, Samgléd Sampler S								PRES	SERV	HATIVES FULL SI								W/Mp A= Vi flets / /2/ / / S							- 164		
DRINKING WATER - Chain of Custody F.A.C. 62 - 550					NUMBER	NONE	NaOH	HNO3		Na ₂ S ₂ O ₃	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						ON THE	/ §/ 3					//	//	pht	710	
TEM NO.	SAMPLE DESCRIPTI		DATE	TIME	LAB NO.	₽	ž	ž	Ĭ	호	82		18	/ %	18	18	/ 🖇	15	TAN TAN	/ 🕸	/ 8	1	\angle	<u> </u>	<u>_</u>	pH Fie	ld Cl ₂ Res
1	Plant lock Sp.	1917	0/18/15	11:00									X	X	X	X					X						2.0
2	, <u>;</u>		<u> </u>																								
3															Ì									ļ			
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Rel	inquished By / Affiliation	Date	Time	Ácce	pted By / Affilia	tion		Date		Time	ime Relinquished By / Affiliation Date Time							3	Accepted By / Atfiliation Date Time								
1.6	your o	1/1/15	1159																								
11	'																	Ì				:		-5		c/11/15	1159

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Tri-Tech Analytical Laboratories, Inc. 4403 Vineland Road, Suite B-1-2



Lab Receipt Date & Time: 4-22-20 1630
Analysis Date & Time: 4-22-20 1646
Sample Acceptance 2011 Sample Acceptance Criteria:

Orland	o, Fl. 32811 E83294	Disir	Disinfectant Check: Not Detectedmg/L This sample does not meet the following NELAC requirements:											
Report N	lumber: _aool - 473 Sub-Contract	l ah ID:												
Analys	is Requested: (check all that apply) Coliform/E. coli						Other:							
	Water System (PWS) Name:Raver													
			City: Sanford											
	PWS Owner's Phone #:866 842-8432													
Collect	or: Don Hasty				Collector	's P	hone #:	407 948-	4210					
⊠Comm	f Supply: (check only one) nunity Water System □Non-Transient Non-c d Use System □Bottled Water □Private \	ommunity V	Vater Sys wimming	stem 🔲	Fransien Other:	t No	n-commu	nity Wate	er System					
⊠Distrib	n for Sampling: (check all that apply) ution Routine □Distribution Repeat ☑R unce □Replacement (also check type of sam	aw (triggere	d or asse	essment) Boil V	□Raw Vater No	(trig	gered or a □Othe	assessme r:	ent) additional	∐Well Sur	vey			
Sample	Collection Date: 4-21-20													
	To be completed by collector	r of sample		i i i		-			o be completed t	by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection	Sample	Disin- fectant Residual	pН		Analysis N	/lethod(s)	92228	mf				
"	(Location of Specific Address)	Time	Type ¹	(mg/L)	·		Non- Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier⁴	Lab Sample			
R1	WELL # 1	1520	R					A			(
R2	WELL # 2	1515	R					A			2			
R3	WELL#3 (PHILLIPS)	1600	R					A			3			
R4	403 KINGSWOOD CT 107	1545	D	1.8				A			7			
R5	108 TANGERINE DR	1535	D	2.0				A			5			
Average samples	of disinfectant residuals for distribution roof. Free chlorine or Total chlorine (circle one).	utine & rep	eat	1.9	l Inless	oth	erwise no	ted all te	ets are performe	d in accord	ance with			
⊠DPC	tant Residual Analysis Method: Colorimetric		Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples. Date and time PWS notified by lab of positive results:											
	performing disinfectant analysis is (see inst rtified operator (# <u>A 6625</u>)):	Date and time DEP/DOH notified by lab of positive results:									
	ervised by certified operator (#				Date Report Issued:									
	loyed by a certified lab Employed by DEF				Lab Signature:									
□Auth	orized representative of supplier of water				Title:	_								
	es Inc. of FI nna Park WTP			□Satist		olled	ction Infor	mation	DEP/E	OOH USE C	DNLY			
	leathersfield Ave.			Repe	at Samp	les	Required							
	onte Springs, Fl. 32714			1			nples Red	•						
	opinigo, i i. ozi i -	DEP/DC)H Revie	win	g Official:									

For Sample Types see Instructions item 1 16.
For Analysis Methods see Instructions item 11 6.
For Analysis Methods see Instructions item 11 6.
Please circle appropriate selection
Defined in Florida Administrative Code Rule 62-160, Table 1.
Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

RAVENNA PARK MORs

The wastewater system is collection only and does not file DMRs



	4 for instructions.	Month/Voor of	Innuar 20	110				
	al Information for the		January, 20	719				
	Water System (PWS)	information			Inwe	d	2501061	
	Name: Ravenna Park					dentification Numb		
PWS	7.1	Community	Non-Transient Non-C		Γransient Non-0		Consecutive	
	er of Service Connection		h: 523	To	tal Population Se	erved at End of Mo	nth: 1,832	
	Owner: Utilities, Inc. of							
	ct Person: Patrick Flyn					tle: Vice President		
	ct Person's Mailing Ado				y: Altamonte Sp		State: Florida	Zip Code: 32714
	ct Person's Telephone N			Co	ntact Person's Fa	ax Number: (407) 8	69-6961	
	ct Person's E-Mail Add		vater.com					
-	Treatment Plant Inforn	nation						
	Name: Ravenna Park			4		Telephone Number:		
	Address: 111 Temple [y: Sanford		State: Florida	Zip Code: 32773
	of Water Treated by Pla		Raw Ground Water	Purchased Fir	nished Water			
			Plant, gallons per day: 300					
Plant (Category (per subsectio	n 62-699.310(4), F	F.A.C.): V			osection 62-699.310		
	Licensed Operators		Name	License C	lass I	License Number		Shift(s) Worked
	Lead/Chief Operator:	Don Hasty		A		6625	Monday - Friday	
	Other Operators:	Barner Coo		В		22170	Tuesday - Saturd	*
14.44		Allan Fincl		В		7806	Sunday - Thursd	
		Jim Swegh	eimer	С		7183	Monday - Friday	
		130 50						
- 2 7								
110								
II. Certifi	ication by Lead/Chief	Operator						
I, the unde	ersigned water treatmen	it plant operator lic	ensed in Florida, am the lea	ad/chief operator of	the water treatme	ent plant identified	in Part I of this repo	ort. I certify that the
informatio	on provided in this repo	rt is true and accur	ate to the best of my knowle	edge and belief. I c	ertify that all dri	nking water treatme	ent chemicals used a	t this plant conform to
NSF Inter	national Standard 60 or	other applicable s	tandards referenced in subs	ection 62-555.320(3), F.A.C. I also	certify that the foll-	owing additional op	erations records for this
plant were	e prepared each day tha	t a licensed operate	or staffed or visited this plar	nt during the month	indicated above:	(1) records of amo	unts of chemicals us	sed and chemical feed
rates, and	(2) if applicable, appro	priate treatment pi	ocess performance records.	Furthermore, I agr	ee to retain these	additional operation	ons records at the plant	ant site for at least ten
1	1 lh							
Y	\mathcal{M}		February 4, 2019		Don Hast	у		A 6625
Signature	and Date			Printed or Type	d Name		License N	lumber
DEP Form 62-55	55 900(3) Alternate							

							1							
PWS I	S Identification Number: 3591061 Plant Name: Ravenna Park													
	L. Daily Data for the Month/Year of: January, 2019													
			Log Virus Inac			Free 0	Chlorine		Chlorine Dioxide	e	Ozone	Comb	oine Chlorine (Chlo	ramines)
	aviolet Ra				Describe):				_					
Type o	f Disinfe	ectant Resid	ual Maintained	in Distrib			Free Chlorine			nlorine (Chlo			Chlorine Dioxic	le .
					CT Calculati	ions, or UV Dose		te Four-Lo	g Virus Inactivat	tion, if Applic				
					1	CT C	alculations		1		UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First			3.61	Lowest	Minimum	Disinfectant	
Doy of	staffed or		Net Quantity of		Concentration (C) Before or at First	Measurement Point During	Customer During	Temp.		Minimum CT	Operating UV Dose,	UV Dose Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
Day of the	Visited by Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	62,000										1.6	
2	X	24	115,500										1.6	
3	X	24	67,400										2.0	
4	X	24	83,000										1.5	
5	X	24	87,500										1.6	
6		24	112,200											
7	X	24	112,200										1.6	
8	X	24	92,300										2.0	
9	X	24	99,500										1.6	
10	X	24	97,200										1.7	
11	X	24	107,800										2.0	
12	X	24	98,800										2.0	
13	71	24	111,800										2.0	
14	X	24	111,800										1.0	Collected bactis
15	X	24	129,800										2.4	Conceted buchs
16	X	24	103,300										2.1	
17	X	24	72,900										2.2	
18	X	24	95,700										1.6	
19	X	24	87,600										1.4	
20	71	24	100,300										1.1	
21	X	24	100,300										2.4	
22	X	24	80,700										2.0	
23	X	24	89,100										1.6	
24	X	24	95,100										1.8	
25	X	24	87,500										1.9	
26	X	24	73,800										1.8	
27	11	24	98,800										1.0	
28	X	24	98,900										2.2	
29	X	24	92,900					 					1.7	
30	X	24	84,100										1.6	
31	X	24	91,800										1.8	
Total	Λ	∠+	2,941,600		J.		ļ.	1			ļ	ļ	1.0	<u> </u>
1 Otal			L 2,771,000											

94,890

129,800

Average



I. General Information for the	Month/Year of: February, 2	2019			
A. Public Water System (PWS) I	nformation				
PWS Name: Ravenna Park			PWS Identification Num	her: 3591061	
PWS Type:	Community	Community Transie	nt Non-Community	Consecutive	
Number of Service Connection	ns at End of Month: 523		ation Served at End of Mo		
PWS Owner: Utilities, Inc. of	Florida		ation betved at Elia of Mi	ontin: 1,052	
Contact Person: Patrick Flynn		Contact Per	son's Title: Vice Presider	nt	
Contact Person's Mailing Add	ress: 200 Weathersfield Ave.		nonte Springs	State: Florida	Zip Code: 32714
	umber: (866) 842-8432, Ext. 1359		son's Fax Number: (407)		Zip Code: 32/14
Contact Person's E-Mail Addre	ess: pcflynn@uiwater.com	- Contact i of	son's rax ramber. (407)	807-0701	
B. Water Treatment Plant Inform					
Plant Name: Ravenna Park			Plant Telephone Number	. (866) 842-8432	
Plant Address: 111 Temple D	rive	City: Sanfo	rd	State: Florida	Zip Code: 32773
Type of Water Treated by Plan	nt: Raw Ground Water	D Purchased Finished W		Istate. Horida	Zip Code, 32773
Permitted Maximum Day Open	rating Capacity of Plant, gallons per day: 30	0,000			
Plant Category (per subsection	62-699.310(4), F.A.C.): V		per subsection 62-699.31	0(4) FAC): C	
Licensed Operators	Name	License Class	License Number		Shift(s) Worked
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	
Other Operators:	Barner Cooks	В	22170	Tuesday - Saturo	
	Allan Finch	В	7806	Sunday - Thursd	
	Jim Swegheimer	С	7183	Monday - Friday	
	Nasi i			Tronday Triday	
	Henri I				
	(affin				
II. Certification by Lead/Chief C					
I, the undersigned water treatment	plant operator licensed in Florida, am the lea	nd/chief operator of the water	treatment plant identified	Lin Part Lofthis ren	ort I certify that the
information provided in this report	is true and accurate to the best of my knowle	edge and belief. I certify that	t all drinking water treatm	ent chemicals used a	at this plant conform to
NSF International Standard 60 or o	other applicable standards referenced in subs	ection 62-555.320(3), F.A.C.	Lalso certify that the fol-	lowing additional or	erations records for
this plant were prepared each day t	that a licensed operator staffed or visited this	plant during the month indic	ated above: (1) records of	famounts of chemics	als used and chamical
feed rates; and (2) if applicable, ap	propriate treatment process performance rec	ords. Furthermore, I agree to	retain these additional or	perations records at t	the plant site for at
1 1 -			return these additional of	berations records at i	me plant site for at
	March 1, 2019	Don	Hasty		A 6625
Signature and Date (1)		Printed or Typed Name		License N	
DEP Form 62-555 900(3) Alternate				Z.conse i	TWITTON!

DIVIGI	1 (* 6"	NT 1	2501061				DL NT	D -	D1					
PWS I	S Identification Number: 3591061 Plant Name: Ravenna Park Daily Data for the Month/Year of: February, 2019													
III. Da	ily Data	for the Mo	onth/Year of:		February, 2019									
Means	of Achie	eving Four-I	Log Virus Inact	tivation/Re	moval: *	Free (Chlorine		hlorine Dioxide		Ozone	Coml	oine Chlorine (Chlor	ramines)
Ultr	aviolet Ra	diation		Other (Describe):									
Type o	f Disinfe	ectant Resid	ual Maintained	in Distribu	ution System:	✓	Free Chlorine		Combine Ch	nlorine (Chlo	ramines)		Chlorine Dioxid	e
-71						tions, or UV Dos	e, to Demonstrat	e Four-Lo	<u> </u>	ion, if Applica	able*			
							alculations		<u> </u>	, 11	T	Dose	1	
													1	
						D: : 6	Lowest CT							
					Lowest Residual	Disinfectant Contact Time	Provided Before or						Lowest Residual	
					Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
	Days plant staffed or				Concentration (C)	Measurement	Customer			Minimum	Operating	UV Dose	Concentration at	
Day of	Visited by		Net Quantity of		Before or at First	Point During	During			CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the		Hours Plant in	Finished Water	Peak Flow	Customer During	Peak Flow,	_		pH of Water, if	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	min/L	Water, C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	106,100										1.6	
2	X	24	82,900										1.8	
3		24	95,600											
4	X	24	95,600										2.1	
5	X	24	122,000										1.7	
6	X	24	106,500										2.4	
7	X	24	100,000										1.7	
8	X	24	72,500										2.4	
9	X	24	107,200										1.8	
10		24	102,400											
11	X	24	102,400										1.6	
12	X	24	84,400										2.2	Collected Bactis
13	X	24	115,400										2.4	Conceied Backs
14	X	24	64,300										2.4	
15	X	24	92,700										2.0	
	X	24	111,700										2.0	
16	Λ	24	116,100										2.0	
17	X	24	·										2.4	
18			116,200										2.4	
19	X	24	66,700										2.2	
20	X	24	122,800										2.4	
21	X	24	107,300										2.4	
22	X	24	100,500										2.1	
23	X	24	84,400										2.2	
24		24	98,400											
25	X	24	98,400										2.1	
26	X	24	92,400										2.2	
27	X	24	156,100										2.4	
28	X	24	123,000										2.4	
Total			2,844,000											

101,571

156,100

Average



-	e page 4 for instructions.					
	General Information for the Mo					
Α.	Public Water System (PWS) Infor	rmation				
	PWS Name: Ravenna Park			PWS Identification Num	ber: 3591061	
		nmunity	nmunity \(\Gamma \) Transic	ent Non-Community	Consecutive	
	Number of Service Connections a	t End of Month: 601	Total Popu	lation Served at End of Mo	onth: 2,105	
	PWS Owner: Utilities, Inc. of Flor	rida				
	Contact Person: Patrick Flynn		Contact Per	rson's Title: Vice Presider	nt	
	Contact Person's Mailing Address	: 200 Weathersfield Ave.	City: Altar	nonte Springs	State: Florida	Zip Code: 32714
	Contact Person's Telephone Numb	ber: (866) 842-8432, Ext. 1359	Contact Per	rson's Fax Number: (407)	869-6961	
	Contact Person's E-Mail Address:	pcflynn@uiwater.com				
В.	Water Treatment Plant Informatio	on				
	Plant Name: Ravenna Park			Plant Telephone Number	: (866) 842-8432	
	Plant Address: 111 Temple Drive	2	City: Sanfo	ord	State: Florida	Zip Code: 32773
	Type of Water Treated by Plant:	✓ Raw Ground Water ✓	Purchased Finished W	√ater	•	
	Permitted Maximum Day Operation	ng Capacity of Plant, gallons per day: 379,20	00			
	Plant Category (per subsection 62	-699.310(4), F.A.C.): V	Plant Class	(per subsection 62-699.31	10(4), F.A.C.): C	
	Licensed Operators	Name	License Class	License Number	Day(s)/S	Shift(s) Worked
	Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	
	Other Operators:	Allan Finch	В	7806	Sunday-Thursday	y
		Barner Cooks	С	22170	Tuesday -Saturda	ay
		200				
122			·		,*.	
11.	Certification by Lead/Chief Ope	erator				
I, t	he undersigned water treatment pla	ant operator licensed in Florida, am the lead/c	chief operator of the wate	er treatment plant identified	d in Part I of this repo	ort. I certify that the
int	formation provided in this report is	true and accurate to the best of my knowledg	e and belief. I certify the	at all drinking water treatm	nent chemicals used a	at this plant conform to
		er applicable standards referenced in subsecti				
		t a licensed operator staffed or visited this pla				
		opriate treatment process performance record				
	\	April 8, 2019		n Hasty		A 6625
Sig	gnature and Date / /		Printed or Typed Name		License N	lumber
DEP	Form 62-555.900(3) Alternate					

PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	: Raven	na Park					
III. Da	II. Daily Data for the Month/Year of: March, 2019													
			Log Virus Inac		emoval: *	Free	Chlorine		Chlorine Dioxide	e 🗌	Ozone	Com	bine Chlorine (Chlo	ramines)
	aviolet Ra			Other (
Type o	f Disinfo	ectant Resid	ual Maintained	l in Distrib			Free Chlorine			hlorine (Chlo			Chlorine Dioxid	le
					CT Calculat	ions, or UV Dose	e, to Demonstra	te Four-Lo	g Virus Inactiva	tion, if Applic	able*			
						CT C	alculations	_		1	UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or				T .		Lowest Residual	
	Days plant				Disinfectant Concentration (C)	(T) at C Measurement	at First Customer			Minimum	Lowest Operating	Minimum UV Dose	Disinfectant Concentration at	
Day of	staffed or Visited by		Net Quantity of		Before or at First	Point During	During	Temp.		CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water		Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	62,544					ļ					1.6	
2	X	24	116,553					<u> </u>					2.4	
3		24	114,743											
4	X	24	114,743										2.6	
5	X	24	132,976										2.6	
6	X	24	78,040										2.6	
7	X	24	149,620					-					2.1	
8	X	24	96,977										2.0	
9	X	24	101,432					-					2.2	
10	37	24	119,012										2.2	
11	X	24	119,012					<u> </u>					2.2	
12	X	24	111,175										2.0	
13	X	24	113,522										1.6	Collected Bactis
14	X	24	144,810										1.8	
15 16	X	24	96,522 136,114										1.8 1.6	
17	Λ	24	95,862					1					1.0	
18	X	24	95,861										2.0	
19	X	24	117,560										2.0	
20	X	24	85,653										1.8	
21	X	24	90,355					+					2.0	
22	X	24	87,432					 					1.8	
23	X	24	77,700										1.8	
24	- 11	24	132,700										1.0	
25	X	24	132,700										2.2	
26	X	24	78,377										2.1	
27	X	24	111,612					1				1	2.0	
28	X	24	106,881					1				1	2.4	
29	X	24	127,997					1					2.0	
30	X	24	82,794										2.0	
31		24	114,694					1						
Total	•	Ŧ	3,345,973		-	=	F	-	-		•		.	-

107,935

149,620

Average



see page 4 for instructions.					
I. General Information for the I					
A. Public Water System (PWS) Ir	formation				
PWS Name: Ravenna Park			PWS Identification Num	ber: 3591061	
PWS Type:	ommunity	ommunity Transier	nt Non-Community	Consecutive	
Number of Service Connection	s at End of Month: 601	Total Popula	ation Served at End of Mo	onth: 2,105	
PWS Owner: Utilities, Inc. of I	Florida				
Contact Person: Patrick Flynn		Contact Pers	son's Title: Vice Presider	nt	
Contact Person's Mailing Addr		City: Altam	onte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Nu	ımber: (866) 842-8432, Ext. 1359	Contact Pers	son's Fax Number: (407)		
Contact Person's E-Mail Addre	ss: pcflynn@uiwater.com				
B. Water Treatment Plant Informa	ntion				
Plant Name: Ravenna Park			Plant Telephone Number	: (866) 842-8432	
Plant Address: 111 Temple Dr		City: Sanfo	rd	State: Florida	Zip Code: 32773
Type of Water Treated by Plan			ater		
	ating Capacity of Plant, gallons per day: 379,	,200			
Plant Category (per subsection	62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.31	0(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number		Shift(s) Worked
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	y
Other Operators:	Barner Cooks	В	22170	Tuesday - Saturo	day
	Allan Finch	В	7806	Sunday - Thursd	lay
March Salva Assay hasu	Jim Swegheimer	C	7183	Monday - Friday	y
	100				
	1 R				
	EDOLH				
	Ev. 5				
II. Certification by Lead/Chief C					
I, the undersigned water treatment	plant operator licensed in Florida, am the lead	I/chief operator of the water	treatment plant identified	l in Part I of this rep	ort. I certify that the
information provided in this report	is true and accurate to the best of my knowled	dge and belief. I certify that	t all drinking water treatm	ent chemicals used	at this plant conform to
NSF International Standard 60 or o	other applicable standards referenced in subsec	ction 62-555.320(3), F.A.C.	I also certify that the fol	lowing additional o	perations records for
this plant were prepared each day t	hat a licensed operator staffed or visited this p	plant during the month indic	ated above: (1) records of	f amounts of chemic	cals used and chemical
feed rates; and (2) If applicable, ap	propriate treatment process performance reco	rds. Furthermore, I agree to	retain these additional o	perations records at	the plant site for at
1 / //					
	May 1, 2019		Hasty		A 6625
Signature and Date		Printed or Typed Name		License N	Number
DEP Form 62-555,900(3) Alternate					

PWS I	dentifica	tion Numbe	er: 3591061				Plant Name	: Raven	na Park					
III. Da	II. Daily Data for the Month/Year of: April, 2019													
Means	of Achi	eving Four-l	Log Virus Inac	tivation/Re	emoval: *	Free (Chlorine		Chlorine Dioxide	e	Ozone	Coml	oine Chlorine (Chlo	ramines)
	aviolet Ra			Other (
Type o	f Disinfo	ectant Resid	ual Maintaineo	d in Distrib	oution System:	✓	Free Chlorine		Combine Cl	nlorine (Chlo	ramines)		Chlorine Dioxid	le
					CT Calculat	ions, or UV Dose	e, to Demonstra	te Four-Lo	g Virus Inactiva	tion, if Appli	cable*			
						CT C	alculations				UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
	Days				Lowest Residual	Contact Time	Before or						Lowest Residual	
	plant				Disinfectant	(T) at C	at First	Т		M::	Lowest	Minimum	Disinfectant	
Day of	staffed or		Net Quantity of		Concentration (C) Before or at First	Measurement Point During	Customer During	Temp.		Minimum CT	Operating UV Dose,	UV Dose Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Visited by Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	Water,	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation		Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	С	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	115,015										1.7	
2	X	24	110,924										2.0	
3	X	24	152,506										2.4	
4	X	24	71,314										2.4	
5	X	24	128,899										2.2	
6	X	24	104,863										2.2	
7		24	104,190											
8	X	24	104,101										2.0	
9	X	24	91,852										1.9	
10	X	24	121,825										2.4	
11	X	24	85,848										1.8	
12	X	24	126,105										1.9	
13	X	24	112,872										2.0	
14		24	107,498											
15	X	24	107,498										2.4	Collected Bactis
16	X	24	100,670										1.8	
17	X	24	124,544										2.2	
18	X	24	118,400										2.0	
19	X	24	139,200										2.2	
20	X	24	108,000										2.4	
21		24	104,600											
22	X	24	104,600										2.0	
23	X	24	106,700										2.2	
24	X	24	135,300										2.1	
25	X	24	123,835										2.0	
26	X	24	107,664										2.2	
27	X	24	141,548										2.0	
28		24	120,007											
29	X	24	120,007										2.0	
30	X	24	139,899										2.2	
Total			3,440,284											

114,676

152,506

Average



	page i for motivettons.						
	General Information for the Mon		9				
A.	Public Water System (PWS) Inform	nation					
	PWS Name: Ravenna Park				PWS Identification Numb	er: 3591061	
	PWS Type:	nunity	-Community	☐ Transie	nt Non-Community	Consecutive	
	Number of Service Connections at	End of Month: 601		Total Popul	lation Served at End of Mo	onth: 2,105	
	PWS Owner: Utilities, Inc. of Flor	ida					
	Contact Person: Patrick Flynn			Contact Per	son's Title: Vice Presiden	t	
	Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altan	nonte Springs	State: Florida	Zip Code: 32714
	Contact Person's Telephone Numb	er: (866) 842-8432, Ext. 1359		Contact Per	son's Fax Number: (407) 8	369-6961	
	Contact Person's E-Mail Address:	pcflynn@uiwater.com					
В.	Water Treatment Plant Information	1					
	Plant Name: Ravenna Park				Plant Telephone Number:	(866) 842-8432	
	Plant Address: 111 Temple Drive			City: Sanfo	ord	State: Florida	Zip Code: 32773
	Type of Water Treated by Plant:	Raw Ground Water	I Purchas	ed Finished W	/ater		
Ì	Permitted Maximum Day Operatin	g Capacity of Plant, gallons per day: 3	79,200				
	Plant Category (per subsection 62-	699.310(4), F.A.C.): V		Plant Class	(per subsection 62-699.31	0(4), F.A.C.): C	
	Licensed Operators	Name	Lice	ise Class	License Number	Day(s)/s	Shift(s) Worked
	Lead/Chief Operator:	Don Hasty		A	6625	Monday - Friday	/
	Other Operators:	Barner Cooks		В	22170	Tuesday - Saturo	day
		Allan Finch		В	7806	Sunday - Thurse	lay
		Jim Swegheimer		C	7183	Monday - Friday	/
			- 1				
	Certification by Lead/Chief Oper						
I, t	he undersigned water treatment plan	nt operator licensed in Florida, am the l	ead/chief operat	or of the wate	r treatment plant identified	l in Part I of this rep	ort. I certify that the
inf	ormation provided in this report is t	rue and accurate to the best of my know	vledge and belie	f. I certify tha	at all drinking water treatm	ent chemicals used	at this plant conform to
NS	F International Standard 60 or othe	r applicable standards referenced in sub	osection 62-555.	320(3), F.A.C	C. I also certify that the fol	lowing additional o	perations records for
this	s plant were prepared each day that	a licensed operator staffed or visited th	is plant during t	he month indi	cated above: (1) records or	f amounts of chemic	cals used and chemical
fee	d rates; and (2) if applicable, appro	priate treatment process performance re	ecords. Furthern	nore, l agree t	to retain these additional or	perations records at	the plant site for at
	$I \subset I$			_			
_	la la	June 6, 2019			n Hasty		A 6625
-	nature and Date		Printed or	Typed Name		License 1	Number
DEP	Form 62-555 (3) Alternate						

							T .							
PWS Io	S Identification Number: 3591061 Plant Name: Ravenna Park													
	. Daily Data for the Month/Year of: May, 2019													
			Log Virus Inact			Free 0	Chlorine		Chlorine Dioxide		Ozone	Comb	oine Chlorine (Chlo	ramines)
	aviolet Ra		ual Maintained		Describe):	[7]	Free Chlorine	Г	Combine C	hlorine (Chlo	ramines\		Chlorine Dioxid	lo.
Type of	I Disinte	ectant Resid	uai Maintained	i in Distrib						•			Chiorine Dioxid	e I
					C1 Calculati	ions, or UV Dose	alculations	e rour-Lo	g virus inactivat	non, ii Applic		Dose		
						CIC	alculations				UV	Dose		
							Lowest CT							
					Lowest Desider 1	Disinfectant	Provided						Lauret D. 11. 1	
					Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First				Lowest	Minimum	Lowest Residual Disinfectant	
	Days plant staffed or				Concentration (C)	Measurement	Customer			Minimum	Operating	UV Dose	Concentration at	
Day of	Visited by		Net Quantity of		Before or at First	Point During	During	Temp.		CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month		in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	162,855										1.8	
2	X	24	119,145										2.4	
3	X	24	80,600										2.0	
4	X	24	115,752										2.0	
5		24	118,696											
6	X	24	118,696										1.8	
7	X	24	109,773										1.8	
8	X	24	118,595										1.8	
9	X	24	152,390										2.3	
10	X	24	94,857										2.1	
11	X	24	118,964										2.0	
12		24	134,726											
13	X	24	134,726										1.8	
14	X	24	93,700										1.8	
15	X	24	122,600										1.8	
16	X	24	107,900										1.6	
17	X	24	150,348										2.0	
18	X	24	100,576										2.2	
19		24	135,637					ļ						
20	X	24	135,637										1.3	Collected Bactis
21	X	24	138,261										1.5	
22	X	24	160,728										1.7	
23	X	24	178,500										1.9	
24	X	24	110,400										2.0	
25	X	24	156,066										2.2	
26		24	192,150											
27	X	24	192,150										1.0	
28	X	24	129,203										1.9	
29	X	24	170,912					ļ					1.7	
30	X	24	116,500										2.0	
31	X	24	113,201										1.8	
Total			4,084,244											

131,750

192,150

Average



page 101 in						
	mation for the Mo					
	System (PWS) Info	rmation		Ferrenz		
PWS Name: F				PWS Identification Number		
PWS Type:		nmunity	11 33 75 75 75 75 75 75 75 75 75 75 75 75 75	nt Non-Community	Consecutive	
		t End of Month: 601	Total Popul	ation Served at End of Mo	onth: 2,105	
	Jtilities, Inc. of Flo	rida				
	: Patrick Flynn			son's Title: Vice Presiden		
		: 200 Weathersfield Ave.		nonte Springs	State: Florida	Zip Code: 32714
		ber: (866) 842-8432, Ext. 1359	Contact Per	son's Fax Number: (407) 8	369-6961	
		pcflynn@uiwater.com				
	ent Plant Information	on				
Plant Name: F				Plant Telephone Number:	(866) 842-8432	
	111 Temple Drive		City: Sanfo		State: Florida	Zip Code: 32773
	Treated by Plant:	Raw Ground Water	,	ater		1011
		ng Capacity of Plant, gallons per day: 379,2	200			
		-699.310(4), F.A.C.): V	Plant Class	(per subsection 62-699.31	0(4), F.A.C.): C	
	ed Operators	Name	License Class	License Number	Day(s)/S	Shift(s) Worked
	hief Operator:	Don Hasty	A	6625	Monday - Friday	1
Othe	r Operators:	Barner Cooks	В	22170	Tuesday - Saturo	day
		Allan Finch	В	7806	Sunday - Thursd	ay
		Jim Swegheimer	C	7183	Monday - Friday	/
II. Certification b	y Lead/Chief Ope	rator				
I, the undersigned	water treatment pla	int operator licensed in Florida, am the lead	chief operator of the water	r treatment plant identified	in Part I of this rep	ort. I certify that the
information provic	led in this report is	true and accurate to the best of my knowled	lge and belief. I certify tha	t all drinking water treatm	ent chemicals used:	at this plant conform to
NSF International	Standard 60 or other	er applicable standards referenced in subsec	tion 62-555.320(3), F.A.C	. I also certify that the fol	lowing additional or	perations records for
this plant were pre	pared each day that	a licensed operator staffed or visited this p	lant during the month indic	cated above: (1) records of	amounts of chemic	als used and chemical
feed rates; and (2)	ifapplicable, appro	opriate treatment process performance recor	ds. Furthermore, I agree to	o retain these additional or	perations records at	the plant site for at
	- /// -	- American		The state of the s		p.mir bite for at
	2 11	July 1, 2019	Dor	n Hasty		A 6625
Signature and Date		*	Printed or Typed Name		License N	
DEP Form 62-555.900(3) Alte	1 1		31		2.001.00 (

PWS I	dentifica	ation Numbe	er: 3591061				Plant Name	: Raver	ına Park					
III. Da	III. Daily Data for the Month/Year of: June, 2019													
Means	of Achi	eving Four-	Log Virus Inac	tivation/Re	emoval: *	Free	Chlorine		Chlorine Dioxide	e	Ozone	Com	bine Chlorine (Chlo	oramines)
	aviolet R			Other (
Type o	f Disinf	ectant Resid	ual Maintaineo	l in Distrib			Free Chlorine		Combine C				Chlorine Dioxid	de T
					CT Calculat	ions, or UV Dose		te Four-Lo	g Virus Inactiva	tion, if Appli				
					1	CT C	alculations	I	1	1	UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
	Days				Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First				Lowest	Minimum	Lowest Residual Disinfectant	
	plant				Concentration (C)	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	Concentration at	
Day of	staffed or Visited by		Net Quantity of		Before or at First	Point During	During	of		CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant			Customer During	Peak Flow,	Peak Flow,	Water,	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	С	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	129,815										1.8	
2		24	136,200											
3	X	24	136,341										1.6	
4	X	24	136,300										1.7	
5	X	24	211,700										2.0	
6	X	24	80,800										2.0	
7	X	24	105,800										1.7	
8	X	24	143,000										1.6	
9		24	124,200											
10	X	24	124,200										1.5	
11	X	24	127,800										1.7	
12	X	24	91,000										2.0	
13	X	24	92,100										1.8	
14	X	24	95,700										1.9	
15	X	24	100,600										1.6	
16		24	109,500											
17	X	24	109,500										2.1	
18	X	24	108,700										2.8	
19	X	24	90,000										2.1	
20	X	24	75,600										1.7	
21	X	24	117,400										2.0	
22	X	24	89,300										1.8	
23		24	131,500										1.0	
24	X	24	131,500										1.8	
25	X	24	89,800										1.6	Collected Bactis
26	X	24	95,800		ļ								1.7	
27	X	24	148,600										1.8	
28	X	24	87,200										2.2	
29	X	24	145,200										2.0	
30 T 11		24	122,000		<u> </u>								<u> </u>	
Total			3,487,156											
Averag	ge		116,239	l										

Page 2



I. General Information for the Mo	onth/Year of: July, 2019			·	
A. Public Water System (PWS) Info	rmation				
PWS Name: Ravenna Park			PWS Identification Numb	er: 3591061	
PWS Type:	nmunity	nmunity $ extstyle extsty$	nt Non-Community	Consecutive	
Number of Service Connections	at End of Month: 611	Total Popul	lation Served at End of Mo	onth: 2,138	
PWS Owner: Utilities, Inc. of Flo	orida				
Contact Person: Patrick Flynn		Contact Per	son's Title: Vice Presiden	t	
Contact Person's Mailing Addres	s: 200 Weathersfield Ave.	City: Altan	nonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Num		Contact Per	son's Fax Number: (407) 8	369-6961	
Contact Person's E-Mail Address	: pcflynn@uiwater.com				
B. Water Treatment Plant Information	on				
Plant Name: Ravenna Park	J		Plant Telephone Number:		
Plant Address: 111 Temple Driv	e	City: Sanfo		State: Florida	Zip Code: 32773
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished W	/ater		
	ing Capacity of Plant, gallons per day: 379,2				
Plant Category (per subsection 63	2-699.310(4), F.A.C.): V	Plant Class	(per subsection 62-699.31		
Licensed Operators	Name	License Class	License Number		Shift(s) Worked
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	
Other Operators:	Barner Cooks	В	22170	Tuesday - Saturo	
	Allan Finch	В	7806	Sunday - Thursd	
	Jim Swegheimer	С	7183	Monday - Friday	У
	68				
TRACTOR RESIDENCE MANAGEMENT					
	450				
II. Certification by Lead/Chief Op	erator				
I, the undersigned water treatment p	ant operator licensed in Florida, am the lead/	chief operator of the wate	er treatment plant identified	l in Part I of this rep	oort. I certify that the
information provided in this report is	s true and accurate to the best of my knowled	ge and belief. I certify the	at all drinking water treatm	ent chemicals used	at this plant conform to
NSF International Standard 60 or otl	ner applicable standards referenced in subsec	tion 62-555.320(3), F.A.C	I also certify that the fol	llowing additional o	perations records for
this plant were prepared each day that	at a licensed operator staffed or visited this p	lant during the month indi	cated above: (1) records o	f amounts of chemic	cals used and chemical
feed rates; and (2) if applicable, app	ropriate treatment process performance recor	ds. Furthermore, I agree	to retain these additional o	perations records at	the plant site for at
12011	August 1, 2019		n Hasty		A 6625
Signature and Date		Printed or Typed Name		License	Number

PWS I	PWS Identification Number: 3591061 Plant Name: Ravenna Park													
	III. Daily Data for the Month/Year of: July, 2019													
	Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combine Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):													
				Other (
Type o	f Disinfe	ectant Resid	ual Maintained	in Distrib			Free Chlorine			nlorine (Chlo			Chlorine Dioxic	e
					CT Calculate	ions, or UV Dose	, to Demonstrat	te Four-Lo	g Virus Inactivat	tion, if Applic				
						CT C	alculations				UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
Day of	staffed or		Net Quantity of		Concentration (C) Before or at First	Measurement Point During	Customer During	Temp.		Minimum CT	Operating UV Dose,	UV Dose	Concentration at Remote Point in	Emanganay on Ahmanmal Onantina Conditional Panair on
Day of the	Visited by Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	Required, mW-	Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes		Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	122,000		Ū								1.6	
2	X	24	83,000										2.1	
3	X	24	99,900										1.8	
4	X	24	123,200										1.8	
5	X	24	106,800										1.4	
6	X	24	108,300										1.4	
7		24	122,000											
8	X	24	122,100										1.6	
9	X	24	87,400										1.8	
10	X	24	89,100										1.6	
11	X	24	91,900										1.8	
12	X	24	100,800										1.6	
13	X	24	108,700										1.8	
14		24	108,000											
15	X	24	108,000										1.7	
16	X	24	105,900										1.9	
17	X	24	134,800										1.4	Collected Bactis
18	X	24	106,600										1.8	
19	X	24	85,300										1.4	
20	X	24	108,100										2.2	
21		24	112,400											
22	X	24	112,400										1.9	
23	X	24	149,100										1.6	
24	X	24	68,600										2.0	
25	X	24	123,900										1.7	
26	X	24	110,400										1.6	
27	X	24	138,500										1.4	
28		24	120,800										4 -	
29	X	24	120,800										1.6	
30	X	24	108,300										1.4	
31	X	24	70,000										1.6	
Total			3,357,100	1										

108,294

149,100

Average



See page 4 for instructions.

see page 4 for matructions.					
l. General Information for the Mon	3,				
A. Public Water System (PWS) Inform	nation	0			
PWS Name: Ravenna Park			PWS Identification Numb	per: 3591061	
	nunity	munity Transier	nt Non-Community	Consecutive	
Number of Service Connections at	End of Month: 611	Total Popula	ation Served at End of Mo	onth: 2,138	
PWS Owner: Utilities, Inc. of Flori	da				
Contact Person: Patrick Flynn		Contact Pers	son's Title: Vice Presiden	t	
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altam	onte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number	er: (866) 842-8432, Ext. 1359	Contact Pers	son's Fax Number: (407) 8	369-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				
B. Water Treatment Plant Information					
Plant Name: Ravenna Park			Plant Telephone Number:	(866) 842-8432	
Plant Address: 111 Temple Drive		City: Sanfo	rd	State: Florida	Zip Code: 32773
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished Wa	ater		
	g Capacity of Plant, gallons per day: 379,200	0			
Plant Category (per subsection 62-6	599.310(4), F.A.C.): V	Plant Class ((per subsection 62-699.31	0(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/S	Shift(s) Worked
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	/
Other Operators:	Barner Cooks	В	22170	Tuesday - Saturo	lay
	Allan Finch	В	7806	Sunday - Thursd	lay
	Jim Swegheimer	C	7183	Monday - Friday	/
I. Certification by Lead/Chief Oper					
, the undersigned water treatment plan	t operator licensed in Florida, am the lead/ch	nief operator of the water	treatment plant identified	l in Part I of this rep	ort. I certify that the
nformation provided in this report is tr	rue and accurate to the best of my knowledge	e and belief. I certify that	t all drinking water treatm	ent chemicals used	at this plant conform to
	applicable standards referenced in subsection				
	a licensed operator staffed or visited this plar				
eed rates; and (2) if applicable, appror	priate treatment process performance records	s. Furthermore, I agree to	o retain these additional or	perations records at	the plant site for at
1) //		F	TT .		
	September 3, 2019		n Hasty		A 6625
Signature and Date		Printed or Typed Name		License N	Number
EP Form 62-555 900(3) Alternate					

Page 1

							T .							
PWS I	PWS Identification Number: 3591061 Plant Name: Ravenna Park													
III. Daily Data for the Month/Year of: Aug, 2019														
	Means of Achieving Four-Log Virus Inactivation/Removal: *													
			ual Maintained				Free Chlorine	[Combine Cl	hlorine (Chlo	ramines)		Chlorine Dioxid	
Турс о	Distille	Ctant Resid		i ili Distrio		ions, or UV Dose				•				T
					C1 Calculati		alculations	ie Pour-Lo	g virus mactivat	поп, п Аррис		Dose		
					l	CIC					UV	Dose		
							Lowest CT							
					Lawast Dasidual	Disinfectant Contact Time	Provided Before or						I D: -l1	
					Lowest Residual Disinfectant	(T) at C	at First				Lowest	Minimum	Lowest Residual Disinfectant	
	Days plant staffed or				Concentration (C)	Measurement	Customer			Minimum	Operating	UV Dose	Concentration at	
Day of	Visited by		Net Quantity of		Before or at First	Point During	During	Temp.		CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month		in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	115,000										1.8	
2	X	24	116,400										1.5	
3	X	24	100,100										1.2	
4		24	99,800											
5	X	24	99,800										1.5	
6	X	24	100,300										1.5	Collected Bactis
7	X	24	115,300										1.1	
8	X	24	84,100										1.7	
9	X	24	104,900										1.5	
10	X	24	110,609										1.6	
11		24	117,358											
12	X	24	103,000										1.5	
13	X	24	100,300										2.0	
14	X	24	96,900										1.6	
15	X	24	94,966										1.5	
16	X	24	120,379										1.5	
17	X	24	123,774										1.4	
18		24	116,655											
19	X	24	116,655										1.6	
20	X	24	89,857										1.4	
21	X	24	100,916										1.6	
22	X	24	148,506										1.4	
23	X	24	111,836										1.7	
24	X	24	100,438										1.6	
25		24	116,400											
26	X	24	116,400										1.8	
27	X	24	167,100										1.2	
28	X	24	87,900										1.5	
29	X	24	109,200										1.6	
30	X	24	116,300										1.5	
31	X	24	125,300										1.2	
Total			3,426,449		-		-	•			•	•	-	,

110,531

167,100

Average



	General Information for the Mon	th/Year of: Sept, 2019					
	Public Water System (PWS) Inform						
	PWS Name: Ravenna Park	nation		D	WS Identification Numb	ar: 2501061	
,		nunity	munity [Non-Community	Consecutive	
	Number of Service Connections at	(95 -6)			ion Served at End of Mo		
	PWS Owner: Utilities, Inc. of Flori			otal Populat	ion served at End of Mo	ntn: 2,138	
	Contact Person: Patrick Flynn	ua	Ic	Santaat Dawas	on's Title: Vice President		
	Contact Person's Mailing Address:	200 Weathersfield Ave					Test of 1 and 1
	Contact Person's Telephone Number			ity: Altamo		State: Florida	Zip Code: 32714
	Contact Person's E-Mail Address:			ontact Perso	on's Fax Number: (407) 8	69-6961	
	Water Treatment Plant Information						
	Plant Name: Ravenna Park			In	1 Televilene N. 1	(0//) 040 0400	
	Plant Address: 111 Temple Drive		Ic		lant Telephone Number:		Territor de la casa de
	Type of Water Treated by Plant:	✓ Raw Ground Water ✓		ity: Sanford		State: Florida	Zip Code: 32773
ŀ	Parmitted Maximum Day Organia		Purchased F	Finished Wat	er		
ŀ	Plant Catagory (nor subsection 62.6	g Capacity of Plant, gallons per day: 379,20		1 . 01	1 1 10 100 011		
ŀ	Plant Category (per subsection 62-6		I P	lant Class (p	er subsection 62-699.310		
ŀ	Licensed Operators	Name	License (Class	License Number		Shift(s) Worked
ŀ	Lead/Chief Operator:	Don Hasty	A	<u> </u>	6625	Monday - Friday	
-	Other Operators:	Barner Cooks	В		22170	Tuesday - Saturo	
ŀ		Allan Finch	В		7806	Sunday - Thursd	lay
ŀ							
ŀ							
ŀ							
H							
ŀ							
L	Extended the second of the sec						
	a						
	Certification by Lead/Chief Oper						
I, th	e undersigned water treatment plan	t operator licensed in Florida, am the lead/c	hief operator o	f the water to	reatment plant identified	in Part I of this rep	ort. I certify that the
info	rmation provided in this report is tr	ue and accurate to the best of my knowledge	e and belief. I	certify that a	all drinking water treatme	ent chemicals used a	at this plant conform to
NSI	FInternational Standard 60 or other	applicable standards referenced in subsection	on 62-555.320	(3), F.A.C.	I also certify that the foll	owing additional or	perations records for
this	plant were prepared each day that a	a licensed operator staffed or visited this pla	int during the m	nonth indicat	ted above: (1) records of	amounts of chemic	als used and chemical
feed	l rates; and (2) if applicable, approp	oriate treatment process performance records	s. Furthermore	e, I agree to r	etain these additional on	erations records at	the plant site for at
	\sim 11				ор	The state of the s	the plant site for at
	In lat	October 1, 2019		Don I	Hasty		A 6625
Sigr	nature and Date		Printed or Typ			License N	
DEP F	orm 62-555 900(3) Alternate		, ,			E. Control 1	

PWS I	PWS Identification Number: 3591061 Plant Name: Ravenna Park													
III. Daily Data for the Month/Year of: Sept, 2019														
Means	Means of Achieving Four-Log Virus Inactivation/Removal: *													
	violet Rad			Other (
Type of	f Disinfe	ectant Resid	ual Maintainec	l in Distrib	•		ree Chlorine	[Combine Ch		•	[Chlorine Dioxide	2
					CT Calculat	ions, or UV Dose	, to Demonstrat	te Four-Lo	g Virus Inactiva	tion, if Applic	able*			
					ī	CT C	alculations	T		1	UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or				T	Minimum	Lowest Residual	
	Days plant				Disinfectant Concentration (C)	(T) at C Measurement	at First Customer	Temp.		Minimum	Lowest Operating	Minimum UV Dose	Disinfectant Concentration at	
Day of	staffed or Visited by		Net Quantity of		Before or at First	Point During	During	of		CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	Water,	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1		24	120,300											
2	X	24	120,300										0.7	
3	X	24	99,300										0.9	
4	X	24	106,400										1.0	
5	X	24	90,900										2.1	
6	X	24	163,100										2.0	
7	X	24	55,400										2.2	
8		24	152,700											
9	X	24	152,700										2.2	
10	X	24	108,000										2.0	
11	X	24	117,800										1.8	
12	X	24	81,500										1.8	
13	X	24	103,800										2.0	
14	X	24	120,800										2.0	
15	37	24	111,500										1.4	
16	X	24	111,500										1.4	
17	X	24	117,700										1.7	
18 19	X	24 24	97,900 151,800										1.1 1.6	
20	X	24	75,600										1.6	
20	X	24	121,500										1.6	
22	Λ	24	121,500										1.0	
23	X	24	122,500										1.7	
24	X	24	154,300										1.8	
25	X	24	109,100										1.7	
26	X	24	66,880										1.5	Collected Bactis
27	X	24	66,600										1.5	Conceind Dates
28	X	24	111,100										1.6	
29	- 1	24	133,600										1.0	
30	X	24	133,600										1.2	
Total			3 400 680		<u>I</u>	<u> </u>				ı			1.2	ı

109,699

163,100

Average



I. (General Information for the Mo	nth/Year of: October, 2019									
Α.	Public Water System (PWS) Infor	rmation									
	PWS Name: Ravenna Park			PWS Identification Numb	er: 3591061						
ſ	PWS Type: ✓ Con	nmunity	nunity	nt Non-Community	Consecutive						
ſ	Number of Service Connections a	t End of Month: 611	Total Population Served at End of Month: 2,138								
ſ	PWS Owner: Utilities, Inc. of Flo	rida									
	Contact Person: Patrick Flynn		Contact Pers	son's Title: Vice President							
- 1	Contact Person's Mailing Address		City: Altam	onte Springs	State: Florida Zip Code: 32714						
-	Contact Person's Telephone Number		Contact Pers	son's Fax Number: (407) 8	69-6961						
	Contact Person's E-Mail Address:										
	Water Treatment Plant Information	on									
	Plant Name: Ravenna Park			Plant Telephone Number:	(866) 842-8432						
- 4	Plant Address: 111 Temple Drive		City: Sanfor	rd	State: Florida Zip Code: 32773						
	Type of Water Treated by Plant:	▼ Raw Ground Water □	Purchased Finished Wa	ater							
		ng Capacity of Plant, gallons per day: 379,200									
	Plant Category (per subsection 62			(per subsection 62-699.310	0(4), F.A.C.): C						
- 1	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
Į.	Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday						
	Other Operators:	Jim Swegheimer	С	7183	Monday - Friday						
- 1		Barner Cooks	В	22170	Tuesday - Saturday						
- 1		Allan Finch	В	7806	Sunday - Thursday						
Į.											
Į.											
Į.											
Į.											
L											
	Certification by Lead/Chief Ope										
I, th	e undersigned water treatment pla	int operator licensed in Florida, am the lead/ch	ief operator of the water	treatment plant identified	in Part I of this report. I certify that the						
into	rmation provided in this report is	true and accurate to the best of my knowledge	and belief. I certify that	t all drinking water treatme	ent chemicals used at this plant conform to						
NSF	· International Standard 60 or other	er applicable standards referenced in subsectio	on 62-555.320(3), F.A.C.	. I also certify that the foll	owing additional operations records for						
this	plant were prepared each day that	t a licensed operator staffed or visited this plar	nt during the month indic	cated above: (1) records of	amounts of chemicals used and chemical						
this feed	plant were prepared each day that	t a licensed operator staffed or visited this plar operate treatment process performance records	nt during the month indic	cated above: (1) records of o retain these additional op	amounts of chemicals used and chemical perations records at the plant site for at						
this feed	plant were prepared each day that	t a licensed operator staffed or visited this plar opriate treatment process performance records	nt during the month indic Furthermore, I agree to	o retain these additional op	perations records at the plant site for at						
feed	plant were prepared each day that	ta licensed operator staffed or visited this plar opriate treatment process performance records November 5, 2019	nt during the month indic Furthermore, I agree to	eated above: (1) records of pretain these additional op Hasty	amounts of chemicals used and chemical perations records at the plant site for at A 6625 License Number						

		• • • • • •	• · — · · · · · · ·	••••	. • •				., •			•		
PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	: Raven	ına Park					
III. Da	aily Data	a for the Mo	onth/Year of:		Oct, 2019									
	Means of Achieving Four-Log Virus Inactivation/Removal: *													
	aviolet Ra			Other (0200		(0	
			ual Maintained			[J]	Free Chlorine		Combine Ch	olorine (Chlor	ramines)		Chlorine Dioxid	P
Type C	Disilit	Cetain Resid	l wantanica	l III District		tions, or UV Dose						·		<u>-</u>
					C1 Calcula		Calculations	e rour E	og virus inactiva	aton, ii rippin		Dose	1	
					1	1		I		1	0 1	Dosc	-	
						Disinfectant	Lowest CT Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days				Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
	plant staffed or				Concentration (C)	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	Concentration at	
Day of	Visited by		Net Quantity of		Before or at First	Point During	During	of		CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water		Customer During	Peak Flow,	Peak Flow, mg		pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	min/L	С	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	110,500										1.6	
2	X	24	119,000										2.2	
3	X	24	122,367										2.2	Collected Bactis
4	X	24	122,800										1.9	
5	X	24	125,100										2.0	
6		24	112,900											
7	X	24	113,000										2.1	
8	X	24	96,500										2.0	
9	X	24	86,400										2.1	
10	X	24	108,600										2.1	
11	X	24	108,200										2.2	
12	X	24	128,000										2.0	
13		24	108,000											
14	X	24	108,000										2.0	
15	X	24	115,600										1.5	
16	X	24	124,800										2.1	
17	X	24	135,200										1.8	
18	X	24	67,400										2.0	
19	X	24	98,200										2.0	
20		24	106,100											
21	X	24	106,100										2.0	
22	X	24	95,300										2.1	
23	X	24	128,800										1.8	
24	X	24	102,900										2.0	
25	X	24	75,200										1.9	
26	X	24	111,500										1.6	
27		24	108,700											
28	X	24	108,700										2.1	
29	X	24	98,100										1.8	
30	X	24	114,100										2.0	
31	X	24	109,900										1.8	
Total			3,375,967		-	-						•	-	•
Averag	ge		108,902	1										

135,200



	page i for instructions.				
	General Information for the Mon		19		
A.	Public Water System (PWS) Inform	nation			
	PWS Name: Ravenna Park			PWS Identification Number	per: 3591061
		nunity		nt Non-Community	☐ Consecutive
	Number of Service Connections at		Total Popul	ation Served at End of Mo	onth: 2,138
	PWS Owner: Utilities, Inc. of Flor	ida			
	Contact Person: Patrick Flynn		Contact Per	son's Title: Vice Presiden	t
	Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altam	nonte Springs	State: Florida Zip Code: 32714
	Contact Person's Telephone Numb	er: (866) 842-8432, Ext. 1359	Contact Per	son's Fax Number: (407) 8	
	Contact Person's E-Mail Address:	pcflynn@uiwater.com	***		
В.	Water Treatment Plant Information	1			
	Plant Name: Ravenna Park			Plant Telephone Number:	(866) 842-8432
	Plant Address: 111 Temple Drive		City: Sanfo	rd	State: Florida Zip Code: 32773
	Type of Water Treated by Plant:	✓ Raw Ground Water ✓	Purchased Finished W	ater	
	Permitted Maximum Day Operatin	g Capacity of Plant, gallons per day: 379,20	00		
	Plant Category (per subsection 62-	699.310(4), F.A.C.): V		(per subsection 62-699.31	0(4), F.A.C.): C
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday
	Other Operators:	Jim Swegheimer	С	7183	Monday - Friday
		Barner Cooks	В	22170	Tuesday - Saturday
		Allan Finch	В	7806	Sunday - Thursday
II.	Certification by Lead/Chief Open	ator			
		nt operator licensed in Florida, am the lead/c	chief operator of the water	r treatment plant identified	in Part Lof this report. Legrify that the
		rue and accurate to the best of my knowledg			
NS	F International Standard 60 or other	r applicable standards referenced in subsecti	ion 62 - 555 320(3). F.A.C.	Lalso certify that the fol	lowing additional operations records for
		a licensed operator staffed or visited this pla			
fee	d rates: and (2) if applicable, approx	priate treatment process performance record	s Furthermore Lagree to	o retain these additional or	parations records at the plant site for at
100	a rates, and (2) it applicable, approp	briate treatment process performance record	is. Turtifermore, Tagree to	o retain these additional of	berations records at the plant site for at
	120/10	December 2, 2019	Dor	n Hasty	A 6625
Sig	nature and Date		Printed or Typed Name		License Number
_	Form 62-555 900(3) Alternate		or Typour tuttle		Diceise Humber

PWS Identification Number: 3591061 Plant Name: Ravenna Park														
III. Daily Data for the Month/Year of: November, 2019														
			Log Virus Inac			☐ Free C	hlorine	☐ C	hlorine Dioxide		Ozone	☐ Comb	ine Chlorine (Chlor	amines)
	aviolet Rad			Other (D										
Type o	f Disinfe	ctant Resid	ual Maintained	l in Distrib			ree Chlorine		Combine Ch				Chlorine Dioxide	2
					CT Calculati			e Four-Lo	g Virus Inactivation, if Applicable*					
					-	CT C	alculations	T	•		UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First				Lowest	Minimum	Lowest Residual Disinfectant	
	Days plant				Concentration (C)	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	Concentration at	
Day of	staffed or Visited by		Net Quantity of		Before or at First	Point During	During	of		CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	Water,	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	С	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	96,100										2.0	
2	X	24	127,400										1.8	
3	X	24 24	114,100 114,100										2.1	
5	X	24	100,900										2.1	
6	X	24	100,900										1.8	
7	X	24	104,300										1.8	
8	X	24	92,200										2.1	
9	X	24	123,500										2.0	
10	21	24	101,800										2.0	
11	X	24	101,800										2.0	
12	X	24	133,800										1.8	
13	X	24	123,600										2.0	
14	X	24	62,100										2.0	Collected bactis
15	X	24	105,300										1.8	
16	X	24	121,700										1.8	
17		24	120,200											
18	X	24	120,100										1.8	
19	X	24	96,600										1.4	
20	X	24	106,300										1.8	
21	X	24	115,800										1.6	
22	X	24	71,400										1.4	
23	X	24	127,200										1.4	
24	37	24	101,600										1.4	
25	X	24	101,600										1.4	
26 27	X	24 24	89,400 100,200										1.7 1.7	
28	X	24	113,200										2.0	
28	X	24	105,500										1.8	
30	X	24	114,900										1.4	
Total	71	∠¬	3,215,200					l	<u>I</u>		<u> </u>		1.7	

103,716

133,800

Average



DEP Form 62-555.900(3) Alternate

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

General Information for the M					
. Public Water System (PWS) Info	ormation				
PWS Name: Ravenna Park			PWS Identification Num	ber: 3591061	
PWS Type:	mmunity	nmunity Tran	sient Non-Community	Consecut	ive
Number of Service Connections		Total Popul	ation Served at End of M		
PWS Owner: Utilities, Inc. of Fl	orida				
Contact Person: Patrick Flynn		Contact Per	son's Title: Vice Preside	nt	
Contact Person's Mailing Addre			nonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Nun	nber: (866) 842-8432, Ext. 1359		son's Fax Number: (407)		2.p code. 32711
Contact Person's E-Mail Addres	s: pcflynn@uiwater.com	**************************************		00, 0,01	
Water Treatment Plant Informat	ion				
Plant Name: Ravenna Park			Plant Telephone Number	: (866) 842-8432	
Plant Address: 111 Temple Driv	ve	City: Sanfo		State: Florida	Zip Code: 32773
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished \		State, Fronta	Zip Code, 32773
Permitted Maximum Day Opera	ting Capacity of Plant, gallons per day: 379,20	0			
Plant Category (per subsection 6	2-699.310(4), F.A.C.): V		(per subsection 62-699.3	10(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number		Shift(s) Worked
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	
Other Operators:	Barner Cooks	В	22170	Tuesday-Saturda	
	Allan Finch	В	7806	Monday - Friday	
	Jim Swegheimer	С	7183	Monday - Friday	
				Triang Triang	
	de l				
Certification by Lead/Chief Op	erator				
	lant operator licensed in Florida, am the lead/c	hief operator of the wa	ter treatment plant identi	fied in Part Lafthia	noment Leastiful
information provided in this repo	ort is true and accurate to the best of my knowle	nder operator of the wa adde and belief I certi	fy that all drinking water	trootment whem is a	report. I certify that
orm to NSF International Standa	ard 60 or other applicable standards referenced	in subsection 62-555 3	$320(3)$ F Δ C. Lalso cort	if that the following	s used at this plant
ations records for this plant were	e prepared each day that a licensed operator sta	ffed or visited this plan	of during the month indic	nted above: (1) reas	ig additional
nicals used and chemical feed ra	tes; and (2) if applicable, appropriate treatment	nrocess performance	records Furthermore Le	area to retain these	ords of amounts of
~ \1	, (-) approach, appropriate treatment	process performance i	records. Furthermore, I a	gree to retain these	additional operation
Dr. Ur	January 2, 2020	Don	Hasty		A 6625
nature and Date	Pı	rinted or Typed Name		License N	

PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	Raven	na Park					
III. Daily Data for the Month/Year of: Dec, 2019														
	Means of Achieving Four-Log Virus Inactivation/Removal: *													
	violet Ra	_	•	Other (I		_		_				_	`	•
Type o	f Disinfe	ectant Resid	ual Maintained			✓	Free Chlorine		Combine Ch	lorine (Chlor	amines)		Chlorine Dioxid	e
J1						ions, or UV Dose	e, to Demonstrat	e Four-Lo						
							alculations					Dose	1	
							Lowest CT							
						Disinfectant	Provided							
	_				Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
	staffed or				Concentration (C)	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	Concentration at	
Day of	Visited by	Hauna Dlant	Net Quantity of Finished Water	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg	of Weter	pH of Water,	CT Paguirad	UV Dose, mW-	Required, mW-	Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or
the Month	Operator (place x)	Hours Plant in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	Required, mg-min/L	sec/cm2	sec/cm2	System, mg/L	Maintenance Work that Involves Taking Water System Components Out of Operation
1	(рисс и)	24	108,700	rane, gpin	1 can 1 10 11, mg 2	mmates	2		птррисцен	ing iiiii E	500,01112	See, chiz	System, mg/L	Components out of operation
2	X	24	108,700										2.2	
3	X	24	102,400										2.2	
4	X	24	117,900										2.1	
5	X	24	97,800										2.0	Collected bactis
6	X	24	131,800										1.8	Concetted backs
7	X	24	101,200										2.0	
8	71	24	117,500										2.0	
9	X	24	117,500										2.1	
10	X	24	102,700										2.0	
11	X	24	134,800										2.1	
12	X	24	99,100										2.0	
13	X	24	106,400										2.0	
14	21	24	90,500										2.2	
15	X	24	113,300										2.2	
16	X	24	113,300										2.1	
17	X	24	66,500										2.2	
18	X	24	112,000										2.2	
19	X	24	81,700										2.0	
20	X	24	111,400										1.8	
21	X	24	97,500										1.8	
22	21	24	92,600										1.0	
23	X	24	92,600										2.2	
24	X	24	94,500										1.8	
25	X	24	109,800										2.1	
26	X	24	132,600										2.0	
27	X	24	91,400										1.8	
28	X	24	77,100										1.6	
29	- 11	24	95,300					1					1.0	
30	X	24	95,300					1					1.2	
31	X	24	88,000										1.8	
Total			3,201,900		1		1		1				1.0	1
Averag	re		103,287											

134,800

PWS Identification Number: 3591061	Plant Name: Ravenna Park – Phillips Section
IV. Summary of Use of Polymer Containing Acrylamide, Pol	ymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2019
A. Is any polymer containing the monomer <u>acrylamide</u> used at the	water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	
Polymer Dose, ppm =	Acrylamide Level, % [†] =
B. Is any polymer containing the monomer epichlorohydrin used a	at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
polymer are as follows:	
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
C. Is any iron or manganese sequestrant used at the water treatmer	nt plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate): polyp	hosphate
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silication	te as $SiO_2 = 4.0$
If sodium silicate is used, the amount of added plus naturally o	ccurring silicate, in mg/L as SiO ₂ =

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions.

DEP Form 62-555.900(3) Alternate

I. General In	formation for the M	onth/Year of: January, 2018		-			
	ter System (PWS) Info	ormation					
PWS Nam	e: Ravenna Park			PWS Identification Numb	ber: 3591061		
PWS Type	: Cor	mmunity	munity Tra	nsient Non-Community	☐ Consecutive		
		at End of Month: 523	Total P	opulation Served at End of Mo	onth: 1,832		
PWS Own	er: Utilities, Inc. of Flo	orida					
	rson: Patrick Flynn		Contact	Person's Title: Vice Presiden	nt	N	
Contact Pe	rson's Mailing Addres	s: 200 Weathersfield Ave.	City: A	Altamonte Springs	State: Florida	Zip Code: 32714	
Contact Pe	rson's Telephone Nun	nber: (866) 842-8432, Ext. 1359	Contact	Person's Fax Number: (407) 8	869-6961		
Contact Pe	rson's E-Mail Address	s: pcflynn@uiwater.com	0				
B. Water Trea	ntment Plant Informati	on			2		
Plant Name	e: Ravenna Park	35		Plant Telephone Number:	: (866) 842-8432	P	
Plant Addr	ess: 111 Temple Driv	⁄e	City: S	anford	State: Florida	Zip Code: 32773	
	ater Treated by Plant:		Purchased Finishe	ed Water	,		
Permitted 1	Maximum Day Operat	ing Capacity of Plant, gallons per day: 300,00	00		2		
		2-699.310(4), F.A.C.): V	Plant C	lass (per subsection 62-699.31	0(4), F.A.C.): C		
Li	censed Operators	Name	License Class	License Number	Day(s)/S	hift(s) Worked	
Lea	d/Chief Operator:	Don Hasty	A	6625	Monday - Friday		
C	Other Operators:	Fred Rodgers	В	13175	Monday - Friday		
		Dean Cowart	C	23912	Tuesday - Friday		
		Barner Cooks	C	22170	Saturday		
		Allan Finch	В	7806	Monday		
			11				
2		9				<u> </u>	
II. Certificati	on by Lead/Chief Op	erator					
I, the undersig	ned water treatment p	lant operator licensed in Florida, am the lead/c	hief operator of the	water treatment plant identified	d in Part I of this repo	ort. I certify that the	
		s true and accurate to the best of my knowledge					
NSF Internation	onal Standard 60 or otl	her applicable standards referenced in subsecti-	on 62-555.320(3), F	.A.C. I also certify that the fol	llowing additional op	erations records for	
this plant were	prepared each day the	at a licensed operator staffed or visited this pla	ant during the month	indicated above: (1) records o	f amounts of chemica	als used and chemical	
		ropriate treatment process performance records					
1	\ \\ .				15 (S)	E 2	
	a) W	February 2,2018		Don Hasty		A 6625	
Signature and	Date X		Printed or Typed Na	ame	License N	umber	

PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	: Raven	na Park					
			onth/Year of:		January, 2018									
			Log Virus Inac			Free (Chlorine	c	Chlorine Dioxide	e 🗌	Ozone	Comb	oine Chlorine (Chlo	ramines)
	aviolet Ra			Other (_	
Type o	f Disinfe	ectant Resid	ual Maintained	in Distrib			Free Chlorine			nlorine (Chlo			Chlorine Dioxid	e
					CT Calculate	ions, or UV Dose	e, to Demonstrat	te Four-Lo	g Virus Inactivat	tion, if Applic	able*			
						CT C	alculations				UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
ъ с	staffed or		N (O (i) C		Concentration (C) Before or at First	Measurement	Customer	Т		Minimum CT	Operating UV Dose,	UV Dose	Concentration at	E AI IO C C IV. D
Day of the	Visited by Operator	Hours Plant	Net Quantity of Finished Water	Peak Flow	Customer During	Point During Peak Flow,	During Peak Flow,	Temp.	pH of Water,	Required,	mW-	Required, mW-	Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	96,400	- 01					**				1.0	
2	X	24	75,700										0.8	Collected Bactis
3	X	24	85,200										0.5	
4	X	24	93,500										1.0	
5	X	24	98,400										1.2	
6	X	24	37,300										1.0	
7	X	24	88,000										110	
8	X	24	88,000										1.2	
9	X	24	111,100										1.2	
10	X	24	78,000										1.6	
11	X	24	60,500										1.8	
12	X	24	101,700										1.5	
13	X	24	80,800										1.3	
14	X	24	85,700										1.5	
15	X	24	77,400										1.4	
16	X	24	89,900										1.2	
17	X	24	86,700										2.3	
18	X	24	80,900										1.6	
19	X	24	75,800										1.1	
20	X	24	61,200										1.0	
21	X	24	105,500											
22	X	24	105,600										0.8	
23	X	24	75,300										0.8	
24	X	24	87,500										1.5	
25	X	24	78,500										1.5	
26	X	24	81,600										1.4	
27	X	24	56,100										1.2	
28	X	24	93,600											
29	X	24	96,900										0.8	
30	X	24	67,800										1.4	
31	X	24	83,500										1.3	
Total	-		2,584,100		-	•	-	•	-		•	•	-	-

83,358

111,100

Average



I. General Information for the N	Ionth/Year of: February, 20	018			
A. Public Water System (PWS) In	formation				
PWS Name: Ravenna Park		10	PWS Identification Num	ber: 3591061	
2.1	ommunity	ommunity	nt Non-Community	☐ Consecutive	
Number of Service Connection	s at End of Month: 523	Total Popula	ation Served at End of Mo	onth: 1,832	
PWS Owner: Utilities, Inc. of F	lorida				
Contact Person: Patrick Flynn		Contact Pers	son's Title: Vice Presider	nt	
Contact Person's Mailing Addre			onte Springs	State: Florida	Zip Code: 32714
	mber: (866) 842-8432, Ext. 1359	Contact Pers	son's Fax Number: (407)	869-6961	
Contact Person's E-Mail Addre					
B. Water Treatment Plant Informa	tion		6		
Plant Name: Ravenna Park			Plant Telephone Number		
Plant Address: 111 Temple Dr		City: Sanfor		State: Florida	Zip Code: 32773
Type of Water Treated by Plan		Purchased Finished W	ater		
	ating Capacity of Plant, gallons per day: 300	,000			
Plant Category (per subsection			(per subsection 62-699.31		
Licensed Operators	Name	License Class	License Number		Shift(s) Worked
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	у
Other Operators:	Fred Rodgers	В	13175	Monday - Friday	y
	Dean Cowart	C	23912	Tuesday - Friday	у
	Barner Cooks	C	22170	Saturday	nii
	Allan Finch	В	7806	Monday	
		16-		-	
			1		
	1				
II. Certification by Lead/Chief C	perator				
I, the undersigned water treatment	plant operator licensed in Florida, am the lead	d/chief operator of the water	r treatment plant identifie	d in Part I of this rep	port. I certify that the
information provided in this report	is true and accurate to the best of my knowle	dge and belief. I certify tha	t all drinking water treatn	nent chemicals used	at this plant conform to
NSF International Standard 60 or o	ther applicable standards referenced in subse	ection 62-555.320(3), F.A.C	. I also certify that the fo	llowing additional o	perations records for
this plant were prepared each day t	hat a licensed operator staffed or visited this	plant during the month indic	cated above: (1) records of	f amounts of chemic	cals used and chemical
	propriate treatment process performance reco				
- Marie Mari	March 4, 2018		n Hasty		A 6625
Signature and Date		Printed or Typed Name		License	Number
DEP Form 62-555.900(3) Alternate					

PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	: Raven	na Park					
III. Da	ily Data	for the Mo	onth/Year of:		February, 2018									
			Log Virus Inact	tivation/Re		Free	Chlorine		Chlorine Dioxide	:	Ozone	Comb	oine Chlorine (Chlor	ramines)
	aviolet Ra			Other (
Туре о	f Disinfe	ectant Resid	ual Maintained			✓	Free Chlorine	[Combine Ch	nlorine (Chlo	ramines)		Chlorine Dioxid	e
					CT Calcula	tions, or UV Dos	e, to Demonstrat	te Four-Lo	g Virus Inactivat	ion, if Applica	able*			
						CT C	Calculations				UV	Dose		
							I (CT							
						Disinfectant	Lowest CT Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
	Dove plant				Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
	Days plant staffed or				Concentration (C)	Measurement	Customer			Minimum	Operating	UV Dose	Concentration at	
Day of	Visited by		Net Quantity of		Before or at First	Point During	During			CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant in	Finished Water	Peak Flow	Customer During	Peak Flow,		Temp. of	pH of Water, if	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	min/L	water, C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24 24	49,600										0.8 2.2	Collected Bactis
3	X	24	93,700 65,500										2.2	
	Λ	24											2.4	
4	V		89,500										2.2	
5	X	24	88,100										2.2	
6	X	24	65,400										2.4	
7	X	24	142,600										2.6	
8	X	24	60,500										2.5	
9	X	24	103,500										2.4	
10	X	24	56,000										2.5	
11	37	24	88,000										2.4	
12	X	24	88,100										2.4	
13	X	24	128,100										2.0	
14	X	24	92,400										2.1	
15	X	24	88,700										2.2	
16	X	24	90,800										2.1	
17	X	24	74,800				ļ						2.2	
18	***	24	94,000										2.0	
19	X	24	94,000										2.0	
20	X	24	124,600										2.1	
21	X	24	68,200										2.2	
22	X	24	139,700										2.4	
23	X	24	95,000										2.2	
24	X	24	67,400										2.2	
25	<u> </u>	24	112,700					ļ						
26	X	24	112,700										2.4	
27	X	24	62,500										2.2	
28	X	24	142,900										2.1	
Total			2,579,000											

92,107

142,900

Average



See page 4 for instructions.

DEP Form 62-555.900(3) Alternate

I.	General Information for the Mon	th/Year of: March, 2018			п			
A.	Public Water System (PWS) Inform	nation			1			
	PWS Name: Ravenna Park				PWS Identification Number	r: 3591061		
	PWS Type: Comr	nunity	munity	Transier	nt Non-Community	Consecutive		
	Number of Service Connections at	End of Month: 523		Total Popula	ation Served at End of Mon	th: 1,832		
	PWS Owner: Utilities, Inc. of Flori	da						
	Contact Person: Patrick Flynn			Contact Pers	son's Title: Vice President			
	Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altam	onte Springs	State: Florida	Zip Code: 32714	
	Contact Person's Telephone Number			Contact Pers	son's Fax Number: (407) 86	69-6961		
	Contact Person's E-Mail Address:	pcflynn@uiwater.com						
B.	Water Treatment Plant Information	l .						
	Plant Name: Ravenna Park				Plant Telephone Number: ((866) 842-8432		
	Plant Address: 111 Temple Drive			City: Sanfor	rd	State: Florida	Zip Code: 32773	
	Type of Water Treated by Plant:	Raw Ground Water		l Finished Wa	ater			
		g Capacity of Plant, gallons per day: 300,00	00				i .	
	Plant Category (per subsection 62-	699.310(4), F.A.C.): V			per subsection 62-699.310			
	Licensed Operators	Name	Licens	e Class	License Number		Shift(s) Worked	
	Lead/Chief Operator:	Don Hasty		4	6625	Monday - Friday		
	Other Operators:	Allan Finch		В	7806	Sunday-Thursday	<u> </u>	
	X	Barner Cooks		C	22170	Tuesday -Saturda	ay	
				0 1				
				1				
-								
	Certification by Lead/Chief Oper							
	•	nt operator licensed in Florida, am the lead/c			<u> </u>			
		rue and accurate to the best of my knowledg						
		r applicable standards referenced in subsecti			, <u>-</u>			
		a licensed operator staffed or visited this pla						
fee	ed rates; and (2) if applicable, appro-	priate treatment process performance record	ls. Furtherm	ore, I agree to	o retain these additional op	erations records at	the plant site for at	
	Da Not	April 2, 2018		Dor	n Hasty		A 6625	
Sig	gnature and Date		Printed or	Typed Name		License N	Number	

PWS I	WS Identification Number: 3591061 Plant Name: Ravenna Park													
III. Da	III. Daily Data for the Month/Year of: March, 2018													
			Log Virus Inac		emoval: *	Free	Chlorine		Chlorine Dioxide	e 🗌	Ozone	Com	bine Chlorine (Chlo	ramines)
	aviolet Ra			Other (
Type o	f Disinfo	ectant Resid	ual Maintained	l in Distrib			Free Chlorine			hlorine (Chlo			Chlorine Dioxid	le
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inac											g Virus Inactivation, if Applicable*			
						CT C	alculations			1	UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or				T .		Lowest Residual	
	Days plant				Disinfectant Concentration (C)	(T) at C Measurement	at First Customer			Minimum	Lowest Operating	Minimum UV Dose	Disinfectant Concentration at	
Day of	staffed or Visited by		Net Quantity of		Before or at First	Point During	During	Temp.		CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water		Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation		Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	86,200										2.0	
2	X	24	106,500										1.8	
3	X	24	63,900										1.8	
4		24	117,700											
5	X	24	117,700										2.0	Collected Bactis
6	X	24	106,300										2.1	
7	X	24	88,600										2.2	
8	X	24	68,200										2.0	
9	X	24	120,600										1.7	
10	X	24	89,400										1.6	
11		24	95,900											
12	X	24	95,900										2.8	
13	X	24	55,900					-					2.1	
14	X	24	124,500					-					2.0	
15	X	24	92,600										1.7	
16	X	24	90,700					<u> </u>					2.2	
17	X	24	67,300					1					2.0	
18	37	24	105,100					1					1.0	
19	X	24	100,000					+					1.8	
20	X	24 24	104,300										1.8	
21	X	24	51,400 108,300										1.6 1.6	
23	X	24	50,300					1					2.2	
24	X	24	95,600					1					2.2	
25	Λ	24	94,300										2.2	
26	X	24	94,300					+					2.1	
27	X	24	86,400					+				 	2.1	
28	X	24	90,500					+					2.1	
29	X	24	128,800					+					2.0	
30	X	24	86,900					+					2.0	
31	X	24	94,300					+			 	 	2.0	
Total			2,878,400				!				!	!	2.0	I

92,852

128,800

Average



see page in	or mondettons.				
	nformation for the M				
A. Public W	ater System (PWS) Infe	ormation			
PWS Nar	ne: Ravenna Park		I	PWS Identification Number	per: 3591061
PWS Typ	oe: 🔽 Co	mmunity	mmunity Transien	t Non-Community	☐ Consecutive
Number of	of Service Connections	at End of Month: 523	Total Popula	tion Served at End of Mo	onth: 1,832
PWS Ow	ner: Utilities, Inc. of Fl	orida			
	Person: Patrick Flynn	2 4	Contact Pers	on's Title: Vice Presider	ıt
Contact P	Person's Mailing Addres	ss: 200 Weathersfield Ave.	City: Altamo	onte Springs	State: Florida Zip Code: 32714
Contact P	Person's Telephone Nun	nber: (866) 842-8432, Ext. 1359	Contact Pers	on's Fax Number: (407)	869-6961
Contact P	Person's E-Mail Address	s: pcflynn@uiwater.com			
B. Water Tre	eatment Plant Informat	ion	9		
Plant Nar	ne: Ravenna Park		I	Plant Telephone Number	
Plant Add	dress: 111 Temple Driv	ve	City: Sanfor	d	State: Florida Zip Code: 32773
Type of V	Water Treated by Plant:	Raw Ground Water		iter	
Permitted	l Maximum Day Opera	ting Capacity of Plant, gallons per day: 300,	000		
Plant Cate	egory (per subsection 6	52-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.31	
L	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Le	ead/Chief Operator:	Don Hasty	Α	6625	Monday - Friday
	Other Operators:	Corrado Bainbridge	C	18099	Sunday - Thursday
		Barner Cooks	C	22170	Tuesday - Saturday
		Allan Finch	В	7806	Sunday - Thursday
			8		
		Course.	200		
	155.				
	tion by Lead/Chief O _l				
I, the undersi	igned water treatment p	lant operator licensed in Florida, am the lead	d/chief operator of the water	treatment plant identified	d in Part I of this report. I certify that the
information p	provided in this report i	is true and accurate to the best of my knowled	dge and belief. I certify that	all drinking water treatn	nent chemicals used at this plant conform to
NSF Internat	tional Standard 60 or ot	her applicable standards referenced in subse	ction 62-555.320(3), F.A.C.	I also certify that the fo	llowing additional operations records for
this plant we	re prepared each day th	at a licensed operator staffed or visited this	plant during the month indic	ated above: (1) records of	of amounts of chemicals used and chemical
feed rates; an	nd (2) if applicable, app	propriate treatment process performance reco	ords. Furthermore, I agree to	retain these additional of	perations records at the plant site for at
,	1/1		*** *** *** *** *** *** *** *** *** **		
	1-7 9	May 4, 2018		Hasty	A 6625
Signature and	d Date		Printed or Typed Name		License Number
DEP Form 62-555.90	00(3) Alternate			€	

PWS I	VS Identification Number: 3591061 Plant Name: Ravenna Park													
III. Da	ily Data	a for the M	onth/Year of:		April, 2018									
			Log Virus Inac			Free (Chlorine		Chlorine Dioxid	e \Box	Ozone	Coml	oine Chlorine (Chlo	ramines)
Ult	aviolet Ra	adiation		Other (Describe):									
Type o	f Disinfo	ectant Resid	ual Maintaineo	d in Distrib	oution System:	✓	Free Chlorine		Combine C	hlorine (Chlo	oramines)		Chlorine Dioxic	le
					CT Calculat	ions, or UV Dose	e, to Demonstra	te Four-Lo	g Virus Inactiva	tion, if Appli	cable*			
						CT C	alculations				UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
	Dove				Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
	staffed or				Concentration (C)	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	Concentration at	
Day of the	Visited by	Hours Plant	Net Quantity of Finished Water	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water,	CT Required,	UV Dose, mW-	Required, mW-	Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System
Month	Operator (place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	C Valer,	if Applicable	-	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1		24	87,700	, , , , , , , , , , , , , , , , , , ,	, , ,		8		TI ·····	8			~,********g=	
2	X	24	87,200										2.0	
3	X	24	126,000										1.8	
4	X	24	98,600										2.4	
5	X	24	78,700										2.2	
6	X	24	112,000										2.2	
7	X	24	152,100										2.0	
8		24	97,800											
9	X	24	97,800										1.7	
10	X	24	100,800										2.2	
11	X	24	86,800										2.4	Collected Bactis
12	X	24	135,600										2.0	
13	X	24	130,700										1.8	
14	X	24	93,200										1.8	
15		24	91,100											
16	X	24	91,100										1.9	
17	X	24	87,500										1.6	
18	X	24	107,400										1.8	
19	X	24	83,100										2.0	
20	X	24	181,000										2.1	
21	X	24	85,600										1.2	
22		24	82,900											
23	X	24	82,900										1.8	
24	X	24	80,900										1.9	
25	X	24	94,400										1.7	
26	X	24	85,900										1.7	
27	X	24	134,800										1.7	
28	X	24	73,200										1.6	
29		24	104,600											
30	X	24	104,600										1.5	
Total			3,056,000		•	•			•		•			
Averag	ge		101,867	1										

181,000

Page 2



~ -	- Page					
	General Information for the M					
A.	Public Water System (PWS) Info	ormation				
	PWS Name: Ravenna Park			PWS Identification Number	per: 3591061	
	PWS Type:	mmunity	nmunity	nt Non-Community	Consecutive	
	Number of Service Connections	at End of Month: 523	Total Popula	ation Served at End of Mo	onth: 1,832	
	PWS Owner: Utilities, Inc. of Flo	orida				
	Contact Person: Patrick Flynn		Contact Pers	son's Title: Vice Presiden	nt	
	Contact Person's Mailing Address	ss: 200 Weathersfield Ave.	City: Altam	onte Springs	State: Florida	Zip Code: 32714
	Contact Person's Telephone Nun	nber: (866) 842-8432, Ext. 1359	Contact Pers	son's Fax Number: (407)	869-6961	
	Contact Person's E-Mail Address	s: pcflynn@uiwater.com				
B.	Water Treatment Plant Informati	ion				v s
	Plant Name: Ravenna Park			Plant Telephone Number	: (866) 842-8432	
	Plant Address: 111 Temple Driv	ve	City: Sanfor	rd	State: Florida	Zip Code: 32773
	Type of Water Treated by Plant:		Purchased Finished W	ater		
	Permitted Maximum Day Operat	ting Capacity of Plant, gallons per day: 300,00	00			
	Plant Category (per subsection 6			per subsection 62-699.31	0(4), F.A.C.): C	
	Licensed Operators	Name	License Class	License Number	Day(s)/	Shift(s) Worked
	Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	у
	Other Operators:	Corrado Bainbridge	C	18099	Sunday - Thurso	day
		Barner Cooks	C	22170	Tuesday - Satur	day
		Allan Finch	В	7806	Sunday - Thurso	day
П	Certification by Lead/Chief Op	perator				
I,	the undersigned water treatment p	lant operator licensed in Florida, am the lead/o	chief operator of the water	treatment plant identified	d in Part I of this rep	port. I certify that the
		s true and accurate to the best of my knowledg				
		her applicable standards referenced in subsect				
		at a licensed operator staffed or visited this pla				
		propriate treatment process performance record				
			n			
	In let	June 1, 2018	Dor	n Hasty		A 6625
Si	gnature and Date		Printed or Typed Name		License	Number
DEI	P Form 62-555.900(3) Alternate					

PWS Io	WS Identification Number: 3591061 Plant Name: Ravenna Park													
III. Da	ily Data	a for the Mo	onth/Year of:		May, 2018									
			Log Virus Inac			Free	Chlorine		Chlorine Dioxide	e 🗌	Ozone	Coml	oine Chlorine (Chlo	oramines)
Ultr	aviolet Ra	adiation	_	Other (Describe):						-			
Type of	f Disinfe	ectant Resid	ual Maintained	l in Distrib	ution System:	✓	Free Chlorine		Combine C	hlorine (Chlo	ramines)		Chlorine Dioxid	de
					CT Calculat	ions, or UV Dose	e, to Demonstrat	te Four-Lo	g Virus Inactiva	tion, if Applic	cable*			
						CT C	alculations		_		UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First			M:	Lowest	Minimum	Disinfectant	
Day of	staffed or		Net Quantity of		Concentration (C) Before or at First	Measurement Point During	Customer During	Temp.		Minimum CT	Operating UV Dose,	UV Dose Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Visited by Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C			sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	104,000										1.8	
2	X	24	158,900										1.5	
3	X	24	123,800										2.4	
4	X	24	135,300										1.6	
5	X	24	67,900										1.4	
6		24	105,800											
7	X	24	105,800										1.5	Collected Bactis
8	X	24	123,200										1.7	
9	X	24	160,300										1.6	
10	X	24	106,300										1.6	
11	X	24	73,900										1.4	
12	X	24	160,300										1.0	
13		24	88,800											
14	X	24	88,800										1.2	
15	X	24	69,400										1.4	
16	X	24	87,500										1.5	
17	X	24	188,500										1.4	
18	X	24	69,900										1.8	
19	X	24	74,100										1.6	
20		24	115,600											
21	X	24	115,600										1.4	
22	X	24	84,500										1.2	
23	X	24	74,700										0.5	
24	X	24	103,800										1.5	
25	X	24	84,500										1.6	
26	X	24	95,400										1.4	
27		24	80,500											
28	X	24	80,500										1.5	
29	X	24	78,400										1.4	
30	X	24	79,600										1.5	
31	X	24	72,100										1.5	
Total			3,157,700	1										
Averag	;e		101,861											

188,500



Dec	page + for mondetions.					
	General Information for the Mo					
	Public Water System (PWS) Info	ormation				
	PWS Name: Ravenna Park			PWS Identification Num	ber: 3591061	
		nmunity		ient Non-Community	Consecutive	
L	Number of Service Connections a		Total Pop	ulation Served at End of Mo	onth: 1,832	
	PWS Owner: Utilities, Inc. of Flo	orida				
	Contact Person: Patrick Flynn		Contact P	erson's Title: Vice Presider		
	Contact Person's Mailing Addres			amonte Springs	State: Florida	Zip Code: 32714
	Contact Person's Telephone Num		Contact P	erson's Fax Number: (407)	869-6961	
_	Contact Person's E-Mail Address					
В.	Water Treatment Plant Information	on ·				
	Plant Name: Ravenna Park		m	Plant Telephone Number	: (866) 842-8432	
	Plant Address: 111 Temple Driv	re .	City: San	ford	State: Florida	Zip Code: 32773
	Type of Water Treated by Plant:	Raw Ground Water	,	Water		
		ing Capacity of Plant, gallons per day: 300,				
	Plant Category (per subsection 62	2-699.310(4), F.A.C.): V	Plant Clas	ss (per subsection 62-699.31		
	Licensed Operators	Name	License Class	License Number		Shift(s) Worked
Γ	Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	у
	Other Operators:	Barner Cooks	C	22170	Saturday	
Ι		Allan Finch	В	7806	Sunday	
			12			
II.	Certification by Lead/Chief Op	erator				
I. th	ne undersigned water treatment pl	lant operator licensed in Florida, am the lead	d/chief operator of the wa	ter treatment plant identifie	d in Part I of this rep	port. I certify that the
		s true and accurate to the best of my knowled				
		her applicable standards referenced in subse				
		at a licensed operator staffed or visited this				
		ropriate treatment process performance reco				
100	The special state of the state	topiano (realmont process performance reco				
	In his	July 3, 2018	D	on Hasty		A 6625
Sig	nature and Date		Printed or Typed Nan	ne	License	Number
_	Form 62-555.900(3) Alternate					

PWS I	VS Identification Number: 3591061 Plant Name: Ravenna Park													
III. Da	I. Daily Data for the Month/Year of: June, 2018													
Means	of Achie	eving Four-l	Log Virus Inac	tivation/Re	emoval: *	Free	Chlorine		Chlorine Dioxide	e 🗌	Ozone	Com	bine Chlorine (Chlo	oramines)
Ultr	aviolet Ra	adiation	_	Other (Describe):									
Type o	f Disinfe	ectant Resid	ual Maintaineo	d in Distrib	oution System:	✓	Free Chlorine		Combine C	hlorine (Chlo	ramines)		Chlorine Dioxic	le
					CT Calculat	tions, or UV Dose	e, to Demonstra	te Four-Lo	g Virus Inactiva	tion, if Appli	cable*			
						CT C	alculations				UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
	Days				Lowest Residual	Contact Time	Before or						Lowest Residual	
	plant				Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
D C	staffed or		N O C		Concentration (C) Before or at First	Measurement	Customer	Temp.		Minimum	Operating UV Dose,	UV Dose	Concentration at	
Day of the	Visited by	Hours Plant	Net Quantity of Finished Water	Peak Flow	Customer During	Point During Peak Flow,	During Peak Flow,	Water,	pH of Water,	CT Required,	mW-	Required, mW-	Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System
Month	Operator (place x)	in Operation		Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	C	if Applicable	-	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	78,100						**				1.6	
2	X	24	79,600										1.4	
3		24	86,400											
4	X	24	86,400										1.4	
5	X	24	112,000										1.4	
6	X	24	73,500										1.3	
7	X	24	81,700										1.5	
8	X	24	130,800										1.0	
9	X	24	93,300										1.2	
10		24	96,300											
11	X	24	96,200										1.0	
12	X	24	143,500										1.4	
13	X	24	132,700										1.6	
14	X	24	106,000										1.6	
15	X	24	88,700										1.4	
16	X	24	85,600										1.6	
17		24	97,200											
18	X	24	97,200										1.4	Collected Bactis
19	X	24	135,800										1.6	
20	X	24	73,900										1.4	
21	X	24	135,500										1.8	
22	X	24	109,900										1.4	
23	X	24	83,500										1.4	
24		24	108,600											
25	X	24	108,500										1.2	
26	X	24	102,800										1.4	
27	X	24	100,800										1.4	
28	X	24	96,300										1.7	
29	X	24	107,000										1.6	
30	X	24	64,400										1.4	
Total			2,992,200											
Averag	e e		96,523	ĺ										

143,500

Maximum



See page 4 for instructions.

	o pugo i tor misu utitorio.									
1400	General Information for the Mor									
A.	Public Water System (PWS) Infor	mation		Investi in in						
	PWS Name: Ravenna Park			PWS Identification Numb						
		munity		ent Non-Community	☐ Consecutive					
	Number of Service Connections at		Total Popu	lation Served at End of Mo	onth: 1,832					
	PWS Owner: Utilities, Inc. of Flor	rida								
	Contact Person: Patrick Flynn			rson's Title: Vice Presiden						
	Contact Person's Mailing Address			nonte Springs	State: Florida Zip Code: 32714					
	Contact Person's Telephone Numb		Contact Pe	rson's Fax Number: (407) 8	869-6961					
	Contact Person's E-Mail Address: pcflynn@uiwater.com									
B.	Water Treatment Plant Informatio	n								
	Plant Name: Ravenna Park			Plant Telephone Number:	: (866) 842-8432					
	Plant Address: 111 Temple Drive	φ	City: Sanf	ord	State: Florida Zip Code: 32773					
	Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished V	Vater	4					
	Permitted Maximum Day Operatir	ng Capacity of Plant, gallons per day: 300,0	00		3					
	Plant Category (per subsection 62-	-699.310(4), F.A.C.): V	Plant Class	(per subsection 62-699.31	0(4), F.A.C.): C					
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked					
	Lead/Chief Operator: Don Hasty			6625	Monday - Friday					
	Other Operators:	Fred Rodgers	В	13175	Sunday					
		Barner Cooks	C	22170	Saturday					
				ad	· · · · · · · · · · · · · · · · · · ·					
11.	Certification by Lead/Chief Ope	rator								
	NEW TOTAL PROPERTY AND ADDRESS OF THE PROPERTY	int operator licensed in Florida, am the lead/	chief operator of the water	er treatment plant identified	d in Part I of this report. I certify that the					
		true and accurate to the best of my knowledge	_	_						
	-	er applicable standards referenced in subsect								
		a licensed operator staffed or visited this pl		•						
		opriate treatment process performance record								
100	in lates, and (2) if applicable, applicable	ppriate treatment process performance record	us. Turmermore, Tugree	to return these additional o	perations records at the plant site for at					
	Dall	August 1, 2018	Do	on Hasty	A 6625					
Sig	gnature and Date		Printed or Typed Name)	License Number					
	P Form 62-555.900(3) Alternate									
	V		Page 1							

PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	: Raven	na Park					
			onth/Year of:		July, 2018									
			Log Virus Inact			Free (Chlorine		Chlorine Dioxide		Ozone	Comb	oine Chlorine (Chlo	ramines)
1	aviolet Ra				Describe):				_					
Type o	f Disinfe	ectant Resid	ual Maintained	in Distrib			Free Chlorine			nlorine (Chlo			Chlorine Dioxid	le .
					CT Calculati	ions, or UV Dose		te Four-Lo	g Virus Inactivat	tion, if Applic				
					1	CT C	alculations		1		UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First			M::	Lowest	Minimum	Disinfectant	
Day of	staffed or		Net Quantity of		Concentration (C) Before or at First	Measurement Point During	Customer During	Temp.		Minimum CT	Operating UV Dose,	UV Dose Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Visited by Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1		24	112,000											
2	X	24	112,000										1.7	
3	X	24	71,000										1.5	
4	X	24	121,300										2.0	
5	X	24	134,600										1.4	
6	X	24	110,500										1.5	
7	X	24	75,400										1.4	
8		24	119,900											
9	X	24	119,900										1.4	
10	X	24	88,000										1.4	
11	X	24	66,300										1.6	Collected Bactis
12	X	24	146,400										1.7	
13	X	24	106,500										1.8	
14	X	24	69,500										1.6	
15		24	121,300											
16	X	24	121,300										1.6	
17	X	24	86,000										1.0	
18	X	24	103,800										1.0	
19	X	24	100,100										1.4	
20	X	24	94,800										1.4	
21	X	24	72,500										1.4	
22		24	115,900											
23	X	24	115,900										1.4	
24	X	24	84,000										1.0	
25	X	24	103,600										1.1	
26	X	24	91,200										1.5	
27	X	24	93,100										1.4	
28	X	24	74,100										1.2	
29		24	130,400											
30	X	24	130,400										1.4	
31	X	24	143,600										1.5	
Total	-		3,235,300		-		-	•	-		•	•	-	-

104,365

146,400

Average

Maximum



DEP Form 62-555.900(3) Alternate

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

See page 4 for instructions.

see page 1 for moraetrons.								
. General Information for the Mo								
A. Public Water System (PWS) Info	ormation							
PWS Name: Ravenna Park			PWS Identification Numb	er: 3591061				
	nmunity		nt Non-Community	Consecutive				
Number of Service Connections	at End of Month: 523	Total Popula	ation Served at End of Mo	onth: 1,832				
PWS Owner: Utilities, Inc. of Flo	orida	4 N						
Contact Person: Patrick Flynn		Contact Pers	son's Title: Vice Presiden	t				
Contact Person's Mailing Addres	State: Florida	Zip Code: 32714						
Contact Person's Telephone Number: (866) 842-8432, Ext. 1359 Contact Person's Fax Number: (407) 869-6961								
Contact Person's E-Mail Address	: pcflynn@uiwater.com							
. Water Treatment Plant Informati	on	(3)			8			
Plant Name: Ravenna Park			Plant Telephone Number:	(866) 842-8432				
Plant Address: 111 Temple Driv	ve	City: Sanfor	rd	State: Florida	Zip Code: 32773			
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished Wa	ater					
	ing Capacity of Plant, gallons per day: 300,000			0				
Plant Category (per subsection 62		Plant Class (per subsection 62-699.31	0(4), F.A.C.): C				
	Licensed Operators Name License Class License Number							
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	Shift(s) Worked			
Other Operators:	Fred Rodgers	В	13175	Sunday				
	Barner Cooks	С	22170	Tuesday - Saturo	day			
			605					
		81 B						
I. Certification by Lead/Chief Op	erator							
	lant operator licensed in Florida, am the lead/chie	ef operator of the water	r treatment plant identified	l in Part I of this rer	ort. I certify that the			
	s true and accurate to the best of my knowledge a							
	her applicable standards referenced in subsection							
	at a licensed operator staffed or visited this plant							
	ropriate treatment process performance records.							
and (2) it applicable, appli	ropriate treatment process performance records.	ruitiennoie, ragice ti	o retain these additional o	perations records at	the plant site for at			
- COI	September 1, 2018	Dor	n Hasty		A 6625			
ignature and Date		rinted or Typed Name	-	License 1				

PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	: Raven	na Park					
			onth/Year of:		Aug, 2018									
	of Achie		Log Virus Inact		emoval: * Describe):	Free (Chlorine		Chlorine Dioxide	e 🗌	Ozone	Comb	oine Chlorine (Chlo	ramines)
			ual Maintained				Free Chlorine		Combine Cl	hlorine (Chlo	raminoc)		Chlorine Dioxid	
Type o	I DISINIE	ectant Resid	uai Maintained	i in Distrib						•				l
					C1 Calculati	ions, or UV Dose		te Four-Lo	g virus macnya	tion, ii Applic		D		
					1	CIC	alculations	ı	1	l	UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or				_		Lowest Residual	
	Days plant				Disinfectant Concentration (C)	(T) at C Measurement	at First			Minimum	Lowest	Minimum UV Dose	Disinfectant Concentration at	
Day of	staffed or		Net Quantity of		Before or at First	Point During	Customer During	Temp.		Minimum CT	Operating UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Visited by Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable		sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	76,000										1.6	
2	X	24	142,400										1.5	
3	X	24	101,300										1.2	
4	X	24	159,800										1.1	
5		24	122,000											
6	X	24	122,000										0.5	
7	X	24	127,400										0.4	
8	X	24	111,400										1.5	
9	X	24	122,300										1.5	
10	X	24	113,900										1.5	
11	X	24	106,500										1.5	
12	71	24	111,200										1.3	
13	X	24	111,200										1.4	
14	X	24	116,700										1.5	
15	X	24	97,400										1.5	
16	X	24	77,800										1.5	Collected Bactis
17	X	24	148,100										1.4	Collected Bactis
18	X	24	72,100										1.4	
19	Λ	24	144,300										1.2	
20	V	24											1.4	
	X		138,300										1.4 1.2	
21 22	X	24 24	111,600 25,500										1.6	
23	X	24	111,400										2.6 1.5	
24		24	100,600				1							
25	X	24	67,500				1						1.4	
26	37	24	116,800										1.6	
27	X	24	116,800					-			-		1.6	
28	X	24	105,600										1.5	
29	X	24	89,900					ļ					1.6	
30	X	24	93,700										1.6	
31	X	24	80,700								<u> </u>		1.6	
Total			3,342,200	l										

107,813

159,800

Average

Maximum



See page 4 for instructions.

ee page 4 for instructions.								
General Information for the M								
Public Water System (PWS) Inf	ormation							
PWS Name: Ravenna Park			PWS Identification Num	ber: 3591061				
	mmunity	munity \(\Gamma \text{ \Gamma ransien} \)	t Non-Community	Consecutive				
Number of Service Connections		Total Popula	Total Population Served at End of Month: 1,832					
PWS Owner: Utilities, Inc. of Fl	lorida							
Contact Person: Patrick Flynn		Contact Pers	son's Title: Vice Presiden	it				
Contact Person's Mailing Addre	ss: 200 Weathersfield Ave.	City: Altam	City: Altamonte Springs State: Florida Zip Code: 327					
Contact Person's Telephone Nur	nber: (866) 842-8432, Ext. 1359	Contact Pers	son's Fax Number: (407) 8	869-6961				
Contact Person's E-Mail Addres	s: pcflynn@uiwater.com	· · · · · · · · · · · · · · · · · · ·						
Water Treatment Plant Informat	ion							
Plant Name: Ravenna Park			Plant Telephone Number	: (866) 842-8432				
Plant Address: 111 Temple Dri	ve	City: Sanfor		State: Florida	Zip Code: 32773			
Type of Water Treated by Plant:	: Raw Ground Water □	Purchased Finished Wa	nter					
Permitted Maximum Day Opera	ting Capacity of Plant, gallons per day: 300,00	00						
Plant Category (per subsection 6	52-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.31	0(4), F.A.C.): C				
Licensed Operators	Name	License Class	License Number		Shift(s) Worked			
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday				
Other Operators:	Fred Rodgers	В	13175	Saturday-Sunday				
	Barner Cooks	C	22170	Saturday-Sunday				
	2 2							
	0.00							
THE RESERVE TO SERVE THE RESERVE THE RESER								
Certification by Lead/Chief O	porator							
	lant operator licensed in Florida, am the lead/c	hiof an anotan of the water	tunnatus and allowed information of	in Don't LaCabia				
formation provided in this report i	faint operator recensed in Florida, and the lead/c	mer operator of the water	reatment plant identified	in Part I of this repo	ort. I certify that the			
SE International Standard 60 or at	s true and accurate to the best of my knowledg	e and benef. I certify that	all drinking water treatme	ent chemicals used a	it this plant conform t			
or international Standard of of other	her applicable standards referenced in subsecti	on 62-333.320(3), F.A.C.	l also certify that the foll	lowing additional op	erations records for t			
	licensed operator staffed or visited this plant d							
ies; and (2) if applicable, appropri	ate treatment process performance records. Fu	irtnermore, I agree to retai	n these additional operation	ons records at the pl	ant site for at least te			
1)//	0.44-2.2010	7 0	II4-					
- X	October 3, 2018		Hasty		A 6625			
gnature and Date		Printed or Typed Name		License N	Number			
P Form 62-555.900(3) Alternate								
*/		Dago 1						

PWS I	dentifica	ation Numbe	er: 3591061				Plant Name	: Raver	ına Park					
III. Da	I. Daily Data for the Month/Year of: Sept, 2018													
Means	of Achie	eving Four-l	Log Virus Inac	tivation/Re	emoval: *	Free •	Chlorine		Chlorine Dioxide		Ozone	Com	bine Chlorine (Chlo	pramines)
	aviolet Ra			Other (
Type o	f Disinfe	ectant Resid	ual Maintaineo	l in Distrib	oution System:	✓	Free Chlorine		✓ Combine Cl	nlorine (Chlo	ramines)		Chlorine Dioxic	le
					CT Calculat	ions, or UV Dose	e, to Demonstrat	te Four-Lo	g Virus Inactiva	tion, if Applic	cable*			
						CT C	alculations				UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
	_				Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
	staffed or				Concentration (C)	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	Concentration at	
Day of	Visited by		Net Quantity of	D 1 E1	Before or at First	Point During	During	of	TI CITI	CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water Produced, gal	Peak Flow Rate, gpm	Customer During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	pH of Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW- sec/cm2	Distribution	Maintenance Work that Involves Taking Water System Components Out of Operation
Month	(place x)	in Operation		Kate, gpiii	reak Flow, flig/L	illillutes	mg-mm/L	C	п Аррисавіе	mg-mm/L	SEC/CITIZ	SEC/CIIIZ	System, mg/L	Components Out of Operation
2	X	24 24	93,200										1.4	
2	V		90,400										1.6	
3	X	24	90,400										1.6	
4	X	24	93,600										1.6	
5	X	24	80,900										1.2	
6	X	24	93,000										1.5	
7	X	24	105,900										1.6	
8	X	24	70,300										1.4	
9		24	101,700											
10	X	24	101,700										1.2	
11	X	24	104,800										1.5	
12	X	24	75,800										0.8	Collected Bactis
13	X	24	131,900										1.0	
14	X	24	106,200										1.4	
15	X	24	0										1.2	
16		24	0											
17	X	24	76,000										1.9	
18	X	24	104,600										1.4	
19	X	24	102,600										2.0	
20	X	24	23,900										1.8	
21	X	24	3,000										2.0	
22	X	24	117,300										1.8	
23		24	117,300											
24	X	24	117,400										1.5	
25	X	24	104,300										0.6	
26	X	24	600										1.4	
27	X	24	0										1.8	
28	X	24	151,700								 	-	1.8	
29	X	24	116,500								1		1.6	
	Λ	24	·								-	-	1.0	
30		24	116,500		<u> </u>	l					<u> </u>	L	<u> </u>	<u> </u>
Total			2,491,500											
Averag	e		80,371	l										

Maximum



Signature and Date

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

See page 4 for instructions.

see page 4 for instructions.											
I. General Information for the											
A. Public Water System (PWS) I	nformation										
PWS Name: Ravenna Park			PWS Identification Numb	per: 3591061							
	Community	munity Γ Fransient	Non-Community	Consecutive							
Number of Service Connection		Total Popula	tion Served at End of Mo	nth: 1,832							
PWS Owner: Utilities, Inc. of											
Contact Person: Patrick Flynr		Contact Person	on's Title: Vice Presiden	t							
Contact Person's Mailing Add		City: Altamo	onte Springs	State: Florida	Zip Code: 32714						
Contact Person's Telephone N	umber: (866) 842-8432, Ext. 1359	Contact Person	on's Fax Number: (407) 8	69-6961	* * * * * * * * * * * * * * * * * * * *						
	Contact Person's E-Mail Address: pcflynn@uiwater.com										
B. Water Treatment Plant Inform	ation										
Plant Name: Ravenna Park Plant Telephone Number: (866) 842-8432											
Plant Address: 111 Temple Drive City: Sanford State: Florida Zip Code: 32773											
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water											
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000										
Plant Category (per subsection			per subsection 62-699.31								
Licensed Operators	Name	License Class	License Number		Shift(s) Worked						
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday							
Other Operators:	Barner Cooks	С	22170	Friday - Saturday							
	Allan Finch	В	7806	Sunday - Thursd	ay						
	<u> </u>										
H C CC C L VOI: C											
II. Certification by Lead/Chief											
i, the undersigned water treatment	plant operator licensed in Florida, am the lead/c	hief operator of the water t	reatment plant identified	in Part I of this repo	ort. I certify that the						
Information provided in this repor	t is true and accurate to the best of my knowledg	e and belief. I certify that	all drinking water treatme	ent chemicals used a	t this plant conform to						
	other applicable standards referenced in subsecti										
Diant were prepared each day that	a licensed operator staffed or visited this plant de	uring the month indicated a	above: (1) records of amo	unts of chemicals in	ead and chamical food						

DEP Form 62-555,900(3) Alternate

November 1, 2018

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

Printed or Typed Name

Don Hasty

A 6625

License Number

							T .							
PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	: Raven	na Park					
	Daily Data for the Month/Year of: Oct, 2018													
			Log Virus Inact			Free (Chlorine		Chlorine Dioxide		Ozone	Comb	oine Chlorine (Chlo	ramines)
	aviolet Ra		134		Describe):		F C!! :	-	☐ C!: S!	-li (Cl.)			Chiani Si ii	1-
Type o	f Disinte	ectant Resid	ual Maintained	in Distrib			Free Chlorine			nlorine (Chlo			Chlorine Dioxid	le T
					CT Calculate	ions, or UV Dose		te Four-Lo	g Virus Inactivat	tion, if Applic		_		
					1	CT C	alculations	1			UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or				T .		Lowest Residual	
	Days plant				Disinfectant Concentration (C)	(T) at C Measurement	at First Customer			Minimum	Lowest Operating	Minimum UV Dose	Disinfectant Concentration at	
Day of	staffed or Visited by		Net Quantity of		Before or at First	Point During	During	Temp.		CT	UV Dose,	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	-	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	116,600										1.9	
2	X	24	117,700										1.7	
3	X	24	142,500										1.4	
4	X	24	115,200										1.6	
5	X	24	121,100										1.8	
6	X	24	82,600										1.6	
7		24	118,100											
8	X	24	118,100										2.1	Collected Bactis
9	X	24	99,700										1.8	
10	X	24	110,800										2.0	
11	X	24	121,900										1.7	
12	X	24	125,800										1.7	
13	X	24	82,800										1.4	
14		24	140,700										111	
15	X	24	140,700										1.6	
16	X	24	103,400										0.6	
17	X	24	124,400										2.1	
18	X	24	97,100										1.8	
19	X	24	136,800										2.0	
20	X	24	82,800										1.8	
21	71	24	118,700										1.0	
22	X	24	118,600										0.5	
23	X	24	110,600										1.8	
24	X	24	120,500										1.6	
25	X	24	128,800										1.6	
26	X	24	155,600										1.6	
27	X	24	111,100										1.4	
28	Λ	24	128,700										1.4	
29	X	24	128,700										1.6	
30	X	24	92,500					 					1.6	
	X	24						 					1.6	
31 Total	Λ	24	126,400 3,639,000		<u> </u>		ļ	<u> </u>			ļ	ļ	1.8	<u>l</u>
Total			1 3,039,000											

117,387

155,600

Average

Maximum



see page 4 for instructions.										
. General Information for the M	onth/Year of: November, 201	8								
A. Public Water System (PWS) Info	ormation									
PWS Name: Ravenna Park			PWS Identification Numb	per: 3591061						
PWS Type:	mmunity	nunity \(\Gamma\) Transient	t Non-Community	Consecutive						
Number of Service Connections	at End of Month: 523	Total Popula	ation Served at End of Mo	onth: 1,832						
PWS Owner: Utilities, Inc. of Flo	orida									
Contact Person: Patrick Flynn		Contact Pers	on's Title: Vice Presiden	t						
Contact Person's Mailing Address	ss: 200 Weathersfield Ave.	City: Altam	onte Springs	State: Florida	Zip Code: 32714					
Contact Person's Telephone Nun	nber: (866) 842-8432, Ext. 1359	Contact Pers	on's Fax Number: (407) 8	369-6961						
Contact Person's E-Mail Address: pcflynn@uiwater.com										
B. Water Treatment Plant Informati	on									
Plant Name: Ravenna Park Plant Telephone Number: (866) 842-8432										
Plant Address: 111 Temple Driv	/e	City: Sanfor	rd	State: Florida	Zip Code: 32773					
Type of Water Treated by Plant: ✓ Raw Ground Water ✓ Purchased Finished Water										
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000										
Plant Category (per subsection 6	2-699.310(4), F.A.C.): V		per subsection 62-699.31	0(4), F.A.C.): C						
Licensed Operators	Name	License Class	License Number		Shift(s) Worked					
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday	/					
Other Operators:	Barner Cooks	В	22170	Tuesday-Saturda	1					
	Allan Finch	В	7806	Sunday-Thursda	у					
LATITE NAMES OF BOOK OF	Jim Swegheimer	С	7183	Monday - Friday	/					
ATTENDED TO THE SECOND										
	in El									
I. Certification by Lead/Chief Op										
	lant an austan linawand in Elanida, and the land/ab	C 1		' D . I C.I.'						

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

- Don H	December 4, 2018	Don Hasty	A 6625
Signature and Date DEP Form 62-555: 900(3) Alternation	Printed of	or Typed Name	License Number

PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	: Raver	ına Park					
III. Da	III. Daily Data for the Month/Year of: November, 2018													
			Log Virus Inac				Chlorine		Chlorine Dioxide	e	Ozone	Com	bine Chlorine (Chlo	oramines)
	aviolet Ra		C	Other (·
Type o	f Disinfe	ectant Resid	ual Maintaineo	d in Distrib	oution System:	✓	Free Chlorine		Combine C	hlorine (Chlo	ramines)		Chlorine Dioxid	le
						tions, or UV Dose	e, to Demonstra	te Four-Lo	g Virus Inactiva	tion, if Applic	cable*			
						CT C	alculations				UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
	Dove				Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First				Lowest	Minimum	Disinfectant	
n c	staffed or		N. 0		Concentration (C)	Measurement	Customer	Temp.		Minimum	Operating UV Dose,	UV Dose	Concentration at	
Day of the	Visited by Operator	Hours Plant	Net Quantity of Finished Water	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water,	CT Required,	mW-	Required, mW-	Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	117,600		, ,								1.6	1
2	X	24	79,800										1.7	
3	X	24	126,700										1.4	
4		24	122,300											
5	X	24	122,300										2.2	
6	X	24	97,400										1.6	
7	X	24	85,700										1.8	
8	X	24	138,600										2.1	
9	X	24	90,300										1.8	
10	X	24	85,000										2.0	
11		24	121,100											
12	X	24	121,100										1.8	
13	X	24	108,100										1.7	
14	X	24	80,400										1.8	Collected Bactis
15	X	24	130,800										1.8	
16	X	24	75,100										2.0	
17	X	24	99,300										2.0	
18		24	118,000											
19	X	24	118,000										1.8	
20	X	24	128,100										2.0	
21	X	24	98,600										1.9	
22	X	24	100,700										1.7	
23	X	24	129,600										2.0	
24	X	24	93,500										2.0	
25		24	125,000											
26	X	24	125,000										2.2	
27	X	24	105,300										2.4	
28	X	24	95,900										2.4	
29	X	24	106,800										2.4	
30	X	24	102,800										2.4	
Total			3,248,900											
Averag	ge		104,803	ĺ										

138,600

Average Maximum



See page 4 for instructions.

see page 4 for instructions.							
I. General Information for the M		r, 2018					
A. Public Water System (PWS) In	formation						
PWS Namè: Ravenna Park	TWO Identification Number. 5571001						
	ommunity	-Community	ent Non-Community	□ Consecutive			
Number of Service Connections	s at End of Month: 523	Total Popu	lation Served at End of Mo	onth: 1,832			
PWS Owner: Utilities, Inc. of F	lorida						
Contact Person: Patrick Flynn		Contact Pe	rson's Title: Vice Presiden	t			
Contact Person's Mailing Addre	ess: 200 Weathersfield Ave.	City: Alta	monte Springs	State: Florida	Zip Code: 32714		
Contact Person's Telephone Nu	mber: (866) 842-8432, Ext. 1359		rson's Fax Number: (407) 8				
Contact Person's E-Mail Address	ss: pcflynn@uiwater.com						
. Water Treatment Plant Informa	tion						
Plant Name: Ravenna Park			Plant Telephone Number	: (866) 842-8432			
Plant Address: 111 Temple Dri	ive	City: Sanf		State: Florida	Zip Code: 32773		
Type of Water Treated by Plant		Purchased Finished V			1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Permitted Maximum Day Opera	ating Capacity of Plant, gallons per day: 3	00,000					
Plant Category (per subsection			(per subsection 62-699.31	0(4), F.A.C.): C			
Licensed Operators	Name	License Class	License Number		Shift(s) Worked		
Lead/Chief Operator:	Don Hasty	A	6625	Monday - Friday			
Other Operators:	Barner Cooks	В	22170	Tuesday-Saturda			
	Allan Finch	В	7806	Sunday-Thursda			
	Jim Swegheimer	С	7183	Monday - Friday			
	T.C.						
11.5			<u> </u>				
l. Certification by Lead/Chief O	perator						
	plant operator licensed in Florida, am the le	ead/chief operator of the water	r treatment plant identified	in Part Lof this repo	rt I certify that the		
formation provided in this report	is true and accurate to the best of my know	ledge and belief. L certify that	at all drinking water treatme	ent chemicals used a	t this plant conform t		
SF International Standard 60 or o	ther applicable standards referenced in sub	section 62-555 320(3). F.A.C	Lalso certify that the foll	owing additional on	erations records for t		
lant were prepared each day that a	licensed operator staffed or visited this pla	ant during the month indicates	d above: (1) records of amo	unts of chemicals us	ed and chemical fee		
ites: and (2) if applicable, appropri	iate treatment process performance record	s Furthermore Lagree to ret	ain these additional operation	one records at the nle	ant site for at least to		
	The transfer process performance records	o. Tarmermere, Fagree to fee	am mese additional operation	ons records at the pro	ant site for at least ter		
1 3,10	January 7, 2019	Do	n Hasty		A 6625		
ignature and Date	, =	Printed or Typed Name		License N			
EP Form 62-555 900(3) Alternate		i i i i i i i i i i i i i i i i i i i		Licelise I	Turrio (1		

							T .							
PWS I	dentifica	tion Numbe	r: 3591061				Plant Name	: Raven	na Park					
			onth/Year of:		Dec, 2018									
			Log Virus Inact	tivation/Re	emoval: *	Free (Chlorine	C	Chlorine Dioxide		Ozone	Comb	oine Chlorine (Chlo	ramines)
	aviolet Ra			Other (
Type o	f Disinfe	ectant Resid	ual Maintained	in Distrib	ution System:	✓	Free Chlorine	[Combine Cl	nlorine (Chlo	ramines)		Chlorine Dioxid	le
					CT Calculate	ions, or UV Dose	e, to Demonstrat	te Four-Lo	g Virus Inactivat	tion, if Applic	able*			
						CT C	alculations				UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Disinfectant	(T) at C	at First			3.61	Lowest	Minimum	Disinfectant	
Day of	staffed or		Net Quantity of		Concentration (C) Before or at First	Measurement Point During	Customer During	Temp.		Minimum CT	Operating UV Dose,	UV Dose	Concentration at Remote Point in	Emanganay on Ahmanmal Onantina Conditional Panair on
Day of the	Visited by Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	of	pH of Water,	Required,	mW-	Required, mW-	Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System
Month	(place x)	in Operation	Produced, gal	Rate, gpm	Peak Flow, mg/L	minutes	mg-min/L	Water, C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
1	X	24	101,500										2.4	
2		24	106,100											
3	X	24	106,100										2.4	Collected Bactis
4	X	24	116,400										2.4	
5	X	24	103,200										2.0	
6	X	24	84,100										2.2	
7	X	24	104,600										2.0	
8	X	24	105,100										2.0	
9	11	24	107,400										2.0	
10	X	24	107,400										1.8	
11	X	24	146,800										1.8	
12	X	24	105,500										2.2	
13	X	24	109,800										2.2	
14	X	24	86,800										2.0	
15	X	24	84,000										2.2	
16	Λ	24	100,700										2.2	
17	X	24	100,700										2.1	
18	X	24	125,900										2.0	
19	X	24	93,700										2.4	
20	X	24	69,700										2.1	
21	X	24	126,800										2.0	
22	X	24	73,400										2.2	
23	Λ	24	93,500										2.2	
24	X	24	93,600										2.3	
25	X	24	108,700										2.2	
26	X	24	103,700										2.3	
27	X	24	95,000										2.3	
28	X	24	95,000 85,400										2.2	
29	X	24	51,800										2.1	
30	Λ	24	115,500					-					2.0	
	X	24	· · · · · · · · · · · · · · · · · · ·										2.2	
31 Total	Λ	<i>L</i> 4	115,600 3,127,400		<u> </u>								۷.۷	<u> </u>
1 Otal			J,14/J4UU											

100,884

146,800

Average

Maximum

RAVENNA PARK

Most Recent Sanitary Survey

The wastewater system is collection only and does not get compliance inspections



FLORIDA DEPARTMENT OF Environmental Protection

CENTRAL DISTRICT OFFICE 3319 MAGUIRE BLVD, SUITE 232 ORLANDO FLORIDA 32803 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Noah Valenstein Secretary

March 23, 2020

Patrick C. Flynn, Vice President Utilities Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714 pcflynn@uiwater.com

Re: Ravenna Park

PW Facility ID #3591061

Seminole County

Dear Mr. Flynn:

Department personnel conducted an inspection of the above-referenced facility on February 13, 2020. Based on the information provided during and following the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Viviana Useche at 407-897-2919 or via e-mail at Viviana. Useche @FloridaDEP.gov.

Sincerely,

David 5 michela

David Smicherko Environmental Manager, Central District Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Scott Gosnell, Utilities Inc., sgosnell@uiwater.com

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name	RAVENNA PARK		County	Seminole	PWS ID#	3591061-1
Plant Location	111 Temple Dr, Sanford, FL 32	2771	- ,		Phone	407-869-1919
Owner Name	Utilities Inc. of Florida Attn: Pa	trick C. Flynn			Phone	407-869-1919
Owner Address	200 Weathersfield Avenue, Al	tamonte Springs	s, FL 32714			
Contact Person	Scott Gosnell Title		Area Mana	ger Phon	e	407/682-5651
This Survey Date	<u>02/13/2020</u> Last Survey l	Date <u>02/14/2017</u>	Last C	Compliance In	spection Date	06/01/98
PWS TYPE: C	ommunity		RAW WAT	ER SOURCE		
	•					2
PLANT CATE	GORY & CLASS: 5C			ASED from P		
MAX-DAY DES	SIGN CAPACITY: 300,000 gpc	<u>1</u>				ty of Sanford
PWS STATUS:	Approved		_	-		
I WS STATUS.	Approved		. 8	· J		
				POWER SOU	JRCE: Yes	
TREATMENT 1	PROCESSES IN USE		Source			
<u>Hypochlorinati</u>	on, aeration			Standby (kW)		
• •						
				d Under Load _		hr / month
SERVICE ARE	A CHARACTERISTICS			nent does it op		
			Well F	umps		
Food Service:	Yes No N/A		⊠ High S	Service Pumps		_
Number of Service	e Connections 513		ĭ Treatn	nent Equipmen	it	Unknown
	d 1796 Basis Opera		Satisfy avg.	daily demand?	∠Yes ∟No) <u>Unknown</u>
1 opulation Servee	Dasis Opera	tor		l alarm? ⊠Ye		
OPERATION &	& MAINTENANCE LOG: Yes		Comments _			
Location Pla	ant					
Comments			PLANS AN	D MAPS		
			Coliform San	mpling Plan	X Yes	□ No □ N/A
CEDEVICIED OF	DED ATION W			itoring Plan	X Yes	□ No □ N/A
	PERATOR: Yes		Lead and Co	pper Plan	⊠ Yes	□ No □ N/A
	rtification Class-Number:		Distribution	System Map	∑ Yes	□ No □ N/A
Don Hasty A-6	0625		Emergency	Response Plai	n ⊠ Yes	□ No □ N/A
Ura/dove Desciond	*Vicit A *Vi	sit	Comments _			
	*Visit Actual *Vi d 5+1 Actual 5-					
	Days? \square Yes \square No \square		DDEXÆNE	TATE NA ATNET		0-NA
	isits must total 0.6/week	J 1 1 / A		IVE MAINT: Maintenance		
Commentsv	Isits must total 0.0/ week			Infamentance Pr		Yes No No N/A
				Program	=	Yes No No N/A
MONTHLY OP	PERATION REPORTS (MORS		Trasming	Records		Yes No No N/A
MORs submitted		N/A	Isolation	Valve Exercis		Yes No No N/A
Data missing from	n MORs? ⊠ No □ Yes [□ N/A	150144101	Records		Yes No No N/A
Average Day (from	m MORs) <u>109,687 gpd</u>		Comments	Annual flus		2019. Quarterly
Maximum Day (fi	rom MORs) <u>211,700 gpd 06/19</u>			1 start in 2020		
Comments						
				ONNECTION		
Flow Measuring I	Davica Flow Motor		# BFPAs 4		# Tested	·
Meter Size & Typ	Device Flow Meter 6" Water Specialties		WWTP RPZ			sted N/A
Date Last Calibrat				Yes		
Date Last Calibra	icu <u>02/21/2017</u>		Comments _	CCCP appr	<u>oved by DEF</u>	on 03/2018

PWS ID #	3591061
Date	02/13/2020

GROUND WATER SOURCE

Well Numb	oer (Florida Unique Well ID#)	1 (AAH2573)	2 (AAH2574)		
Year Drilled		1959	1965		
Depth Dril	led	475'	460'		
Drilling Mo	ethod	Unknown	Unknown		
Type of Gr	rout	Cement	Unknown		
Static Water	er Level	6'	3'		
Pumping V	Vater Level	Unknown	16'		
Design We	ll Yield	Unknown	Unknown		
Test Yield		Unknown	190 gpm		
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (ou	tside casing)	195'	148'		
Diameter (outside casing)	6"	8"		
Material (o	utside casing)	Steel	Steel		
Well Conta	mination History	None	None		
Is inundation	on of well possible?	No	No		
6' X 6' X 4	Y" Concrete Pad	Yes	Yes		
	Septic Tank	WWTF >200'	WWTF >200'		
SET	Reuse Water	N/A	N/A		
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
	Туре	Vertical turbine	Vertical turbine		
	Manufacturer Name	Goulds	Goulds		
PUMP	Model Number	6DHHC-6	DHHC-6		
	Rated Capacity (gpm)	Unknown	Unknown		
	Motor Horsepower	20	15		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		OK	OK		
Raw Water	Sampling Tap	Yes	Yes		
Above Gro	und Check Valve	Yes	Yes		
Security		Yes	Yes		
Well Vent	Protection	N/A	N/A		
		<u> </u>	I .	i	

COMMENTS	Well 1 is by the building and Well 2 is behind the tank

PWS ID#_	3591061
Date	02/13/2020

CHLORINATION (Disinfect	tion)		
Type: 🗌 Gas 🔀 Hypo			
Make <u>Stenner</u>	Capacity_	85	gpd
Chlorine Feed Rate 67%			
Avg. Amount of Cl2 gas used		N/A	4
Chlorine Residuals: Plant			
Remote tap location Lift s	station on B	eth Dri	ve
DPD Test Kit: On-site	With	operato	r
None	☐ Not U	Jsed Da	ily
Injection Points <u>Into aerator</u>	r		
Booster Pump Info N/A			
Comments <u>Chlorine pump:</u>	2 online; 1	spare	
1 chlorine storage tank with	secondary o	containi	nent
-			
AERATION (Gases, Fe, & M			
Type <u>Cascade</u>	Capacity _	440 gr	om
Aerator Condition Good			
Visible Algae Growth None			
Protective Screen Condition _	Good		
Frequency of Cleaning 2x a	ı year		
Date Last Inspected/Cleaned	02/2020		

Comments

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	G	H/ft
Capacity (gal)	20,000	3,000
Material	Steel	Steel
Gravity Drain	Yes	Yes
By-Pass Piping	Yes	Yes
Protected Openings	Yes	Yes
Sight Glass or Level Indicator	Yes	No
PRV/ARV	N/A	Both
Pressure Gauge	No	Yes
On/Off Pressure	13'/15'	56/69
Access Secured	Yes	Yes
Access Manhole	Yes	Yes
Tank Sample Tap Location	N/A	On tank
Date of Inspection	*	6/8/16
Date of Cleaning	*	6/8/16

Comments _	*New tank installed in 08/16	

HIGH SERVICE PUMPS

Pump Number	1	2
Туре	Centrifugal	Centrifugal
Make	Goulds	Peerless
Model	3656	820A
Capacity (gpm)	Unknown	250
Motor HP	15	15
Date Installed	Unknown	1986

Comments			

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name PHILLIPS SECTION				
Plant Location Temple Avenue, Sanford, FL 32771			Phone	407/869-1919
Owner Name <u>Utilities Inc. of Florida Attn: Patrick C. Flynn</u>			Phone	407/869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Spring				
Contact Person Scott Gosnell Title				
This Survey Date $\underline{02/12/2020}$ Last Survey Date $\underline{02/14/201}$	<u>.7</u> Last	Compliance Ir	nspection Date	06/01/98
PWS TYPE: Community	RAW WAT	TER SOURCI	E	
PLANT CATEGORY & CLASS: 5C	⊠ GROU	ND; Number o	f Wells	
MAX-DAY DESIGN CAPACITY: 79,200 gpd			PWS ID#	
		•	irce <u>Cit</u>	
PWS STATUS: Approved	Emerge	ncy water Cap	pacity	
	STANDBY	POWER SO	URCE: Yes	
TREATMENT PROCESSES IN USE	Source			
Hypochlorination, aeration	Capacity of	Standby (kW)		70
			c Manual	
			41	nr / month
SERVICE AREA CHARACTERISTICS		ment does it op		
	⊠ Well	Pumps	_	
Food Service: Yes No No N/A		Service Pumps	S	
Number of Service Connections513	Sotisfy over	ment Equipme	nt ?⊠Yes □No	. I Inknown
Population Served 1796 Basis Operator	Audio-vieus	al alarm? XY		
			25110	
OPERATION & MAINTENANCE LOG: Yes	comments <u>.</u>			
Location Plant				
Comments Phillips Section – Plant offline for repairs	PLANS A	ND MAPS		
at the time of inspection		ampling Plan	Yes	
CERTIFIED OPERATOR: Yes		nitoring Plan	∑ Yes	
Operator(s) & Certification Class-Number:		opper Plan	∑ Yes	
Don Hasty A-6625		System Map		
Don't Husty 11 0025		Response Pla		□ No □ N/A
Hrs/day: Required *Visit Actual *Visit	Comments _			
Days/wk: Required 5+1 Actual 5+1				
Non-consecutive Days?	PREVENT	TIVE MAINT	ENANCE/O	&M
Comments *Visits must total 0.6/week	Operation &	de Maintenance	Manual X	les 🗌 No
		Maintenance P	~ =	
MANAGEMENT OF THE AMERICAN PROPERTY (MANAGEMENT)	Flushin	g Program	<u> </u>	
MONTHLY OPERATION REPORTS (MORs)		Records		čes 🔲 No 🔲 N/A
MORs submitted regularly? Yes No N/A No N/A	Isolatio	n Valve Exerc		
Data missing from MORs?	C .	Records	· · · · · · · · · · · · · · · · · · ·	Yes ☐ No ☐ N/A
Average Day (from MORs) N/A Maximum Day (from MORs) N/A	Comments			
Comments No MORs submitted. Plant is shut down				
due to repairs.	CROSS C	ONNECTION	N CONTROL	1
auc to repairs.	# BFPAs 4			
Flow Measuring Device Flow Meter			Date Tes	
Meter Size & Type 6" Water Specialties		n Yes_Date		
Date Last Calibrated 02/21/2019			roved by DEP	on 1/25/08

PWS ID #_	3591061-02
Date	02/12/2020

GROUND WATER SOURCE

Well Numb	oer (Florida Unique Well ID#)	1 (AAH2571)		
Year Drilled		1955		
Depth Drill	led	250'		
Drilling Me	ethod	Unknown		
Type of Gre	out	Unknown		
Static Wate	er Level	13'		
Pumping W	Vater Level	Unknown		
Design We	ll Yield	Unknown		
Test Yield		Unknown		
Actual Yiel	ld (if different than rated capacity)	Unknown		
Strainer		Unknown		
Length (out	tside casing)	92"		
Diameter (d	outside casing)	6"		
Material (o	utside casing)	Black Steel		
Well Conta	mination History	None		
Is inundation	on of well possible?	No		
6' X 6' X 4	"Concrete Pad	Yes		
	Septic Tank	WWTF >200'		
SET	Reuse Water	N/A		
BACKS	WW Plumbing	>100'		
	Other Sanitary Hazard	None Observed		
	Туре	Vertical Turbine		
	Manufacturer Name	Goulds		
PUMP	Model Number	6DHHC-6		
	Rated Capacity (gpm)	Unknown		
	Motor Horsepower	20		
Well casing 12" above grade?		Yes		
Well Casing Sanitary Seal		OK		
Raw Water Sampling Tap		Yes		
Above Gro	und Check Valve	Yes		
Security		Yes		
Well Vent l	Protection	N/A		

COMMENTS			
-			<u> </u>

PWS ID#_	3591061-02
Date	02/12/2020

CHLO	RINAT	ION (Disinfection))
Type:	Gas	⊠ Hypo	

Type: Gas Hypo			
Make Stenner	Capacity 85 gpd		
Chlorine Feed Rate 40%			
Avg. Amount of Cl ₂ gas used _	N/A		
Chlorine Residuals: Plant	Remote2.2		
Remote tap location Lift S	Station on Beth Drive		
DPD Test Kit: On-site			
☐ None	☐ Not Used Daily		
Injection Points Into aerator	r		
Booster Pump Info N/A			
Comments 1 chlorine storage	ge tank with secondary		
containment	•		

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H/ft	
Capacity (gal)	3,000	
Material	Steel	
Gravity Drain	Yes	
By-Pass Piping	Yes	
Protected Openings	Yes	
Sight Glass or Level Indicator	No	
PRV/ARV	Both	
Pressure Gauge	Yes	
On/Off Pressure	58/64	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location	On tank	
Date of Inspection	6/8/16	
Date of Cleaning	6/8/16	

Comments _	
Sigh glass broken- plant offline for repairs	

PWS ID#	3591061-02
Date	02/12/2020

DEFICIENCIES:

No deficiencies noted at the time of inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2019 results have been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2020, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2020.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or frwa@frwa.net, for free technical assistance with your system. FRWA has extended benefits offered to members.
- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.
 - Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]
- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as
 possible, but never later than noon of the next business day, in the event of any of the following emergency or
 abnormal operating conditions:
 - o The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - o The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

PWS ID#_	3591061-02
Date	02/12/2020

COMMENTS (continued):

• Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]

and	David S midule
Inspector Signature	Reviewer Signature
Viviana Penuela Useche	
Printed Name	Printed Name
Environmental Specialist	Environmental Manager
Title	Title
3-20-2020	3/23/2020
Date	Date

RAVENNA PARK

Permits

The wastewater system is collection only and does not require a permit

ration/Finance) 329-4508

PALATKA, FLORIDA 32178-1429

OPERATIONS

407-752-3100

TDO 407-752-3102

2133 N. Wickham Road

Melbourne, Florida 32935-8169

SUNCOM 904-865

(Permitting) 329-4315

Melboyme, Florida 32904

PERMITTING

305 East Drive

407-984-4940

TDD 407-722-5368

TDD SUNCOM 860-4450



November 15, 2000

Utilities Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714

SUBJECT: Consumptive Use Permit Number 8352

RAVENNA PARK

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on November 15, 2000.

POST OFFICE BOX 1429

FAX (Executive) 329-4125

618 E. South Street

TDD 407-897-5960

407-897-4300

Orlando, Florida 32801

TELEPHONE 904-329-4500

(Lecal) 329-4485

7775 Baymeadows Way

Jacksonville, Florida 32256

Suite 102

904-730-8270

TDD 904-448-7900

TDD 904-329-4450

- SERVICE CENTERS -

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Shoerely,

Gloria Lewis Director

Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent:

THE COLINAS GROUP INC 515 N. VIRGINIA AVENUE Winter Park, FL 32789

William Kerr, Charman MELBOURNE BEACH

Ometrias D. Long, vice CHAIRMAN

Joff K. Jennings, SECRETARY

Duane Ottenstroer, TREASURER SWITZERLAND

Reid Hughes

PERMIT NO. 8352

PROJECT NAME: RAVENNA PARK

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 44.57 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 1099.

LOCATION:

Site: Ravenna Park

Seminole County

Section(s): 34

Township(s):

198

Range(s):

30E

ISSUED TO:

Utilities Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 15, 2000

AUTHORIZED BY:

St. Johns River Water Management District

Department of Resource Management

Rv

Dwight T Jenkins

Division Director

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8352 UTILITIES INC OF FLORIDA DATED NOVEMBER 15, 2000

- District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
- 2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
- 3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
- Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
- 5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
- 6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the

permittee.

- 7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
- 8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
- 10. The permittee must ensure that all service connections are metered.
- Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
- All submittals made to demonstrate compliance with this permit must include the

permit number 8352 plainly labeled on the submittals.

- 13. This permit will expire on November 15, 2020.
- 14. Maximum annual ground water withdrawals must not exceed 44.57 million gallons.
- 15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.
- The permittee must assure that all service connections are metered.
- The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.
- 18. Wells no. 1 and 2 must continue to be monitored with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications. The permittee has elected to monitor both wells with a common flowmeter.
- 19. Total withdrawals from wells no. 1 and 2 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period

Report Due Date

January - June

July 31

July - December

January 31

- The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
- 21. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is

greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

- 22. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.
- 23. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(3), F.S., every 5 years during the term of the permit. The permittee shall submit the report by January 31 of the required year. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:
 - (a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, February 8, 1999; and
 - (b) supply all of the information specifically required by the compliance report condition(s) on the permit.

Notice Of Rights

- 1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
- 2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice).
 Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
- 3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party reqarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
- 4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
- A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
- Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
- The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

- 8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written desision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
- A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
- Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
- 11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
- 12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
- 13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
- For appeals to the District Court of Appeal, a District action is considered rendered after it
 is signed on behalf of the District, and is filed by the District Clerk.
- 15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

Utilities Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714

at 4:00 p.m. this tath day of Movember, 2000.

54h

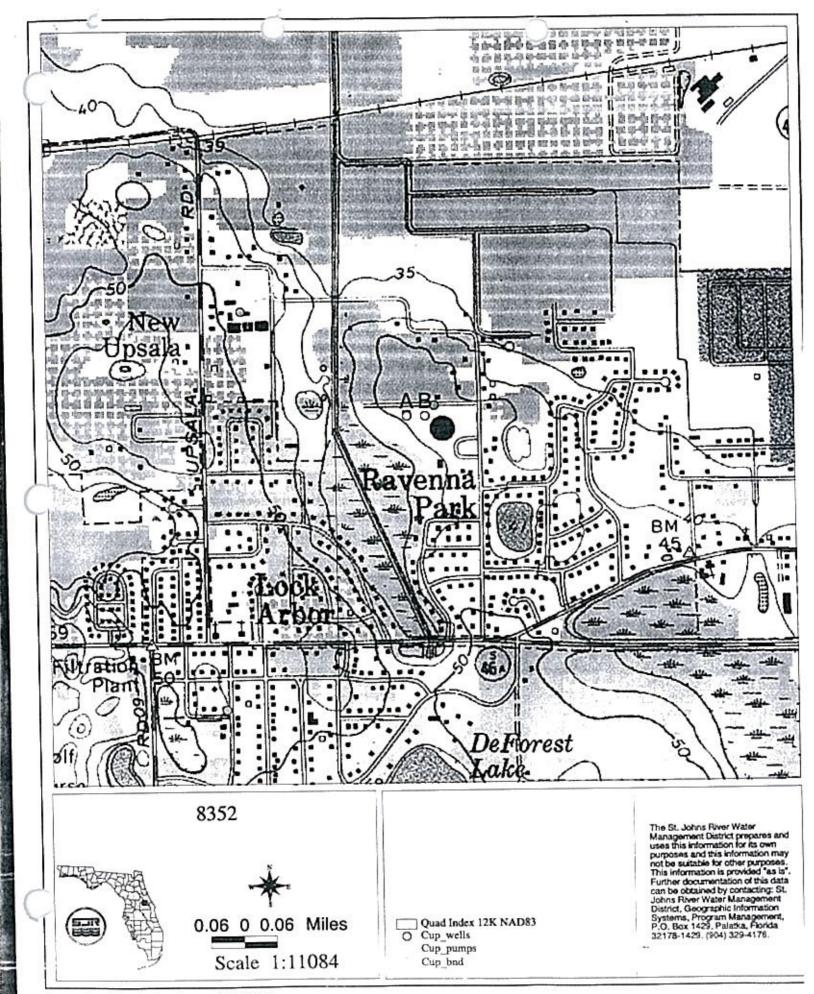
Division of Permit Data Services Gloria Lewis, Director

St. Johns River Water Management District Post Office Box 1429 Palatka, FL 32178-1429 (904) 329-4152

Permit Number: 8352



UTILITIES INC OF FLORIDA
ESSE IS-EOV-2020
FLORIDAY AQUIFER
EOUSEFOLD
PARK
FRUIT PARK



FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT Post Office Box 1429 Palatka, Florida 32178-1429

Consumptive Use Permit Number: 8352 - Reviews Pack

Permittee Name: Utilities Inc of Florida

Date of Permit Issuance: November 15, 2000 Station Name: 1

Pump Capacity: 200 GPM

Serial Number on Meter:

Meter Model:

Discharge Pipe Diameter:

Date of Last Meter Calibration:

Date of This Calibration:

Name of Person Performing Calibration:

Mand or Equipment Used for Calibration:

Initial Meter Reading at Start of Calibration:

Final Meter Reading at End of Calibration:

Readings on Equipment Used for Calibration:

Start: _____ End:____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: ________%

Name of Person Completing Form (Please Print): _______

Address:

Ci State/Zip:

Daytime Telephone: (________-____-

Company Name: _____

Please Retain a Copy for Your Records

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT Post Office Box 1429 Palatka, Florida 32178-1429

Consumptive Use Permit Number: 8352 - RANIMA PARK Permittee Name: Utilities Inc of Florida Date of Permit Issuance: November 15, 2000 Station Name: 2 Pump Capacity: 240 GPM Serial Number on Meter: Meter Model: Discharge Pipe Diameter: Date of Last Meter Calibration: / / Date of This Calibration: Name of Person Performing Calibration: od or Equipment Used for Calibration: Initial Meter Reading at Start of Calibration: Final Meter Reading at End of Calibration: Readings on Equipment Used for Calibration: Start: End: (Attach Formulas Used to Make Calculations) Percent of Error Between Meter Reading and Calibration Equipment: % Name of Person Completing Form (Please Print): Company Name: Address: State/Zip: Daytime Telephone: (_______ - ______-

Please Retain a Copy for Your Records





St. Johns River Water Management District P. O. Box 1429 Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# 8352

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT RAVENNA PARK

WELL NAME 1

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH 'NUMBER' WITHOUT TOUCHING THE SIDES OF THE BOX

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St. Johns River Water Management District P. O. Box 1429 Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# 8352

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT RAVENNA PARK

WELL NAME 2

PUMP NAME

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St. Johns River Water Management District P. O. Box 1429 Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# 8352

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT RAVENNA PARK

WELL NAME 1

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St. Johns River Water Management Distric P. O. Box 1429 Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# 8352

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT RAVENNA PARK

WELL NAME 2

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Any Notices of Violation, Consent Orders, Letters of Notice, or Warning Letters from the health department or the DEP in the previous five years

Rule 25-30.440(7)

NONE

TEST YEAR COMPLAINTS

[All test year complaints for the following systems are logged in one account and are being provided with the Golden Hills water system documents: Golden Hills, Crescent Heights, Davis Shores,
Orangewood, Summertree, Lake Tarpon, Bear Lake, Jansen, Little Wekiva, Oakland Shores,
Park Ridge, Ravenna Park, Weathersfield, Crownwood, Phillips and Orangewood]

PRE-TEST YEAR SECONDARY WATER QUALITY COMPLAINTS

[All pre-test year water quality complaints for the following systems are logged in one account and are being provided with the Golden Hills water system: Golden Hills, Crescent Heights, Davis Shores, Summertree, Lake Tarpon, Bear Lake, Jansen, Little Wekiva, Oakland Shores, Park Ridge, Ravenna Park, Weathersfield, and Orangewood]