ARMA Water Service, LLC P O Box 771375 Ocala, FL 34477-1375 (352) 351-1338

FIRST-CLASS MAIL U.S. POSTAGE PAID

TYPE METER READING
OF
SERVICE PRESENT PREVIOUS
USED CHARGES

PERMIT NO

CUSTOMER ROUTE ACCOUNT	PAY GROSS AMOUNT AFTER THIS DATE
NET AMOUNT TO BE PAID	GROSS AMOUNT TO BE PAID

MAIL THIS STUB WITH YOUR PAYMENT

METER READ CLASS	TOTAL DUE	LATE CHARGE	PAST DUE
	UPON RECEIPT	AFTER DUE DATE	AMOUNT
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DOCUMENT NUMBER-DATE

FPSC-COMMISSION CLERK

DECKET NO 090366 WV

BRUCE WILSON CONSTRUCTION INCORPORATED

State Certified Building Contractor License number CBC 034280

720 South East 3rd Street Ocala, Fl 34471 Phone (352) 690-9606 Fax (352) 690-2066 Ceil (352) 216-3997

E-mail Dustoff46@cox.net

August 17, 2009

Mr. Arnaldo Barros 900 Washington Street Hollywood, Fl 33019 RE; Leighton Estates Water System

To whom it may concern;

As the builder of the Leighton Estates Water System I am providing these costs to show the actual expenses to Mr. Barros for the project.

The initial cost of the water plant to include the distribution system was 332,500. When we include the cost of land used for the site and the lots necessary for access the final cost becomes \$ 462,500.

Ongoing testing, maintenance and reports are a monthly expense and are not included in this number.

Should you have a question or need to talk with me please feel free to contact me at any of the above numbers.

Sincerely,

Bruce Wilson

Cc: Mr. Arnaldo Barros

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Date_	Chk#	Project	Payee	Amount
5/10/2005	2177	well plant	Anthiem Electric, Inc.	\$1,964.25
7/14/2005	2248	water plant	Ball Fencing, Inc.	\$1,602.00
7/18/2005	2254	water plant	Bruce Wilson	\$2,500.00
7/29/2005	2262	water plant	Bruce Wilson	\$2,500.00
8/26/2005	2282	water plant	Bruce Wilson	\$1,000.00
8/29/2005	2284	water plant	Bruce Wilson	\$1,500.00
8/18/2005	2273	misc. Final/water plant	cash	\$1,000.00
10/13/2004	1879	water plant	City Electric	\$567.10
2/21/2005	2077	Recording fee	Clerk of the Court	\$10.00
no date	2376	water plant	D&T sod	\$1,400.00
11/30/2005	2410	sod right of way water plant	D&T sod	\$2,250.00
2/21/2005	2078	water dist	D.E.P.	\$500.00
3/11/2005	2104	water plant	D.E.P.	\$300.00
1/4/2005	??		DES-CO	\$1,250.00
12/30/2004	1997	leighton water plant	Dave Carroll	\$2,105.00
10/25/2004	1902	Blk B 5, 6	Dave Carroll land clearing	\$5,400.00
7/6/2005	2237	water plant	Dave Carroll land clearing	\$800.00
10/31/2005	2374	5 acres 2.5 water 50/50 plant	Dave Carroll land clearing	\$3,400.00
no date	2187	waterplant	Downtown Underground	\$37,156.00
6/21/2005	2222		Downtown Underground	\$10,000.00
no date	2247	water plant	Downtown Underground	\$5,000.00
7/21/2005	2257	water plant	Downtown Underground	\$3,000.00
9/2/2005	2300	water plant	Downtown Underground	\$7,701.48
6/2/2006	VISA	Abandon wells	Earl's Well Drilling & Pump Svc. Inc	\$1,712.00
10/4/2004	1861	leighton estates	Earl's Well Drilling & Pump Svc. Inc	\$20,000.00
10/25/2005	2364	water plant clean up	Friends Recycling	\$400.00
7/28/2005	2261	water plant sod	Giovanni Chessari	\$5,000.00
8/17/2005	2272	water plant 1000. of 2740. sod	Giovanni Chessari	\$1,000.00
8/30/2005	2289	water plant	J.W.J.	\$20,000.00
4/24/2005	2157	leighton estates	J.W.J. Inc.	\$7,925.00
7/13/2005	2245	water plant	J.W.J. Inc.	\$8,000.00
7/16/2005	2250	water plant	Lowes	\$66.48
7/18/2005	2253	water plant	Lowes	\$55.56
8/17/2005	2271	water plant	Lowes	\$23.97
3/1/2005	Cash	Preliminary power release	Marion County	\$30.00
3/25/2005	2122	NOC	Marion County	\$37.50

1				
10/26/2004	1903	well use permit	Marion Cty	\$300.00
2/23/2005	2081	right of way permit water plant	Marion Cty	\$380.00
9/20/2004	1845	large plat Marion Cty leighton	Michael Radcliffe Eng. Inc.	\$15.00
11/8/2004	1930		Michael Radcliffe Eng. Inc.	\$2,884.75
12/16/2004	1980	leighton water plant	Michael Radcliffe Eng. Inc.	\$3,465.00
4/8/2005	2139	leighton water	Michael Radcliffe Eng. Inc.	\$10,794.50
7/6/2004	1740	water system	Michael Radcliffe Engineering, Inc.	\$620.00
1/15/2006	2475		Michael Radcliffe Engineering	\$37.40
12/26/2004	1992		On Site Power Inc.	\$1,203.75
2/15/2005	2065		On Site Power Inc.	\$931.22
5/11/2006	VISA		On Site Power Inc.	\$683.70
6/29/2005	2229	sod	Paddock Park Sod	\$1,720.00
8/31/2005	2292	water plant	Paddock Park Sod	\$1,740.00
4/15/2005	2143	water & H block	Pitsch Plumbing Svc Inc.	\$19,709.04
5/19/2005	2192	water plant	Pitsch Plumbing Svc Inc.	\$30,482.23
7/26/2005	2258	water plant	Pitsch Plumbing Svc Inc.	\$5,000.00
9/2/2007	2298	water plant	Pitsch Plumbing Svc Inc.	\$6,501.35
9/25/2005	2331	water plant	Pro Tech	\$315.00
11/30/2005	2409	water plant on acc.	Pro Tech	\$1,700.00
8/14/2006	2681	water system	Pro Tech	\$1,125.00
1/17/2007	2861	water system	Pro Tech	\$500.00
5/11/2006	2590	water plant	Pro Tech Waste Water	\$730.00
3/6/2006	VISA	·	Pro Tech	\$1,355.00
12/7/2006	VISA		Pro Tech Waste Water	\$1,242.50
6/1/2005	2204	wells	R.M. Barrineau & Assoc. Inc.	\$650.00
10/12/2004	1873	leighton water plant	Radcliffe Eng., Inc.	\$7,869.00
1/16/2006	2475		Radcliffe Eng., Inc.	\$37.40
1/27/2005	2038	waterplant and leighton	Rinker	\$13,876.94
7/26/2005	2260	water plant	SECO	\$178.51
8/22/2005	2279	water plant H1-H6	SECO	\$263.87
11/17/2005	2392	water plant \$100.	SECO	\$546.21
3/22/2007	2917	leighton water pump	SECO	\$120.84
10/10/2005	2341	g	Seminole Feed	\$47.08
				\$274,181.63

AFFIDAVIT OF PUBLICATION

Star-Banner

Published - Daily

Ocala, Marion County, Florida

DOCKET No. 090 366 WU

STATE OF FLORIDA **COUNTY OF MARION**

Before the andersigned a Notary Public of Said County and State, who on oath says that they are an authorized employee of the Star Banner, a daily newspaper published at Ocala, in Marion County, Plorida; that the attached copy of advertisement, being a notice in the matter of

NOTICE OF APPLICATION FOR INITIAL CERTIFICATE OF AUTHORIZATION FOR WATER Section 367.045, Florida Statutes LEGAL NOTICE Notice is hereby given on pursuant to Section 367.045, Florida Statutes, of the application of ARMA WATER SERVICE, LLC to operate a

was published in said newspaper in the issues of:

9/14 1x

Affiant further says that the said STAR-BANNER is a daily newspaper published at Ocala, in said Marion County, Florida, and that the said newspaper has heretofore been continuously published in said Marion County, Florida, daily, and has been entered as second class mail matter at the post office in Ocala in said Marion County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the person of securing this advertisement for publication in the said newspaper.

(Section 367,045, Florida Statutes) LEGAL NOTICE

Notice is hereby given on pursuant to Section 367.045, Florida Statutes, of the application of ARMA WATER SERVICE, LLC to operate a water utility to provide service to the following described territory in Marion County, Florida:

A portion of the East half of Section 23, Township 16 South, Range 21 East, lo-cated at the north section of Leighton Es-tates near County Road 475-A and SW 32nd Avenue Road, to include the Leighton Estates subdivision.

Any objection to the said application must be made in writing and filed with the Office of the Commission Clerk, Florida Public Service Commission, 2540 Shuard Oak Boulevard, Tallahassee, Florida 32399-0850, within thirty (30) days of this notice. At the same time a copy of said objection should be mailed to the applicant whose address is set forth below. The objection must state the grounds for the objection with particularity. Any objection to the said application must

September 14, 2009 #A000584235

Sworn to and subscribed before me this 15th day of September, A.D., 2009

Claire L. Dowling

Claire L. Dowling (Print, Type or Stamp Name of Notary Public)

Ad #: A000584235



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER DOGLET NO. 090366 WU

See page 4 for instructions

Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell # Fax # (352) 237- Cell # (352) 246- Michelle - (352) 48- Michelle - (352) 48	
PWS Owner: Amaldo Barros Contact Person: Amaldo Barros Contact Person's Mailing Address Contact Person's Telephone Number: (954)922-0949 Contact Person's F-Mail Address: Cell #(646)765-9054 - Maria's cell # B. Water Treatment Plant Information City: OCALA Water Treatment Plant STATES Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD Type of Water Treated by Plant: For Permitted Maximum Day Operating Capacity of Plant, gallons per day: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant City: OcALA Water Treatment plant indicated above (per subsection 62-699.310(4), F.A.C.): 6 Plant City: OcALA Pl	
Number of Service Connections at End of Month: 41 PWS Owner: Amaldo Barros Contact Person's Marialdo Barros Contact Person's Marialdo Barros Contact Person's Marialdo Barros Contact Person's Telephone Number: (954)922-0949 Contact Person's E-Mail Address: (954)922-0949 B. Water Treatment Plant Information (954)922-0949 Contact Person's Fax Number: (954)922-0949 Contact Person's Fax Number	3425108
PWS Owner: Amaldo Barros Contact Person's Mailing Address Contact Person's Mailing Address Contact Person's Mailing Address Contact Person's Felephone Number: (954)922-0949 Contact Person's E-Mail Address: Contact Person's Felephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-0949 Contact Person's Fax Number: (954)922-0954 Contact Person's Fax Number:	
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Contact Person's Mailing Address 900 Washington Street (954)922-0949 Contact Person's Telephone Number: (954)922-0949 Contact Person's Telephone Number: (954)922-0949 Contact Person's Telephone Number: (954)922-0949 Fax # (352) 237-0948 Contact Person's Fax Number: (954)922-0949 Fax # (352) 237-0948 Contact Person's Fax Number: (954)922-0949 Fax # (352) 237-0948 Fax	
Contact Person's Telephone Number: [954)922-0949	
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell # Rat # (352) 237- Rat Name: LEIGHTON ESTATES Plant Telephone Number: Cell # (352) 216- Michelle - (352)	Zip Code:3301
Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle (352) 216-	
Water Treatment Plant Information LEIGHTON ESTATES Plant Telephone Number: LEIGHTON ESTATES Plant Telephone Number: Michelle (352)44 Michelle	
Water Treatment Plant Information LEIGHTON ESTATES Plant Telephone Number: LEIGHTON ESTATES Plant Telephone Number: Michelle (352)446 Mich	7-7329
Plant Telephone Number: Michelle - (352)46 Iant Address: 3125 SW 93RD STREET ROAD When the provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals SF International Standard 60 or other applicable standards referenced in subsection 62-655.320(3), F.A.C.* I also certify that the following add and were prepared each day that a licensed operator sters; and (2) if applicable, appropriate treatment provides of this report, at a convenient location for at least ten years.** Dur clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)	
Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Type of Water Treated by Plant: FV Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310 Coentification by Lead/Chief Operator: Coentification by Lead/Chief Operator: The undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals SF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following addiant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of che ties; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations recover can retain them with copies of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)	
ype of Water Treated by Plant: Purchased Finished Water	Zip Code: 3447
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the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals SF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional standards and twere prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations recover can retain them with copies of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON	
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formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals of the International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional very standard standard standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional expression of the section of the subsection for at least termination of the property of	of this report. I certify that the
SF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional standards and were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations recorded and retain them with copies of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON	
ant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations recorded retain them with copies of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON	
tes; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations recovered the control of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON	
rner can retain them with copies of this report, at a convenient location for at least ten years.** For clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON	
our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON	Olds to the PWS DWINES SO D
RICKY WILLIAMSON	
	C-8393
Signature and Date Printed or Typed Name	License Number
Substitute/Alternate	

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

PWS	Identific	cation Nu	mber:			3425108	Plant Name:		LEIGHTO	N ESTATE	S			<u>-</u>
Means	of Achiev	ving Four-L Radiation	onth/Year of: log Virus Inacti	Other (Describe):	▼ Free Ch			hlorine Diox		厂 Ozon			ed Chlorine (Chloramines)
Type	of Disinfe	ctant Resid	lual Maintain	ed in Distrib	ution System:		▼ Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
199		DA . A		Stantin Albert	CT Calculations	, or UV Dose, t	to Demonstrate Fo	ur-Log	Virus Inactiv	vation, if Ap	plicable*	all temp for	and the	PROPERTOR OF PROPERTY AND PROPERTY OF STREET AND PROPERTY.
	Dave		78.344	4. (4.2.1)	2 to 4. 5. c. d.	en de la CTC	alculations	Tikkii issa	AV \$ 7.4 Y	4.00	L UY	Dose	Lowest	
160	Plant	AND A SVA	0.00		Lowest Residual	Disinfectant	编队组成 。	mar.	多用物类	多数加支		Lucy la	Residual 3	Programme and the control of the con
	Staffed or	at de la		Definite to	Disinfectance	Contact Time	eranar en la	(0.51%)	静治感染	rame Park	ne esta	100	Disinfectant	THE STATE OF THE S
70	Visited	ALC: U	D. A. 47		 Concentration 	(t) at C	Lowest CT		104.5	an sa	Lowest	Minimum	Concentration	Paragraph and concept the form
	::by	1000		A. Erick	(C) Before or at	Measurement	Provided Before or	Temp	Gest W	Minimum	Operating	· UV Dose	at Remote	
Day of	Operator	Hours	Net Quantity of	14 2 14	First Customer	Point During	at First Customer	of	pH of) CIT	UV Dose,	Required,	Point in	
the	(Place)	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow	Demonstrate For alculations Lowest CT Provided Before or sat First Customer During Peak How	Water	Water, if	Required	mW•	mW ₅	Distribution	Maintenance Work that Involves Taking Water System
TATOTIME	(CXT)	in peranon;	1 - 1) hittoch, gar	Rate, gpd	ing/Lat 1	minutes	mg-mm/L ***	. oC	Applicable	mg-min/L	sec/om2	sec/cm2/	System, mg/:L	Components Out of Operation
3 31 7		24	9000					ļ	}	<u> </u>	ļ			
-2		24	9000					<u> </u>	ļ		ļ			
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12.		24	9000	<u> </u>										
8	Х	24	8550										0.5	
9		24	10300											
1.10		24	10300											
11	Х	24	10200										0,5	
112		24	9200		· · · · · · · · · · · · · · · · · · ·				·					
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÷ 14 %		24	9200											
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118	X	24	8000										0.3	
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. 20 .		24	9100									·		
÷ 21 ÷		24	9100											
22,	Х	24	9100										0.4	
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- 24:		24	8500											
i 25 🚌		24	8500											
26	Х	24	8200										0.5	SAMPLE - 1 WELL, 2 LINES
27		24	8300											
28	Х	24	8300										0,4	
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30		24	8200											
311	ani kata	24	8200 273850										L	<u> </u>
			27383U 8924											

10300

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

	ion for the Month/Ye		_					
	Vater System (PWS)				DIME Identification N	umh ar	2475400	
PWS Name: PWS Type:	▽ Community	LEIGHTON ESTATES Non-Transient Non-Communication	nih.	- Transi	PWS Identification N ient Non-Community	Consecutive	3425108	
	Connections at End		THEY		ulation Served at End		104	
PWS Owner:	Arnaldo Barros	of Month: 41		rotat Fopt	Jiation Served at Lind		104	
Contact Person:	Arnaldo Barros		_	Contact Pa	erson's Title: Owner			
Contact Person's M		900 Washington Street	– City	Hollywood		State: FL	Zip Code:	33019
Contact Person's To	_	(954)922-0949	– City.		erson's Fax Number:	(954)922-5540		33013
Contact Person's E-	•	Cell #(646)765-9054 - Maria's cell #	_	Contact	erson's rax rumber.	(934)922-0040		
Contact Ferson's E	-Wall Addless.	Cell #(040)705-9054 - Walla's Cell #				Fax # (352) 23	7-7320	
B. Water T	reatment Plant Infor	mation				Cell # (352) 21		
Plant Name:	LEIGHTON EST			Plant Tele	phone Number:		482-0777 Ext. 208	
Plant Address:	3125 SW 93RD		- Cibr		phone Number.	State: FL	Zip Code:	34476
riani Augless.	3123 SW 93RD	STREET ROAD	– City:	OCALA_		State. FL	Zip Code	34470
	Day Operating Cap	acity of Plant, gallons per day:	F. Purch	ased Finishe 65800				
Plant Category (per	subsection 62-699.	310(4), F.A.C.): <u>5</u>			Plant Class (per sub	section 62-699.31	10(4), F.A.C.): <u> </u>)
licensed Operators		Name	Licen	se Class	License Number	Pay	(s)/Shift(s) Worked	
	RICKY WILLIAM		Licen	C	8393	DAYS Day	(S) Cilliday (S)	
Other Operators:	THORY WILLIAM		 		- 0000			
	in a		 					
	in -		╁			+		
			 					
			 		-	-		
	1		 -			 		
			+		 	 	 	
	i		 		 			
I Codification by I	ead/Chief Operator				L			
		t operator licensed in Florida, am the lead	Mohief oner	ator of the w	eter treatment plant in	lentified in Part L	of this report. I certif	v that the
		e and accurate to the best of my knowled						
NSE International S	tandard 60 or othor	applicable standards referenced in subse	ge and bein	61. 1 Certify t	A C * 1 also certify the	t the following a	ditional operations r	ecords for thi
dant were prepared	tanuaru oo or omer	applicable standards referenced in substanced operator staffed or visited this plan	t during the	month india	antod above: (1) record	te of amounts of	chemicals used and	chemical fee
vates: and (3) if and	licable, appropriate i	treatment process performance records.	Eurthormo	ra Lagragita	aleu above. (1) record	nal operations re	cords to the DMS ou	uner so the D
		is report, at a convenient location for at le			provide triese additio	nai operations re	COIGS to the 1 445 OF	riiei so tiie i
		ed of the proper type to purchase) (**Our clients are p			to and are responsible for retar	ning them)		
om chems minish the ch	norme and have occil adviso	ed of the proper type to phronase) (Our chents are p	MOVINGU WILLI CO	opies of an repor	to and are responsible for rela-	ining dictil)		
					LLIAMSON		C-83	
Signatur	e and Date			Printed or	Typed Name		License Nun	nber
Substitute/Alterna	ate.	`						

PWS	Identific	ation Nu	mber:			3425108	Plant Name:		LEIGHTON	ESTATES	<u> </u>			
Means U	of Achiev Itraviolet I	ing Four-L Radiation		vation/Remo Other (l	Describe):	Free Chl			lorine Dioxid		C Ozone	_		d Chlorine (Chloramines)
Type o		tant Resid	lual Maintaine	d in Distrib	ution System:	***************************************	Free Chlor	ine		Combi	ined Chorir	ie (Chloram	iines)	Clorine Dioxide
					CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	virus Inactiv	ation, if Ap	olicable*			
	Days					CTC	alculations				UV	Dose	Lowest	
	Plant				Lowest Residual	Disinfectant							Residual	
	Staffed or			- K	Disinfectanci	Contact Time	7 7 7 7						Disinfectant	人名英格兰 医红斑 医皮肤
	Visited		1.0		Concentration	(T) at C	Lowest CT				Lowest	Minimum	Concentration	
	by				CT Calculations Lowest Residual Disinfectance Concentration (C) Before or at	Measurement	Provided Before or	Temp	3.5	Minimum	Operating	UV Dest	at Remote	
Day of	Operator	Hours-	Net Quantity of		First Customer	FOIR LAIRING	at First Cassomer	1 or	prior .	L.	LLY LOSE,	жерштес,	Point in	Emergonoy or Abnormal Operating Conditions, Repull or
the	Place		Finished Water		During Peak Flow,		During Peak Flow,		Water, if	Required	m₩•	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")		Produced, gal	Rate, gpd	mg/L	minutes	mg-min/L	oC	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
	<u> </u>	24	9000	ļ. _	ļ <u> </u>	<u> </u>		 					 	
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22	<u> </u>	24	9100		<u> </u>	_		├					0.4	
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25	ļ- 	24	8500	 			 	├	 				0.5	CAMPLE LIVEL 21 DIES
26	X	24	8200	 	 								0.3	SAMPLE - 1 WELL, 2 LINES
27	 _	24	8300 8300	 	 			_	 				0.4	
28 29	<u> </u>	24	8300		 	 	[<u> </u>	 	0.4	
29 30	1	24	8200	 		 		 -	 					
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Total	1	1 _ 24	273850	 	L		l.—				<u> </u>			
Averag	e			1										

10300

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

General Information for the Month/Yes AUGUST 2008 Public Water System (PWS) Information					
NS Name: LEIGHTON ESTATES		PWS Identification N		3425108	
NS Type: ☐ Community ☐ Non-Transient Non-Community		Transient Non-Community	Consecutive		
umber of Service Connections at End of Month: 41		Total Population Served at End	of Month:	<u>104</u>	
NS Owner: Arnaldo Barros					
ontact Person: Arnaldo Barros		Contact Person's Title Owner			
ontact Person's Mailing Address 900 Washington Street	City:	Hollywood	State: FL	Zip Code:	33019
ontact Person's Telephone Number: (954)922-0949		Contact Person's Fax Number:	(954)922-5540		
ontact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #		•	- " (050) 007 7	222	
1877 T			Fax # (352) 237-73		
Water Treatment Plant Information		Di at Talanta da A	Cell # (352) 216-8		
ant Name: LEIGHTON ESTATES	0.4	Plant Telephone Number:	Michelle -(352)482		0.4470
ant Address: 3125 SW 93RD STREET ROAD	City:	OCALA	State: <u>FL</u> _	Zip Code:	34476
ermitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.); ensed Operators: Name:	l lease	Plant Class (per subsection of the class License Number		-	
ad/Chief Operator: RICKY WILLIAMSON	***************************************	C 8393	DAYS		
ner Operators:				· · · · · ·	
		·		-	
(2016年) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
。					
Certification by Lead/Chief Operator:					
ne undersigned water treatment plant operator licensed in Florida, am the lead/chi	ef opera	tor of the water treatment plant ic	lentified in Part I of th	nis report. I certify	that the
prmation provided in this report is true and accurate to the best of my knowledge a					
F International Standard 60 or other applicable standards referenced in subsection					
nt were prepared each day that a licensed operator staffed or visited this plant dur	ring the r	month indicated above: (1) record	ds of amounts of che	micals used and o	chemical f
es; and (2) if applicable, appropriate treatment process performance records. Fur			nal operations recor	ds to the PWS ow	ner so the
ner can retain them with copies of this report, at a convenient location for at least t					
r clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provid	ed with cop	pies of all reports and are responsible for retain	ining them)		
		DIGIO/14#1114440001		0.000	٠.
Signature and Date		RICKY WILLIAMSON Printed or Typed Name		C-839	

PWS I	dentifica	ation Nu	mber:			3425108	Plant Name:		LEIGHTO	N ESTATE:	S			<u>.</u>
Means U	of Achiev traviolet F	ing Four-L Radiation	onth/Year of: .og Virus Inacti	vation/Remo	Describe):	▼ Free Chl			nlorine Diox		C. Ozon			d Chlorine (Chloramines)
Type o	f Disinfec	tant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	ine		┌ Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
3.85	y ()	(I) (I) (I)	a disputation	7 A 10 CO. 18	CT Calculations Lowest Residual Disinfectanct Concentration (C) Before or at First Customer	, or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*			Emergracy or Abnormal Operating Conditions Repair of
F.A.	Days		3 876 3 8	graficet and		CT.C	alculations - 4		5 4 4 5	3×44	I. UV	Dose + -	Lowest	(2) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	Plant	11.00			Lowest Residual	Disinfectant		dulin (1)					Residual	THE CAN PERSON AND THE PERSON AND THE
4.1	Staffed or	ATTENDED	general et in		Disinfectanct	Contact Time			5 44 7 44	10		Report Page 19	Disinfectant	主要的基础的基础。
	Visited		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Concentration	(I) at C	Lowest CT		WW15-161 15	all makes as the	Lowest	Minimum	Concentration	200 年 Tarrist 200 年 100 年 100 年 100 年 100 日 100
35.007.00000	by	D	N-0		(C) Belore or at	Measurement	Provided Before of	1 emp	-u af	Minimum	Uperating	DV Dose	at Remote Point in	
the	Operator (Place	Plant in	Proshed Water	Peak Flow	During Peak Flow,	Peak Flow	During Peak Flow	Wafer	Water, if	Required	mW-	mW-	Distribution	Emergency of Apriconnel Operating Conditions, Repair of Conditions, Repair of Conditions, Maintenance Work that Involves Taking Water System
		Operation	Produced, gal	Rate, gpd	mg/Life	minotes	mg-min/L	, oC	Applicable					Components Out of Operation
20-18-		24	9000											
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25 26	х	24	8500 8200					-					0.5	SAMPLE - 1 WELL, 2 LINES
27		24	8300						l				0.5	SAWFLE - I WELL, 2 LINES
(28)	x	24	8300					-	·				0.4	
29		24	8200										0.4	
30		24	8200		,									
31		24	8200											
	Alle heribis		273850											
			8834											
Maximi	n.		10300											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

il. General Informați			_					
	ater System (PWS		_					
PWS Name:		LEIGHTON ESTATES			PWS Identification N		3425108	
PWS Type:			nity		ient Non-Community	Consecutive		
Number of Service C		of Month: 41		Total Popu	ulation Served at End	of Month:	104	
PWS Owner:	Arnaldo Barros		_					
Contact Person:	Arnaldo Barros	000111			erson's Title Owner			
Contact Person's Ma		900 Washington Street	_ City:	Hollywood		State: FL	Zip Code: _	33019
Contact Person's Te		(954)922-0949	_	Contact Pe	erson's Fax Number:	(954)922-5540		
Contact Person's E-l	Mail Address:	Cell #(646)765-9054 - Maria's cell #		_				
D \\/						Fax # (352) 237-		
	eatment Plant Infor	···		S		Cell # (352) 216		
Plant Name:	LEIGHTON EST		- 0:		phone Number:		82-0777 Ext. 208	04470
Plant Address:	3125 SW 93RD	STREET ROAD	_ City:	OCALA		State: <u>FL</u>	Zip Code:	34476
	Day Operating Car	pacity of Plant, gallons per day:	Purch	ased Finishe 65800		i: 00 000 046	V() 5.40\ B	
Plant Category (per s	subsection 62-699.	310(4), F.A.C.): <u>5</u>		-	Plant Class (per subs	section 62-699.310	0(4), F.A.C.): <u>D</u>	
Licensed Operators:	do a kalendario	Name: No. 24 Cabata Salt Inc.	Licens	se Class	License Number	Day(s)/Shift(s).Worked	SUST EX
Lead/Chief Operator	RICKY WILLIAM	SON		С	8393	DAYS		
Other Operators.								
readeless.								
or project at								
STATE OF STATE OF STATE								
dia was saa								
 Certification by Le 					 			
		operator licensed in Florida, am the lead						
		e and accurate to the best of my knowledg						
		applicable standards referenced in subse						
plant were prepared	each day that a lice	ensed operator staffed or visited this plant	during the	month indic	ated above: (1) record	ls of amounts of ch	nemicals used and o	chemical feed
ates; and (2) if applic	cable, appropriate t	reatment process performance records.	Furthermor	e, I agree to	provide these addition	nal operations reco	ords to the PWS ow	ner so the PW
wner can retain ther	n with copies of thi	s report, at a convenient location for at lea	ast ten year	'S.**				
Our clients furnish the chlo	rine and have been advise	ed of the proper type to purchase) (**Our clients are p	rovided with co	pies of all report	ts and are responsible for retain	ning them)		
				RICKY WII	LLIAMSON		C-839	93
Signature	and Date		•		Typed Name		License Num	
Substitute/Alternate	Э	•						

Manuscric Achieving Four-Log Version Inclusion/Removal Fire Chlorine Combined Chlorine (Chlorina) Chlorine Version Combined Chlorine (Chlorina) Chlorine Version Combined Chlorine (Chlorina) Chlorine Version Combined Chlorine (Chlorina) Chlorine Disorder Combined Chlorine (Chlorina) Chlorine Disorder Combined Chlorine (Chlorina) Chlorine Disorder Chlorine Version Chlorine Versio	PWS J	dentifica	ation Nur	nber:			3425108	Plant Name:		LEIGHTO	VESTATE:	<u>S</u> _			_
CT Calculations or UV Does, Demonstrate Post Job Williams CT Calculations TV Does, Demonstrate Post Job Williams CT Calculations TV Does, Demonstrate Post Job Williams CT Demonstrate Total Calculations T	Means Ul	of Achiev traviolet R	ing Four-L Radiation	og Virus Inacti	vation/Remo	val; * Describe):	Free Chl			lorine Dioxi					· ·
The Person Plant of Frankels Water Person Person Pers	Type o	f Disinfec	tant Resid	lual Maintaine	ed in Distrib	ution System:	×	i✓ Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
The Plane Plane of Fluids Water of Post 17th Company Plane P	483.4	e Profession	All Joseph	of the said		CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	2.60	r lan Grammer	SEESTING OF THE PROPERTY OF THE PROPERTY OF
The Plane Plane of Fluids Water of Post 17th Company Plane P		Dave	Artific illus		Non Live		et c	alculations 🐘 🔻	enta Palan	transfering to		, UV	Dose	Lowest	militario antimoliti seria anti di 2007/40 di antimoliti di 2007
The Plane Plane of Fluids Water of Post 17th Company Plane P	n Car	Plant	fand beid		44 445	Lowest Residual	Disinfectant				ersiyan.			Residual	transport for the first and a superior of the first of the second
The Plane Plane of Fluids Water of Post 17th Company Plane P	1400/20	Staffed or	100	all and the stant	alma de la	Disinfectanct	Contact Time	100000000000000000000000000000000000000	1000	n is de lifera		Kuran		Disinfectant	erest and the state of the stat
The Plane Plane of Fluids Water of Post 17th Company Plane P		Visited	and the		4 - 6 6 - 6	Concentration	(T) at C	Lowest CT	18.36	uh Sala at	and a	Lowest	Minimum	Concentration	ad responsivo de la constitución
The Part Plant W Finalbet Water Peak Fine Peak Fin		∘∠by	d _{ad} -	420	parate en	(C) Before or at	Measurement	Provided Before or	Temp	Ar S Sub	Minimum	Operating	UV Dose	at Remote	many section of the company of the section of the s
The Plane Plane of Fluids Water of Post 17th Company Plane P	Day of	Operator	Hours	Net Quantity of	1000	First Customer ∧	Point During	at First Customer	of	pH of	CT	UV Dose,	Required.	Point in	Emergency of Abnormal Operating Conditions, Repair of
日本学 24 9000 1 1 1 1 1 1 1 1 1	the	(Place	FIANUU,	T. HROHOTI (A. Brei	I - E GUY TIOM	TAMENT CHE LINA	I car tina.	DUITHER CONTINUE.	A GIOT	I Maici II	Yedanen -		and the same of	Distribution,	Maintenance Work that Involves Taking Water System
32	Month	* (X')	Operation	Produced, gal	Rate, gpd	mg/L	munutes 🐗	mg-min/L	oC .	Applicable	mg-min/L	seo/cm2	sec/cm2	System, mg/L	Components Out of Operations
			24	9000					<u> </u>						
			24												
15															
1		X												0.4	
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1030									ļ						
10		X						· · · · · · · · · · · · · · · · · · ·						0.5	
									<u> </u>				<u>. </u>		
13														0.6	
134		X						·		 		 		0,3	
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15											a. 0.				
35		v												0.4	
18				1										V.4	
184 X 24 8000															
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24 9100															
24 9100						*							• • • • • • • • • • • • • • • • • • • •		
22 X 24 9100			24	9100											
24 24 8500 25 24 8500 26 X 24 8200 27 24 8300 28 X 24 8300 29 24 8200 30 24 8200 31 24 8200 Total 273850		Х	24	9100										0.4	
24 8500			24	8500											
24 8200 0.5 SAMPLE - 1 WELL, 2 LINES 278 X 24 8300			24	8500											
24 8300			24	8500											
286 X 24 8300	26	X	24	8200		•								0.5	SAMPLE - 1 WELL, 2 LINES
29 24 8200 30 24 8200 31 24 8200 Total 273850			24	8300											
30 24 8200		X	24	8300										0.4	
Total 24 8200 Total 273850															
Total 22 (1991) 22 (1991) 23 (1991) 27 (1991)	30														
													L	<u> </u>	
				273850											

10300

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



WATER

no 090366 WU

See page 4 for instructions.

I. General Information for the Month/Yes SEPTEMBER 2008 A. Public Water System (PWS) Information	_					
PWS Name: LEIGHTON ESTATES			PWS Identification N	lumber:	3425108	
PWS Type: Tommunity Non-Transient Non-Commu	unity	- Transi	ient Non-Community	Consecutive		
Number of Service Connections at End of Month: 41	,		lation Served at End		104	
PWS Owner: Arnaldo Barros						
Contact Person: Arnaldo Barros	_	Contact Po	erson's Title: Owner			
Contact Person's Mailing Address 900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Telephone Number: (954)922-0949	_ ·		erson's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #						
		_		Fax # (352) 237	-7329	
Water Treatment Plant Information				Cell # (352) 216	5-8100	
Plant Name: LEIGHTON ESTATES		Plant Tele	phone Number:	Michelle -(352)4	182-0777 Ext. 208	
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA _		State: FL	Zip Code:	34476
Type of Water Treated by Plant:	T Purcha	ased Finishe	ed Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		65800				
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		_	Plant Class (per sub	section 62-699.310	0(4), F.A.C.): <u> </u>)
10 10 10 10 10 10 10 10 10 10 10 10 10 1		S p. May down party and the same and a same	Metados nacion no. A com con in to 2000000 Prime to openso, you down the rest	orthography (A. M. S. M. Address or specific complementary and the complementary of the compl	m . We had his loss is words as a subsection of the delicity rendered communications of the CONTRACT	TSS to began presented by comparison of
licensed Operators Name			License Number		s)/Shift(s) Worked	
ead/Chief Operator. RICKY WILLIAMSON		<u>C</u>	8393	DAYS		
Other Operators :						
The state of the s						
				<u> </u>		
L. Certification by Lead/Chief Operator						
, the undersigned water treatment plant operator licensed in Florida, am the lea						
nformation provided in this report is true and accurate to the best of my knowled						
NSF International Standard 60 or other applicable standards referenced in subs						
plant were prepared each day that a licensed operator staffed or visited this plan						
ates; and (2) if applicable, appropriate treatment process performance records.	Furthermor	e, I agree to	provide these additio	nal operations rec	ords to the PWS ov	vner so the P
owner can retain them with copies of this report, at a convenient location for at k						
*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are	provided with co	pies of all repor	ts and are responsible for retain	ining them)		
		RICKY WI	LLIAMSON		C-83	93
Signature and Date			Typed Name		License Nun	nber

PWS I	dentifica	tion Nur	nber:			3425108	Plant Name:		LEIGHTO	V ESTATE	S			
Means	of Achievi	ing Four-L	onth/Year of: og Virus Inacti			Free Ch			nlorine Diox		「 Ozon			d Chlorine (Chloramines)
Type o	f Disinfec	tant Resid	tual Maintaine	ed in Distrib	ution System:		Free Chlor	rine		Comb	bined Chori	ne (Chlorar	nines)	Clorine Dioxide
1,000		4 4		(3) ·	Describe): ution System: CT Calculations Lowest Residual Disinfectance Concentration (C) Before of a	or UV Dose.	to Demonstrate Fo	our-Log	Virus Inactiv	ation, if Ar	plicable*	qu'e di	100	
1 (U.S.)	- 3		300			в есто	alculations	11.1	199		UV	Dose	100	19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10 (19.10
	Days		315 16 1		7000000		100	i en ir					Lowest	
	Plant				Lowest Residual	Disintectant			125				. Kesidiai	
	Staffed or Visited		127		Distillectance	COMME	Lauren (*T				Lowest	Minimum	Concentration	
	visited by		- 1		(C) Reference	Measurement	Provided Before o	Temn		Minimim	Onerating	ITV Dose	at Remote	
Dayof	Operator	Hone	Net Country of		First Customer	-Point During	Lowest CT Provided Before o at First Customer	of	oH of	ine	UV Dose	Required,	Point in	Emergency of Abnormal Operating Conditions, Repair of
the	(Place	Plant m	Finished Water	Peak Flow	During Peak Flow	Peak Flow	During Peak Flow	Water	Water of	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(יאני	Operation	Produced gal	Rate god	my/L	rimutes	me-min/L	o€	Applicable	mg-mm/L	sec/cm2	sec/cm2	System, mg/1.	Manifedance Work that Involves Taking Water System Components Out of Operation
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3	Х	24	8000						1				0.4	
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5/15		24	8100	1										
6		24	8100											
1, 7		24	8100	1										
8.2	Х	24	8100			i .							0.5	
19.		24	8200											
10	Х	24	8200	·									0.4	
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12		24	8000				<u> </u>			<u> </u>	<u> </u>		<u> </u>	
- 13 -		24	6500								<u> </u>			
14		24	6500				ļ					<u> </u>		
a-154	X	24	6400						<u> </u>			<u> </u>	0.5	
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17		24	9000			<u> </u>		ļ.,						
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-20		24	10000			ļ	<u> </u>			<u> </u>	<u> </u>	<u> </u>		
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29		24	9000	ļ	<u> </u>	<u> </u>					 -			
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+31		24			L	L	l	1	<u> </u>		1	<u> </u>		
Total	talen il	andaziles	253900	4										
		nije State	8463	-										
Maximu	m = , = is	ak – ak	10200	J										

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

If General information for the Month/Yea SEPTEMBER 2008						
A. Public Water System (PWS) Information		-	A/C Identification N	· ······b·oo··	2425400	
PWS Name: LEIGHTON ESTATES PWS Type:	ih,	_	WS Identification N t Non-Community	Consecutive	3425108	
Number of Service Connections at End of Month: 41	ty		ion Served at End		104	
PWS Owner: Arnaldo Barros		rotai ropulai	ion convocate and			
Contact Person: Arnaldo Barros		Contact Pers	on's Title: Owner			
Contact Person's Mailing Address 900 Washington Street	Citv:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Telephone Number: (954)922-0949	,		on's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #						
		-		Fax # (352) 237-	7329	
B. Water Treatment Plant Information				Cell # (352) 216-		
Plant Name: LEIGHTON ESTATES		Plant Telepho	one Number:	Michelle -(352)48	82-0777 Ext. 208	
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
					_	
- 7	F Purcha	ased Finished	Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		65800				
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		_ P	ant Class (per subs	section 62-699.310)(4), F.A.C.): <u>[</u>	<u> </u>
	g gy langu ang bio yay					
Licensed Operators Name			License Number)/Snift(s) Worked	dian ad
Lead/Chief Operator: RICKY WILLIAMSON		<u>c </u>	8393	DAYS		
Other Operators						
Mark Alexandrian English						
				<u> </u>		
			··· -			
	-					
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed in Florida, am the lead/o	chief oners	tor of the water	r treatment plant id	entified in Part Lof	this report I certify	y that the
information provided in this report is true and accurate to the best of my knowledge						
NSF International Standard 60 or other applicable standards referenced in subsect						
plant were prepared each day that a licensed operator staffed or visited this plant of	during the	o.ozu(o), r.A.C month indicate	d above: (1) record	is af amounte of ch	ruonai operations in	chemical fee
rates; and (2) if applicable, appropriate treatment process performance records. F	Lurtharmore	a Lagree to pr	ovide these addition	as of amounts of cit	orde to the DMS ou	uner so the DI
owner can retain them with copies of this report, at a convenient location for at least			CAIGG RIESE AUGILIO	iai operations reco	ACC TO THE LAND ON	rifer 30 ule FV
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro	ovided with co	o. pies of all reports an	d are responsible for retain	ning them)		
to an attend that and the mid that open an about the broken (150 to beginning). I to the enems me bro		L at my reports m	topolisiese 101 (eas)			
		RICKY WILLI	AMSON		C-839	93
Signature and Date		Printed or Tyr		11.7.100	License Num	
Cook white the /Althormatic		-				

PWS I	dentific:	ation Nur	nber:			3425108	Plant Name:		LEIGHTON	ESTATE:	<u>s</u>			-
			onth/Year of:		SEPTEMBER 20			<u> </u>					****	
		ring Four-L Radiation	og Virus Inacti	vation/Remo Other (I		Free Chi	orine) : Cl	ılorine Dioxi	de	C Ozon	e e	1 Combine	d Chlorine (Chloramines)
				7.4 75.1			Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
	A.A.		F		CT Calculations	or UV Dose.	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ar	plicable*	- Maria	11103) 11114 - 1114 - 1114	Experience Work that Involves Taking Water System Components Out of Operation
		1.1			Quiyay yakine	THE CTC	alculations 🚈 📳		olitania e se se se se	Month (+ UV	Dose*		等的 维斯 斯特 (1995年)
	Dlane		1000		I myest Residual	Disinfectant		iscreens from					Residual	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
	Staffed or			715 × 110	Disinfectance	Contact Time							Disinfectant	THE WEST STREET IN STREET
	Visited	2.4		2010	Concentration	(T) at C	Lowest CT				Lowest	Minimum	Concentration	THE REPORT OF TH
	by	1.66		AD de	(C) Before of at-	Measurement	Provided Before or	Тетр		Minimum	Operating	UV Dose	- at Rempte :	是是18、46.442。2016年2月1日 第 代37
Day of	Operator	Hours	Net Quantity of	A Court Mile	First Customer	Point During	at First Customer	- of	pH of		UV Dose,	Required,	Point in	Emergency of Abnormal Operating Conditions, Repair of 🖷
the	(Place	Plant m	Finished Water	Peak Flow	During Peak Flow)	Peak Flow,	During Peak Plow,	Water	Water it	Required:	imw-	mw-	Distribution	5 Maintenance Work that Involves Taking Water System
L.	X	24	8000	Agic, gate	- ugs	Minutes	- mg-muerz es		- пррисаоте	- THE-HIRKE	SCUCIUZ :	SCUGIIIZ	0.5	Components to a Operation
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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Information for the Month/Yes SEPTEMBER 2008 A. Public Water System (PWS) Information					
PWS Name: LEIGHTON ESTATES		PWS Identification N	umber:	3425108	
PWS Type: Community Non-Transient Non-Community	/ 	Fransient Non-Community	Consecutive		
Number of Service Connections at End of Month: 41		Population Served at End		104	
PWS Owner: Amaldo Barros		•	1 2 · · · · · · · · · · · · · · · · · · ·		
Contact Person: Arnaldo Barros	Cont	act Person's Title: Owner			
Contact Person's Mailing Address 900 Washington Street	City: Holly		State: FL	Zip Code:	33019
Contact Person's Telephone Number: (954)922-0949		act Person's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #			<u>. , , , , , , , , , , , , , , , , , , ,</u>		
			Fax # (352) 237-7	7329	
B. Water Treatment Plant Information			Cell # (352) 216-8		
Plant Name: LEIGHTON ESTATES	Plan ⁴	Telephone Number:	Michelle -(352)48		
Plant Address: 3125 SW 93RD STREET ROAD	City: OCA		State: FL	Zip Code:	34476
				· ·	· · · · · · · · · · · · · · · · · · ·
Type of Water Treated by Plant:	Purchased F	inished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65	300			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per subs	section 62-699.310((4), F.A.C.): D	
Licensed Operators Name:	License Clar	s 🕭 🚺 License Number		/Shift(s) Worked:	
Lead/Chief Operator: RICKY WILLIAMSON	С	8393	DAYS		
Other Operators:					
	·				
医原理 主义安全 的复数					
II. Certification by Lead/Chief Operator		·			-
I, the undersigned water treatment plant operator licensed in Florida, am the lead/ch	nief operator of	the water treatment plant id	entified in Part I of t	his report. I certify	that the
information provided in this report is true and accurate to the best of my knowledge	and belief. I ce	rtify that all drinking water tr	eatment chemicals	used at this plant	conform to
NSF International Standard 60 or other applicable standards referenced in subsection	on 62-555.320(3), F.A.C.* I also certify tha	t the following addit	tional operations re	ecords for this
plant were prepared each day that a licensed operator staffed or visited this plant du					
rates; and (2) if applicable, appropriate treatment process performance records. Full	rthermore, I ag	ee to provide these addition	nal operations recor	rds to the PWS ow	ner so the PWS
owner can retain them with copies of this report, at a convenient location for at least	t ten years.**				
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided to the proper type to purchase) (**Our clients are provided to the proper type to purchase)	ided with copies of a	l reports and are responsible for retain	ning them)		
	RICK	Y WILLIAMSON		C-839	3
Signature and Date		ed or Typed Name	· · · · · · · · · · · · · · · · · · ·	License Num	ber
Substitute/Alternate					

PWS	Identific	ation Nur	nber:			3425108	Plant Name:		LEIGHTO	N ESTATE	<u>s</u>			<u>_</u>
			onth/Year of: og Virus Inacti	ivation/Remo	SEPTEMBER 2	008 F Free Ch	lorine	⊏: CI	hlorine Diox	ide	「 Ozon	e	Combine	ed Chlorine (Chloramines)
		Radiation		Cther (Describe):									
Type	of Disinfe	ctant Resid	lual Maintain	ed in Distrib	ution System:		Free Chlor	rine	A Company of the control of the cont	J Comb	ined Chori	ne (Chlora	nines)	Clorine Dioxide
6.0	Days Plant Staffed o Visited by		V		CF Calculation	s, or UV Dose,	Lowest CT: Provided Before of	ur-Log	Virus Inacti	vation, it Ap	plicable .		4.0	
	a Days	100	40.50		N 4946	. E. CIC	alculations	9.76	1 1 1 1 1	0.000	UV	Dase :	Lowest	About the property and the comment of the second
400	Plant	10 4 40	14 11 21		Luwest Residual	Disinfectant	9 (4)		5.00			77	Residual	1. Park Carl Exploration (1994) 1. Annual Carl
	Staffed o	r e	(Continue)	14,74,10	Disinfectance	Contact Time	金属的 100 44	1994	2.0				Disintectant	建设建筑的复数 地名美国伊斯 美拉
	Wisited	817 (37	GB 1000		 Concentration 	(I) if C	Lowest CT			er Eller	Lowest	Minimum	Concentration	计图书用的图片分析 自由中国的产生
190	by	441		A Property	(C) Before of at	Measurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote a	医原理 医多克里氏 医电影 网络
Day or		r Pictors (Net Quantity of		a birst Customer	Point During	at First Customer	or	ph of	mal-U-1	UV Dose,	Required,	Point in	Energency of Absorated Operating Conditions, Repair of:
the.	Place	Plant m	Finished Water	Peak Flow	During Year Flow	reak riow	During Scar Lion	Water	Water	Kequireo	шw-	mw-	Lastriourion	Maintenance Work that laverties Taking Water System Components Out of Operation
Month 1	X	24	8000	ware, gpu	myr.	ilmates :	and-turers as	3.00	Applicable	me-man-	serremz	Security	0.5	Components (19) of Operation 153
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-8		24	8100	 	1		<u> </u>	 	1				0,5	
9		24	8200	1				†						
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11		24	8000									_		
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⊕15 ∦	X	24	6400					ļ			<u> </u>		0.5	
116		24	9000	ļ		<u> </u>		1		····	<u> </u>			
100		24	9000			<u> </u>	 	 	 	-	 			GANDER AND AND AND AND AND AND AND AND AND AND
19	X	24	10000	<u> </u>	 	 		 	 		 		0.7	SAMPLE - 1 WELL, 2 LINES
20		24	10000		 	 	 	}	 			 	}	
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22	<u> </u>	24	10200				<u> </u>	 	 					
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25	1	24	9000		Ī							i		
26		24	9000						<u></u>		Γ			
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		1,12,00	253900	-										
		14 A	8463 10200	4										
MIXEM	nn .	gright and part	10200	1										

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

l#General Information	for the Month/Ye	SEPTEMBER 2008	_					
	ter System (PWS)	Information			MAIO Identification At		0.405400	
PWS Name:		LEIGHTON ESTATES	71 .	- <u>-</u>	PWS Identification N	****	3425108	
PWS Type:	Community	Non-Transient Non-Commun	nity		ient Non-Community	Consecutive	404	
Number of Service Co		of Month: 41		rotal Popu	lation Served at End	or Morius.	104	
PWS Owner:	Arnaldo Barros		-	O				
Contact Person:	Arnaldo Barros	200111	- 0:4		erson's Title: Owner	State: FL	Zip Code:	33019
Contact Person's Mai		900 Washington Street	_ City:	Hollywood	erson's Fax Number:			22018
Contact Person's Tele		(954)922-0949	_	Contact Pe	erson's Fax Number.	(954)922-5540		
Contact Person's E-M	lail Address:	Cell #(646)765-9054 - Maria's cell #		-		Fav.# (250) 227	7220	
						Fax # (352) 237- Cell # (352) 216		
	atment Plant Inform			Diant Tala	nhana Number			
Plant Name:	LEIGHTON EST		~ ~		phone Number:		82-0777 Ext. 208	34476
Plant Address:	3125 SW 93RD \$	STREET ROAD	- City:	OCALA		State: FL	Zip Code: _	34470
Type of Water Treate	d by Plant:	₽ ;	F Purcha	ased Finishe	ed Water			
		acity of Plant, gallons per day:		65800				
Plant Category (per s					Plant Class (per subs	section 62-699.310	D(4), F.A.C.): <u>D</u>	<u>) </u>
				_				
Licensed Operators	all and the date of	Name	Licens	se Class	License Number		s)/Shift(s) Worked	
Lead/Chief Operator:	RICKY WILLIAM	SON		С	8393	DAYS		
Other Operators:								
			1		ļ <u>. </u>			
an and the first of					<u>.</u>			
ha distribut di A								
								
II. Certification by Le	ad/Chief Operator							
I the undersigned wa	ter treatment plant	operator licensed in Florida, am the lead	l/chief opera	ator of the w	ater treatment plant id	entified 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	ge and belie	of. I certify the	hat all drinking water t	reatment chemical	s used at this plant	conform to
NSF International Sta	indard 60 or other	applicable standards referenced in subse	ection 62-55	5.320(3), F.	A.C.* I also certify tha	at the following add	litional operations r	ecords for this
plant were prepared a	each day that a lice	ensed operator staffed or visited this plant	t during the	month indic	ated above: (1) record	ls of amounts of ch	nemicals used and	chemical feed
rates: and (2) if applic	able, appropriate t	treatment process performance records.	Furthermor	e, I agree to	provide these addition	nal operations rec	ords to the PWS ow	mer so the PWS
owner can retain then	n with copies of thi	s report, at a convenient location for at lea	ast ten year	'S.**				
(*Our clients furnish the chlo	rine and have been advis	ed of the proper type to purchase) (**Our clients are p	provided with co	pies of all report	ts and are responsible for retain	ning them)		
				RICKY WI	LLIAMSON		C-839	93
Signature	and Date		-	Printed or	Typed Name		License Num	ber
O to the de l'Alternati	•							

PWS I	dentifica	ation Nun	nber:			3425108	Plant Name:		LEIGHTON	VESTATE:	S			• -
Means o	f Achiev	for the Mo ring Four-La Radiation	onth/Year of: og Virus Inactiv	vation/Remo	SEPTEMBER 20 val: * Describe):	908 Free Chl	orine	┌ Ch	lorine Dioxi	de	☐ Ozone	•	Combine	1 Chlorine (Chloramines)
							Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
2 3		6.00			CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*			
				10 (2 H 1544	HAMAR BOLL	e cre	alculations				W UV	Dose 🛒		FILE OF A TOP OF BUILDING
	Days			andrea dire		Allend.	of the shabit	Jan San					Davidust	
	Plant				LOWEST RESIDUAL	Control Time	all and the second		4.3	20.0	Lagare.		District	5.5 种种的企业的生产的特别的。2015年2月
	Statica di Manaza	3565 J. B.			Concentration	CTV-51C	Lowest CT	1.5	100		Lowest	Minimien	Concentration	AND A PERSON AND A SERVICE OF THE SE
	ho				(C) Refore of at	Measurement	Provided Before or	Team	144	Miramon	Operating	LIVE Dose	at Remote I	position because a Species and topic
Dayof	Operator	Hones	Net Ouanity of	1000	Chirst Customer	Point Dunne	at First Customer	of	bHot	н ст	UV Dose.	Remured.	Point in	Emergency of Octobrol Consulting Conditions Resulting
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow	During Peak Flow,	Water	Water, if	Required	. ww.	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced gal	Rate apd	mg/L	minutes	mg-min/L	oC.	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Composents Out of Operation
1	Х	24	8000				<u></u> _						0.5	
≨ 2 .		24	8000	L	<u> </u>						ļ			
# 3	X	24	8000					<u> </u>					0.4	
» 4		24	8100			<u></u>	<u> </u>	ļ						
- 5		24	8100	 		 		<u> </u>			 	<u> </u>		
6 -		24	8100					<u> </u>			 			
7.5		24	8100		ļ				ļ		<u> </u>		0.5	
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49		24	8200		<u> </u>						 		0.4	
10 4	X	24	8200 8000		_						 		0,4	
11 2		24	8000	 	 	<u> </u>		 	 		-			
13	_	24	6500	 	<u> </u>			t						
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¥ 15¥	х	24	6400										0.5	
16	_	24	9000			l								
117		24	9000	Ī			<u> </u>							
218 2	X	24	8000			<u> </u>							0.7	SAMPLE - 1 WELL, 2 LINES
19		24	10000		<u> </u>	.		<u> </u>			\			
-20		24	10000											
71	X	24	10000		ļ			ļ			ļ		0.6	
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24		24	9000		-			-						
25		24	9000						ļI					
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28		24	9000	 		 		_	 					
28 29	-	24	9000		-									
30°	X	24	7200	 	<u></u>	<u> </u>		-					0.5	
31		24	7200			t								
		24	253900				I		L					
		in the same at a		1										

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Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Maximum

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Informatio	n for the Month/Yeater System (PWS		ER 2008					
PWS Name:	ater dystem (r vvo	LEIGHTON ES	STATES		PWS Identification N	iumber	3425108	
PWS Type:	Community		nsient Non-Community		Transient Non-Community	Consecutive	3423100	
Number of Service C			41		Total Population Served at End		104	
PWS Owner:	Arnaldo Barros							
Contact Person:	Arnaldo Barros	····			Contact Person's Title: Owner			
Contact Person's Ma	iling Address	900 Washington Str	reet	City:	Hollywood	State: FL	Zip Code:	33019
Contact Person's Tel		(954)922-0949	······································	,	Contact Person's Fax Number:	(954)922-5540		
Contact Person's E-N		Cell #(646)765-9054	4 - Maria's cell #			<u> </u>		
B. Water Tre Plant Name: Plant Address:	eatment Plant Infor LEIGHTON ES 3125 SW 93RD	TATES		City:	Plant Telephone Number: OCALA	Fax # (352) 237-7 Cell # (352) 216-8 Michelle -(352)482 State: FL	100	34476
Type of Water Treate Permitted Maximum I Plant Category (per s	Day Operating Car	oacity of Plant, gallons 310(4), F.A.C.):		Purcha	ised Finished Water 65800 Plant Class (per subs	section 62-699.310(4	l), F.A.C.): <u>D</u>)
Licensed Operators		Name		Licens	e Class 🕒 License Number	Dav(s)/	Shift(s) Worked	
Lead/Chief Operator					C 8393	DAYS		1
Other Operators								
	L					<u> </u>		
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	ļ							
	<u> </u>					 -		
						 		
on the same and								
II. Certification by Le	AJICHINE MAGAMA					<u> </u>		
			Florida, am the lead/ohi	of opera	tor of the water treatment plant id-	ontified in Deet Lat th	in roppet I south	, that the
					f. I certify that all drinking water to			
					5.320(3), F.A.C.* I also certify tha			
					month indicated above: (1) record			
					e, I agree to provide these addition			
			ent location for at least t			a oporadorio recore	10 to tric 1 110 044	nor so the r
					oies of all reports and are responsible for retain	ning them)		
			•	,				
					RICKY WILLIAMSON		C-839	93
Signature	and Date				Printed or Typed Name		License Num	ber
Out of the same of								

PWS	Identific	cation Nu	mber:			3425108	Plant Name:		LEIGHTO	N ESTATE	Ş			_
			onth/Year of:		OCTOBER 2008	3								_
Means	of Achie	ving Four-L	og Virus Inacti	vation/Remo	val: *	Free Chl	lorine	C	hlorine Diox	ide	Ozon	е	☐ Combine	ed Chlorine (Chloramines)
		Radiation		Other (G	· · · · · · · · · · · · · · · · · · ·				(0)		
Type	T DISINIC	CLARL MESIC	inai Maintaine	ea in Distrib	ution System:	or LIV Dace t	Free Chlor O Demonstrate For alculations Lowest CT : Provided Defore on at First Custome-Duling Peak Flow	ine	Viene televie	Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
	ug e	J. Gar	A STATE OF		C. Calculations	cr c	alculations	MI-TVE	v nas macu	rauon, n Ap	Discaole:	Doce	il december	Company of a second company of the second
	Days	1000		the oraș	98 B 511		de april de a	11947	10031444	41.00	14.2	5 J	Lowest	可以有的情况,这个人是不是多是在现代。
	Staffed		V3 10 40 42 5	1.2	Lowest Residual	Contact Time	despetation (70					Residual	1. 数据数据 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Visited	100			Concentration	maci	Lowest CT	4			Lowest	Minimum	Concentration	
	i by				(C) Before of at	Measurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours .	Net Quantity of	Table 4.4	First Customer	Point During	at First Customer	of	*pH of	t CT	UV Dose,	Required,	Point in	Brourgertey of Athornual Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow	Peak Flow	During Peak Flow	Water	Water, if	Required	πW-	mW#	Distribution	Maintenance Work that Involves Taking Water System
MORE		24	7000 7000	Kare, gpo	ige mg chesse	minures a	mg-min/i	OU.	Applicable	mg-mm/L	sec/cm2	-see/cm2	System, mg/L	Components Out of Operation
-2+		24	7000					 	 		 	-	0.4	
. ,3 :		24	10100					 -	 	 		ļ	0.4	
(.41		24	10100	<u> </u>				1	—	<u> </u>				
.,	G H	24	10100											
6	Х	24	10000										0.4	
<i>□ 7</i> -		24	6600											
- 8	Х	24	6600			<u> </u>		ļ	<u> </u>				0.3	
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21	X	24	8000	 		 			<u> </u>				0.4	24.00
4.22	1 A	24	8900										0.4	SAMPLE - 1 WELL, 2 LINES
23	х	24	8900										0,5	
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27.	ļ <u>.</u>	24	8500											
28 29	X	24	8500										0.4	
29		24	8400											
30 k	x	24	8400 8400			ļ								
Total	1 ^_	24	262300					·	L			<u>-</u>	0.4	
Average			8461											
		de North	10100											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

i. General informati								
A. Public WPWS Name;	ater System (PWS)	Information LEIGHTON ESTATES			PWS Identification N	lumber	3425108	
PWS Type:	Community		unity	ー 「 Trans	sient Non-Community	Consecutive	3423100	
Number of Service (ulation Served at End		104	
PWS Owner:	Arnaldo Barros			- 1-				
Contact Person:	Arnaldo Barros			Contact P	erson's Title: Owner			
Contact Person's Ma	ailing Address	900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Te	lephone Number:	(954)922-0949		Contact P	erson's Fax Number:	(954)922-5540		
Contact Person's E-l	Mail Address:	Cell #(646)765-9054 - Maria's cell #				-1		
				_		Fax # (352) 237-	7329	
B. Water Tr	eatment Plant Infor	mation				Cell # (352) 216-	-8100	
Plant Name:	LEIGHTON EST				phone Number:	Michelle -(352)48	82-0777 Ext. 208	
Plant Address:	3125 SW 93RD	STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
Type of Water Treat Permitted Maximum Plant Category (per	Day Operating Cap	acity of Plant, gallons per day: 310(4), F.A.C.): <u>5</u>	Purch:	ased Finish 65800	ed Water Plant Class (per subs	section 62-699.310	(4), F.A.C.): <u>D</u>)
				Description (Company)		o Caralletto, Principal Barriogia Illustratorias de La caracterio de como presenta	i	COLOR TO A COMMENT OF THE
					License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator	RICKY WILLIAM	SON		<u>c</u>	8393	DAYS		
Other Operators	}					ļ		
Mark Bulletin 19	<u> </u>		 	·· <u>·</u>				
			- 		 			
A Prince Suggestion	[<u> </u>	 -		
								
			- 		<u> </u>	 		
					 	 		
II. Certification by Le	ad/Chief Operator.		L		<u> </u>	<u> </u>		
		্য operator licensed in Florida, am the lea	d/chief opera	ator of the w	rater treatment plant id	entified in Part Lof	this report I certify	that the
information provided	in this report is true	and accurate to the best of my knowled	dge and belie	ef. I certify t	hat all drinking water to	reatment chemicals	sused at this plant	conform to
NSF International St	andard 60 or other	applicable standards referenced in subs	ection 62-55	5.320(3). F.	A.C.* I also certify tha	t the following addi	itional operations re	ecords for thi
plant were prepared	each day that a lice	nsed operator staffed or visited this plan	nt during the	month indic	ated above: (1) record	s of amounts of ch	emicals used and	chemical fee
		reatment process performance records.						
		s report, at a convenient location for at le				,		
*Our clients furnish the chl	orine and have been advise	d of the proper type to purchase) (**Our clients are	provided with co	pies of all repor	ts and are responsible for retain	ning them)		
			_		LLIAMSON		C-839	13
Signature	and Date			Printed or	Typed Name		License Num	ber
Substitute/Alternat	'e							

PWS I	dentific	ation Nu	mber:			3425108	Plant Name:		LEIGHTO	N ESTATE	S			-
Means of	of Achiev raviolet I	ri <mark>ng Four-</mark> I Radiation	onth/Year of: .og Vírus Inacti	vation/Remo	Describe):	Free Chl			hlorine Dioxi		C Ozon			d Chlorine (Chloramines)
Type of	Disinfec	ctant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
1.3					CT Calculations	, or UV Dose, t	o Demonstrate Fo	ur Log	Virus Inactiv	ation, if Ap	plicablet		The state of the s	
	Days	1				+ CTC	alculations			117 631	L SUV	Dose,	Lowest	
	Plant				Lowest Residual	Disinfectant		100					Residual	
4.5	Staffed or				Disinfectanct	Contact Time	a Salatina		- San	114			Disinfectint	Land of the Paris of the UK Co
20.00	Visited	stre i			Concentration	(T) at C	Lowest CT	tit sy	to test of		Lowest	Minimuti	Concentration	ALCOHOLD TO CONTRACT OFFICE OF
	by .	100	1000		(C) Before or at	Measurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	· 医拉克克氏系统 计表面设置 经收益 医抗菌
Dayor	Operator	Hours	Net Quantity of		First Chatomer	Point During	at First Customer	f of	pHof	, CLS	UV Dose.	Required,	. Point in	Emergency of Abborrial Operating Conditions, Repair or 3
Month	77.7	Operation	Produced male	Rate and	During reas clow.	reak riow,	Dumit Fear Flow	Water	Water, II	i Kequirea	т₩-	шW-	1 Astribution	Maintenance Work that Involves Taking Water System [1]
-12	X X	24	7000	annet Phon		Tana da		1 3200	- Amphicacio	MIR-HHH	SCUCILE	SCOURS	soysiding high E	Components Our of Operation
2.0	Х	24	7000						 		<u> </u>		0.4	
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55-16 - 55-1		24	10100											
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211 22	Х	24	8000										0.4	SAMPLE - 1 WELL, 2 LINES
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.28	х	24	8500										0.4	
29		24	8400											7
30		24	8400										-	
* 31 1	X	24	8400										0.4	
			262300											
Average.		10.00	8461											

10100

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

. General Information			_					
	ater System (PWS							
PWS Name:		LEIGHTON ESTATES			PWS Identification N		3425108	
PWS Type:	Community		unity		ient Non-Community	☐ Consecutive		
Number of Service C		of Month:41		Total Popu	ulation Served at End	of Month:	<u>104</u>	
PWS Owner:	Arnaldo Barros							
Contact Person:	Arnaldo Barros		_	Contact P	erson's Title: Owner			
Contact Person's Ma	ailing Address	900 Washington Street	City:	Hollywood	!	State: FL	Zip Code:	33019
Contact Person's Te	lephone Number:	(954)922-0949		Contact Po	erson's Fax Number:	(954)922-5540		
Contact Person's E-	Mail Address:	Cell #(646)765-9054 - Maria's cell #	_			******		
				_		Fax # (352) 237	-7329	
B. Water Tr	eatment Plant infor	mation				Cell # (352) 216		
Plant Name:	LEIGHTON EST			Plant Tele	phone Number:		82-0777 Ext. 208	
Plant Address:	3125 SW 93RD		City:	OCALA		State: FL	Zip Code:	34476
i idili i ida ooo.	O 120 O 11 OO 11	011/22/17/01/2					2,p 0000	04410
Type of Water Treat	ed by Plant	7 .	F Purch	ased Finishe	ed Water			
		pacity of Plant, gallons per day:	a .: T GIOII	65800	ou rrator			
Plant Category (per				00000	Plant Class (per sub	raction 62 600 21/)(4), F.A.C.); D	
Flatit Category (per	30D3ECHOH 02-055.	310(4), F.A.C.): 5		_	i lant class (per sub-	3ecii011 02-033.3 N	Λ ⁴), Γ.Α.Ο. <i>).</i> <u>υ</u>	
				المحادة الأراث	License Number		SVORIGES VALUE IN	
		Name The State of the State of					siisminus) vvoikeom	
Lead/Chief Operator	RICKY WILLIAM	ISUN		<u>c</u>	8393	DAYS		
Other Operators.	ž				<u> </u>			
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ALSO BELLE	i.		}					
Add Colored								
II. Certification by Le	ead/Chief Operator	7. S.			- 			
		t operator licensed in Florida, am the lead	d/chief opera	ator of the w	ater treatment plant id	entified in Part Lof	this report. Licertify	that the
		e and accurate to the best of my knowled						
		applicable standards referenced in subst						
		ensed operator staffed or visited this plan						
		treatment process performance records.			provide these addition	nai operations reco	oras to the PVVS ow	ner so the PV
		is report, at a convenient location for at le						
(*Our clients furnish the chl	orine and have been advis	ed of the proper type to purchase) (**Our clients are	provided with co	pies of all report	ts and are responsible for retain	ning them)		
				RICKY WII	LLIAMSON		C-839	3
Signature	and Date		_		Typed Name	· · · · · · · · · · · · · · · · · · ·	License Num	
3.1					• •			
Substitute/Alternat	te							

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

PWS I	dentifica	ation Nu	mber:			3425108	Plant Name:		LEIGHTON	ESTATES	3			<u>.</u>
Means U	of Achievi traviolet R	ing Four-I kadiation	onth/Year of: .og Virus Inactiv	vation/Remov	Describe):	Free Chle			nlorine Dioxid		CZONG			d Chlorine (Chloramines)
Type of	f Disin fec	tant Resid	dual Maintaine	d in Distribu	ition System:		Free Chlor	ine		Comb	ined Chorit	ne (Chloran	nines)	Clorine Dioxide
į.	100	5.4 255	2.404	radioana	CT Calculations,	or UV Dose, to	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	10.00	Miles y Male	以及我们的关系的现在分词,我们们的对象是是
4.4	Dave	3 /10/19	100	3000716446	Start and a	CTC	alculations	narkatin	i adam A	THE RES	UV.	Dose :	Lowest	的复数形式 医克勒氏性 医克勒氏性 医克勒氏性
la tra	Plant		70.5	April 1894	Lowest Residual	Disinfectant	76H366		36 T		(4 to 1		Residual	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
4.5	Staffed or				Disinfectance	Contact Time	700000	100			212100		Disinfectant	动手的影响等现象不可能够为解除
	Visited		100		Concentration 3	-(π)aiC t	Lowest CT				Lowest	Minimum	Concentration	医维伊斯氏学的 化对邻甲烷基甲基苯基
	t by		4.000		(C) Before or at	Measurement	Provided Before or	Temp	10	Minimum	Operating	UV Dose	at Remote	[14] B. B. B. B. B. B. B. B. B. B. B. B. B.
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	##of	pH of	CT	UV Dose.	Required,	Point in	Emergency of Absormal Operating Constitutes, Report of + 2 Maintenance Work that Involves Taking Water System 13
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow	Peak Flow	During Peak Flow	Water	Water, if	Required	шW-	mW-	Distribution	Energency of Absormal Operating Conditions, Repair se Mangelmance, Work that havebeen Taking Wair System 3 Components Operation
1	<i>a.</i> • • • • • • • • • • • • • • • • • • •	24	7000	Kaic, gpc	mkraw.	- ramates	a same more		**************************************	ante transco	ova caus:	SAN CITE	royawar mgan	COMPARATA ON OLIZIOROGI
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* 8 *	X	24	6600					<u></u>	ļ_,				0,3	
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		44.44	8461											

Maximum 10100
*Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Information for the Month/Yea OCTOBER 2008	_				
A. Public Water System (PWS) Information		Discoult to the state of			
PWS Name: LEIGHTON ESTATES		PWS Identification N		3425108	
PWS Type: Community Non-Transient Non-Community Number of Service Connections at End of Month: 41	•	Transient Non-Community		404	
	,	otal Population Served at End o	TIVIONIN:	104	
	- ,	Contact Bosses La Title: Owner			
Contact Person: Arnaldo Barros Contact Person's Mailing Address 900 Washington Street		Contact Person's Title: Owner	State: FL	7: Cada.	00040
Contact Person's Telephone Number: (954)922-0949		follywood Contact Person's Fax Number:		Zip Code:	33019
Contact Person's E-Mail Address: (954)922-0949 Cell #(646)765-9054 - Maria's cell #		contact Person's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address. Cell #(040)700-9004 - Maila's Cell #			East # (250) 007	7100	
B. Water Treatment Plant Information			Fax # (352) 237-		
Plant Name: LEIGHTON ESTATES		Plant Tolophone Number	Cell # (352) 216-		
		Plant Telephone Number:	Michelle -(352)48	TTT COLUMN TO THE COLUMN TO TH	0.4470
Plant Address: 3125 SW 93RD STREET ROAD	City: C	JCALA	State: FL	Zip Code: _	34476
Type of Water Treated by Plant:	T. Purchase	ed Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	_	65800			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subs	ection 62-699.310	(4), F.A.C.): D	1
				_	
Licensed Operators Name Name	License	Class 🤲 License Number 🐇	Day(s	/Shift(s) Worked	
Lead/Chief Operator: RICKY WILLIAMSON	C	8393	DAYS		
Other Operators:					
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed in Florida, am the lead/o	chief operato	r of the water treatment plant ide	entified in Part I of t	this report. I certify	that the
information provided in this report is true and accurate to the best of my knowledge	e and belief.	I certify that all drinking water tr	eatment chemicals	used at this plant	conform to
NSF International Standard 60 or other applicable standards referenced in subsec					
plant were prepared each day that a licensed operator staffed or visited this plant of					
rates; and (2) if applicable, appropriate treatment process performance records. F					
owner can retain them with copies of this report, at a convenient location for at least					
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro			ing them)		
		-			
	R	ICKY WILLIAMSON		C-839	3
Signature and Date		rinted or Typed Name		License Num	
Substitute/Alternate		,,			

PWS	Identific	ation Nun	nber:			3425108	Plant Name:		LEIGHTO	NESTATES	3			• '
Means	of Achie	ving Four-L	onth/Year of: og Virus Inacti	vation/Remo	OCTOBER 2008	Free Chl	orine	F. Cl	ılorine Dioxi	de	C Ozone	•	Combine	d Chlorine (Chloramines)
	CD'. C.	ska sk Danis		Other (Cartana		Free Chlor	ina		Comb	inad Chari	o (Chlorar		Clorine Dioxide
	DI DISINTE	ctant Resid	iuai Maintaine	u in Distrib	CT Calculations Lowest Residual Disinfectance Concentration (C) Before of at	or TIV Dose t	n Demovistrate Fo	me mal no	Virue Inactiv	ration if An	nica Cnorn	ne (Cintorai	nines)	a Clorine Dioxide
	1,00	174 3.2%			CT Calculations	CEC	lculations	<u> </u>	A GO ANGOLI		IV	Dose		医乳毒素 经基本债券 医囊膜 医克莱曼氏
	Days			96		21.32 (25)		T and	10h;	100	10.00		Lowest	
	Plant Staffed o				Lowest Residual	Districciani			第30 00		37.44		Kesiduai Diciologia	A STATE OF THE PARTY OF THE PAR
	Visited				Concentration 2	ornaic i	Lowest CT 3	E. 1		1.57	Lowest	Minimum	Concentration	pageta a superior de la companya de la companya de la companya de la companya de la companya de la companya de
	by	ggert.	4.000		(C) Before or at	Measurement	Provided Before or	Temp	3.00	Minimum	Operating	UV Dose	at Remote	escribing a constant of the second
Day of	1 Operator	is rious	LUCK CHENDRY OF	the second second second	Puse Castonier	I LOUT DANIES	TILLICA COSCUIES	E-CaUL	I PIN UI		ENGY LABOR	Kelmier.	LOUR W	Powerson's Or Abournal Discriming Conditions Remires 1.1
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow	Water	Water, if	Required	iiw.	mW-	Distribution	
Month				Rate, gpd	mg/L	i Tminutes (mg-min/L	oC-	Applicable	mg-mm/L.	sec/em2	sec/cm2.	System, mg/ L	Components Out of Operation
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			8461 10100											
TALENTAL	met and	Anna Agrica	10100											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

	TOBER 2008					
A. Public Water System (PWS) Information						
	N ESTATES		PWS Identification Nu		3425108	
	Transient Non-Community		ent Non-Community	Consecutive		
Number of Service Connections at End of Month:	<u>41</u>	Total Popu	ılation Served at End o	f Month:	104	
PWS Owner: Arnaldo Barros						
Contact Person: Arnaldo Barros			erson's Title: Owner			
Contact Person's Mailing Address 900 Washington	n Street City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Telephone Number: (954)922-0949		Contact Pe	erson's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address: Cell #(646)765-	9054 - Maria's cell #	_				
				Fax # (352) 237-7	7329	
B. Water Treatment Plant Information				Cell # (352) 216-8	3100	
Plant Name: LEIGHTON ESTATES		Plant Telep	ohone Number:	Michelle -(352)48	2-0777 Ext. 208	
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
Type of Water Treated by Plant:	Purch	ased Finishe	ed Water			
Permitted Maximum Day Operating Capacity of Plant, gal	lons per day:	65800				
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	· -	Plant Class (per subse	ection 62-699.310(4), F.A.C.); D	
			"	`	· · · —	
Licensed Operators	roud antique of the Licens	se Class 👉 u	License Number >	Day(s)	/Shift(s) Worked	
Lead/Chief Operator RICKY WILLIAMSON		С .	8393	DAYS		
Other Operators						
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10 (1886), 1025 (1984)			·			
It. Certification by Lead/Chief Operator				l	- 	
I, the undersigned water treatment plant operator licenses	d in Florida, am the lead/chief apers	stor of the we	stor traatmant alant ida	atifical in Doct Laft.	his samest I sawiifi.	م ملا عمل الم
information provided in this report is true and accurate to						
NSF International Standard 60 or other applicable standa						
plant were prepared each day that a licensed operator sta						
rates; and (2) if applicable, appropriate treatment process			provide these additions	al operations recor	ds to the PWS ow	ner so the PWS
owner can retain them with copies of this report, at a con-						
(*Our clients furnish the chlorine and have been advised of the proper type to	purchase) (**Our clients are provided with co	pies of all reports	s and are responsible for retaini	ng them)		
		RICKY WIL	LIAMSON		C-839	3
Signature and Date		Printed or T	yped Name		License Num	ber
Substitute/Alternate						

PWS I	dentifica	ation Nur	nber:			3425108	Plant Name:		LEIGHTON	ESTATES	<u> </u>			• • • • • • • • • • • • • • • • • • •
Means of Ult	of Achievi raviolet <u>R</u>	ing Four-L Radiation	onth/Year of: og Virus Inacti	vation/Remo C Other (I	Describe):	Free Chl			hlorine Dioxid		∏: Ozone			d Chlorine (Chloramines)
Type of	Disin fec	tant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine	To an our of the State of the Lot	Comb	ined Choric	ie (Chloran	nines)	Clorine Dioxide
	Maria	13.45		7.4	CT Calculations,	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*		Sub-sub-	
	Davs	a and a	30 N 10 N 10	3.44 1		CI C	alculations				· · · UV	Dose :	Lowest	
1.1	Plant	a de de de	January 1	araubut.	Lowest Residual	Disinfectant	ra dan ka		and the last	e le tra	2-1-1-11		Residual	CONTRACTOR OF SERVICE STATE
15-6	Staffed or		44.50	1000	Disinfectance :	Contact Time		2.14	100		1144		Disinfectant	自由 医多种 医多种 医多种 医多种
0.00	Visited	\$16.0	1.0	and the second	Concentration :	T) at C	Lowest CT		A SA		Lowest	Minimum	Concentration	经销售的股票基本的股票
	1 by			9. 14. 5	Lowest Residual Disinfectance Concentration	Measurement	Provided Before or	Lemp	96	Managam	Operating	UV Dosc	at Remote:	1 - Come Dioxide
the	(Place	Diant	Ner Quantity of	Deal Elas	During Peak Flow.	Pourt During	Internal Description	W	prior	Zemmed.	mW-	mW-	Distribution	Emergency of Abhormal Operating Conditions, Repair or
Month					mg/L								System, mg/L	
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1 otal			262300											
Average	San test		8461											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



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

See page 4 for instructions.

I. General information for the Month/Yea NOVEMBER 2008					
A. Public Water System (PWS) Information		PWS Identification N	umbor:	3425108	
PWS Name: LEIGHTON ESTATES		Transient Non-Community	Consecutive	3423100	
PWS Type: Community Non-Transient Non-Community		Total Population Served at End		104	
Number of Service Connections at End of Month: 41		total Population Served at End C		104	
PWS Owner: Arnaldo Barros		Contact Person's Title: Owner			
Contact Person: Amaldo Barros	Oib.n		State: FL	Zip Code:	33019
Contact Person's Mailing Address 900 Washington Street	City:	Hollywood Contact Person's Fax Number:	(954)922-5540	Zip Code	33018
Contact Person's Telephone Number: (954)922-0949		Contact Person's Fax Number.	(934)922-3340		
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #		-	C # /050\ 007 :	7220	
			Fax # (352) 237-		
B. Water Treatment Plant Information		Di i Tata da a Niverban	Cell # (352) 216-		
Plant Name: LEIGHTON_ESTATES	~ "	Plant Telephone Number:	Michelle -(352)48		24476
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA	State: FL	Zip Code:	34476
Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5	Purcha	ased Finished Water 65800 Plant Class (per subs	section 62-699.310	(4), F.A.C.): <u>D</u>	
		- "		_	
Licensed Operators Name	Licens	e Class 🦠 🖫 License Number.	Day(s)/Shift(s) Worked	
Lead/Chief Operator: RICKY WILLIAMSON		C 8393	DAYS		
Other Operators:					
			T		
Property Commence of the Comme					
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chi	ief opera	ator of the water treatment plant id	entified 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 a	and belie	f. I certify that all drinking water t	reatment chemicals	used at this plant	conform to
NSF International Standard 60 or other applicable standards referenced in subsection	n 62-55	5 320(3) F A C * Lalso certify tha	t the following addi	itional operations re	cords for this
plant were prepared each day that a licensed operator staffed or visited this plant du	ring the	month indicated above: (1) record	s of amounts of ch	emicals used and	chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Fur	thermore	e. Lagree to provide these addition	nal operations reco	rds to the PWS ow	ner so the PW
owner can retain them with copies of this report, at a convenient location for at least	ten vear	e **	rat operations reco		
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided in the chlorine and have been advised of the proper type to purchase)	ded with co	oies of all reports and are responsible for retain	ning them)		
(Our cueries runners the entorate with trave occu wastern of the broker type to barchase) (Our cueries we broke			,		
		RICKY WILLIAMSON		C-839	93
Signature and Date		Printed or Typed Name		License Num	ber
Substitute/Alternate					

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

PWS	[dentific	ation Nu	nber:			3425108	Plant Name:		LEIGHTO	NESTATE	S			
III. Da	aily Data	for the Mo	onth/Year of:		NOVEMBER 20									
			og Virus Inacti	ivation/Remo	val: *	Free Chl	orine	Ch	lorine Dioxi	de	☐ Ozon	e	Combine	d Chlorine (Chloramines)
				Other (I			Free Chlor	ina		Comb	sined Chori	ne (Chlorar	ninecl	Clorine Dioxide
Type C	Disilite	Ctant Resid	iuai Maintaini	ed in Distrib	CT Calculations	or UV Dose i	Demonstrate Fo alculations.	ur-Log	Virus Inactiv	ation if An	policable*	iic (Ciliorai	Table 1	The District Court of the Court
			4.1			· crc	alculations :				. In UV	Dose 1		
	Days				Names Decided	Diginfectant	Lowest CT# Provided Belore or		5 4 5 3			- 16.5	Lowest	
	Staffed or	1			Disinfectance	Contact Time	56 4 E-6	-		1 114	1 - 300	*1	Disinfectant	Constitution of the Consti
	Visited				Concentration	(T) at C	Lowest CT#	100	44.3	and the	Lowest	Minimum	Concentration	and property the part that the first of
100	by	Ligare 1	edis in		(C) Before or at	Measurement	Provided Before or	Temp		Minimim	Operating	UV Dose	pat Remote	·韦克奇战争引起的高级的 / (1882)
Day Or	Cherana												The second second	I Emergency or Ahmermal Deersting Londingus Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow	Peak Flow,	During Peak Flow	Water	Water, it	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System Components Out of Operation
Month	"X")	24	7100	Kare, gixi	i i i i i i i i i i i i i i i i i i i	minures	* * Mg-muvL	13 00.03	- Аррисаюю	mg-umarz	Sec/Cinz	Secremza	System night	Components out of Operation
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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

Contact Person's Telephone Number: (954)922-0949	l. General Informati	on for the Month/Ye	NOVEMBER 2008						
PWS Type: For a contection at End of Month: For a content at End of Month: For a content at End of Month: For a content at End of Month: For a content at End of Month: For a content at End of Month: For a content at End of Month: For a content at End of Month: For a content at End of Month: For a content at End of Month: For a content at End of Month: For a conten		later System (PWS)				DIAIC Identification N	lumber	2425108	
Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104 PN/S Owner. Amaldo Barros Contact Person: Amaldo Barros Contact Person's Mailing Address 900 Washington Street City Hollywood State: FL Zip Code: 33 Contact Person's Telephone Number: (954)922-0549 Contact Person's Faw Number: (954)922-0549 Contact Person's Faw Number: (954)922-0540 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 33 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34 Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.: 1 Plant Class (per subsection 62-699.310(4), F.A.C.: 1 P		77 0		unitu	Tranci			3423100	
PWS Owner: Amaldo Barros Contact Person's Mailing Address Contact Person's Mailing Address Contact Person's Telephone Number: G54)922-0949 Contact Person's Felephone Number: G64)922-0949 Contact Person's Felephone Number: G64)922-0949 Contact Person's Felephone Number: G64)922-0949 B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD Plant Telephone Number: Mitcheller (352)482-0777 Ext. 208 Plant Address: 3125 SW 93RD STREET ROAD Plant Treated by Plant: Frauled Dy Plant: Formulating Address: File Telephone Number: Mitcheller (352)482-0777 Ext. 208 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Cales (per subsection 62-699.310(4), F.A.C.): D Ticensed Operators Leaft Chief Operator: I. Certification by Lead Chief Operator: I. the undersigned water treatment plant operator incensed in Florida, am the lead/chief operator of the water treatment plant identified in Part i of this report. I certify that information provided in his 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 conformation 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 conformation provided in this report is true and accurate to the best of my knowledge and belief. I certify that the following additional operations record plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of ch	PWS Type:			unity		•		104	
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Contact Person's Mailing Address Contact Person's Telephone Number: 1954)922-0949		· · · · · · · · · · · · · · · · · · ·			Contact Re	erson's Title Owner			
Contact Person's Telephone Number: G94/922-0949 Contact Person's E-Mail Address: Cell #(G46)765-9054 - Maria's cell # B. Water Treatment Plant Information Blant Address: 3125 SW 93RD STREET ROAD City: OCALA Ci			000 Washington Street	— City		ASSITS THE CHINE	State: FI	Zin Code ²	33019
Centract Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell # B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD Type of Water Treated by Plant: Formitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Ficensed Operators Rickry WILLIAMSON Tother Operators Rickry WILLIAMSON Certification by Lead/Chief Operator It 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 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 confe 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 operators record plant were prepared each day that a licensed operator stafed or visited this plant during the month indicated above. (1) records of amounts of chemicals used and chem rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records owner can retain them with copies of this report, at a convenient location for at least ten years.** ('Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON Cell # (352) 237-7329 Cell # (352) 246-8100 Michelle - (352) 428-2-077 Ext. 208 State: FL Zip Code: 34 Frax # (352) 237-7329 Cell # (352) 248-077 Ext. 208 State: FL Zip Code: 34 Frax # (352) 237-7329 Cell # (352) 248-077 Ext. 208 State: FL Zip Code: 34 Fray # (352) 248-077 Ext. 208 Flant Telephone Number: City: Ocala Frax # (352) 237-7329 Cell # (352) 248-077 Ext. 208 State: FL Zip Code: 34 Frax # (352) 247-077 Ext. 208 Flant Telephone Nu				<u> </u>		reon's Fay Number		Zip 0000:	000.0
B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD Plant Address: 3125 SW 93RD STREET ROAD Plant Telephone Number: Michelle (352) 216-8100 Michelle (352) 482-0777 Ext. 208 State: FL Zip Code: 34 Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D Excensed Operators Ricky WILLIAMSON C 8393 DAYS II. Certification by Lead/Chief Operator: Ricky WILLIAMSON C 8393 DAYS III. Certification by Lead/Chief Operator: Ricky Williams of the properties of the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conformation 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 conformation 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 conformation 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 conformation 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 and chem rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner sowner can retain them with copies of this report, at a convenient location for at least ten years.** ("Our clients furnish the chlorine and have been advised of the proper type to purchase) (""Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON C-8393				_ _	Contact i	ASOLIS I AX INGINIDOS.	(00-1/022 00-10		
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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 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 conformational Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations record 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 chemicates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner sowner can retain them with copies of this report, at a convenient location for at least ten years.** (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON C-8393	Jither Operators: 🚁						 		
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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 record clant 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 chemicals; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner sowner can retain them with copies of this report, at a convenient location for at least ten years.** *Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON C-8393	, the undersigned v	vater treatment plant	coperator licensed in Florida, am the lea	ad/chiet opera	itor or the w	ater treatment plant it	jenuneu in Fait i Oi Isootmont ohomisol	unis report. Toering	oonform to
plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemicals; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner sowner can retain them with copies of this report, at a convenient location for at least ten years.** *Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON C-8393	nformation provided	d in this report is true	and accurate to the best of my knowled	age and belle	er. I certify to	nat all unriking water	ueaument chemicar	s useu at triis piant	comonn to
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner sowner can retain them with copies of this report, at a convenient location for at least ten years.** *Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON C-8393	NSF International S	tandard 60 or other	applicable standards referenced in subs	section 62-55	5.320(3), F	A.C. Talso certify the	at the following add	illional operations i	ecords for u
*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) *RICKY WILLIAMSON C-8393	plant were prepared	I each day that a lice	ensed operator staffed or visited this pla	int during the	month indic	ated above: (1) record	as or amounts of cr	nemicais used and	cnemical re
*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RICKY WILLIAMSON C-8393	rates; and (2) if app	licable, appropriate f	treatment process performance records	. Furthermon	e, I agree to	provide these addition	nai operations reco	oras to the PVVS ov	vner so tne i
RICKY WILLIAMSON C-8393	owner can retain the	em with copies of thi	is report, at a convenient location for at t	least ten year	'S.**				
	*Our clients furnish the ch	llorine and have been advis-	ed of the proper type to purchase) (**Our clients are	e provided with co	pies of all report	s and are responsible for reta	ming them)		
Signature and Date Printed or Typed Name License Number				_				C-839	93
	Signatur	re and Date			Printed or	Typed Name		License Num	ber
	2.5								

PWS Identification Number:						3425108 Plant Name:				I ESTATE:	3			
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe)						Free Chlorine								d Chlorine (Chloramines)
Type o	f Disinfec	tant Resid	ual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chloran	tines)	Clorine Dioxide
(Car					CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*		A A S	
	Dave			Berlin St	transcription as	CTC	alculations 🔻 🦫	Paring.	1.0		; 4. U V ;	Dose	Lowest	and the second to be a second a little of the second
444	Plant		1.5 (5.6)		Lowest Residual	Disinfectant	an water		4.85.4		e 1 4 54	4.74	Residual	compared and a compared compared to
	Staffed or	alan na d	had det		Disinfectance	Contact Time				s diam			Disinfectant	· 有用的。如果是此一种中国的各种企业
1,00	Visited	71			Concentration	(T) at C	Lowest GT	100	150	le de la compa	Lowest	Minimon	Concentration	[[[[]]][[[]]][[[]][[]][[]][[]][[]][[]]
	by	2.0	101	2.1	(C) Before or at	Measurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	and the production of the production of the party of the
Day of	Operator	- Hours	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	· or	UV Dose,	Required,	Point in	Emergency of Ahmermal Operating Conditions, Repair or Maintenance Work that layof ves Taking Water System
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow	Peak Flow.	During Peak Flow,	Water	Water if	Кедшеа	mW-	mw-	Distribution	Eintergrany or Americal Operating Conditions Repair or Maintenance World that Involves Toking Water System Components Out of Operating
MOUNT	"X")	Obetation	Produced gal	*Kare, gpo	mg/L	minutes	- mg-miv∟ -	18 OC 3	Аррисавие	mg-must:	sec/cm2	** SCOUNT #	System, mg/12	Components Out of Operation Components
-2		24 24	7100			1	 	1	}					
3	х	24	7000			 		 	·				0.5	
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.J 1 8 . 9		24	7700					<u> </u>						
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12	Х	24	8100			ļ	ļ	Ļ	<u> </u>				0,4	
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118		24	10100				-		 				0.0	
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. 29		24	8100											
× 30		24	8100		<u> </u>				 					
(31 Total		24	245400		L	L		Щ	<u> </u>					<u> </u>
Aversor		1.1												

Maximum 10100

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



See page 4 for instructions.

l. General information	for the Month/Ye	NOVEMBER 2008						
A. Public Wat	ter System (PWS)	Information	_					
PWS Name:		LEIGHTON ESTATES			PWS Identification N		3425108	
PWS Type:	▼ Community	☐ Non-Transient Non-Commu	inity		ient Non-Community	Consecutive	404	
Number of Service Co		of Month: 41		1 otal Popu	ulation Served at End o	of Month:	104	
PWS Owner:	Arnaldo Barros				. Tu. 0			
Contact Person:	Arnaldo Barros				erson's Title Owner	0(-(7:- 0-4	00040
Contact Person's Mail		900 Washington Street	_ City:	Hollywood		State: FL	Zip Code:_	33019
Contact Person's Tele		(954)922-0949	- ,	Contact Pe	erson's Fax Number:	(954)922-5540		
Contact Person's E-M	ail Address:	Cell #(646)765-9054 - Maria's cell #		-		E# (050) 007	7000	
	4 450 44.6					Fax # (352) 237		
	atment Plant Infor			DI		Cell # (352) 216		
Plant Name:	LEIGHTON EST				phone Number:		82-0777 Ext. 208	0.4.470
Plant Address:	3125 SW 93RD	STREET ROAD	_ City:	OCALA		State: FL_	Zip Code: _	34476
Type of Water Treated Permitted Maximum D Plant Category (per su	ay Operating Cap	acity of Plant, gallons per day: 310(4), F.A.C.): 5	Purcha	ased Finishe 65800	ed Water Plant Class (per subs	section 62-699.31(0(4), F.A.C.): <u>[</u>)
			i inan	a ciake	: License Number	Davi	eViChiffieVVAIodradi	
Lead/Chief Operator	DICKA WILLIVM	Name SON		C	8393	DAYS	Mountain Andreas	
Cifier Operators	KICKT WILLIAM	3011				DATO		
Cities cheraiors	<u> </u>				 	 		
					 	 		 -
L PER LANG.			+		 -	 -		
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			+			 -		
					 	 		
			+		f	 -		
II. Certification by Lea	d/ChickOporator		ــــــــــــــــــــــــــــــــــــــ		<u> </u>	.4		
It be undersigned wal	tor treatment plant	া operator licensed in Florida, am the lead	d/chief oners	tor of the w	ater treatment plant ide	entified in Part Lof	this report. Licertif	v that the
information provided in	n this rapart is true	and accurate to the best of my knowled	ne and helie	of I certify the	hat all drinking water tr	reatment chemical	s used at this plant	conform to
NCE International Star	ndard 60 or other	applicable standards referenced in subse	ection 62-55	5.320(3) E	A.C.* Lalso certify that	t the following add	litional operations r	ecords for this
niont were prepared a	ach day that a lice	ensed operator staffed or visited this plan	it during the	month indic	ated above: (1) record	s of amounts of ch	nemicals used and	chemical feed
rates, and (3) it applies	abile annronriate t	reatment process performance records.	Furthermore	e Lagree to	provide these addition	nal operations reco	ords to the PWS ov	vner so the PW:
owner can retain them	with conies of thi	s report, at a convenient location for at le	ast ten vear	s.**	p			
(*Our clients furnish the chlor	tine and have been advise	ed of the proper type to purchase) (**Our clients are)	provided with co	pies of all report	ts and are responsible for retain	ning them)		
,				·	·			
					LLIAMSON		C-83	93
Signature	and Date			Printed or	Typed Name		License Nun	nber
Substitute/Alternate								

PWS I	Jentifica	tion Nun	nber:			3425108	Plant Name:	e: LEIGHTON ESTATES						
Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation					Describe):	Free Chl			ılorine Dioxi		l Ozon			d Chlorine (Chloramines)
Type of	Disinfec	tant Resid	lual Maintaine	ed in Distrib	ution System:	market substitute to the total of	Free Chlor	ine	ON STREET OF THE PARTY OF THE P	Г Comb	ined Chori	ne (Chlor <u>ar</u>	nines)	Clorine Dioxide
			4 1 3 4 7		CT Calculations	, or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	olicable*			
	Days					CIC	alculations	11	T		UV	Dose : g	Lowest	The state of the s
	Plant	A A		48.00	Lowest Residual	Disinfectant		14.6	144			14.	Residual	
	Staffed or	Maria de la	1000	11.00	Disinfectance	Contact Time		100	100.0		44.00		Disinfectant	THE PROPERTY OF THE PERSON AND A
	Visited	140			Concentration	(T) at C	Lowest CT	200			Lowest	Minimum	Concentration	Clorine Dioxide
	by -	11		in the state of	(C) Before or at	Measurement	Provided Before of	remp		Minimian	Operating	U.V. Llose:	at Ketnote	网络克里克斯克斯斯 医二甲基磺基酚
Day of the	(Place	Diant in	Finished Water	Peak Flow	Daring Peak Flour	Peak Flow	Daring Peak Flour	Wares	Water if	Remined	mW.	Verlan or	Tustribution	Emergency of Abnormal Operating Conditions, Repair or Maintenance Work that involves Taking Water System.
Month	. "X")	Operation	Produced gal	Rate ppd	me/L	minutes	mg-mun/L	oc.	Applicable	mg-min/L	sec/cm2	sec/cm2	System me/ L	Components Out of Operation
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5 -		24	8100)	 				<u> </u>	
- 6 /		24	8100					<u> </u>						
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9		24	7700			-		 	l				<u> </u>	
1014	X	24	7700		-			<u> </u>	l				0.5	
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, JA -		24	8000											
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27		24	8100						L					
28 =	_	24	8100											
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			245400		<u> </u>	L			<u> </u>			L	····	<u></u>
Average			8180	1										
200 Charles 100 Ch	CONTRACTOR OF THE PARTY OF THE	A CONTRACTOR OF THE PARTY OF TH		1										

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Information for the Month/Yea NOVEMBER 2008						
A. Public Water System (PWS) Information						
PWS Name: LEIGHTON ESTATES			PWS Identification N		3425108	
PWS Type:	ity		ent Non-Community	Consecutive		
Number of Service Connections at End of Month: 41		Total Popu	lation Served at End	of Month:	<u> 104</u>	
PWS Owner: Arnaldo Barros						
Contact Person: Arnaldo Barros	•		erson's Title Owner			
Contact Person's Mailing Address 900 Washington Street	City:	Hollywood		State: FL	Zip Code: _	33019
Contact Person's Telephone Number: (954)922-0949		Contact Pe	erson's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #		_				
				Fax # (352) 237-	7329	
B. Water Treatment Plant Information				Cell # (352) 216-	8100	
Plant Name: LEIGHTON ESTATES		Plant Telep	phone Number:	Michelie -(352)48	32-0777 Ext. 208	
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
				-	 · -	·
Type of Water Treated by Plant:	Purcha	sed Finishe	ed Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		65800				
Plant Category (per subsection 62-699.310(4), F.A.C.): 5			Plant Class (per subs	section 62-699.310	(4), F.A.C.); D	1
		-	"		`	
Licensed Operators Name Was 1	Licens	e Class	License Number	→ Davis)/Shift(s) Worked	
ead/Chief Operator: RICKY WILLIAMSON		C	8393	DAYS	And the second s	## 1938 <u>11-2-2-20</u>
Other Operators:						
				 		
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	<u></u>			 		
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	<u> </u>					
II. Certification by Lead/Chief Operafor						
I, the undersigned water treatment plant operator licensed in Florida, am the lead/c						
information provided in this report is true and accurate to the best of my knowledge						
NSF International Standard 60 or other applicable standards referenced in subsect						
plant were prepared each day that a licensed operator staffed or visited this plant of						
rates; and (2) if applicable, appropriate treatment process performance records. Fu			provide these addition	nal operations recor	rds to the PWS ow	ner so the PWS
owner can retain them with copies of this report, at a convenient location for at least	st ten years	s.**				
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are prov			and are responsible for retain	ning them)		
		RICKY WIL	LIAMSON		C-839	3
Signature and Date			yped Name		License Num	
Cub stitute (Alternate			,			-

PWS I	S Identification Number: 3425108 Plant Name: LEIGHTON ESTATES							_						
Means UI	of Achievi traviolet R	ing Four-L tadiation	onth/Year of: og Virus Inacti	vation/Remo	Describe):	Free Chlo			nlorine Díoxi		「 Ozone			ed Chlorine (Chloramines)
Туре о	Disinfec	tant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chorir	ne (Chloran	nines)	Clorine Dioxide
	Days Plent Staffed or				CT Calculations Lowest Residual Disinfectance	Or UV Dose to CT Ca Disinfectant Contact Time	Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable* UV	Dose 👬	Lowest Residual Disinfectant	The state of the s
TATORICAL	Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CF Calculations Cowest Residual Disinfectance Concentration (C) Before of at First Customer During Peak Flow and June 1	(I) at C Measurement Point During Peak Flow minutes	Lowest CT Provided Before of at First Cystomer, During Peak Flow, mg-mm/L	Temp of Water oct	pH'of Water, if	Minumun CT Required mig-min/L	Lowest Operating UV Dose, nW sec/cm2	Minimiping UV Dose Required InW- sec/cm2	Concentration Cal Remote Point in the Distribution System, mg/1	Emergescy or Absormal Operating Conditions Repair or Maintenance Wrige has lavolves Taking Water System Component Out of Operation
21Î		24	7100						L				i	
2		24	7100					<u> </u>						
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, 13		24	8100							·				
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× 30		24	8100										****	
5931		24												
			245400						····					
			8180											

Maximum 10100
*Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

General Information for the Month	Yea NOVEMBER 2008	_				
. Public Water System (PV	VS) Information		DIAGO Idanies - Carabi	la complete en en	2425400	
WS Name:	LEIGHTON ESTATES		PWS Identification N		3425108	
PWS Type: ✓ Commun		nity	Transient Non-Community	Consecutive	104	
lumber of Service Connections at E			Total Population Served at End	or Month:	104	
PWS Owner: Amaldo Barro		-	O L IS INTERNATION			
Contact Person: Arnaldo Barro			Contact Person's Title Owner	01-1 51	Zin Onder	22040
Contact Person's Mailing Address	900 Washington Street	_ City:	Hollywood	State: FL	Zip Code:	33019
contact Person's Telephone Numbe	r: (954)922-0949	_	Contact Person's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address:	Cell #(646)765-9054 - Maria's cell #		_	E 41 (0E0) 007	7000	
				Fax # (352) 237-		
 Water Treatment Plant Ir 				Cell # (352) 216		
Plant Name: LEIGHTON I			Plant Telephone Number:		82-0777 Ext. 208	24470
Plant Address: 3125 SW 93	RD STREET ROAD	_ City:	OCALA	State: FL_	Zip Code: _	34476
ype of Water Treated by Plant: Permitted Maximum Day Operating Plant Category (per subsection 62-6	Capacity of Plant, gallons per day: 99.310(4), F.A.C.): 5		65800 Plant Class (per sub	section 62-699.310	0(4), F.A.C.): <u>D</u>)
icensed Operators	Name (Name and American Section 1997)	Licens	se Class	Day(s)/Shift(s) Worked	
ead/Chief Operator: RICKY WILL	IAMSON		C 8393	DAYS		
Other Operators						
nara normana ka						
斯斯 经基础条件						
AND REPARE				<u> </u>		
partition in the second						
nformation provided in this report is NSF International Standard 60 or ot plant were prepared each day that a ates; and (2) if applicable, appropri	plant operator licensed in Florida, am the lead true and accurate to the best of my knowled her applicable standards referenced in subse a licensed operator staffed or visited this plan ate treatment process performance records. If this report, at a convenient location for at leadvised of the proper type to purchase) (**Our clients are	lge and belie ection 62-55 It during the Furthermone east ten year	ef. I certify that all drinking water to 5.320(3), F.A.C.* I also certify the month indicated above: (1) record e, I agree to provide these additions.**	reatment chemical at the following add as of amounts of ch anal operations reco	s used at this plant litional operations re nemicals used and	conform to ecords for th chemical fee
Signature and Date		_	RICKY WILLIAMSON Printed or Typed Name		C-839	

PWS I	dentific	ation Nu	nber:			3425108	Plant Name:	LEIGHTON ESTATES						_
Means -	of Achiev traviolet I	ing Four-L Radiation		vation/Remo	(Describe):					d Chlorine (Chloramines)				
Type o	f Disinfe	ctant Resid	Jual Maintaine	d in Distrib	ution System:		Free Chlor	rine		Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
4.84	4.0	3 44	4.1		CT Calculations	er UV Dose, t	o Demonstrate Fo	our-Log	Virus Inactiv	ation, if Ap	plicable*	4.4		
	Dave	Section 1	CONTRACTOR AND A			ст с	alculations				. € UV	Dose	Lowest	ACTION OF THE PARTY OF THE PARTY.
	"Plant	4.00	4.000	SERVICE	Lowest Residual	Disinfectant	al dana		Page Trees	4.4		de la	Residual	e de la compactación de la compa
13.900	Staffed or		A MARINE	100	Disinfectanct _	Contact Time	agrance	i estere	term e	0.000		100	Disinfectant	2. (1) 10 Part (1) 10 Part (1) 10 Part (1) Part
4,544	Visited	200	1000	- 中海道	Concentration	(T) at O	Lowest CT	1000	1323		- Lowest	Minimum	Concentration	[4] [13] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
1.0	by .	100		Marie III in	Lowest Residual Disinfectance Concentration (C) Before or at	Measurement	Provided Before o	Lemp	100	Minimun	Operating	UV Dose	at Remote :	Penergency or Anatoma Operating Coodings, Repair of
Dayof the	Operator (Place	T HOUSE	TACT CARRIERA CH	A Committee of the Comm	First Customer During Peak Flow	T CHIE TAMBIE	LOW Y THOU PURCHICE	2 Table 2 Tabl	DEL CIL	1000 No. 100	UV Dose, mW-	Required, mW-	a comean	Linergency or Abnormal Operating Conditions, Render or
Month	(F4C)	Operation	Produced on	Rate ond	mg/L	minutes	me-min/t	oc.	Applicable	me-min/l		sec/cm2		Mamierance Wark that Involves, taking Water System Components Our of Operation
*6	**************************************	24	7100					1	A COLUMN TO A COLU					
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₩/ 3	Х	24	7000										0.5	
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17.	X	24	8100				\	1	<u> </u>			<u> </u>	0.7	
118.		24	7700					┼	-	 		 		
. 9		24	7700 7700		 			 -	 				0.5	
2 10 S	<u> </u>	2 <u>4</u>	8100	ļ				┼──	 		 		0.3	
12	X	24	8100	ļ				+					0.4	
= 13		24	8100					†						
		24	8000			1		†	<u> </u>				<u> </u>	
14 E		24	8000											
16		24	8000					I]					
117	Х	24	8000					↓					0.6	
14/18		24	10100				·	Ļ	<u> </u>					
1 19	X	24	10100		-				 				0.7	SAMPLE - 1 WELL, 1 LINES
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21		24	9100 9100					-	 					<u> </u>
22 23		24	9100					+	 			L		
.24	х	24	9000					 	 				0.7	
25		24	7200					1	<u> </u>					
26	Х	24	7200					T T		-			0.5	
** 27 J		24	8100	<u></u>										
128		24	8100											
+ 29		24	8100					<u> </u>						
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¥31'r		24			<u> </u>	l		L	<u> </u>					
		gg eggl	245400											
Average		V	8180											

Maximum 10100 10100 *Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Informatio A. Public Wa	n for the Month/Yea iter System (PWS) Ir	DECEMBER 2008						
PWS Name:		LEIGHTON ESTATES			PWS Identification N	umber	3425108	
PWS Type:			ity	T Transi	ient Non-Community	Consecutive	3423100	
Number of Service Co	onnections at End of	Month:41	•		lation Served at End		104	
PWS Owner:	Arnaldo Barros							
Contact Person:	Arnaldo Barros			Contact Pe	erson's Title: Owner			
Contact Person's Mai		000 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Tele	· —	954)922-0949		Contact Pe	erson's Fax Number:	(954)922-5540		55010
Contact Person's E-M	lail Address: (Cell #(646)765-9054 - Maria's cell #						
						Fax # (352) 237~		
	atment Plant Informa					Cell # (352) 216-	8100	
Plant Name:	LEIGHTON ESTA				phone Number:	Michelle -(352)48		
Plant Address:	3125 SW 93RD ST	REET ROAD	City:	OCALA		State: FL	Zip Code:	34476
Type of Water Treate Permitted Maximum E Plant Category (per si	Day Operating Capac	ity of Plant, gallons per day:	Purchas	65800	ed Water Plant Class (per subs	ection 62-699.310((4), F.A.C.); <u>D</u>	
Licensed Operators	al permit all a	lame 100 colors and a color and a color	License	Class	License Number	Πένιε	VSHIB/SVNAFACES	
Lead/Chief Operator.	RICKY WILLIAMS	ON The state of th	C	;	8393	JDAYS	//Crinds/ 430/Reg	
Other Operators								
					<u> </u>	 		
[声音] 数据标题 图								
TERRITOR DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR						T		
							···	
ed responsible								
IL Certification by Lea								· · ·
i, the undersigned was	ter treatment plant o	perator licensed in Florida, am the lead/c	chief operate	or of the wa	ater treatment plant ide	entified in Part I of t	his report. I certify	that the
information provided if	n this report is true a	nd accurate to the best of my knowledge	and belief.	I certify the	at all drinking water tre	eatment chemicals	used at this plant of	conform to
Nor international Stat	ndard bu or other ap	olicable standards referenced in subsect	tion 62-555.	.320(3), F.A	A.C.* I also certify that	the following addit	tional operations re	cords for this
piant were prepared e	ach day that a licens	ed operator staffed or visited this plant d	luring the m	ionth indica	ited above: (1) records	of amounts of che	emicals used and c	hemical feed
owner can retain them	able, appropriate trea	atment process performance records. Fu	urtnermore,	l agree to p	provide these addition	al operations recor	ds to the PWS owr	ner so the PWS
		eport, at a convenient location for at lease f the proper type to purchase) (**Our clients are pro-						
Com enough thriden the culor	me and mave occu advised o	t the proper type to purchase) (**Our chems are prov	vided with copie	es or an reports	and are responsible for retaini	ng them)		
			F	RICKY WILI	LIAMSON		C-839	3
Signature a	and Date				yped Name		License Numb	
Substitute/Alternate								

PWS I	dentifica	ation Nur	nber:			3425108	Plant Name:	LEIGHTON ESTATES					_	
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Remove Ultraviolet Radiation Type of Disinfectant Residual Maintained in Distribution Days Plant Staffed of Type of Operator Hours Day, of Operator Hours Type Operator Flows Type Of Disinfectant Residual Maintained in Distribution Day, of Operator Flows Type Operator Fl			DECEMBER 20 val: * Describe);	008 Free Chl	lorine	r ci	nlorine Dioxi	de	☐ Ozon	e	Combine	ed Chlorine (Chloramines)		
Type o	f Disinfec	tant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	ine		☐ Com	bined Chori	ne (Chloran	nines)	Clorine Dioxide
					CT Calculation	s, or UV Dose, i	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if A	pplicable*			Emergency of Abdornal Operating Conditions Regard Of
	Davs	100	4 3			CTC	alculations				₩ UV	Dose .	Lowest	
	Plant				Lowest Residual	Disinfectant	- 3.00						Residual	The Callege State of the Calle
	Staffed or			1415	Disinfectance	Contact Time	ALC: NO						Disinfectant	
2.42	Visited	Pint a		1000	Concentration	(T) at C	Lowest CT	3000			Lowest	Minimum	Concentration	Proceedings of the Company of the Co
12	by	10 4 B	1000	130.1	(C) before or at	Measurement	Provided Before of	Lemp	1.2	Minimum	Operating	UYDOSC	at Remote	12.1001至4.300亿国际
Day of	Operator	HOU'S.	Net Chambry of	Dank Ulman	Pirst Customer	Post Flore	ALPIES LUSIONET	Webs	D/stec if :	Remurad	1 2 4000	Kenunea,	Point in	Emergency of Abdormal Operating Conditions, Repair of
Month	12.77	Operation	Produced val	Rate and	mo/L	minutes	me-mn/L	oC .	Applicable	me-min/L	sec/cm2	sec/cm2	System mg/1	Maintenance Work that Involves Taking Water System Components Out of Operation.
1.5	X	24	8200										0.6	
2		24	8400											
. 3 m		24	8400										ļ <u>.</u>	
3124 X	Х	24	8400						<u> </u>		ļ		0.5	
j. 5.		24	9000						ļ					
× 6 1		24	9000	<u> </u>				.	 		 			
7 841	7/	24	9000 9000			 					 		0.7	
9	X	24	7000			 		ł			 		0.7	
10	х	24	6300	 		†			<u> </u>	•	1		0.4	
- 11	_^_	24	9100					İ			1		0.4	
. 12		24	9100											
ti: 18 2		24	9100	İ										
-314		24	9100											
**15	Х	24	9100										0.5	
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17 n		24	6600			 			ļ		ļ	ļ	2.6	
18.	X	24	6000 8100	 		4	 						0.6	SAMPLE - 1 WELL, 2 LINES
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21:		24	8000			 								
22	х	24	8000			 		 	 	,	†	ļ <u>.</u>	0,4	
23		24	9400											
24		24	9400											
25		24	9300											
26	Х	24	9000										0.4	
27		24	8400											
28		24	8300											
29	Х	24	8300								ļ		0.5	
30		24	8600										0.7	
31	X	24	8600	-				Щ.	l		L	L	0.5	
			258800 8348	-										
			9400	1										
CAME ARTON STORY	TOTAL PROPERTY.	ER INS SURVEY AND STREET	4	_										

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

l=General Information							
	er System (PWS)		_				
PWS Name:		LEIGHTON ESTATES		PWS Identification N		3425108	
PWS Type: Number of Service Cor	Community	Non-Transient Non-Commu of Month: 41	inity	Transient Non-Community Total Population Served at End	Consecutive	104	
	Arnaldo Barros			Total Topolation octved at End	or work.	107	
_	Arnaldo Barros		· ·	Contact Person's Title: Owner			
Contact Person's Mailir		900 Washington Street	– City	Hollywood	State: FL	Zip Code:	33019
Contact Person's Teler		(954)922-0949		Contact Person's Fax Number:	(954)922-5540	Zip Code	33019
Contact Person's E-Ma		Cell #(646)765-9054 - Maria's cell #	_	Contact Person's Fax Number.	(904)922-0040		
Contact r 6(30)13 L-Ma	ili Addiess.	Cell #(0+0)103-3034 - Walla's Cell #		-	East # (250) 227	7000	
B. Water Trea	tment Plant Inforr	nation			Fax # (352) 237-		
	LEIGHTON EST			Diggt Talambana Number	Cell # (352) 216-		
-	3125 SW 93RD 8			Plant Telephone Number:		82-0777 Ext. 208	04470
riant Address.	3125 SW 93RD 8	STREET ROAD	_ City:	OCALA	State: FL	Zíp Code: _	34476
Type of Water Treated	by Plant:	7 :	C Purcha	ased Finished Water			
		acity of Plant, gallons per day:		65800			
Plant Category (per sui				Plant Class (per subs	section 62,600 310)(4), F.A.C.);	
					30011011 02 000.010	(-1) , 1	<u></u>
Licensed Operators		Name	licens	e Class	n Plovie	VShift(e) \Afatkad	
Lead/Chief Operator:	RICKY WILLIAM	SON		C 8393	IDAYS	Montries transfer	
Other Operators	TOTAL PRIZED III		 -	0093	- DATO		
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	· <u>-</u> -		 		 -		
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i a principal de la compansión de la compansión de la compansión de la compansión de la compansión de la compa			 -				
			 				
					-		
			<u> </u>		<u> </u>		
 Certification by Lead 							
I, the undersigned water	er treatment plant	operator licensed in Florida, am the lead	d/chief opera	tor of the water treatment plant id	entified in Part I of	this report. I certify	that the
information provided in	this report is true	and accurate to the best of my knowled	ge and belie	f. I certify that all drinking water tr	eatment chemicals	used at this plant	conform to
NSF International Stan	dard 60 or other a	applicable standards referenced in subse	ection 62-55	5.320(3), F.A.C.* I also certify tha	t the following addi	tional operations re	cords for this
plant were prepared ea	ich day that a lice	nsed operator staffed or visited this plan	t during the	month indicated above: (1) record	s of amounts of ch	emicals used and o	hemical feed
rates; and (2) if applica	ble, appropriate t	reatment process performance records.	Furthermore	e. I agree to provide these addition	nal operations reco	rds to the PWS ow	ner so the Pt
		s report, at a convenient location for at le					
		d of the proper type to purchase) (**Our clients are p			ning them)		
			•		- /		
				RICKY WILLIAMSON		C-839	3
Signature a	nd Date		-	Printed or Typed Name		License Num	
Substitute/Alternate							

PWS Identification Number: 3425108 Plant Name: LEIGHTON ESTATES						_								
III. Da	ily Data f	for the Mo	onth/Year of:		DECEMBER 20	08 ☞ Free Chl	losino	E C	ilorine Dioxi	da	厂 Ozone		Combine	d Chlorine (Chloramines)
			og Virus Inacti	Other (₩: rice Citi	OTHE	i. Ci	noi nie Dioxi	uc	1 CZOIR	7	Combine	d Chloramines)
							Free Chlor	ine		Comb	ined Chorit	ne (Chlorar	nines)	Clorine Dioxide
		4.1	FT 15 15 15 15		CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*		0.7	Entergocy of Abdornia Operating Conditions Repair of Maintenance Work has Involved Taking Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maintenance Water System at Maint
4 4				7		CT C	alculations				₩ UV	Dose	Lawest	
	Plant			A .	Lowest Residual	Disinfectant		4.4					Residual	
	Staffed or		a sand		Disinfectance	Contact Time	144 M 10	35.5					Disinfectant	
	Visited		department	4.4	Concentration	(T) at C	Lowest CT	4 4			Lowest	Minimum	Concentration	and the property of the second
54	i∰ by	144.8	0.000	2.4	(C) Before or at	Measurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	A March and A particular to the second of the
Day of	Operator	Hours	Net Quantity of	0 1 0	First Customen	Point During	at hirst customer	Ot -	peror -	Demirad	UV DOSE,	Kegunea,	Point in	Entergracy of Abdomai Operating Conditions Repair of 12
Month.	(Flace	Coeration	Produced on	Rate end	During reak clow,	minutes	mo-min/	0.0	Applicable	me-min/l	sec/cm2	sec/cm2	System me I	Components Out of Operation
1.5	X	24	8200	THE STATE OF THE S								**************************************	0.6	
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Jul4 Si	X	24	8400										0.5	
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77		24	9000		<u> </u>			ļ						
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= 10	х	24	6300			 		 					0.4	, ,
11	^	24	9100					<u> </u>					V.7	
12		24	9100										 	
18		24	9100											
14		24	9100											
15	X	24	9100										0.5	
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17.5		24	6600										0.6	CAN THE A WITH CAN THE
18.1 19	Х	24 24	6000 8100			-		-					0,6	SAMPLE - 1 WELL, 2 LINES
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21		24	8000	-										
22	X	24	8000										0.4	
23		24	9400											
24.		24	9400								•			
25		24	9300											
26.	Х	24	9000										0.4	And the second s
27		24	8400											
28		24	8300										0.5	
29	X	24	8300 8600					ļ					0.5	
30 31	v	24 24	8600										0.5	·
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8348 -9400

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

L. General Information								
	ter System (PWS)							
PWS Name:		LEIGHTON ESTATES		_	PWS Identification N	lumber:	3425108	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity		ent Non-Community	Consecutive		
Number of Service Co		of Month: 41		Total Popul	lation Served at End	of Month:	104	
PWS Owner:	Arnaldo Barros					- · · · -	<u> </u>	
Contact Person:	Arnaldo Barros				rson's Title: Owner			
Contact Person's Mai		900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Tele	ephone Number:	(954)922-0949		Contact Pe	rson's Fax Number:	(954)922-5540		
Contact Person's E-M	lail Address:	Cell #(646)765-9054 - Maria's cell #		_				
		· · · · · · · · · · · · · · · · · · ·				Fax # (352) 237	-7329	
	atment Plant Infor					Cell # (352) 216	-8100	
Plant Name:	LEIGHTON EST	ATES		Plant Telep	hone Number:	Michelle -(352)4	82-0777 Ext. 208	
Plant Address:	3125 SW 93RD	STREET ROAD	City:	OCALA	-	State: FL	Zip Code:	34476
Type of Water Treate		V	F Purch	ased Finishe	d Water			
		acity of Plant, gallons per day:		65800				
Plant Category (per si	ubsection 62-699.	310(4), F.A.C.): <u>5</u>		_	Plant Class (per subs	section 62-699.310	0(4), F.A.C.); <u>D</u>)
(Charlings), comband Shiffly retrois (1771 heimetain) like é ains af t-actus Shimorres	ranio de la Polació de La Companio de La Companio de La Companio de La Companio de La Companio de La Companio	mark with the sales of the sale	i ulas comerc 60 2011 i 12 desir sec e de mocra, estilate e	Market M. 1 St. Market and Art St. Communications and Association and Associat				
Licensed Operators		Name	Licens	se Class	License Number	Day(:	s)/Shift(s) Worked	
Lead/Chief Operator	RICKY WILLIAM	SON		C	8393	DAYS		
Other Operators.								
account to the								
DECEMBER PARTY								
电电阻 机机械工作机								
							· · · · · · · · · · · · · · · · · · ·	
STREET, STREET								
								
II. Certification by Lea	ad/Chief Operator		<u> </u>		·			
		operator licensed in Florida, am the lea	d/chief opera	ator of the wa	iter treatment plant id	entified in Part Lof	this report. Licertify	that the
information provided i	n this report is true	and accurate to the best of my knowled	dge and belie	ef I certify th	at all drinking water to	eatment chemical	and report. Toolary	conform to
NSF International Star	ndard 60 or other	applicable standards referenced in subs	section 62-55	5.320(3) F 4	C * Lalen certify the	t the following add	itional operations re	conde for this
plant were prepared e	ach day that a lice	nsed operator staffed or visited this plan	nt during the	month indica	ted above: (1) record	e of amounts of oh	rantial operations re	shomiaal faad
rates: and (2) if annlin	able approprieto t	reatment process performance records.	Furthermon	a Lagree to	ncu abuve. (1) 160010 provida those addition	a ur amuumta ul Cii	enicals used and (Alemical leed
owner can retain them	with copies of this	s report, at a convenient location for at le	oost top voor	e, ragree to p	provide triese addition	iai operations reco	ords to the PVVS ow	ner so the PV
		d of the proper type to purchase) (**Our clients are			and are companible for mani-	ing them)		
Con choins intinon life chior	me and have peen advise	a at the proper type to parentase). I Our chems are	broader with co	hies of sir rebouz	and are responsible for retain	mig mem)		
				RICKY WIL	LIAMSON		C-839	3
Signature	and Date			Printed or T	yped Name		License Num	ber
Substitute/Alternate								

PWS I	WS Identification Number: 3425108 Plant Name: LEIGHTON ESTATES						<u>,</u>							
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Remo Ultraviolet Radiation Type of Disinfectant Residual Maintained in Distrib Days Plant Staffed or Visited Dy					Describe):	Free Chl			nlorine Dioxi		厂 Ozon			d Chlorine (Chloramines)
Type o	f Disinfe	ctant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
			Eller at L		CT Calculations	, or UV Dose, t	o Demonstrate Po	ur-Log	Virus Inactiv	ration, if Ap	plicable*		1164 (114)	Energerey of Alderma Operating Couldrons, Rejair or Haintenance Work that involves Taking Water System.
	Dave					CTC	alculations	19910		al tra	L⊈ ΣUV	Dose	Lowest	
	Plant	100			Lowest Residual	Disinfectant	12.00						Residual	
. 9	Staffed or			4	Disinfectance	Contact Time	100	1 - 4 - 4	1 2 / -		191 45		Disinfectant	[4] "我们我正找过去的数字中发现了那种点。
. 4	Visited	163 4 2	14.12.46		Concentration	(T) at C	Lowest CT :	13.3			Lowest	Minimum	Concentration	一致 1 1 1 1 1 1 1 1 1
	jby :	133.0			(C) Before or al-	Measurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	
F-L-OY -CR	Operator (Place	Hours	Net Quantity of		Lowest Residual Disinfectance Codcentration (C) Before on all First Customer During Peak Flow	Point During	at East Customer	ot	pHote	(3)	UV Dose,	Required	Point in	Energency of Abdormal Operating Conditions, Repair or
	(Place	Planem	Pinispen water	Peak Flow	ngL -	PEAK FIOW	During reast riow	water	Annierskie	Required:	see/cm2	III W	System mal/	Mainlenance Worke that involves Faking Water System Components Out of Operation
L	X	24	8200	reate, gpt	ingio-	i i iiiii			- inpproxima		- Constant		0.6	
-2		24	8400						<u> </u>					
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3.74	Х	24	8400										0.5	
5		24	9000								<u> </u>			
6.4		24	9000					<u> </u>			<u> </u>			
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8,	Х	24	9000			<u> </u>		<u> </u>	<u> </u>		ļ		0.7	
9		24	7000						ļ				ļ	
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16		24	6600											
:17.6		24	6600									, ,,,		
18/	Х	24	6000						ļ				0.6	SAMPLE - 1 WELL, 2 LINES
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25		24	9300						†				<u> </u>	
26	Х	24	9000	· · · ·									0.4	
27		24	8400					1						
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-30		24	8600											
. 31	X	24	8600			<u> </u>			L		L		0.5	
Tofal		100	258800											
			8348 - 9400											
Maximu	III 6		9400											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

i. General information for the Month/Ye	DECEMBER 2008						
 A. Public Water System (PWS) 							
PWS Name:	LEIGHTON ESTATES			PWS Identification N	umber:	3425108	
PWS Type: Community	Non-Transient Non-Communi	ity	Transi	ent Non-Community	Consecutive		
Number of Service Connections at End	of Month: 41			lation Served at End	of Month:	104	
PWS Owner: Arnaldo Barros			-				
Contact Person: Arnaldo Barros			Contact Pe	rson's Title Owner			
Contact Person's Mailing Address	900 Washington Street	City:	Hollywood	-	State: FL	Zip Code:	33019
Contact Person's Telephone Number:	(954)922-0949	-	Contact Pe	rson's Fax Number:	(954)922-5540	 ' _	
Contact Person's E-Mail Address:	Cell #(646)765-9054 - Maria's cell #				<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	_		Fax # (352) 237-7	7329	
B. Water Treatment Plant Inform	mation				Cell # (352) 216-		
Plant Name: LEIGHTON EST	TATES		Plant Telep	hone Number:	Michelle -(352)48		
Plant Address: 3125 SW 93RD	STREET ROAD	City:	OCALA .		State: FL	Zip Code:	34476
		•					
Type of Water Treated by Plant:	I	☐ Purcha	ased Finishe	d Water			
Permitted Maximum Day Operating Cap	acity of Plant, gallons per day:		65800				
Plant Category (per subsection 62-699.3				Plant Class (per subs	section 62-699.310	(4), F.A.C.); [)
	·		-	,,			
Licensed Operators	Name - A - A - A - A - A - A - A - A - A -	Licens	e Class. 🔐	License Number	Davis	/Shift(s)/Worked	ali destatest
Lead/Chief Operator RICKY WILLIAM	SON		С	8393	DAYS		
Other Operators					 		
Line variet eren eren er					 		
					 		
					·		
					 		
					 	·	 -
Supplied the control				~	†		
					 		
II. Certification by Lead/Chief Operator					-1		
	operator licensed in Florida, am the lead/o	chief onera	tor of the wa	ster treatment plant id	entified in Part Loft	his report i certifi	that the
information provided in this report is true	e and accurate to the best of my knowledge	and helic	of I certify th	at all drinking water to	estment chemicals	ueed at this plant	conform to
NSF International Standard 60 or other:	applicable standards referenced in subsec	tion 62-55	5 320(3) F 4	C * Lalen certify tha	t the following addit	tional anorations r	comoninto
n)ant were prepared each day that a lice	ensed operator staffed or visited this plant of	during the	month indica	ited above: (1) record	c of amounts of she	nonal operations re	shaminal food
rates: and (2) if applicable, appropriate t	reatment process performance records. F	urthormor	Some to	neu above. (1) record	s or amounts or ore	edo to the DWC mu	inerrical reed
	s report, at a convenient location for at least			provide triese addition	iai operations recoi	ds to the PWS 0W	ner so the PV
	ed of the proper type to purchase) (**Our clients are pro			and are recognible for retain	ing them)		
and the open and the property and the open advise	or the proper type to parenase) (Our elients are pro	rraca will coj	pies of an reports	and are responsible for feran	ung urani)		
			RICKY WIL	LIAMSON		C-839	73
Signature and Date			Printed or T			License Num	
) p 0 = 1 tall 10		Finetise Mail	DG!

PWS I	dentific	ation Nur	nber:			3425108	Plant Name:	LEIGHTON ESTATES						
Means U	of Achiev traviolet I	ing Four-L Radiation		vation/Remo	Describe):	Free Chl			nlorine Dioxi	H207	Ozono			d Chlorine (Chloramines)
Type o	Disinfe	ctant Resid	ual Maintaine	ed in Distrib	ution System:		Free Chlor	rine		1 Comb	oined Chori	ne (Chlorar	nines)	Clorine Dioxide
	Days Plant		g Belling Desputies Desputies		CT Calculations Lowest Residual Disinfectance	Or UV Dose, t CT C Disinfectant Contact Time	o Demonstrate Fo	our-Log	Virus Inactiv	ation, if Ap	oplicable* UV	Dose	Lowest Residual	COURTE DIOXICE
Day of the	Visited by Operator 4(Place	Hours Plant in	Net Quantity of Finished Water	Peak Flow	Concentration (C) Before or at First Customer. During Peak Flow	(F) at C Measurement Point During Peak Flow	Pree Chloro Demonstrate For alculations Lowest CT Provided Before of a First Customer During Peak Flow marmit/L	Temp of Water	pH of Water, if	Minimum ICT // Required	Lowest Operating UV Dose, in W.	Millimum UV Dose Required mW	Concentration at Remote Point in Distribution	Entergency of Abstornal Operating Conducts, Repair of Mauneusroe Work that Involves Taking Water System Components Out of Operation
	COMPANY OF THE PARTY	Operation 24	8200	Rate, gpu	Highs	introtes:	ang may te		rippusavic	and many ax	J. Sections.		0.6	
11.0	Х	24	8400	<u> </u>	ł				<u> </u>		 			
3		24	8400		-	<u> </u>	<u> </u>							
24	Х	24	8400	1					1				0.5	
225 \$		24	9000				1							
- 6		24	9000											
- 7		24	9000						<u> </u>		1			
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96		24	7000	ļ	<u> </u>		ļ		<u> </u>		ļ	 	0.4	
10	X	24	6300	<u> </u>	ļ	 		 	 		 		0.4	
11		24	9100			 	<u> </u>	+			-		 	
12		24	9100 9100				 	-	 					
13		24	9100		<u> </u>		 	1	 		 			
215	х	24	9100	 				 			†		0.5	
16-2	^_	24	6600		 		<u> </u>		1					
117.		24	6600	†	 			1						
J 18	х	24	6000	1					Ī				0.6	SAMPLE - 1 WELL, 2 LINES
19"		24	8100		Ì				<u> </u>					
20		24	8000	1							<u> </u>	<u> </u>		
21		24	8000					ļ						
* 22	X	24	8000	<u> </u>		<u> </u>			ļ		ļ ——	ļ	0.4	
23		24	9400	<u> </u>		ļ			<u> </u>					
. 24		24	9400			-		+	<u> </u>		ļ	-		
25		24	9300			 		 	 		-	<u> </u>	0.4	
26	X	24	9000	 	ļ			1	<u> </u>		 		0.4	
27	ļ	24	8400		ļ 			+	 					
28		24	8300 8300	 									0,5	
30	Х	24	8600					· · · · · ·	 		+		1	
30°	Х	24	8600				<u> </u>	+	 			† ·	0.5	
Total		24		+	J	٠	<u> </u>	1	<u></u>				1,	<u> </u>

8348 -9400

DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

Average 400 Maximum 1200 *Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

General Information for the Month/Yea DECEMBER 2008				
A. Public Water System (PWS) Information		51410 L.J. (15. (1. h)		0.10=100
PWS Name: LEIGHTON ESTATES PWS Type: Tommunity Town-Transient Non-Community		PWS Identification N		3425108
Number of Service Connections at End of Month: 41	•	Transient Non-Community I Population Served at End	Consecutive	104
PWS Owner: Arnaldo Barros	100	ropulation served at End (DI MODEL.	104
Contact Person: Arnaldo Barros	Cor	tact Person's Title: Owner		
Contact Person's Mailing Address 900 Washington Street	City: Hall		State: FL	Zip Code: 33019
Contact Person's Telephone Number: (954)922-0949		tact Person's Fax Number:	(954)922-5540	Zip Code:33019
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #	Con	lact reisons rax Number.	(934)922-3340	
Contact Felson's E-Iviali Address.			Fax # (352) 237-73	220
B. Water Treatment Plant Information			Cell # (352) 216-8	
Plant Name: LEIGHTON ESTATES	Dlar	t Telephone Number:	Michelle -(352)482	
Plant Address: 3125 SW 93RD STREET ROAD	City: OCA		State: FL	
Tiant Address. 3123 SW 95ND STREET NOAD	City. OCA	<u> </u>	State. FL	Zíp Code: <u>34476</u>
Type of Water Treated by Plant:	Purchased	Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		800		
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per subs	ection 62-600 310//	a, F.A.C.): D
There dutings by (por dubble little dubble little (1), 1 is a bij.		idili Cidos (pc. 5dbs	- 10100 OZ-003.3 (G/), (.A.O.). <u>D</u>
Licensed Operators Name	License Ciz	ss. License Number	a Davisii	Shiffiel Worked Late 1999
Lead/Chief Operator: RICKY WILLIAMSON	С	8393	DAYS	
Other Operators 1997				
(利)。 向 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
特别····································				
			 	
			 	
			 	
(1)			 	
			 	
II. Certification by Lead/Chief Operator		 	'	
I, the undersigned water treatment plant operator licensed in Florida, am the lead/cf	hief operator of	the water treatment plant ide	entified in Part Lofth	is report. I certify that the
information provided in this report is true and accurate to the best of my knowledge	and belief. I c	erfify that all drinking water to	eatment chemicals in	ised at this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsecti	ion 62-555.320	(3) F.A.C.* Lalso certify that	the following addition	anal operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant do	uring the month	indicated above: (1) records	s of amounts of cher	micals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Fu				
owner can retain them with copies of this report, at a convenient location for at least		To to provide these dualities	a. oporazono recora	
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provi		Il reports and are responsible for retain	ing them)	
	RIC	Y WILLIAMSON		C-8393
Signature and Date		ed or Typed Name		License Number

PWS I	dentifica	ation Nur	nber:			3425108	Plant Name:	LEIGHTON ESTATES						-
Means o	of Achiev	ing Four-L Radiation	onth/Year of: og Virus Inacti	vation/Remo	Describe):	08 Free Ch	lorine	Г CI	nlorine Dioxi	de	Combined Chorine (Chloramines) ion, if Applicable* UV Dose Lowest Residu Dismicot Lowest Aumuun Concentra Vinunum Operating UV Dose Fedured Fedured MRemod Required MV MV Distribut us-min/Lowest Sevient Sevient Sevient Sevient Sevient Sevient Sevient Sevient Sevient Sevient Sevient Combined Combi			ed Chlorine (Chloramines)
							Free Chlor	rine		Comb	ined Chori	ne (Chlora	mines)	Clorine Dioxide
		111		1.071	CT Calculations	or UV Dose,	to Demonstrate Fo	nır-Log	Virus Inactiv	ation, if Ap	plicable*			The state of the s
						CT C	alculations	100			UV	Dose	Lowest	
	L Days		0.00		Lowest Residual	Disinfectant	100	1.0	1.	· 6			Residual	
	Staffed or			V 50 - 30 - 3	Disinfectance	Contact Time	1 1 1			10-167	78 - A		Disinfectant.	
	Visited		11111		Concentration	(T) at C	Lowest CT	1 1 4			Lowest	Minimum	Concentration	
	by		il substa		(C) Before or at	Measurement	Provided Before o	r Temp		Minimum	Operating	UV Dose	at Remote	and the transfer of the second
Day of	Operator	Hours	Net Quantity of	64.5	First Customer	Point During	at First Customer	, of	pH of	∴ CT	UV Dosc,	Required	Point in	Emergancy of Abnormal Operating Conditions, Repair of
athe is	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow	Peak:Flow	During Peak Flow	Water	Water, if	Required	mW∗.	mW-	Distribution	Maintenance Work that Tayofves Taking Water System Components Out of Operation
深入 文章或代表表示:	** ** ***	* cobolemon	Section 1	Rate, gpd	mg/Li i ≢s	minutes	mg-muvL a	1062	Applicable	mg-mm/L	sec/cm2	sec/cm2		Components Out of Operation
Like	Х	24	8200					 	 			 	0.6	
-2		24	8400		ļ —————	<u> </u>	 	╂			 	 	1	
3.7		24	8400		<u> </u>	 	-	1	 		ļ.———	 	0.5	
384 1	Х	24	8400	ļ	 	-		 	 	-		1	0.5	
16.5		24	9000 9000	 	ļ	-	<u> </u>	1			 	 	 	
7		24	9000	-	 	 	 	╅				 	1	
9	х	24	9000	<u> </u>		 		i e				†	0.7	
8 i 9:1		24	7000		 			†				†	1	
10	Х	24	6300	<u> </u>	****								0.4	
11		24	9100					1						
112		24	9100											
D		24	9100									<u> </u>	<u> </u>	
114		24	9100									<u> </u>		
315	X	24	9100					ļ	<u> </u>				0.5	
16		24	6600			<u></u>			ļ			 	<u> </u>	ļ
17.		24	6600	ļ		ļ		<u> </u>			-	<u> </u>	1	I AND E INTELL OF DEC
18.	Х	24	6000	<u> </u>		ļ		╁			 	 	0.6	SAMPLE - 1 WELL, 2 LINES
197		24	8100	 				[1	-	
20		24	8000 8000	 -		+	<u> </u>	 			 	 		
2): * 22	X	24	8000		<u> </u>	 		+	 			 	0.4	
23		24	9400			-		 			 	 		
24		24	9400	 					 				<u>†</u>	
25		24	9300	 	<u> </u>	<u> </u>		†	1				i	
26	Х	24	9000					1	<u> </u>				0.4	
27		24	8400		-			Î	Ī					
28		24	8300											
29	Х	24	8300										0.5	
30		24	8600										ļ	
31	X	24	8600]	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J		l			L	0.5	
Total		Follow Sing	258800											
			8348	4										
Maximu	at 🦂 🚜 🖟	4006.4	9400	J.										

DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER POR 1366 W 09036 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 090366 W 09036 W 09

See page 4 for instructions.

I. General Information			-			A.		
	iter System (PWS)				D140 Fd. 65 6 41		0.405.400	
PWS Name:	FT. Community	LEIGHTON ESTATES Non-Transient Non-Commun	nih :	- E	PWS Identification Nation Ident Non-Community		3425108	
PWS Type: Number of Service Co			пцу		ient Non-Community ulation Served at End		104	
PWS Owner:	Arnaldo Barros	of Month:41		Total Popt	DIALION Served at End	OI WOHAI.	104_	
Contact Person:	Arnaldo Barros		_	Contact B	erson's Title: Owner			
Contact Person's Mai		900 Washington Street	- City	Hollywood		State: FL	Zip Code:	33019
Contact Person's Tele		(954)922-0949	_ Oity.		erson's Fax Number:		Zip Code	33019
Contact Person's E-M		Cell #(646)765-9054 - Maria's cell #	_	Contact F	ersons rax number.	(904)922-0040		
CUITACT FEISUITS E-IV	iali Addi ess.	Cell #(040)/00-9004 - Ivialia's Cell #		_		Fax # (352) 237	7320	
B. Water Tre	atment Plant Inform	mation				Cell # (352) 237		
Plant Name:	LEIGHTON EST			Plant Tolo	phone Number:		82-0777 Ext. 208	
Plant Address:	3125 SW 93RD 5		- Cify:	OCALA	priorie Marribor.	State: FL	Zip Code:	34476
rant Address.	3123 GVV 331CD C	JIKELI KOAD		OUNDA		Otate.	zip code	01770
Type of Water Treate		⊠	Purch	ased Finishe	ed Water			
		acity of Plant, gallons per day:		65800				
Plant Category (per s	ubsection 62-699.3	310(4), F.A.C.): <u>5</u>		_	Plant Class (per subs	section 62-699.310)(4), F.A.C.): <u> </u>)
THE THE PROPERTY OF THE PROPER						nerganis (Control of Control of C		administration (Control (Method (Control
Licensed Operators		Name					s)/Shift(s) Worked	0 B B
Lead/Chief Operator:	RAY MCVEY			<u>C</u>	8623	DAYS		
Other Operators.			<u> </u>			<u> </u>		
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		<u> </u>			ļ			
					<u> </u>			
en de la compressión						<u> </u>		
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			<u> </u>		<u> </u>	<u> </u>		
II. Certification by Le								
		operator licensed in Florida, am the lead						
		and accurate to the best of my knowledg						
		applicable standards referenced in subse						
		nsed operator staffed or visited this plant						
		reatment process performance records.			provide these addition	nal operations reco	ords to the PWS ow	ner so the PWS
		s report, at a convenient location for at lea						
(*Our clients furnish the chlor	rine and have been advise	ed of the proper type to purchase) (**Our clients are p	rovided with co	pies of all report	is and are responsible for retain	ning them)		
				DAY MOVE	-v		0.000	20
Signature	and Date		-	RAY MCV	=Y Typed Name	 	C-862 License Num	· · · · · · · · · · · · · · · · · · ·
Signature	and Date			Finited of	турей маше		License Num	bei
Substitute/Alternate	9							

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

PWS I	dentific	ation Nur	nber:	•		3425108	Plant Name:		LEIGHTO	N ESTATE	S			-
III. Da	III. Daily Data for the Mouth/Year of: JANUARY 2009													
			og Virus Inacti			Free Chi	orine	IT C	hlorine Diox	ide	C Ozon	e	Combine	d Chlorine (Chloramines)
UI UI	traviolet l	Radiation	lual Maintaine	Other (Describe):		·							
1 ype o	Disinte	ctant Resid	lual Maintaine	ed in Distrib	ution System:	or to me	Free Chlor	rine		Comb	ined Chori	ne (Chlorai	nines)	Clorine Dioxide
1974		5 5 4	444		Correct Residual Disinfectance Concentration (G) Before or act	, ul u v Dose, i	o Demonsuale ru	an - rys	V II US INBCIL	auon, ir Ap	pilcaole	Doca	100000	Come Dioxide
	Days	49.75 747	Maria in the		Lowest Residual Disinfectance Concentration (G) Before or at First Customer During Peak Flow	- 4		1 20			The state of	2030	Lowest	有限的数据,不是这个主题是否是
	Plant Staffed or		lan in the		Lowest Residual	Disinfectant	7.5	113					Residual	电影影响 电影响影响 医
	Visited				Concentration	COMACT THE	Lower CTE	1 4			Louiset	Manager 1	2.hsinicciani	
	by			4.	(G) Before or at	Measurement	Provided Before o	Temp	1. 7	Minimum	Operating	IIVEDose	at Remote	
Day of	Operator	Hours	Net Quantity of Finished Water	313 45	First Customer	Point During	at First Customer	of	pHot	сть	UV Dose	Required,	s. Point in	February Way Amigmal Orderston Conditions Renew of
		Plantin	Finished Water	Peak Flow	During Peak Flow,	- Peak Flow	During Peak Flow	, Water	Water, if	Required	mW-	mW-	Distribution	Emergeocy of Abustinal Operating Conditions, Repair of Mantenance Work that Involves Taking Water System
Month	'X')	Obergrion	or toenecu, gar-	Rate, gpd	mg/L	minutes ?	mig-min/L	* oC	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
10 2		24	8700 8700					ļ						
3		24	8700					-	 			-		
A		24	8700	-					1					
. 5		24	8700					 					<u> </u>	
. 6	Х	24	8700										0.5	
7		24	8050						<u> </u>					
8	Х	24	8050										0.5	
9		24	8300			ļ								
10		24	8300					ļ			<u></u>			
1012		24	8300 8300	<u> </u>				. 	ļ		<u> </u>	··		
33	x	24	8300						<u> </u>				0.6	
14		24	7850					 					0.6	
45	Х	24	7850	· · · · · · · · · · · · · · · · · · ·				-				 	0.5	
16		24	8820					 						***
17		24	8820											
18		24	8820					L						
719 /		24	8820											
# 20	X	24	8820					ļ					0.6	SAMPLE - 1 WELL, 2 LINES
21 22	Х	24 24	8300 8300	<u></u> .										
22	^_	24	9500				•	 					0.5	
24		24	9500					 	_					
25		24	9500					 			٠			
26		24	9500					i						
27	X	24	9500					<u> </u>					0.5	
28		24	9550											
29	X	24	9550										0.4	
30		24	9550											
231	7 (2 n. to, 15	24	9550					<u></u>	L					
			271900 8771											
			9550											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

le General Information			_					
A. Public Wa	ter System (PWS)		•					
PWS Name:		LEIGHTON ESTATES		_	PWS Identification N	umber:	3425108	
PWS Type:			ity		ient Non-Community	Consecutive		
Number of Service Co	onnections at End	of Month: 41		Total Popu	ulation Served at End	of Month:	104	
PWS Owner:	Arnaldo Barros						<u> </u>	
Contact Person:	Arnaldo Barros		-	Contact Pe	erson's Title: Owner			
Contact Person's Mail	ling Address	900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Tele		(954)922-0949		Contact Pe	erson's Fax Number:	(954)922-5540		·
Contact Person's E-M	•	Cell #(646)765-9054 - Maria's cell #				· · · · · · · · · · · · · · · · · · ·		
				-		Fax # (352) 237-	7329	
B. Water Tre	atment Plant Infor	mation				Cell # (352) 216		
Plant Name:	LEIGHTON EST			Plant Teler	phone Number:		82-0777 Ext. 208	
Plant Address:	3125 SW 93RD 9		City:	OCALA		State: FL	Zip Code:	34476
riantriaaroas.	0120 017 00110 1	511(EL) 1(0) (D		<u> </u>				0
Type of Water Treate	d by Plant	▽	Purch:	ased Finishe	od Water			
		acity of Plant, gallons per day:	I TOTOR	65800	od Tratoi			
Plant Category (per st				00000	Plant Class (per subs	action 62 600 310)(4), F.A.C.); D	•
Plant Category (per st	ubsection oz-oss.	510(4), P.A.C.). <u>5</u>		-	Flant Class (per subs	SECTION 02-033.3 TO	(4), F.A.C.). <u>D</u>	
				e aus		i i i	CONTRACTOR CONTRACTOR AND ADMINISTRA	
		Name			License Number		Joungs) worked	
Lead/Chief Operator:	RAY MCVEY			<u>C</u>	8623	DAYS		
Other Operators:								
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the the second				<u></u>		<u> </u>		
Constitution of the			<u></u>		<u> </u>			
II. Certification by Lea	ad/Chief Operator							
		operator licensed in Florida, am the lead/	chief opera	ator of the wa	ater treatment plant id	entified in Part I of	this report. I certify	that the
		and accurate to the best of my knowledg						
		applicable standards referenced in subsec						
		ensed operator staffed or visited this plant						
		reatment process performance records. F						
		s report, at a convenient location for at lea			provide a leas addition	iai operations reco	nus to the 1 440 044	1161 30 (116 1 440
		s teport, at a convenient location for at least of the proper type to purchase) (**Our clients are proper type to purchase)			e and are reconneible for retain	ning them)		
(-Our chains farmen the curor	ine and have been advise	at or the proper type to paronase) (Our chems are pro-	Griden with CO	pies or an report	is and the reshoustone to Legar	mig meiii)		
				RAY MCVE			C-862	
Signature	and Date			Printed or 1	Typed Name		License Num	ber
Substitute/Alternate								

PWS	ldentific	ation Nur	nber:									_		
Means	of Achiev	ving Four-L Radiation	onth/Year of: .og Virus Inacti	ivation/Remo	JANUARY 2009 moval: Free Chlorine Chlorine Dioxide Cozone Tree Chlorine Chlorine Dioxide Cozone Tribution System: Tribution								d Chlorine (Chloramines)	
Type o	f Disinfe	ctant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	rine		Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
	Days Plant Staffed o		の音楽を 例でする。 をようは 250mm		CT Galerilations Lowest Residual Disinfectanct	Or UV Dose CT C Disinfectant Contact Time	Lowest CT Provided Before of at Fix Outloner Diring Pear Liow	our-Log	Virus Inactiy	ation, if Ap	plicable* UV	Dose	Lowest Residual Disinfectant	
Day of the Month	Visited ,, by Operator (Place "X")	Plantin	Finished Water	Peak Flow	During Peak Flow	Peak Flow	During Peak Flow	Water	Water, if	Required	mW-	mW.	Distribution	L. Energency of Apportual Operating Conditions: Receipt of
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Maxim	m		9550											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

l⊩ General Information			_					
	ter System (PWS)							
PWS Name:		LEIGHTON ESTATES		_	PWS Identification N		3425108	
PWS Type:	Community	Non-Transient Non-Commun	nity		ient Non-Community	Consecutive		
Number of Service Co	nnections at End	of Month: 41		Total Popu	ulation Served at End of	of Month:	104	
PWS Owner:	Arnaldo Barros		_					
Contact Person:	Arnaldo Barros		_'	Contact Pe	erson's Title: Owner			
Contact Person's Mail	ing Address	900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Tele	phone Number:	(954)922-0949	_	Contact Pe	erson's Fax Number:	(954)922-5540		
Contact Person's E-M		Cell #(646)765-9054 - Maria's cell #	_					
				-		Fax # (352) 237-7	7329	
B. Water Trea	atment Plant Inform	nation				Cell # (352) 216-		
Plant Name:	LEIGHTON EST			Plant Teler	phone Number:	Michelle -(352)48		
Plant Address:	3125 SW 93RD S		City:	OCALA	F	State: FL	Zip Code:	34476
riantriadicso.	0120 011 00110 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						<u> </u>
Type of Water Treated	thy Plant		Purcha	ased Finishe	ed Water			
		acity of Plant, gallons per day:	, raione	65800	od Trucor			
Plant Category (per su				00000	Plant Class (per subs	ection 62-699 310	(4) F.A.C.): D	ı
riant Category (per st	105000011 02-055.5	110(4), 1 .70.).		_	riant olass (per subs	02-035.510	(4), 1 .A.O.J. <u>D</u>	
Licensed Operators	auguste en en en en en en en en en en en en en	Name		o Clase	License Number	Slicent	VChiff(c) Waterlead	
Lead/Chief Operator		Traine : Estate : Estate : Estate : Estate : Estate : Estate : Estate : Estate : Estate : Estate : Estate : Es		C	8623	DAYS		
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Other Operators Inc.			<u>} </u>		}	 		
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			<u> </u>			<u> </u>		
 Certification by Lea 								
I, the undersigned wat	er treatment plant	operator licensed in Florida, am the lead	/chief opera	ator of the w	ater treatment plant ide	entified in Part I of t	this report. I certify	that the
information provided in	n this report is true	and accurate to the best of my knowledg	e and belie	f. I certify the	hat all drinking water tr	eatment chemicals	used at this plant	conform to
NSF International Star	ndard 60 or other a	applicable standards referenced in subse	ction 62-55	5.320(3), F.,	A.C.* I also certify tha	t the following addi-	tional operations re	ecords for this
		nsed operator staffed or visited this plant						
rates: and (2) if applica	able appropriate tr	reatment process performance records.	Furthermore	e. I agree to	provide these addition	nal operations reco	rds to the PWS ow	ner so the PWS
		report, at a convenient location for at lea			F ,			
		d of the proper type to purchase) (**Our clients are pr			ts and are responsible for retain	ning them)		
(= >= VIIII LOUINING THE VIIIO		1 - Land of Landson, (and a supple make				<u> </u>		
				RAY MCV	EY		C-862	:3
Signature a	and Date		•	Printed or	Typed Name		License Num	ber

PWS I	dentifica	ation Nun	nber:			3425108	Plant Name:		LEIGHTO	VESTATE:	S	_		
Means o	of Achiev	ring Four-L	nth/Year of: og Virus Inacti	vation/Remo		Free Ch			lorine Dioxi		C Ozone			d Chlorine (Chloramines)
Type of	Disinfec	tant Resid	ual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
		10		7 14 14 17	CT Calculations	, or UV Dose,≀	to Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*		dan e	The first and the second of the second
-144	Days	10.5		a previous particular	9-0-12-0-2	Bi CRC	alculations : 3	1000	i de la Maria		o a UV	Dose	Lowest	Clorine Dioxide Dig to the state of the sta
	Plant	7 7 4			Lowest Residual	Disinfectant	3.400			100,000		10000	Residual	12.0 LAST 2 作 10 A GRITTING
	Staffed or	- 47 7 64	CONTRACTOR	100	Disinfectance	Contact Time			1644	411.0	44 4 1		Disinfectant	上字体的 "你是自己的时候,我们就没有一个
	Visited:				Concentration	(T) at C	Lowest CT	194	9-9-6		Lowest	Minimum	Concentration	[1] 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	i, by				n(C) Before or at	Measurement	Provided Before of	Temp	13	Minimum	Operating:	UV Dose	al Remote	
the	(Place	Diameter 1	Net Quantity of	Dank Class	Conton Pack Flow	Pank Flow	at First Customer During Peak Flow	Water	Water if	Danmad	UV LOSE,	Required.	Dieterbutten	Engingency or Abagratal Operating Conditions, Repeir of 19 Manusciance Work that Involves Taking Water System.
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Assessor	HINGE CHAP	100	8771	1										

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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

				N.		
General Information for the Month/Yes JANUARY 2009						
A. Public Water System (PWS) Information PWS Name: LEIGHTON ESTATES		DIAC			0.405.400	
			identification N		3425108	
		Transient Nor		Consecutive		
Number of Service Connections at End of Month: 41		Total Population S	served at End	of Month:	<u>104</u>	
PWS Owner: Arnaldo Barros						
Contact Person: Arnaldo Barros		Contact Person's	Title: Owner			
Contact Person's Mailing Address 900 Washington Street	City:	Hollywood		State: FL	Zip Code: _	33019
Contact Person's Telephone Number: (954)922-0949		Contact Person's	Fax Number:	(954)922-5540		
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #		_				
				Fax # (352) 237	-7329	
B. Water Treatment Plant Information				Cell # (352) 216	-8100	
Plant Name: LEIGHTON ESTATES		Plant Telephone it	Number:	Michelle -(352)4	82-0777 Ext. 208	
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
	•					
Type of Water Treated by Plant:	Purcha	ased Finished Wate	er.			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		65800	,			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5			lace (nor cube	section 62-699.310	0(4), F.A.C.); [1
- initial outlagery (par outlated to 2 outlager), 1 in to .).		_	odbe ibeli ecolo	CCION 02-033.3 N	ν(τ), τ.Λ.Ο.). <u>ι</u>	
Licensed Operators 100 Manual 100 Name 100 Name 100 Name 100 Name 100 Name 100 Name 100 Name 100 Name 100 Name	Licens	o Clara	lega Milimbar	Fian.	AVIGILIEV/AVANGUESA	
Eead/Chief Operator RAY MCVEY		C Class	8623		e) er iir (e) Aan wen	
Other Operators:		<u> </u>	0023	DAYS		
Otter Operators.					· ·· <u>·</u>	
				<u> </u>		
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	_	·			77.00	
II. Certification by Lead/Chief Operator	_			<u> </u>		J
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chi	of oners	ator of the water tres	atment plant ide	entified in Dart Laf	this report I codif	y that the
information provided in this report is true and accurate to the best of my knowledge a						
NICE International Chandrad Co or other and accurate to the best of my knowledge a	ind belie	n. Teeruiy matan di	nnking water ti	earment chemical	s used at this plant	contorm to
NSF International Standard 60 or other applicable standards referenced in subsection						
plant were prepared each day that a licensed operator staffed or visited this plant du						
rates; and (2) if applicable, appropriate treatment process performance records. Further			these addition	nal operations reco	ords to the PWS ov	ner so the PV
owner can retain them with copies of this report, at a convenient location for at least to						
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided to purchase)	led with cor	pies of all reports and are r	esponsible for retain	ing them)		
		RAY MCVEY			C-86	23
Signature and Date		Printed or Typed N	lame	 ,	License Num	
•					LIGOTISC MUIT	
Substitute/Alternate						
DEP Form 62-555.900(3)						
Effective August 28, 2003	Page	1				

PWS I	dentific	ation Nun	nber:			3425108	Plant Name:		LEIGHTON	VESTATE:	S			
Means U	of Achiev	ving Four-Le Radiation	adiation T Other (Describe):							d Chlorine (Chloramines)				
Type o	f Disinfe	ctant Resid	ual Maintaine	d in Distrib	ution System:		Free Chlor	rine		Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
	2010		diam'r.		CT Calculations	or UV Dose, t	o Demonstrate Fo	our-Log	Virus Inactiv	ation, if Ap	plicable*.	4.74	s squik.	
	Days		46 7 1 1		Burn Transfer	a CRC	alculations :	16 15	er aver		L UV	Dose .	Lowest	a binesa se estado de manda se e
	Plant	\$ 844		to all const	Lowest Residual	Disinfectant		45.4				med a	Residual	网络皮肤 化二甲基甲基甲基甲基
	Staffed or	4 - 4 - 4	A 10 (10)		Disinfectanct	Contact Time			17000	Made 2	Liberto III		Disinfectant	国家医院设施 医骨髓 医骨髓切除性性病
	Visited		100 15	100	Concentration	(T) at C	Lowest CT		49.4904	100	Lowest	Minimum	Concentration	计划还可以多位的对象的进行的变体。 生殖
	by				(C) Before or at	Measurement	Provided Before o	r Temp		Minmum	Operating	UV Dose	at Remote	
the	Operator (Place	Pi	Ner Quantity of	Dad Ula	mries Gustomer	Point During	atrus Customer	or Water	DH OL	Damina	UV DOSE,	Kequired.	Point in	Emergency or Abhormal Operating Conditions, Repair or
Month	*X*)	Operation	Produced val	Rate and	meri	minutes	me-min/L	OC.	Annlicable	mo-min/L	sec/cm2	ser/cm2	System mo/1	Emergency or Apportunal Operating Conditions, Repair of Manufacture Work that involves l'aking Water System Components Out of Operation
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		and seeds	271900								*			
Assertion	100 02:00		8771											

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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

A. Public Water System (PWS) Information PWS Name: PWS Type: V Community Number of Service Connections at End of Month: PWS Owner: Arnaldo Barros JANUARY 2009 JANUARY 2009 JANUARY 2009 JANUARY 2009 Anualy 10 Non-Transient Non-Community Anualy 10 Non-Transient Non-Community Anualy 2009 Anualy 2009 Anualy 2009 Anualy 2009 Anualy 2009 Anualy 2009 Anualy 2009 Anualy 2009 Anualy 2009 Anualy 2009 Anualy 2009 Anualy 2009	ity	Total Popu	PWS Identification Nient Non-Community	☐ Consecutive	3425108 104	
Contact Person: Arnaldo Barros Contact Person's Mailing Address 900 Washington Street	Cibr	Contact Po	erson's Title Owner	State: FI	7:- Cada	22240
Contact Person's Telephone Number: (954)922-0949	City.		erson's Fax Number:	State: FL (954)922-5540	Zip Code: _	33019
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #		00111000	order an individual.	100 1/022 0040		
B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD	City:	Plant Tele	phone Number:	Fax # (352) 237- Cell # (352) 216- Michelle -(352)48 State: FL	8100	<u>34476</u>
Type of Water Treated by Plant:	E Purchs	sed Finishe	nd Mator			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	, ruiona	65800	od AAB(C)			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5			Plant Class (per subs	ection 62-699.310	(4), F.A.C.): D	l
					_	
Licensed Operators Name Lead/Chief Operator RAY MCVEY Other Operators:		e Class C	License Number // 8623	Day(s)/Shiff(s) Worked	
	· · · · · · · · · · · · · · · · · · ·					
						
是要 ¹ 245年 中 初 2		· · · · · · · · · · · · · · · · · · ·				
						
				L,		
It certification by Fead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/of information provided in this report is true and accurate to the best of my knowledge NSF International Standard 60 or other applicable standards referenced in subsect plant were prepared each day that a licensed operator staffed or visited this plant of rates; and (2) if applicable, appropriate treatment process performance records. Frowner can retain them with copies of this report, at a convenient location for at least (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro	e and beliet tion 62-555 during the r urthermore st ten years	f. I certify the first file for file file file file file file file file	nat all drinking water to A.C.* I also certify that ated above: (1) records provide these addition	eatment chemicals t the following addi s of amounts of ch all operations reco	used at this plant tional operations re emicals used and o	conform to cords for this hemical feed
		RAY MCVE			C-862	3
Signature and Date		Printed or T	Typed Name		License Num	ber
Substitute/Alternate						

PWS I	dentific	ation Nun	nber:			3425108	Plant Name:		LEIGHTON	NESTATE	S			, - ·
Means of	of Achiev raviolet F	ring Four-L Radiation	onth/Year of: og Virus Inacti	vation/Remo	Describe):	₩ Free Ch		Г CI	d Chlorine (Chloramines)					
Type of	Disinfec	tant Resid	ual Maintaine	ed in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
	na i i	0.0		100	CT Calculations	ar UV Dose, 1	to Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*		s Albuis 1996	
		17.4	14. F		TRAINS UN.	. CTC	alculations	T tal	ře Huto,		· · uv	Dose 🛌		
	Days .	3.9	45	1.00	Quantities.			- 4			100	# 1	Lowest	
10.00	Plant	1 - L P			Lowest Residual	Disinfectant							a residual	
	Started or				Disinfectance	Confact Lime		= 1					Lisiniectant	
	*Visited				Concentration	(1) at C	Lowest Cl	2.7			Lowest	Munimum	Concentration	
	t by				(C) Before or at	Measurement	Provided Before or	Temb		Minimum	Operating	UV Dose	at Remote	。
Day of	Operator	Hours	Net Quantity of		El rist Customer	Point During	at First Customer	, of	pH of	at rCl	UV Dose,	Required.	Point in	Emergency or Abnormal Operating Conditions, Repair or 🔠
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow	During Peak Flow,	Water	Water, if	Required ,	mW-	nW ₂	Distribution :	1 Maintenance Work that Involves Taking Water System:
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	minutes	mg-mm/L	oC.	Applicable	mg-mm/L	sec/cm2	sec/cm2	System, mg/iL	Fingrency or A Dinormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water Systems Components Our of Operation
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CANADATA PROPERTY AND A		CONTRACTOR OF STREET		4										

Average 8771

Makimum 9550

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



Docket No 090366 WU

See page 4 for instructions.

General Informati			_					
	later System (PWS							
PWS Name:		LEIGHTON ESTATES	-:		PWS Identification N		3425108	
PWS Type:	Community		nity		ient Non-Community	Consecutive		
Number of Service (PWS Owner:		of Month:41		lotal Popt	lation Served at End	of Month:	104	
Contact Person:	Arnaldo Barros			Cantant D	- mania Tilla Occasa			
Contact Person: Contact Person's Ma	Arnaldo Barros	000 Weshington Ctroot			erson's Title: Owner	State: FL	Zin Ondo:	22040
Contact Person's Te		900 Washington Street	_ City.	Hollywood	erson's Fax Number:		Zip Code: _	33019
Contact Person's E-	•	(954)922-0949 Cell #(646)765-9054 - Maria's cell #	_	Contact Pe	erson's rax Number.	(954)922-5540		
Contact Ferson's E-	IVIAII AUUTESS.	Cell #(646)765-9054 - Mana's Cell #		_		Eau # /2E3\ 227	7000	
B. Water Tr	eatment Plant Infor	matian				Fax # (352) 237 Cell # (352) 216		
Plant Name	LEIGHTON ES			Plant Tolo	phone Number:		82-0777 Ext. 208	
Plant Address:	3125 SW 93RD		Cibr	OCALA	priorie ivunibei.		Zip Code:	24476
i idilit Addiess.	3123 3W 93KD	STREET ROAD	_ City.	OCALA		_ State: FL_	zip code	34476
Type of Water Treat		. F ∉	Purcha	sed Finishe	ed Water			
		pacity of Plant, gallons per day:		65800				
Plant Category (per	subsection 62-699.	310(4), F.A.C.): 5		-	Plant Class (per subs	section 62-699.31	0(4), F.A.C.): <u>D</u>	<u> </u>
(A Merchael 2001) I. Committee I. Voor on an announce and the first trade and a	mann even 2005 talent i Hereker er saude dielektriker ker V (100 saksons dierrers	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	and the second s	71 to 60.36 to	Carry (25 or to the matter access #24 24 Carry and Carry access when the matter access	to a consideration of the Constitution of the	more than a second to P. Woodship day on the second bibliotic second	
		Name	Licens	e Class	License Number		s)/Shift(s) Worked	
Lead/Chief Operator	RAY MCVEY		I	<u>C</u>	8623	DAYS		
Other Operators								
			<u> </u>		<u> </u>			
					<u> </u>			
Address of the			<u> </u>					
aran aran aran								
			<u> </u>					
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			<u></u> _	·	<u></u>	<u></u>		
 Certification by Le 								
		t operator licensed in Florida, am the lead						
		e and accurate to the best of my knowledg						
		applicable standards referenced in subse						
		ensed operator staffed or visited this plant						
		treatment process performance records.			provide these addition	nal operations rec	ords to the PWS ow	ner so the PW
		s report, at a convenient location for at le						
Our clients furnish the chlo	orine and have been advis	ed of the proper type to purchase) (**Our clients are p	provided with co	pies of all report	ts and are responsible for retain	ning them)		
			_	RAY MCV			C-862	23
Signature	and Date	-		Printed or	Typed Name		License Num	ber
Substitute/Alternat	e							

PWS I	dentifica	ation Nun	nber:			3425108	Plant Name:		LEIGHTON	ESTATES	3			
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal Ultraviolet Radiation Other (Dec.) Type of Disinfectant Residual Maintained in Distribution Days Plant Staffed or Visited Dy Day of Operator Hours Net Quantity of Day of Operator Hours Plant Day of Operator Hours Plant Day of Operator Hours Net Quantity of Day of Operator Hours					Describe):	Free Chle			lorine Dioxi		Ozone			d Chlorine (Chloramines)
Type of	Disinfec	tant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlori	ne		厂 Comb	ined Chorit	ne (Chloran	nines)	Clorine Dioxide
	4.1				CT Calculations	or UV Dose, to	o Demonstrate For	ur-Log	Virus Inactiv	ation, if Ap	plicable*			THE REPORT OF THE PERSON NAMED IN
			D	santania.		· CTC	elculations	e de S			> UV	Dose	Lowest	Clothe Dioxide
	Days	and the	4.5	1.1	Lowest Residual	Disinfectant	Constitution (Inc.)			Allen and the	and the same		Residual	The second of the second of the second
	Staffed or	September 1	46.444.5	Edition (A)	Disinfectanct	Contact Time	constitution in			tion.	- 10 10 10		Disinfectant	
	Visited	10 days	4 2 4 4 5		Concentration	(T) at C	Lowest CTs		55341	6	Lowest	Minimum	Concentration	svenig in the activities where
444	by	1000	46454	a despite	(C) Hefore or at	Measurement	Provided Before or	Temp	18.00	Minimum	Operating	UV Dose	at Remote: 1	
Day of	Operator	Hours	Net Quantity of	1000	First Customer	Point During	Lowest CT: Provided Before or at First Customer.	of	pHof	CT i	UV Dose,	Required,	Point in:	Emergency of Abnormal Operating Conditions, Report of a
uno j	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow,	Water	Water, if	Required	mW-	mW	- Distribution	Mannenance Work that Involves Taking Water System Components Out of Operation
	"X")			Rate, gpd.	mgl + **	munutes **	· mg-mm/L ·	- 00	Applicable	eng-min/L	secrenz	Secretaza	System, mg.L	118 - Component Value (Value)
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721	COMMENTS OF	1 24	282920	-		1					·	t		

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16100

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Average

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General information for the Mor	thiyea FEBRUARY 2009						
A. Public Water System (I PWS Name:	PWS) Information LEIGHTON ESTATES			PWS Identification N	umbor:	3425108	
PWS Type: Comm		itv	Transi	ient Non-Community	Consecutive	3423108	
Number of Service Connections at		ity		lation Served at End		104	
PWS Owner: Arnaldo Ba			токан оро	and an are and a			
Contact Person: Arnaldo Ba		•	Contact Pe	erson's Title: Owner			
Contact Person's Mailing Address	900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Telephone Numl		•		erson's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address:	Cell #(646)765-9054 - Maria's cell #	•			<u> </u>		
			•		Fax # (352) 237-	7329	
B. Water Treatment Plant					Cell # (352) 216-	8100	
	ESTATES	_		phone Number:	Michelle -(352)48	32-0777 Ext. 208	
Plant Address: 3125 SW 9	3RD STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
Type of Water Treated by Plant: Permitted Maximum Day Operating Plant Category (per subsection 62	G Capacity of Plant, gallons per day: -699.310(4), F.A.C.): 5	Purcha	ased Finishe 65800	ed Water Plant Class (per subs	ection 62-699.310	(4), F.A.C.): <u>D</u>	
Licensed Operators	Name Name	Licens	e Class	License Number	Davis)/Shift(s) Worked	
Lead/Chief Operator, RAY MCVE			С	8623	DAYS		
Other Operators							·
化基础 有类似 基本							
					<u> </u>		
				<u> </u>			
II." Certification by Lead/Chief Ope							
	plant operator licensed in Florida, am the lead/						
	s true and accurate to the best of my knowledg						
	other applicable standards referenced in subsec						
	a licensed operator staffed or visited this plant						
	riate treatment process performance records. F			provide these addition	nai operations reco	ras to the PVVS ow	ner so the PWS
	of this report, at a convenient location for at lean advised of the proper type to purchase) (**Our clients are pro-			to and are remonsible for setain	oing them)		
Com choms formsh the entoline and have been	advised of the proper type to purchase) (· · Our chents are pr	ovidea with co	bies or sin rebort	is and are responsible for retain	mg actil)		
			RAY MCV			C-862	
Signature and Date			Printed or	Typed Name		License Num	ber
Substitute/Alternate							

PWS I	dentific	ation Nur	nber:			3425108	Plant Name:		LEIGHTO	V ESTATES	3		. ,,	-
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Content								olorine Dioxi		C Ozone			d Chlorine (Chloramines)	
Type o	f Disinfec	ctant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	ine		Comb	ined Chorir	ne (Chloran	nines)	Clorine Dioxide
	Days Plant Staffed or Visited by				CT Calculations Lowest Residual Dissinfectanct Concentration (C) Hefoto of at	or UV Dose, to CT C Disinfectant Contact Time (T) at C Measurement	o Demonstrate Fo alculations Lowest CTI Provided Before or	ur-Log	Virus Inaction	ation, if Ap	Dicable* UV: Lowest Operating	Dose Minimum UV Dose	Lowest Residual IDisinfectant Concentration of Remote	Emergency of Abnormal Operating Conditions, Report P.
Day of	Operator (Place	Hours Plant in	Net Countity of Finished Water	Peak Flow	During Peak Flow,	Point Lauring	During Peak Flow,	Water	Water, if	Required	nW-	mW-	Distribution	Binergency of Abnormal Operating Conditions, Repair in S. Maintenance, Work that Involves Taking Water System Components Out of Operation
Month	"X")	Operation	Produced, gai	Rate, gpd	mgL	minutes	in lang-min/L	F oO∍	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
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1 2 1		24	8540	ļ		<u> </u>			ļ		<u> </u>		0.5	
- 3 ,	X	24	8540					ļ <u></u>	ļ				U.5	
34		24	12800	1	ļ				 				0.5	
2.0		24	9000	 				 	 		 		0.3	
25 14		24	8900	 	ļ			i e	 					
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3 B		24	8880						<u> </u>					
16		24	8880						<u> </u>					CANCEL AND A DIEG
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Total	and the second	August 1994.	282920			<u> </u>								

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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

A. Public Water System (PWS) Information PWS Name: LEIGHTON ESTATES PWS Type: The Community of the Month Yea FEBRUARY 2009 A. Public Water System (PWS) Information LEIGHTON ESTATES	-		PWS Identification No		3425108	
PWS Type: Community Non-Transient Non-Commun Number of Service Connections at End of Month: 41	iity		nt Non-Community ation Served at End o	Consecutive Month:	104	
PWS Owner: Arnaldo Barros Contact Person: Arnaldo Barros Contact Person's Mailing Address 900 Washington Street	- City:	Hollywood	son's Title Owner	State: FL	Zip Code: _	33019
Contact Person's Telephone Number: (954)922-0949 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #	-	Contact Pers	son's Fax Number:	(954)922-5540		
B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD	City:	Plant Teleph OCALA	none Number:	Fax # (352) 237- Cell # (352) 216- Michelle -(352)46 State: FL		34476
Type of Water Treated by Plant:	Purcha	ased Finished	Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5		65800 F	Plant Class (per subs	ection 62-699.310)(4), F.A.C.): [)
Licensed Operators Name	licens	e Class	License Number	Davis	VShifts Worker	
Lead/Chief Operator: RAY MCVEY Other Operators	The second second	C	8623	DAYS	WATER CONTROL TO A STATE OF THE	
II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/information provided in this report is true and accurate to the best of my knowledg NSF International Standard 60 or other applicable standards referenced in subsequent were prepared each day that a licensed operator staffed or visited this plant rates; and (2) if applicable, appropriate treatment process performance records. If owner can retain them with copies of this report, at a convenient location for at lead (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are proper type to purchase)	e and belie ction 62-55 during the Furthermore ast ten year	ef. I certify tha 5.320(3), F.A. month indicate e, I agree to p 's.**	at all drinking water tr .C.* I also certify that ed above: (1) record provide these addition	eatment chemicals t the following add s of amounts of ch nal operations reco	s used at this plant itional operations re emicals used and d	conform to ecords for this chemical feed
Signature and Date		RAY MCVEY			C-862 License Num	
Substitute/Alternate		THREE OF TY	pod radino		LICENSO NUM	

PWS:	Identific	cation Nu	mber:			3425108	Plant Name:		LEIGHTON	N ESTATE:	<u>S</u>			_
Means	of Achie		onth/Year of: .og Virus Inacti		FEBRUARY 200 val: * Describe):	9 Free Chl	orine	Ti Ci	nlorine Dioxi	de	Ozone	;	Combine	d Chlorine (Chloramines)
Tune	f Dieinfe	ctant Resi	dual Maintaine	ed in Distrib	ution Systems		Free Chlor	rine		Comb	ined Chorit	ne (Chloran	nines)	Clorine Dioxide
	Days Plant Staffed of Visited by			L San	CT Calculations	or UV Dose t	o Demonstrate Fo	our-Log	Virus Inactiv	ation, if Ap	plicable*	1 (\$10 mg t 1)		
		1. ***	1 2 3		34.54	crc	alculations	15.77	40.0	With the second	UV	Dose		
	Days		120		Lowest Residual	Disinfectant	La Service d	20		Parent III		an de	Lowest	
	Plant				Disinfectance	Disinfectant Contact Time	Alowest GI	1.					Lowest Residual Distriction Concentration	The state of the s
	Statted	Jr J			- Concentration	(T) at C	3.7			1 10 1				
	visned			1 / / / /	Concentration	Management	Provided Before o	Temn		Minimum	Oreratina	IN Dose	at Remote	
	_ w	. Water	Nac Commence		First Customer	Point During	at First Customer		OH of	m	DV Dose	Remured	Point in	Energency of Abdormal Operating Conditions, Regar of
Layou	Operato	Dlantin	Finished Water	Peak Flow	First Customer During Peak Flow	Peak Flow	During Peak Flow	Water	Water if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	(Place "X")	Operation	Produced eal	Rate and	mg/L o	minutes	me-min/L	oČ.	Applicable	nig-min/L	sec/cm2	sec/cm2	System, mg/L	Maintenance Work that firvolves Taking Water System Components Out of Operation
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		6												
Maxim	um 📜 👢		16100											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

A. Public Water System (PWS) Information			
PWS Name: LEIGHTON ESTATES		WS Identification Number:	3425108
PWS Type: Community Non-Transient Nor	•	t Non-Community	ecutive
Number of Service Connections at End of Month: 41	Total Populat	ion Served at End of Month:	104
PWS Owner: Arnaldo Barros			
Contact Person: Arnaldo Barros Contact Person's Mailing Address 900 Washington Street		on's Title Owner	
Contact Person's Mailing Address Contact Person's Telephone Number: 900 Washington Street (954)922-0949	City: Hollywood	State	
<u></u>		on's Fax Number: (954)922	-5540
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's	Cell #	F # /05	0) 007 7000
B. Water Treatment Plant Information			2) 237-7329
Plant Name: LEIGHTON ESTATES	Plant Tolomba		2) 216-8100 (353) 483 0777 Fra. 200
Plant Address: 3125 SW 93RD STREET ROAD	Plant Telepho	State	(352)482-0777 Ext. 208
OTZO OTT COND OTT CET TOAD	Oity. OCALA	State	: <u>FL</u> Zip Code: <u>34476</u>
Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day:	Purchased Finished V	Water	
Plant Category (per subsection 62-699.310(4), F.A.C.): 5	65800	ant Ciasa (annumber tion CO C	200 040/4\ F & O \
5 Sant Outogory (por bubbledich 02-050.510(4), 1 ./A.O.).		ant Class (per subsection 62-6	99.310(4), F.A.C.): <u>D</u>
Licensed Operators	Figence Class	License Number	Day(e)/Shift(a))Moccod
Lead/Chief Operator: RAY MCVEY	I C I	8623 DAYS	aca (a) contra (a) Ate Aco
Other Operators		5020 57110	
型性型的现在分词			
			
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(2.18g. 内)(1.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2.15g. 2			
II. Certification by Lead/Chief Operator			
I, the undersigned water treatment plant operator licensed in Florida, an	the lead/chief operator of the water	r treatment plant identified in P	art Lof 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 ch	emicals 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 followi	ng additional operations records for thi
plant were prepared each day that a licensed operator staffed or visited	this plant during the month indicated	d above: (1) records of amoun	ts of chemicals used and chemical fee
rates; and (2) if applicable, appropriate treatment process performance i	ecords. Furthermore, I agree to pro	ovide these additional operatio	ns records to the PWS owner so the P
owner can retain them with copies of this report, at a convenient location	for at least ten years.**		
	clients are provided with conies of all reports and	d are responsible for retaining them)	
*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our			
*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our			
*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our			C 9633
*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our Signature and Date	RAY MCVEY Printed or Typ	ed Name	C-8623

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

PWS 1	dentifica	ation Nun	nber:			3425108	Plant Name:		LEIGHTON	STATES	3			-
Ultraviolet Radiation Cother (Describe):										Combine	d Chlorine (Chloramines)			
Tuna	f Dieinfac	tant Resid					Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
Type 0	Distinger	AND INCOM	uai mamialic	4 14 17151/10	Lowest Residual Disinfectance Concentration (C) Hefore orange transfer orange	or UV Dose f	o Demonstrate Fo	ur-Log	Virus Inactiv	ation if An	plicable*			Emergency of Abactura Operating Conditions, Repair of
	Days Plant Staffed or Visited by Operator	7,340		Company of the Compan		CIC	alculations	·	ar a		* UV	Dase .	ja ja ka	
4 4 4	Days		2.0					1 %: 11	Sards -	A service of	100	100 mm	Lowest	
No.	Plant				Lowest Residual	Dismicciant		清量					Residual	The best of the state of the st
	Started of				Disinectance	COBIACI TIME	Lawren CT				Lowest	Minumom	Concentration	
	VISITED	4.			(C) Refore of at	Measurement	Provided Refore or	Temp	200	Minimum	Operating	IIV Dose	ni Remote	CAN PROPERTY AND A SECOND COMMENTS.
Davof	Operator	Hours	Net Quantity of		Eirst Customer	Point During	at First Customer	of	oH of	ста	UV Dose.	Required.	Point in	Buseyers & Africanal Offeration Conditions, Routings
the	(Place	新聞 あれば 単計 競技	Finished Water	Peak Flow	During Peak Flow,	Peak Flow:	During Peaks Flow.	Water	Water, if	Trestantes	The state of the s	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	THE RESERVE AND ADDRESS OF THE PARTY OF THE	TO SELECT THE PARTY OF THE PART
Month	"X")	Operation	Produced, gal	Rate, gpd.:	mg/L	minutes	mg-min/L	οC	Applicable	mg-mu/Li	sec/cm2	sec/cm2	System, mg/1.	Components Dut of Operation
111		24	8540											
12		24	8540								<u></u>			
3/	Х	24	8540										0,5	
144		24	12800											
S	Х	24	12800										0.5	
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3 4 5 6 37 8 99 169		24	8900		ļ	 	ļ		ļ		<u> </u>			
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Refer to the instructions for this report to determine which plants muxt provide this information

DEPForm 62ubstitute/Alternate 55-900(3) Effective August 28, 2003

Page 2



See page 4 for instructions.

I. General Information	n for the Month/Ye	MARCH 2009	~					
	ter System (PWS)				Divide the difference by		0.405400	
PWS Name:		LEIGHTON ESTATES		·	PWS Identification N		3425108	
PWS Type:	Community		nity		ent Non-Community	Consecutive	404	
Number of Service Co		of Month: 41		Total Popu	lation Served at End o	or Month:	104	
PWS Owner:	Arnaldo Barros		_					
Contact Person:	Arnaldo Barros				erson's Title Owner	04-4	7in Cada:	33019
Contact Person's Mai		900 Washington Street	City:	Hollywood		State: FL	Zip Code:	22018
Contact Person's Tele		(954)922-0949	<u></u>	Contact Pe	erson's Fax Number:	(954)922-5540		
Contact Person's E-N	lail Address:	Cell #(646)765-9054 - Maria's cell #		_		E # (0c0) 007	7000	
						Fax # (352) 237-		
	atment Plant Infor					Cell # (352) 216		
Plant Name:	LEIGHTON EST				phone Number:		82-0777 Ext. 208	04476
Plant Address:	3125 SW 93RD	STREET ROAD	_ City:	OCALA		State: FL	Zip Code:	34476
Type of Water Treate Permitted Maximum Defaut Category (per s	Day Operating Cap	ে pacity of Plant, gallons per day: 310(4), F.A.C.): 5	Purcha	ased Finishe 65800	ed Water Plant Class (per subs	ection 62-699.310	0(4), F.A.C.): <u>D</u>	·
"				-		- This was to a second of the	- terretaine d'Albania - parmie D. C. Marriero, e ret nécestr de Marcilla de Millon de Parley (Citizangou sams : utilisero
Licensed Operators	i di kananan da kananan da kananan da kananan da kananan da kananan da kananan da kananan da kananan da kanan	-Name a of the state of the sta	Licens	e Class	License Number	Day(s	s)/Shift(s)_Warked_	
Lead/Chief Operator	RAY MCVEY			C	8623	DAYS		
Other Operators:					<u></u>			
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					<u></u>			
a fiel treatment						<u> </u>		
and platform for Auto-						<u> </u>		
						<u> </u>		
]		<u> </u>			
information provided in NSF International State plant were prepared eartes; and (2) if applic owner can retain them	iter treatment plan in this report is tru- indard 60 or other each day that a lice able, appropriate in with copies of th	t operator licensed in Florida, am the lead e and accurate to the best of my knowled applicable standards referenced in subse ensed operator staffed or visited this plan treatment process performance records. is report, at a convenient location for at le ed of the proper type to purchase) (**Our clients are p	ge and belie ection 62-55 t during the Furthermon ast ten year	ef. I certify the 5.320(3), F. amonth indicate, I agree to s.**	hat all drinking water to A.C.* I also certify that ated above: (1) record provide these addition	reatment chemical t the following add s of amounts of ch nal operations reco	s used at this plant litional operations re nemicals used and o	conform to ecords for this chemical feed
			_	RAY MCVI			C-862	
Signature	and Date			Printed or	Typed Name		License Num	Der
Cook attack / Alto an ota								

PWS I	dentifica	ation Nun	nber:			3425108	Plant Name:		LEIGHTON	I ESTATES	S			
Means of Ult	of Achiev raviolet F	aviolet Radiation T Other (Describe):									d Chlorine (Chloramines)			
Type of	Disinfec	tant Resid	iual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
	Days Plant Staffed or				CT Calculations Lowest Residual Disinfectance	or UV Dose t CT C Disinfectant Contact Time	Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	Dose	Lowest Residual Disinfection	Emirgenor de Abagersal Querataja Conditionis Repair de Manhenance World that Involves Taking Water System Components Out of Operation
Day of the	Visited by Operator (Place)	Hours	Net Quantity of		Concentration (C) Before or at First Customer	(T) et C Meastirement Point Daring	# Lowest CT Provided Before or at Pirst Customer	Temp	pHof	Minimum CT	Lowest Operating UV Dose	Minimum UV Dose Required	Concentration at Remote Point in	finingsics of Absormal Operating Conditions, Repair of
Month	(Flace	Operation	Printered on	Pale and	String reak Palw,	minutes	ma min	Avence	A ordinable	r Keyoneo	earlow?	encloss?	Codem mod	Maintenance Work that Involves Taking Water System
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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Informati								
	ater System (PWS							
PWS Name:		LEIGHTON ESTATES		·	PWS Identification N		3425108	
PWS Type:	Community		munity		ent Non-Community	T Consecutive		
Number of Service C		of Month:41		Total Popu	lation Served at End	of Month:	104	
PWS Owner:	Arnaldo Barros							
Contact Person:	Arnaldo Barros				erson's Title: Owner			
Contact Person's Ma		900 Washington Street	City:	Hollywood		State: FL	Zip Code: _	33019
Contact Person's Te	•	(954)922-0949		Contact Pe	erson's Fax Number:	(954)922-5540		
Contact Person's E-	Mail Address:	Cell #(646)765-9054 - Maria's cell #		_				
						Fax # (352) 237		
B. Water Tr	eatment Plant Info	mation				Cell # (352) 216		
Plant Name:	LEIGHTON ES	TATES		Plant Tele	phone Number:	Michelle -(352)4	182-0777 Ext. 208	
Plant Address:	3125 SW 93RD	STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
Type of Water Treat Permitted Maximum Plant Category (per	Day Operating Cap	pacity of Plant, gallons per day: .310(4), F.A.C.): 5	1 Purcha	ised Finishe 65800	Plant Class (per subs	section 62-699.31	0(4), F.A.C.):	D
Licensed Operators		Name	ficens	e Class	License Number	hav(s)/Shiffs) Worked	mugan Maranga (an
Lead/Chief Operator				3	8623	IDAYS		
Other Operators: 🛲	. IOTH MOVET					0.,,0		
d Brogodorek Barrila Grand Historia								
II. Certification by Le	ead/Chief Operator		· · · · · · · · · · · · · · · · · · ·					
i, the undersigned winformation provided	ater treatment plan in this report is tru	it operator licensed in Florida, am the le e and accurate to the best of my knowle	ledge and belie	f. I certify th	nat all drinking water t	reatment chemica	ls used at this plan	t conform to
NSF International St	andard 60 or other	applicable standards referenced in sub	bsection 62-55	5.320(3), F.	A.C.* I also certify tha	it the following add	ditional operations	records for thi
plant were prepared	each day that a lice	ensed operator staffed or visited this pl	lant during the	month indica	ated above: (1) record	ls of amounts of c	hemicals used and	chemical feed
rates; and (2) if appli	cable, appropriate	treatment process performance record	ls. Furthermore	e, I agree to	provide these additio	nal operations rec	ords to the PWS or	wner so the P'
owner can retain the	m with copies of th	is report, at a convenient location for at	t least ten year	S. **				
*Our clients furnish the chl	orine and have been advis	sed of the proper type to purchase) (**Our clients a	are provided with co	pies of all report	s and are responsible for retain	ning them)		
				RAY MCVI	ΞΥ		C-86	23
Signature	and Date			Printed or	Typed Name		License Nur	mber
Substitute/Alternat	·A							
DEP Form 62-555.	•							
Effective August 2			Page	1				
Enective August 2	u, 2000		raye					

PWS Identification Number: 3425108 Plant Name: LEIGHTON ESTATES							3								
Means Ul	III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Type of Disinfectant Residual Maintained in Distribution System:						Free Chlorine				Ozone		Combined Chlorine (Chloramines)		
Type o	f Disinfec	tant Resid	ual Maintaine	ed in Distrib	ution System:		Free Chlor	ine		☐ Comb	ined Chorin	ne (Chloran	nines)	Clorine Dioxide	
13.2			22.0		CT Calculations	, or UV Dose, I	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*		la sacción	E. Clorine Dioxide	
	Days Plant Staffed or Visited by	a de esta	Land of			· CI.C	alculations				UV	Dose	Lowest	constraints and a series of the second and a series of the second	
M	Plant	again a		all totals	Lowest Residual	Disinfectant	Partialities	1130	14.49	Astrona.		74 - E M	Residual i		
24.55	Staffed or			North Tele	Distritectance	Contact Time	美数约 保持 5	187774	1.3.3	110.0	\$ to 1	0.569	Disinfectant	建建设金属设备 医高温管 医皮肤	
14	Visited			10.0	Concentration 3	ii(I) at C	Lowest CT	26			Lowest	Minimum	Concentration	建设设施工业的基本的基础	
	by	10000	Net Quantity of	ALIASTICS LES	(C) Before of at	Measurement	Provided Before of	Lemp	7	Minimum	Operating	UVILIOSE	at Kemote	Briergency of Absormal Operating Conditions, Regar or	
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Month	777	Onecation	Produced rel	Rate god	me/l	minutes	During Peak Flow ing-min/L	00	Applicable	me-min/L	sec/cm2	sec/cm2	System. mg/L	Maintenance Work that Involves Taking Water System Components Out of Operation	
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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

l General Information			_					
	ter System (PWS)						0.1==10=	
PWS Name:		LEIGHTON ESTATES			PWS Identification N		3425108	
PWS Type:	▼ Community	Non-Transient Non-Commu	inity		ient Non-Community	Consecutive	4= 4	
Number of Service Co		of Month:41		Total Popu	ulation Served at End	of Month:	104	
PWS Owner:	Arnaldo Barros		_					
Contact Person:	Arnaldo Barros				erson's Title: Owner			
Contact Person's Mail		900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Tele		(954)922-0949	_	Contact Po	erson's Fax Number:	(954)922-5540		
Contact Person's E-M	ail Address:	Cell #(646)765-9054 - Maria's cell #						
				_		Fax # (352) 237-		
B. Water Treat	atment Plant Inforr	nation				Cell # (352) 216	-8100	
Plant Name:	LEIGHTON EST.	ATES		Plant Tele	phone Number:	Michelle -(352)4	82-0777 Ext. 208	
Plant Address:	3125 SW 93RD S	STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
			_			_		
Type of Water Treated	by Plant:		T Purch	ased Finishe	ed Water			
Permitted Maximum D	ay Operating Capa	acity of Plant, gallons per day:		65800				
Plant Category (per su	bsection 62-699.3	310(4), F.A.C.): 5			Plant Class (per sub	section 62-699.310)(4), F.A.C.): D	
÷								
Licensed Operators		Name . The second second	Licens	se Class	License Number	Day(:	s)/Shift(s) Worked	
Lead/Chief Operator				С	8623	DAYS		
Other Operators:			 					
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rada Albanica					 	 		
II. Certification by Lea	alouist ou salue		L		L			
			diahiaf anau	-tar of the w	rater treatment plant id	lantified in Dart Laf	this report I cortifi	that the
i, the undersigned wat	er treatment plant	operator licensed in Florida, am the lead	a/chier opera	ator or the w	rater treatment plant to bot all drimbing water t	sestment chemical	uns report. I ceruly	conform to
information provided in	trus report is true	and accurate to the best of my knowled	ige and belie	er. I cerury t	nat all drinking water t	reatment chemical	s used at this plant	COMOMITIO
NSF International Star	ndard 60 or other a	applicable standards referenced in subse	ection 62-55	5.320(3), F.	A.C." Talso certify tha	at the following add	litional operations re	ecords for this
plant were prepared ea	ach day that a lice	nsed operator staffed or visited this plan	it during the	month indic	ated above: (1) record	is of amounts of cr	nemicais used and o	chemical reed
		reatment process performance records.			provide these additio	nai operations reco	ords to the PWS ow	ner so the PW
		report, at a convenient location for at le						
(*Our clients furnish the chlori	ne and have been advise	d of the proper type to purchase) (**Our clients are p	provided with co	ppies of all repor	ts and are responsible for retai	ning them)		
			_	RAY MCV			C-862	23
Signature a	and Date			Printed or	Typed Name		License Num	ber
Substitute/Alternate								

PWS Identification Number:						3425108	Plant Name:		LEIGHTON	ESTATES	3				·
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Ren Ultraviolet Radiation Type of Disinfectant Residual Maintained in Distri					Describe):	Free Ch	nlorine Dioxid	e	☐ Ozon	e	Combine	ed Chlorine (Chloramines)			
Type o	f Disinfe	ctant Resid	dual Maintaine	ed in Distrib	ution System:		Free Chlor	rine		Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide	
	Days Plant Staffed or Visited by Operator (Place				CT Calculations Lowest Residual Disinfectance Concentration	Or UV Dose CT.C Disinfectant Contact Time (T) at C	to Demonstrate For alculations Liberty Lowest CT Froyded Before o	nir-Log	Virus Inactiva	tion, if Ap	olicable* UV Living and the control of the control	Dose	Lowest B Residual Disinfectary Concentration		
Day of the Month	by Operator (Place "X")	Plant in Operation	Finished Water Produced; gal	100 PM 10	4 Elist Casulici	T PURE DULLE	Light Eff 26 2 YEAR WHILE	100 100 100 100 100 100 100 100 100 100	UELUL	er erstellige i green op	G VALUEC		TOUR IN THE	Emergency or Abnormal Operating Co. Majorenance Work flut Javol vet Takin Components Out of Opera	nditions, Repails of ng Water System i ng maion
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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Informati A. Public W								
PWS Name:	later System (PWS)	LEIGHTON ESTATES			PWS Identification No	ımber:	3425108	
PWS Type:	Community		inity	- T∷ Transi	ent Non-Community	Consecutive	0.120.130	
Number of Service (lation Served at End o		104	
PWS Owner:	Arnaldo Barros							
Contact Person:	Arnaldo Barros			Contact Pe	erson's Title: Owner			
Contact Person's Ma	ailing Address	900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Te	elephone Number:	(954)922-0949	_		erson's Fax Number:	(954)922-5540		
Contact Person's E-	Mail Address:	Cell #(646)765-9054 - Maria's cell #	_					
				_		Fax # (352) 237-	-7329	
B. Water Tr	reatment Plant Infor	mation				Cell # (352) 216	-8100	
Plant Name:	LEIGHTON EST				phone Number:		82-0777 Ext. 208	
Plant Address:	3125 SW 93RD	STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
Type of Water Treat Permitted Maximum Plant Category (per	Day Operating Car	pacity of Plant, gallons per day: 310(4), F.A.C.): 5	Purcha	ased Finishe 65800	ed Water Plant Class (per subs	ection 62-699.31()(4), F.A.C.): <u>E</u>	·
		Name	er basus	a orașa III	License/Number	Day/	V/CK:#IeS1Medušalii	
Licensed Operators Lead/Chief Operator		avanie:		ов (става <u>с «</u> С	8623	IDAYS	Shoundat swerker	
Other Operators			 	<u> </u>	0025	DAIG	 	
						 		
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nformation provided NSF International St plant were prepared ates; and (2) if appli owner can retain the	rater treatment plant I in this report is true andard 60 or other each day that a lice icable, appropriate am with copies of thi	t operator licensed in Florida, am the lead e and accurate to the best of my knowled applicable standards referenced in subse- ensed operator staffed or visited this plan treatment process performance records. is report, at a convenient location for at lead of the proper type to purchase) (**Our clients are	lge and belie ection 62-55 it during the Furthermone east ten year	ef. I certify the first test of the first test o	hat all drinking water tr A.C.* I also certify that ated above: (1) record provide these addition	eatment chemical t the following add s of amounts of ch ad operations reco	s used at this plant litional operations re nemicals used and o	conform to ecords for thi chemical feed
			_	RAY MCV			C-862	
Signature	e and Date			Printed or	Typed Name		License Num	ber
Substitute/Alternat	te							

PWS	dentific	ation Nu	nber:			3425108	Plant Name:		LEIGHTO	N ESTATES	S			,
III. Da	ily Data of Achiev	for the Mo	onth/Year of: .og Virus Inacti	vation/Remo	MARCH 2009	- ▽ Free Chi	orine	l C	hlorine Dioxi	de	C Ozone	e	Combine	d Chlorine (Chloramines)
T U	traviolet l	Radiation		Other (Describe):									
Type o	f Disinfe	ctant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	rine		「 Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
4 3		although	152000		CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	9 8 e	1 a to the s	Empregency of Absormal Operating Conditions, Repair of Manneance Work task involves Taking Water System Components Out of Operating.
844	Days	Title (A	4. 解放性 1			L CTC	alculations	is all ref			⊹⊊ UV	Dose :	Lowest	医皮肤 医克洛斯氏试验检试验
44	Plant	10000	1415		Lowest Residual	Disinfectant	transa.		11000	300		11	Residual a	
1. 1.	Staffed or	r			Disinfectanct	Contact Time	dilli ili en	41.4	1000	11111			Disinfectant	1.3 Page 1.5 TRE 多值设置 1937年 196
	Visited	100			Concentration	(T) at C	Lowest CT		li i		Lowest	Minimum	Concentration	新工作的是《中国条件编码》 为1969年
	by .	U			(C) Before or at	Measurement	Provided Belore o	r remp	AUTOR	Winimum	Uperating	Demonst	at Remote	
the	(Plane	Plant in	Finished Water	Peak Flow	Diffing Peak Flow	Peak Flow	Domne Peak Flow	Water	Water if	Required	mW-	mW-	Distribution	Management Work that provides Taking Works System
Month	ייאיי	Operation	Produced gal	Rate, god	"Maring/L	minutes	→ mg-mm/L	•cC	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/1,	Components Out of Operation
-218		24	8680											
1312 E		24	8680											
3	X	24	8680			<u> </u>		ļ					0.6	
4.5		24	8350					 						
.5	Х	24	8350					ļ				-	0.5	
6.		24	9280	ļ				ļ <u>.</u>						
8		24	9280 9280	<u> </u>		-		+	 					
9		24	9280					 	 		-			
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11	<u> </u>	24	9100								1			
. 12	Х	24	9100										0.6	
-13 -		24	9340											
- 34		24	9340					ļ	ļ					
15		24	9340	<u> </u>				 	 	· · · · · · · · · · · · · · · · · · ·			 	
16 - 17	х	24	9340 9340					+			·		0.6	
78		24	8950					 			<u> </u>		0.0	
19	х	24	8950	-				 					0.6	
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121		24	10100											
1.22		24	10100					1	ļ					
23		24	10100					ļ	ļ			ļ		·
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25		24	7950					ļ					0.6	
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29		24	6720					 						
30	х	24	6720					l					0.5	
31	- `` -	24	6720			l								
Total 4		A Kiris	271940			1			<u></u>			•		
Average	881		8772											
Maxim	mi .	Argorita	10100											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I, General Information for the Month/Yes MARCH 2009					
A. Public Water System (PWS) Information				0.405400	
PWS Name: LEIGHTON ESTATES		PWS Identification No		3425108	
PWS Type: Community Non-Transient Non-Community	у	Transient Non-Community	Consecutive	404	
Number of Service Connections at End of Month: 41		Total Population Served at End of	of Month:	104	
PWS Owner: Arnaldo Barros					
Contact Person: Arnaldo Barros		Contact Person's Title Owner		7 ' 0 de	00040
Contact Person's Mailing Address 900 Washington Street	City:	Hollywood	State: FL	Zip Code: _	33019
Contact Person's Telephone Number: (954)922-0949		Contact Person's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #		_		=	
			Fax # (352) 237-		
B. Water Treatment Plant Information			Cell # (352) 216-		
Plant Name: LEIGHTON ESTATES		Plant Telephone Number:		82-0777 Ext. 208	04470
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA	State: FL	Zip Code: _	34476
					
type of yyater freated by Flame.	Purcha	ased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		65800		(A) E A A A A	
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per subs	ection 62-699.310	0(4), F.A.C.): <u> </u>	
	mencing proportion contracts			Similaris delicated	
Licensed Operators Name	Licens	e Class License Number	Day(s	Neuma markea	ter ar a section
Lead/Chief Operator: RAY MCVEY		C 8623	DAYS		
Other Operators:					
					———-
1915年			 		
			 		
			 		
			 		
II. Certification by Lead/Chief Operator					. 111 11
I, the undersigned water treatment plant operator licensed in Florida, am the lead/cl	hief opera	ator of the water treatment plant id	entified 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 belie	ef. I certify that all drinking water to	reatment chemical	s used at this plant	conform to
NSE International Standard 60 or other applicable standards referenced in subsecti	tion 62-55	5.320(3), F.A.C.* Talso certify tha	it the following add	litional operations r	ecords for this
plant were prepared each day that a licensed operator staffed or visited this plant d	lurina the	month indicated above: (1) record	is of amounts of cr	nemicais used and i	cnemicai reed
rates; and (2) if applicable, appropriate treatment process performance records. Fu	urthermore	e, I agree to provide these addition	nal operations reco	ords to the PWS ow	mer so the PWS
owner can retain them with copies of this report, at a convenient location for at leas	st ten vear	'S.**			
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are prov	vided with co	pies of all reports and are responsible for retain	ning them)		
		RAY MCVEY		C-86	
Signature and Date		Printed or Typed Name		License Nur	nber
Out with the IA the works					

PWS Identification Number:					3425108	Plant Name:		LEIGHTON	V ESTATES	S			_	
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine Chlorine Dioxide					T: Ozone			ed Chlorine (Chloramines)		
Type of	Disinfec	tant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
	Days Plant Starfed of Visited by Operator (Mace "X")			ANTH ENDS	Lowest-Residual Disintectation	or UV Dose to CT.C Disinfectant Confact Time	Demonstrate For alculations Lowest CT Provided Before to	ur-Log	Virus Inactiv	ation, if Ap	plicable* UV	Dose	Lowest st Residual Disinfectant	
Day of the Month	by Operator (Place: "X")	Hours Plant in Operation	Finished Water	Peak Flow	During Peak Flow	Peak Flow	During Peak Flow	Water	Water, if	Required	mW-	mW-	Distribution	
2 W 1 800		24	8680											
1 2 5		24	8680											
-33 🕸	Х	24	8680	<u> </u>		<u> </u>		<u> </u>					0,6	
.,4		24	8350	<u> </u>										
5 5	Х	24	8350					<u> </u>					0.5	
16.		24	9280	<u> </u>				<u> </u>	 					
7.7		24	9280	ļ					<u> </u>					
- 8		24	9280	ļ				 	ļ					
9		24	9280	ļ				-	ļ					
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25		24	7950					Ī						
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31		24	6720											
			271940			•								
Average	a es		8772											

10100

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



Daket No 090366 WV

See page 4 for instructions.

APRIL 2009 A. Public Water System (PWS) Information PWS Name: LEIGHTON ESTATES PWS Type: Community Number of Service Connections at End of Month: 41	PWS Identification Number: ty	
PWS Owner: Arnaldo Barros Contact Person: Arnaldo Barros Contact Person's Mailing Address Contact Person's Telephone Number: (954)922-0949 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #	Contact Person's Title: Owner City: Hollywood Sta	ate: FL Zip Code: 33019 22-5540
B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD	Cell # (Plant Telephone Number: Michell	352) 237-7329 (352) 216-8100 e -(352)482-0777 Ext. 208 ate: FL Zip Code: 34476
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5	Plant Class (per subsection 62	
Licensed Operators Lead/Chief Operators Other Operators If the state of the state	C 8623 DAYS	Day(s)/Shiff(s) Worked
It. Certification by Lead/Chief Operator: I, the undersigned water treatment plant operator licensed in Florida, am the lead/c information provided in this report is true and accurate to the best of my knowledge NSF International Standard 60 or other applicable standards referenced in subsect plant were prepared each day that a licensed operator staffed or visited this plant d rates; and (2) if applicable, appropriate treatment process performance records. For owner can retain them with copies of this report, at a convenient location for at least (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided in the proper type to purchase) (**Our clients are provided in the proper type to purchase) (**Our clients are provided in the proper type to purchase)	e and belief. I certify that all drinking water treatment of tion 62-555.320(3), F.A.C.* I also certify that the follooduring the month indicated above: (1) records of amounthermore, I agree to provide these additional operates ten years.**	chemicals used at this plant conform to wing additional operations records for this unts of chemicals used and chemical feed
Signature and Date	RAY MCVEY Printed or Typed Name	C-8623 License Number

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

PWS Identification Number: 3425108 Plant Name: LEIGHTON ESTATES						-										
Means U	III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Tother (Describ Type of Disinfectant Residual Maintained in Distribution S					Free Chl		,	lorine Dioxi		C Ozone			Combined Chlorine (Chloramines)		
Type o	f Disinfe	ctant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	ine		Comb	ined Choru	ne (Chloran	nines)	Clorine Dioxide		
			4.66.24	incompetitions.		or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation; if Ap	plicable*	نسست	to his real	Extended to the second of the second		
	Deve	Total B	Associated,	946 (48)		CTC	alculations				- UV	Dose	Lowest	and the state of t		
	Plant			State of the	Lowest Residual	Disinfectant		4400	40000	15.1	state in	4.0	Residual			
14.4	Staffed o	y e		24-96	Disinfectanct	Contact Time	CHEST WITE	1		9444	4,000	E 15 3	Disinfectant	A DESCRIPTION OF THE PROPERTY OF THE PARTY O		
	Visited	3.5	- 13914		Concentration	(T) at C	Lowest CT		grade parameter	and Water	Lowest	Minimum	Concentration	多种种自然类型的基础建设的影响		
4.55	by	1000	a madaga		(C) Before or at	Measurement	Provided Before or	Temp	100	Minimum	Operating	UV Dose	at Remote 4	经工作任何 多数运送的 以 基本的总量中		
Day of	Operato	r Hours 🗓	Net Quantity of	1 1	First Customer	Point During	ar First Customer	⇒ oC	pH of	_ GT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or many		
the	(Place	Plant in	Finished Water	Peak Flow	Duritig Peak Flow	Peak Flow,	During Peak Flow	Water	Water, 11	Required	mw-		Distribution	Maintenance Work that Involves Taking Water System		
Month	'X')	Operation	Produced, gai	Rate, gpd	ng/L	, minutes	- mg-nuvi	OG	Pappiicaoie	mKennara	SCHOULES	Secretite	0.7	Energiney or Absormat Operating Conditions, Repair of Maintetiance Work that Involves Taking Water Section 1.		
1 1 2	1	24	9250 10300	ļ. <u></u>		 		 -	1		 		0.7			
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. 8		24	9150													
9.	X	24	9150				<u> </u>		<u> </u>	ļ	ļ		0.4	CL2 PUMP GOING BAD		
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9255

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Average 4

Maximum 10300
*Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I General Information for the Month/Yea APRIL 2009 A. Public Water System (PWS) Information PWS Name: LEIGHTON ESTATES PWS Type: V Community Number of Service Connections at End of Month: PWS Owner: Arnaldo Barros	PWS Identification Nulity	Consecutive
Contact Person: Arnaldo Barros Contact Person's Mailing Address 900 Washington Street Contact Person's Telephone Number: (954)922-0949	Contact Person's Title Owner City: Hollywood Contact Person's Fax Number:	State: FL Zip Code: 33019 (954)922-5540
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell # B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD Type of Water Treated by Plant:	Plant Telephone Number: City: OCALA Purchased Finished Water	Fax # (352) 237-7329 Cell # (352) 216-8100 Michelle -(352)482-0777 Ext. 208 State: FL Zip Code: 34476
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5	65800	ection 62-699.310(4), F.A.C.): D
Licensed Operators Lead/Cnief Operator Cther Operators II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/c information provided in this report is true and accurate to the best of my knowledge NSF International Standard 60 or other applicable standards referenced in subsect plant were prepared each day that a licensed operator staffed or visited this plant of rates; and (2) if applicable, appropriate treatment process performance records. For owner can retain them with copies of this report, at a convenient location for at least (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided in this report)	chief operator of the water treatment plant ider e and belief. I certify that all drinking water tre stion 62-555.320(3), F.A.C.* I also certify that all during the month indicated above: (1) records furthermore, I agree to provide these additional st ten years.**	ntified in Part I of this report. I certify that the eatment chemicals used at this plant conform to the following additional operations records for this of amounts of chemicals used and chemical feed all operations records to the PWS owner so the PWS
Signature and Date	RAY MCVEY Printed or Typed Name	C-8623 License Number
Substitute/Alternate		2.001,00 114,1150.

PWS I	PWS Identification Number: 3425108 Plant Name: LEIGHTON ESTATES					•										
Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describ					Describe):	Free Chlorine C					C Ozone			Combined Chlorine (Chloramines)		
Type o	Disinfe	ctant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	ne		Comb	ined Chorin	ne (Chlorar	nines)	Clorine Dioxide		
	Days Plant Staffed or				CT Calculations Lowest Residual Disinfectance	Or UV Dose, t CT C Disinfectant Contact Time	Lowes CT Provided Belors or Dat During Peak, Flow	ur-Log Steudi	Virus Inactiv	ation; if Ap	plicable* UV	Dose	Lowest Residual Disinfectant	Come ployage		
Day of the Month		Hours I Plant in Operation	Net Quartity of Finished Water Produced, gal	Peak Flow Rate, gpd	Concentration (C) Before or at First Customer During Peak Flow.	(I) at C	Lowest CT Provided Before or the First Customer During Penk Flow, mg-man/L	Temp of Water oc	pH of Water, rf. Applicable	Minimum OT; Required mg-min/L	Lowest Operating UV Dose mW sec/cm2	Minimum UV-Dese Required in W- sec/cm2	Concentration at Remote Point in Distribution System, mg/L	a principal de la companya de la companya de la companya de la companya de la companya de la companya de la co		
1311	Х	24	9250										0.7			
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814	Х	24	9080										0.2	INSTALL NEW CL2 PUMP		
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Tinte Land	Control of		277650													

9255

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Average:
Maximum

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

APRIL 2009 A. Public Water System (PWS) Information PWS Name: PWS Type: FOR Community Number of Service Connections at End of Month: PWS Owner: Contact Person: Contact Person's Mailing Address Contact Person's Telephone Number: APRIL 2009 APRIL 2009 APRIL 2009 APRIL 2009 APRIL 2009 APRIL 2009 APRIL 2009 Non-Transient Non-Community Mon-Transient Non-Community 41 PWS Owner: Arnaldo Barros Contact Person's Mailing Address 900 Washington Street Contact Person's Telephone Number: (954)922-0949	•	Total Popu Contact Po Hollywood	ulation Served at End of erson's Title Owner	Consecutive	3425108 104 Zip Code:	33019
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell # B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD Type of Water Treated by Plant:		Plant Tele OCALA	phone Number:	Fax # (352) 237- Cell # (352) 216- Michelle -(352)4 State: FL		34476
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5		65800	Plant Class (per subs		· · · · ·	
Licensed Operators Lead/Grief Operators Other Operators In a second of the control of the contr		C C	Eicense Number 8623	DAYS	Sistings Worked	
It. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/clinformation provided in this report is true and accurate to the best of my knowledge NSF International Standard 60 or other applicable standards referenced in subsection plant were prepared each day that a licensed operator staffed or visited this plant directly rates; and (2) if applicable, appropriate treatment process performance records. Further with copies of this report, at a convenient location for at leas (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided in the proper type to purchase)	e and belie tion 62-55 turing the s urthermore at ten years	f. I certify the first to the first term of the	hat all drinking water tr A.C.* I also certify tha ated above: (1) record provide these addition	reatment chemicals t the following add s of amounts of ch nal operations reco	s used at this plant itional operations r remicals used and	conform to ecords for this chemical feed
Signature and Date		RAY MCVI Printed or	EY Typed Name		C-86 License Nun	

PWS Identification Number:					3425108 Plant Name: LEIGHTON ESTAT					3			-	
Means U	Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Days Plant For Staffed or Visited Dys Goodenitation Circulation Distribution System: Circulation Distribution System: Circulation Distribution System: Circulation Distribution System:					Free Chl		•	dorine Dioxi		C Ozone			d Chlorine (Chloramines)
			lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		∫ Comb	ined Chorit	ne (Chloran	nines)	Clorine Dioxide
	cut said:	- 13.61	and the second	er in	CT Calculations:	∘or UV Dose, t	o Demonstrate Fo	ur-Log	virus Inactiv	ation, if Ap	plicable*			
	These	A SOLET E		344 88	44 14	CTC	alculations 🎏 🗀	4 1			UV	Dose	Lowest	
	Plant	1.00	64.444	0.00	Lowest Residual	Disinfectant		200	4-3-6	6.5544	140		Residual	and the property of the property of the property of
4-7	Staffed of	n (s)	States	ar ar a	Disinfectance	Contact Time	distriction.	e dis	100	Statistics.	496	400	Disinfectant	
1. 7.9	Visited	10.00	5 31 1		Concentration	(T) at C	5. Lowest CT		100	4.240016	Lowest	Minimum	Concentration	[1] 中国 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
	by .	100	100	81 d	(C) Before or at	Mensurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	LINCE CHARILIES OF	100	Fig. CR20-CR3KRHCI	LOUILDURIS	AN ILLUST CARSTONIA	35 C. W. L.	THE WAY	State of the Automatical States		The second secon	The state of the s	In a Principle of Almormal Operating Conditions, Repair of 112
PROCESS (2007)	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	Linng Peak Flow.	water	water, u	Required	ъW-	rannwa.	2. 1./ISUTOHILOU	Maintenance Work that Involves Taking Water System
Month 1	X	24	9250	Rate, gpd	myL	sammutes at	mis-min hr	OC.	мрриевою	EmR-tinia re-	- Secretiza	SOCIETE	0.7	COMPANIAN CHANGE CO.
1.2		24	10300					 						
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4 11		24	10300						-	-		<u> </u>		
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8 -		24	9150											
1 9	Х	24	9150		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>					0.4	CL2 PUMP GOING BAD
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7.21	Х	24	8400										0.3	SAMPLE - 1 WELL, 2 LINES
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			9255											
		4 65 62	10300											

DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

APRIL 2009 A. Public Water System (PWS) Information PWS Name: PWS Type: Community Number of Service Connections at End of Month: PWS Owner: APRIL 2009 APR	PWS Identification Num ty	Consecutive
Contact Person: Arnaldo Barros Contact Person's Mailing Address 900 Washington Street Contact Person's Telephone Number: (954)922-0949 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #	<u></u>	State: FL Zip Code: 33019 954)922-5540
B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD	(Fax # (352) 237-7329 Cell # (352) 216-8100 Michelle -(352)482-0777 Ext. 208 State: FL Zip Code: 34476
Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5	· ·	otion 62-699.310(4), F.A.C.): <u>D</u>
Licensed Operators Lead/Chief Operators RAY MCVEY Other Operators	C 8623 C	Day(s)/Shift(s) Worked DAYS
II. Certification by Lead/Chief Operator II, the undersigned water treatment plant operator licensed in Florida, am the lead/c information provided in this report is true and accurate to the best of my knowledge NSF International Standard 60 or other applicable standards referenced in subsect plant were prepared each day that a licensed operator staffed or visited this plant or rates; and (2) if applicable, appropriate treatment process performance records. Frowner can retain them with copies of this report, at a convenient location for at least *Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro-	e and belief. I certify that all drinking water trea tion 62-555.320(3), F.A.C.* I also certify that the during the month indicated above: (1) records of urthermore, I agree to provide these additional st ten years.**	tment chemicals used at this plant conform to ne following additional operations records for this of amounts of chemicals used and chemical feed operations records to the PWS owner so the PWS
Signature and Date	RAY MCVEY Printed or Typed Name	C-8623

PWS I	dentific	ation Nu	mber:			3425108	Plant Name:		LEIGHTO	N ESTATE	<u>S</u>			. 6.
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Type of Disinfectant Residual Maintained in Distribution System						Free Chl		hlorine Dioxi		Ozon			d Chlorine (Chloramines)	
Type of	Disinfec	ctant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Choru	ne (Chloran	nines)	T Clorine Dioxide
	Days Plant Staffed or Visited by				CT Calculations Edwest Residual Disinfectance	or UV Dose; t CT C Disinfectant Contact Time	Pree Chor o Demonstrate Fo alculations' Lowest CI Provided helore or	ut-Log	Virus Inactiv	ation; if Ap	plicable UV	Dose	Lowest Residual Disinfectan	
2.3	L		144.543	6.0	(C) D (C) (C)	Management	Provided Before or	Tame		B. Green trans	Constitute	TIV Pure	of D mote	() 并非"特别是国家的一种"的
Fa	Operator	Honre	Net Counting of		L First Customer	Point Diving	at First Customer	100	ou all	, CT	UV Dose	Required	Point in	Entergency of Abnormal Operating Conditions, Repair of
	Operator (Place "X")	Plant in	Finished Water	Peak Flow	During Peak Flow	Peak Flow	During Peak Flow.	Water	Water in	Required	пW			Matrienance Work that Involves Taking Water System
Month	***	Operation	Produced eal	Rate end	mg/L	minutes	mg-min/L	-c€	Applicable	me-min/L	sectom?	sec/cm2	System, mg/L	Components Out of Occusion
3 5 101	X	24	9250							24, 2			0.7	
2		24	10300											
- 3		24	10300				<u> </u>							
¥10 21 3		24	10300			<u> </u>							,,	
5		24	10300											
5 6		24	10300											
1.7	X	24	10300										0.6	
- 8		24	9150			L								
7 33 39 30 310	X	24	9150										0.4	CL2 PUMP GOING BAD
• 10		24	9080			<u></u>	ļ		<u> </u>					
. 11		24	9080	 	<u></u>	L.,		 	 			ļ	J	
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	<u>x</u>	24	9080					 	<u> </u>				0.2	INSTALL NEW CL2 PUMP
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16	X	24	9050				<u> </u>	1					1.2	
17		24	8400					f						
: 18		24	8400											
17 18 19		24	8400											
2.20		24	8400											
2) 22 23 24	X	24	8400						<u> </u>				0.3	SAMPLE - 1 WELL, 2 LINES
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25 26		24	8700	 				_	 					
27		24	8700		·	····			 					
28	x	24	8700	 							-		0.5	
29		24	9350										- 1	
30	X	24	9350										0.5	
31		24												
Total			277650											
Average			9255]										

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Information			_					
A. Public War PWS Name:	ter System (PWS)	LEIGHTON ESTATES			PWS Identification No	umbac	2425400	
PWS Type:	▽ Community	Non-Transient Non-Commun	nity	Tranc	ient Non-Community	Consecutive	3425108	
Number of Service Co			iity		ulation Served at End o		104	
PWS Owner:	Arnaldo Barros			Total Tope	mation Served at Lind (or Morius.		
Contact Person:	Arnaldo Barros			Contact Pa	erson's Title: Owner			
Contact Person's Mail		900 Washington Street	Cibr	Hollywood		State: FL	Zip Code:	33019
Contact Person's Tele		(954)922-0949			erson's Fax Number:	(954)922-5540	Zip Code	33019
Contact Person's E-M		Cell #(646)765-9054 - Maria's cell #	-	Oomgoti	crooms rax mamber.	(304)022-0040		
oomaati oloomo z m	an riadiood.	Con n (c ro), co coo r mana c con n		-		Fax # (352) 237-	7329	
B. Water Trea	atment Plant Inforr	mation				Cell # (352) 216		
Plant Name:	LEIGHTON EST			Plant Tele	phone Number:		82-0777 Ext. 208	
Plant Address:	3125 SW 93RD S		- Citv:	OCALA	priorio (tambor.	State: FL	Zip Code:	34476
				00/121			2.p ocac	04410
Type of Water Treated	d by Plant:	♥:	Purcha	ased Finishe	ed Water			
		acity of Plant, gallons per day:		65800				
Plant Category (per su					Plant Class (per subs	ection 62-699.310)(4), F.A.C.); D	
_ • "				_	"			
Licensed Operators	all a hard took	Name plantage and the color of the	a di Licens	e Class 🤲	License Number	Day(s)/Shift(s) Worked	化基金型
Lead/Chief Operator:	RAY MCVEY			С	8623	DAYS		
Other Operators:			İ		1	- 11		
			T					
			1					
OUT PROMETER								
							•	
II. Certification by Lea	d/Chief Operator							
I, the undersigned wat	ter treatment plant	operator licensed in Florida, am the lead	/chief opera	itor of the w	ater treatment plant ide	entified in Part Lof	this report. I certify	that the
information provided in	n this report is true	and accurate to the best of my knowledg	ge and belie	f. I certify the	hat all drinking water tr	eatment chemicals	s used at this plant	conform to
NSF International Star	ndard 60 or other a	applicable standards referenced in subse	ction 62-55	5.320(3), F.	A.C.* I also certify that	t the following add	itional operations re	cords for this
plant were prepared e	ach day that a lice	nsed operator staffed or visited this plant	during the	month indica	ated above: (1) records	s of amounts of ch	emicals used and o	hemical feed
rates; and (2) if applica	able, appropriate tr	eatment process performance records.	Furthermore	e, I agree to	provide these addition	al operations reco	ords to the PWS ow	ner so the PWS
		report, at a convenient location for at lea			•	•		
(*Our clients furnish the chlori	ine and have been advise	d of the proper type to purchase) (**Our clients are proper type to purchase)	rovided with co	pies of all report	s and are responsible for retain	ing them)		
				RAY MCVE	ΞY		C-862	3
Signature a	and Date		-		Typed Name		License Num	ber
Substitute/Alternate								

PWS 1	dentific	ation Nur	nber:		 	3425108	Plant Name:		LEIGHTO	I ESTATE	S			-
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe):					val: *	Free Chl	orine	⊏ CI	ılorine Dioxi	de	Ozon	e	Combine	d Chlorine (Chloramines)
Tuna	f Disinfo	ctant Resid	Inal Maintaine	d in Distrib	ution System:		Free Chlor	rine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
	Days Plant Staffed or				CT Calculations Lowest Residual Disintectance Concentration (C) Before or at Furst-Customer	or LIV Dose, t CT C Disinfectant Contact Tune	o Demonstrate Fo	our-Log	Virus Inactiv	ation, if Ap	pticable* UV	Dose	Lowest Residual	
the Month	Visited by Operator (Place "X")	. Planting	charact water	T CON FIDE	Concentration (C) Before or at First Orstomer During Peak Flow, mg/L	THE CAN A TOWN	Lowest CT Privided Before of at First Customer Dising Peak Flow ing-mit/L	r Temp of Water	pH of Water if	Minimum CT Required	Operating UV Dose, mW-	UV Dose Required	Point in	Energy-by or Absormal Operating Conditions, Repair of Maintenance Work that Involves Taking Water System Components Out of Operations
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5.13		24	9080	ļ	<u> </u>			<u> </u>	<u> </u>			ļ		DIGITALLY NEW OLD DUB ID
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DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

A. Public Water System (PWS) Information PWS Name: LEIGHTON ESTATES PWS Type: W Community Number of Service Connections at End of Month: PWS Owner: Arnaldo Barros Contact Person: Arnaldo Barros Contact Person's Mailing Address MAY 2009 MAY 2009 MAY 2009 MAY 2009 MAY 2009 MAY 2009 Analdo Barros D Non-Transient Non-Community 41 PWS Owner: Arnaldo Barros Contact Person's Mailing Address 900 Washington Street	City	PWS Identification N Transient Non-Community Total Population Served at End Contact Person's Title Owner Hollywood	厂 Consec of Month:	104	2224
Contact Person's Telephone Number: (954)922-0949 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #	City.	Contact Person's Fax Number:	State: (954)922-5		33019
B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD	City:	Plant Telephone Number: OCALA	Fax # (352 Cell # (352 Michelle -(3 State:	2) 216-8100 352)482-0777 Ext. 208	34476
Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5	Purcha	sed Finished Water 65800 Plant Class (per subs	section 62-69	9.310(4), F.A.C.): <u>I</u>	D
Licensed Operators Lead/Chief Operator Other Operators RAY MCVEY	Licens	e Class L. License Number 20 8623	DAYS	Day(s)/Shift(s).Worked	
Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief	of operat	tor of the water treatment plant id	entified in Pa	rt Lof this report. Logrifi	v that the
Information provided in this report is true and accurate to the best of my knowledge are NSF International Standard 60 or other applicable standards referenced in subsection column were prepared each day that a licensed operator staffed or visited this plant during rates; and (2) if applicable, appropriate treatment process performance records. Furth owner can retain them with copies of this report, at a convenient location for at least to "Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided)	nd belief n 62-555 ing the n hermore en vears	f. I certify that all drinking water to 5.320(3), F.A.C.* I also certify that month indicated above: (1) record I, I agree to provide these addition 5.**	reatment cher t the following s of amounts nal operations	micals used at this plant g additional operations r of chemicals used and	conform to ecords for the chemical fee

PWS Identification Number:					3425108 Plant Name: LEIGHTON ESTATES							_			
III. Daily Data for the Month/Year of: MAY 2009 Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System:						► Free Chi			hlorine Dioxi		C Ozon		Combined Chlorine (Chloramines)		
Type o	f Disinfe	ctant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	rine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide	
	Days Plant Staffed o Visited		100		CT Calculations Lowest Residual Disantectance Concentration (G) Before or at	, or UV Dose,	to Demonstrate Fo	our-Log	Virus Inactiv	ation, if Ap	plicable*			Conne Proxide	
	Davs		36-71			CTC	alculations.	19	1. 1.	70	UV	Dose 🗐 🗓	Lowest		
25	Plant	100.00	3010		Lowest Residual	Disinfectant							Residual		
	Staffed o	de Si.	10.00		Disinfectance	Contact Time		la :				194	Disinfectant		
100	Visited		A STATE OF	100	Concentration	(T) at C	Eowest CT	100			Lowest	Minimuni	Concentration		
$\pm i$	by	100	基础 化基	4 00 2	Lowest Residual Disinfectariel Concentration (G) Believe of at First Customet District Park Flow	Measurement	Provided Before o	Temp	1.00	Minimum	Operating	JIV Dose	at Remote	THE STREET OF STREET	
Lary of	Operator	C. COMPANIES OF COMPANIES	I MARK MICHENIAGE		THE RESERVE THE PARTY OF THE PA		A DESCRIPTION OF THE RESERVE OF THE	A STREET STREET		G 100 100 100 100 100 100 100 100 100 10	Establish P. P. Con.	TO BE POLICED AND ADDRESS.	120101 1000	is Emergency of Abroamal Operating Conditions, Repuls of The	
the	(Place	Plant in	runshed Water	Peak Flow	During Peak Flow	Peak Flow,	Liming Peak Flow	water	Water at all	Required	ш₩-	T W	Listribunou	Energency of Autorima Executing Canadistric Reput 1 Maintenance Work that Involves Taking Water System (Composeurs Our of Operation)	
Month		Aperation 24	8280	Kate, gpo	- ony Late	- minates / 3	SAN ING-HINDS	1200	Applicable	the-ionists	seercinz	secrenz	System, mg/1	Consponents On or Operation	
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Averon		3.4		1											

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General information for the Month/Yea MAY 2009						
A. Public Water System (PWS) Information			DWO Identification M		0405400	
PWS Name: LEIGHTON ESTATES	<u> </u>	' r=:	PWS Identification N		3425108	
PWS Type: Community Non-Transient Non-Communit			ient Non-Community	Consecutive		
Number of Service Connections at End of Month: 41		rotar Popt	ulation Served at End o	or Month:	104	
PWS Owner: Arnaldo Barros		Cantact D				
Contact Person: Arnaldo Barros			erson's Title Owner	State: FL	7:- 0-4	02040
Contact Person's Mailing Address 900 Washington Street		Hollywood			Zip Code:	33019
Contact Person's Telephone Number: (954)922-0949		Contact Pe	erson's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #				E # (050) 007	7200	
D. Mala T. and Dis et Information				Fax # (352) 237		
B. Water Treatment Plant Information		OL 4.T.1		Cell # (352) 216		
Plant Name: LEIGHTON ESTATES			phone Number:		182-0777 Ext. 208	04470
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA	· · · · · · · · · · · · · · · · · · ·	_ State: <u>FL</u>	Zip Code:	34476
/ / · · · · · · · · · · · · · · · · · ·	T Purcha		ed Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		65800				
Plant Category (per subsection 62-699.310(4), F.A.C.): 5			Plant Class (per subs	section 62-699.31	0(4), F.A.C.): <u>D</u>	<u> </u>
	-K. Gita man Singa sinakatantur					fronte: New Year 1955
			License Number		s)/Shift(s) Worked	
Lead/Chief Operator: RAY MCVEY		<u> </u>	8623	DAYS		
Other Operators						
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				<u> </u>		
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed in Florida, am the lead/c						
information provided in this report is true and accurate to the best of my knowledge						
NSF International Standard 60 or other applicable standards referenced in subsect						
plant were prepared each day that a licensed operator staffed or visited this plant d	during the r	nonth indic	ated above: (1) record	s of amounts of c	hemicals used and	chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Fu			provide these addition	nal operations rec	ords to the PWS ow	ner so the PW
owner can retain them with copies of this report, at a convenient location for at leas						
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are prov	wided with cop	ies of all repor	ts and are responsible for retain	ning them)		
	_	RAY MCV			C-862	23
Signature and Date		Printed or	Typed Name		License Num	ber
Substitute/Alternate						

	PWS Identification Number: 3425108 Plant Name: LEIGHTON ESTATES										_				
Company Comp	Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Ultraviolet Radiation Other (Describe):														
Main	Type of	Disinfec	ctant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		厂 Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
Main		Days Plant				CT Calculations	or UV Dose	to Demonstrate For	our-Log	Virus Inactiv	ation, if Ap	plicable* UV	Dose in the	Lowest A	
Main	313 617	Staffed or Visited by	10 (A)			Disinfectanct Concentration (C) Before or at	Contact Time (T) at C Measurement	Eowest CT : Provided Before o	Temp		Minimum	Lowest Operating	Minimum UV Dose	Disinfectant Concentration at Remote	
24 5380	Day of the	Operator (Place	Hours Plant in	Net Quantity of Finished Water	Peak Flow	First Customer Coming Peak Flow	Point During Peak Flow	at First Customer During Peaks Flow	of: Water	phi of Water, ph	CT Required	UV Dose,	Reduced.	**************************************	Maintenance Work that Involves Laking Water System
23	- TRUDISET	"X") 』	Operation	Produced, gal	Rate, gpd	mg L	minutes s	****mg-mm/L	u oC	Applicable	mg-min/b	sec/cm2	sec/cm2	System, in # L	Components Out of Operation
24 \$280									ļ						
24 8380						<u> </u>			⊢ —	ļļ					
Section Sect	333						 			 					
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Total	10.0								<u> </u>	1					
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24 8150 Total 263250															
	31			8150										· · · · · · ·	
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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

L. General Information for the Month/Yes MAY 2009						
A. Public Water System (PWS) Information						
PWS Name: LEIGHTON ESTATES		_	PWS Identification N		3425108	
PWS Type: Community Non-Transient Non-Community	у		ent Non-Community	□ Consecutive		
Number of Service Connections at End of Month: 41		Total Popul	lation Served at End	of Month:	104	
PWS Owner: Arnaldo Barros						
Contact Person: Arnaldo Barros		Contact Pe	rson's Title: Owner			
Contact Person's Mailing Address 900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Telephone Number: (954)922-0949		Contact Pe	rson's Fax Number:	(954)922-5540		<u> </u>
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #						
	,	-		Fax # (352) 237-	7329	
B. Water Treatment Plant Information				Cell # (352) 216-		
Plant Name: LEIGHTON ESTATES		Plant Telep	hone Number:		82-0777 Ext. 208	
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
	,.					
Type of Water Treated by Plant:	Purcha	ased Finishe	d Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	, ,	65800	- 110.0			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5			Plant Class (per subs	section 62-699 310)(4), F.A.C.); [ı
riant obtogory (por obsorodor oz dodorot (), t a ko.j.		-	Tiditt Oldoo (por odbi	3000011 02 000.010	.(.),	
Licensed Operators	Licens	e Class	License Numbers	Πανίσ	S/Shift(s) Worked	
Lead/Chief Operator RAY MCVEY		C	8623	IDAYS		
Other Operators 2.1		<u> </u>	0020	DATO		
Caller Operations						
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II. Certification by Lead/Chief Operator						dia a 6 dia a
I, the undersigned water treatment plant operator licensed in Florida, am the lead/cl						
information provided in this report is true and accurate to the best of my knowledge	and belie	f. I certify th	nat all drinking water to	reatment chemical	s used at this plant	conform to
NSF International Standard 60 or other applicable standards referenced in subsecti	ion 62-55	5.320(3), F. <i>A</i>	A.C.* I also certify tha	it the following add	litional operations r	ecords for this
plant were prepared each day that a licensed operator staffed or visited this plant d	luring the I	month indica	ated above: (1) record	s of amounts of ch	emicals used and	chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Fu			provide these addition	nal operations reco	ords to the PWS ow	ner so the PW
owner can retain them with copies of this report, at a convenient location for at leas						
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are prov	vided with cop	pies of all reports	s and are responsible for retain	ning them)		
		RAY MCVE	ΞY		C-86	23
Signature and Date			Typed Name	· · · · · · · · · · · · · · · · · · ·	License Num	ber
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

PWS	WS Identification Number: 3425108 Plant Name: LEIGHTON ESTATES														
Means	III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Ren Ultraviolet Radiation				MAY 2009 oval: • Describe):	▼ Free Chl	lorine	∏ CI	hlorine Dioxi	ide	COzon	e	Combined Chlorine (Chloramines)		
							Free Chlor	rine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide	
	Days		12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CT Calculations	or UV Dosest CT C	o Demonstrate Fo	ur-Log	Virus Inactiv	ration, if Ap	plicable* UV	Dose	Lowest		
Day o	Plant Staffed o Visited by Operator (Place	C A S S S S S S S S S S S S S S S S S S	Net Quantity of Figshed Water	Peak Flow	Lowest Residual Disinfectance Concentration (C) Before of at First Customer Diving Peak Flow	Disinfectant Contact Time (II) at C , it Measurement Point During Peak Flow	Lowest CT Provided Before on at First Customer During Peak Flaud	Temp of	pH of Water, if	Minimum CT Kejuderi	Lowest Operating UV Dose mW	Mariatan LIV Dose Redured, mW	Residual Disinfectant Concentration at Remote Point in Distribution	Emergency of Abronnel Operating Conditions. Repair or Maintergency Work that Involves Taking Water System Computers our of Operation	
Monti	2.).	Operation	Produced, gal	Rate, gpd	mg/L	minutes	eating-min/L	r oC∗	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/.f	Components Our of Operation	
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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I General Informatic	n for the Month/Ye	MAY 2009						
	ater System (PWS)	Information						
PWS Name:		LEIGHTON ESTATES		_	PWS Identification N	lumber:	3425108	
PWS Type:	Community	Г∈ Non-Transient Non-	Community	Trans	ient Non-Community	Consecutive		
Number of Service C	onnections at End	of Month: 41		Total Popu	ulation Served at End	of Month:	104	
PWS Owner:	Arnaldo Barros							
Contact Person:	Arnaldo Barros			Contact P	erson's Title: Owner			
Contact Person's Ma	iling Address	900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Tel	ephone Number:	(954)922-0949		Contact P	erson's Fax Number:	(954)922-5540		· · · · · · · · · · · · · · · · · · ·
Contact Person's E-N	fail Address:	Cell #(646)765-9054 - Maria's c	ceil #					
				-		Fax # (352) 237-	-7329	
B. Water Tre	eatment Plant Infor	mation				Cell # (352) 216		
Plant Name:	LEIGHTON EST	TATES		Plant Tele	phone Number:		82-0777 Ext. 208	
Plant Address:	3125 SW 93RD		City:	OCALA		State: FL Zip Code: 3447		
	0.2000.0							
Type of Water Treate	ed by Plant:	'অ	T Purch:	ased Finish	ed Water			
		pacity of Plant, gallons per day:	, 	65800				
Plant Category (per s					Plant Class (per sub	section 62-699 310)(4), F.A.C.); D)
· idik odlogolj (por o	abooolion of ope.	5.0(1), 1.1.1.0.7. <u>5</u>		-	Traini Ciaco (por out	000.01, 02 000.0 ,	<u> </u>	
licensed Operators		Name A A A A A A A A	and a Hirens	e Class	License Number	navio	VShift(s) Wolker	15/40/1907/19
Lead/Chief Operator				С	8623	DAYS		
Other Operators	TO TE MICYET				1	10000	·	
Outlot Opciation	<u></u>				 	 	·	
						 		
Name of the second					 			
A DEPARTMENT						 		
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u Augustania		F01			<u></u>			
II. Certification by Le			11 - 1			i sterio de montre de		. 414 11
		t operator licensed in Florida, am						
		e and accurate to the best of my k						
		applicable standards referenced i						
		ensed operator staffed or visited the						
		treatment process performance re			provide these additio	nal operations reco	ords to the PWS ow	ner so the PW
		s report, at a convenient location						
(*Our clients furnish the chlo	rine and have been advis-	ed of the proper type to purchase) (**Our c	elients are provided with co	pies of all repor	ts and are responsible for retai	ning them)		
				RAY MCV			C-862	
Signature	and Date			Printed or	Typed Name		License Num	ber

PWS	Identific	ation Nur	nber:			3425108	Plant Name:	LEIGHTON ESTATES				• ,		
Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Description of Distribution)			Describe):	Free Chlorine			nlorine Dioxi		Ozone			d Chlorine (Chloramines)		
Type	of Disinfec	ctant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chorii	ne (Chloran	nines)	Clorine Dioxide
		10.00			CT Calculations	or UV Dose,	to Demonstrate Fo	ur-Log	Virus Inactiv	ration, if Ap	plicable*	1000		Come Dioxide
	Dave		1.0			PCTC	alculations	9.1			- UV	Dose	Lowest	
	Plant				Lowest Residual	Disinfectant	100			142 m			Residual	
	Staffed or	100	4.0		Disinfectanct	Contact Time						and the	Disinfectant	the production of the party of
	Visited				- Consentration	(T) at C	Lowest CT		ti in		Lowest	Minimum	Concentration	
14.3	is by	to hard	(Note: Long	4.000.51	(C) Before or at	Measurement	Lowest CT: Provided Before of at First Customer	Тетр	Marie :	Minimum	Operating	UV Dose	at Remote	para beresa de la la la la la la la la la la la la la
						Point During	at First Customer	of:	pH of	; CC	LIV Dose,	Required,	Point in	Emergency of Abnormal Operating Couditions, Repair or 📳
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow	Peak Flow,	During Peak Flow	Water	Water, II	Required	an mw-	, mw.	Urstroution	Maintenance Work that Involves Taking Water System ()
Month 1	(A) :	Operation:	8280	Kate, gpo	mArrais	minnes	ang-imac	TELOCA I	Applicable	this-unity-re	Secremz	sewanz	Dystem mar	(Components Fut of Speciator)
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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

L General Informatio								
	ater System (PWS)							
PWS Name:		LEIGHTON ESTATES			PWS Identification N		3425108	
PWS Type:		J Non-Transient Non-Comm	unity		sient Non-Community	☐ Consecutive		
Number of Service C		of Month: 41		Total Pop	ulation Served at End	of Month:	<u>104</u>	
PWS Owner:	Arnaldo Barros							
Contact Person:	Arnaldo Barros				erson's Title: Owner			
Contact Person's Mai		900 Washington Street	City:	Hollywood		State: FL	Zip Code: _	33019
Contact Person's Tel	ephone Number:	(954)922-0949		Contact P	erson's Fax Number:	(954)922-5540		
Contact Person's E-N	/lail Address:	Cell #(646)765-9054 - Maria's cell #						
						Fax # (352) 237-	7329	
B. Water Tre	eatment Plant Infor	mation				Cell # (352) 216-	8100	
Plant Name:	LEIGHTON EST	TATES		Plant Tele	ephone Number:	Michelle -(352)48		
Plant Address:	3125 SW 93RD	STREET ROAD	City:	OCALA	•	State: FL	Zip Code:	34476
			_		· · · · · · · · · · · · · · · · · · ·			
Type of Water Treate	ed by Plant:	₽	Purch	ased Finish	ed Water			
		acity of Plant, gallons per day:		65800				
Plant Category (per s	ubsection 62-699.	310(4), F.A.C.); 5			Plant Class (per subs	section 62-699.310	(4), F.A.C.); E)
				_	.,			
Licensed Operators		Name with purely and a second of the	Licen	se Class	License Number	- Dav(s)/Shift(s) Worked	
Lead/Chief Operator				С	8623	IDAYS		
Other Operators		1			-			
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II. Certification by Le					<u> 1</u>	<u> </u>		
A SECTION OF THE PROPERTY OF T	MATERIAL SPECIAL SECTION SECTI	2°8	. al falls for the same and			over the peak or		0 - 6 55 -
		operator licensed in Florida, am the lea						
		and accurate to the best of my knowled						
		applicable standards referenced in subs						
		nsed operator staffed or visited this plan						
		reatment process performance records.			provide these addition	nal operations reco	rds to the PWS ow	mer so the PV
		s report, at a convenient location for at I						
*Our clients furnish the chlor	rine and have been advise	d of the proper type to purchase) (**Our clients are	provided with co	opies of all repor	rts and are responsible for retain	ning them)		
•								
				RAY MCV	ΈΥ		C-862	23
Signature	and Date			Printed or	Typed Name		License Num	iber
Substitute/Alternate								

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

PWS	Identific	ation Nur	nber:			3425108	Plant Name:		LEIGHTON	I ESTATES	3			. ,
MAY 2009 Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation					val: * Describe):				lorine Dioxi		f Ozone			d Chlorine (Chloramines)
Type	of Disinfe	ctant Resid	lual Maintaine	ed in Distrib	ution System:	and the second s	▶ Free Chlor	ine		1 Comb	ined Choru	ne (Chloran	nines)	Clorine Dioxide
	Days · Plant				CT Calculations Lowest Residual	or UV Dose in CT C	o Demonstrate Fo alculations	ur-Eog	Virus Inactiv	ation, if Ap	plicable* UV	Dose :	Lowest Residual	
	Staffed or Visited by	1 2 A			Distribution (C) Before or at	Contact Time (T) at G Measurement	Lowest CT a	Temp		Minimum	Lowest Operating	Minimum UV Dose	Disinfectant Concentration at Remote	Enterper Case (Absormal Operating Coudhous, Reput of Manierance Work Individual Property States Williams (Association Coudhous, Reput of Manierance Work Individual Property States Williams (Association Coudhous)
Day of the Month	Operator (Place "X")	Plant in Orseration	Net Quantity of Finished Water Produced, oal	Peak Flow Rate and	During Peak Flow	Point Paring Peak Flow,	During Peak Flow	Water	Water, if	Required me-mind	mW	xequired, xmW- sec/cm2	Distribution System merit	Emisgency of Abnormal Operating Conditions, Reput of Manieraries Worldhigh Involves Taking Water System Components Out of Operation
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27		24	8150			ļ			ļ					
28	<u> </u>	24	8150	ļ	ļ	ļ					ļ		0.5	
29	L	24	8150	ļ <u>.</u>	ļ. <u> </u>	<u> </u>								
* 30		24	8150						 					
31		24	8150		<u> </u>	<u> </u>	L		<u>[</u>		L	L	·	
Lotal	de es e		263250]										

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

1. General Information for the Month/Yea JUNE 2009					
A. Public Water System (PWS) Information PWS Name: LEIGHTON ESTATES		PWS Identification N		3425108	
PWS Name: LEIGHTON ESTATES PWS Type: V Community		Transient Non-Community	Consecutive	3425106	
Number of Service Connections at End of Month: 41	ý	Total Population Served at End	· ·	104	
PWS Owner: Arnaldo Barros		Total Topulation Served at End	J: 14101 IUI.	104	
Contact Person: Arnaldo Barros		Contact Person's Title: Owner			
Contact Person's Mailing Address 900 Washington Street	City	Hollywood	State: FL	Zip Code:	33019
Contact Person's Telephone Number: (954)922-0949	Oity.	Contact Person's Fax Number:	(954)922-5540		00010
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #		Contact, Grown of an Indinion.	100 17022 00 10		
CONTROL OF CONTROL OF THE PROPERTY OF THE PROP		-	Fax # (352) 237-	7329	
B. Water Treatment Plant Information			Cell # (352) 216-		
Plant Name: LEIGHTON ESTATES		Plant Telephone Number:	Michelle -(352)48		
Plant Address: 3125 SW 93RD STREET ROAD	Citv:	OCALA	State: FL	Zip Code:	34476
	J,				
Type of Water Treated by Plant:	Purcha	ased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		65800			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per subs	section 62-699.310	(4), F.A.C.): D)
	Carried States a Crayo				ing the report live in the
		e Class License Number)/Shift(s) Worked	
Lead/Chief Operator RAY MCVEY		C 8623	DAYS		
Other Operators:			. -		
			 		
			 		
					 -
			 	···	
	·		 	· · · · · · · · · · · · · · · · · · ·	
II. Certification by Lead/Chief Operator			1		
I, the undersigned water treatment plant operator licensed in Florida, am the lead/cl	hiaf anara	itor of the weter treatment plant id	ontified in Bart Left	this rapad Loadifi	that the
information provided in this report is true and accurate to the best of my knowledge					
NSF International Standard 60 or other applicable standards referenced in subsecti					
plant were prepared each day that a licensed operator staffed or visited this plant du	luring the	month indicated above: (1) record	ic trie following addi	amicale used and	chemical feet
rates; and (2) if applicable, appropriate treatment process performance records. Fu	uning the i	a Lagree to provide those addition	nal operations reco	rde to the PMS ou	mer so the Pl
owner can retain them with copies of this report, at a convenient location for at least			nai operations reco	ius to the F VVO OW	ilei so (ile i i
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provi			ning them)		
	and with our	prio or an espois and are respectatore for form	HIVIII)		
		RAY MCVEY		C-862	
Signature and Date		Printed or Typed Name		License Num	ber
Substitute/Alternate					

PWS Identification Number: 3425108 Plant Name: LEIGHTON ESTATES									•					
			nth/Year of:		JUNE 2009	_								
Means	of Achie	ving Four-L	og Virus Inacti			Free Chl	orine	C	nlorine Dioxi	de	Ozone	•	Combine	d Chlorine (Chloramines)
				Cther (··-			
Type o	f Disinfe	ctant Resid	lual Maintaine	ed in Distrib	ution System:	743 T. 2420 - 2427 1936	Free Chlor	ine		┌ Comb	ined Choru	ne (Chloran	nines)	Clorine Dioxide
					C1 Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, it Ap	plicable*			Completes Use of Orelesson
	Days		at the state of	440	e versus de la company	E US US COME	alculations	the last		British In	7 U V	Lose	Lowest	
**	Plant		and the	4 52 15	Lowest Residual	Disinfectant	12044	100 4		2.4	4.0	1.0	Residual	2.2.4.4.1 E. E. E. E. E. E. E. E. E. E. E. E. E.
10.00	Staffed o	1 14	40.00	300	Disinfectanct	Contact Time					23.00	24 6	Disinfectant	在可能理解的企业的政府企业整理等的。
4 6	visited	A subst	371	100000	Concentration	(k) at C	Provided Barrers	Tann	100	Minimum	Cheratina	TTV Dass	at Remote	通过程的分型证明。但在图14章
Day of	Operato	r Hours	Net Quantity of		Ente Customer	Point During	at First Customer	of	nH of	CT	UV Dose	Required	Point in	is Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow	During Peak Flow	Water	Water, if	Required	mW-	mW.	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	munutes	mg-mm/L	оC	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
, 1/sr		24	9040					<u> </u>	ļ					
2.	Х	24	9040					ļ	<u> </u>				0.5	
23 as		24	7850		ļ			<u> </u>	<u> </u>					<u> </u>
4/	X	24	7850	1	-			 		-			0.4	
4, 5 a	 	24	8000 8000		-	 		 			<u> </u>	 	 	
	<u> </u>	24	8000	<u> </u>			(<u></u>	f	 			-		
8		24	8000					╁	 					
19	Х	24	8000					†	· · · · · · ·				0.5	
10		24	8300		-									
ii lii	Х	24	8300					Ī					0.5	
1.32		24	7660											
13		24	7660						ļ					
14		24	7660		ļ		 -		<u> </u>					
-15	<u> </u>	24	7660	<u> </u>	<u> </u>		-	 	<u> </u>			ļ	0.6	CANTE INEL ALIVE
16 17	X	24	7660 8450	-	ļ		 -	 -	 		 		0.6	SAMPLE - 1 WELL, 2 LINES CALLED OUT@7:40 PM - LOW WATER
7 :18:	X	24	8450	 		 		}	 		 			PRESSURE. PUMP & WELL EQUIP. ALL
19		24	7440		 .	 					<u> </u>			TRIPPED OUT BECAUSE OF LIGHTNING
420		24	7440	-				 	 					STRIKE, RESET EQUIP AND WAITED FOR TANK
321 V		24	7440											TO FILL, PSI @ TANK WAS 25. LEFT @ 9:00PM
1.22		24	7440											
23	Х	24	7440										0.5	
1 24		24	8050				_		Ĺ			<u> </u>		
25	X	24	8050	ļ							ļ. <u> </u>		0.5	
26		24	7640				-		 -					
271	<u> </u>	24	7640											
28 29		24	7640 7640			-					 			
230 s	X	24	7640										0.5	
31		24	7,040	 					-				V.J.	
	9 (100)	14	237080		· · · · · · · · · · · · · · · · · · ·			<u> </u>						
		11 (14	7903											
		9124	9040]										

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

General Informat	on for the Month/Ye	JUNE 2009	_					
	Vater System (PWS)				DMC Identification M	lbar	2425409	
WS Name:	<u> </u>	LEIGHTON ESTATES		- , T	PWS Identification Ni ient Non-Community	T Consecutive	3425108	
WS Type:	Community Communi	Non-Transient Non-Commu	inty		lation Served at End		104	
	Connections at End	of Month: 41		Total Popt	ilation served at End	Ot MOHUI	104	
WS Owner:	Arnaldo Barros Arnaldo Barros		_	Contact Pa	erson's Title: Owner			
Contact Person:		900 Washington Street	- Cibe	Hollywood		State: FL	Zip Code:	33019
Contact Person's M Contact Person's Te	•	(954)922-0949	_ City.		erson's Fax Number:	(954)922-5540	Zip Code	00010
Contact Person's E-		Cell #(646)765-9054 - Maria's cell #	_	Contact i	CISOITS I BA NAIMDEI.	(004)022-0040		
Jonaci Person's E-	-Iviali Audress.	Cell #(040)703-9034 - Maria's Cell #				Fax # (352) 237	-7329	
3. Water T	reatment Plant Infor	mation				Cell # (352) 216		
o.	LEIGHTON EST			Plant Tele	phone Number:	, , ,	82-0777 Ext. 208	
Plant Address:	3125 SW 93RD		- City	OCALA	prioric Hamber.	State: FL	Zip Code:	34476
Talit Addiess.	3123 344 93110	STREET ROAD	_ Oily.	OOALA			E,p 0000: _	
ype of Water Trea	ted by Plant:	7	F Purch:	ased Finishe	ed Water			
		pacity of Plant, gallons per day:	, i uion	65800	Ja , 14(0)			
	subsection 62-699.			00000	Plant Class (per sub	section 62-699 310	0(4), F.A.C.);)
iant outegory (per	300000000000000000000000000000000000000	010(4), 131.0.7.		_	(100			
icensed Operators	The state of the state of	Name		se Class	License Number»	A David	s)/Shift(s)/Worked	
ead/Chief Operato				С	8623	DAYS		
Ither Operators					 		····	
								
AND DESIGNATION								
								
and the same fill and			 -		 			
14240074644			 -					
a samula di au	K		-					
protein in the proof.			 		·			
Cadenal and his	ead/Chief Operator				<u> </u>			
#Cennicanon by L	eau Culer operator	t operator licensed in Florida, am the lead	dichief oper	ator of the w	rator treatment niant ic	fentified in Part I of	this report Certifi	that the
tne unaersignea v	vater treatment plant	e and accurate to the best of my knowled	a/Ciliei Opera	atul of the w	hat all dripking water (renuncu in Fait Foi	cused at this plant	conform to
normation provides	d in this report is true	and accurate to the best of my knowled	ige and bein	Er. 1 Ceruiy u	AC * Lolog cortify the	nt the following add	s used at this plant litianal anarations r	scorde for
ISF International S	tandard 60 or other	applicable standards referenced in subse	BCUOII 02-00	10.32U(3), F.	A.C. Taiso certify the	at the following aut	mioriai operations i	chamiaal f
tant were prepared	each day that a lice	ensed operator staffed or visited this plan	it during the	month indic	ated above. (1) record	as of amounts of C	terricais useu arro	one on the
ates; and (2) if app	licable, appropriate i	treatment process performance records.	Furthermor	e, i agree to	provide these additio	nai operations rec	oras to the PVVS ow	mei so ine
wner can retain the	em with copies of thi	is report, at a convenient location for at le	east ten year	rs.^^				
Our clients furnish the ch	ilorine and have been advise	ed of the proper type to purchase) (**Our clients are p	provided with co	opies of all repor	ts and are responsible for retain	ining them)		
				DAN	F1/		0.00	22
		<u> </u>		RAY MCV			C-862	
Signatur	re and Date	*		Printed or	Typed Name		License Num	iber
Substitute/Alterna	ate							

PWS	Identifica	ation Nur	nber:			3425108	Plant Name:		LEIGHTO	N ESTATES	S .			_
Means		ing Four-L	onth/Year of: og Virus Inacti			Free Chi	orine	Ĩ CI	nlorine Dioxi	ide	C Ozone	B	Combine	d Chlorine (Chloramines)
Type o	f Disinfec	tant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor			Comb				Clorine Dioxide
4		99.4 4	design and		CT Calculations	, or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*		hig Gala	
4.3	Days	ici Gurtar	144				alculations	(I continue to the continue t	ada a a	24. (5.	I UV	Dose	Lowest	the state of the state of the state of the state
<u>\$</u>	Plant	3 No. 38	64111	10,4414	Lowest Residual	Disinfectant			A 200	(c.a.t.)	3 (5 (54)	cu kin da rtu	Residual	自然的 的第三人称形式的 使用的现在分词
2.75	Staffed or		the tire of	1 200	 Disinfectanct 	Contact Time	raenio i	4 4	2000	100	0.000	la maja	Disinfectant	14 0 排除器以前中央运输出的基础的。
	Visited		HA PER	5.60	Concentration	(I) at C	Lowest CT/	100	FU OR ST	9.00	Lowest	Miniatus	Concentration	自然的现在分词 。
	by		2	real cost	(C) Before or at First Customer	Measurement	Provided Before of	Temp	0.00	Minmum	Operating	UV Dose	tal Remote	
paylot the	Operator (Place	Plant	Net Quantity of	David Class	During Peak Flow	Point During:	at First Customer	OI .	tiprion	Decisions	mW-	Required.	Point in Distribution	Emergency or Almonnal Operating Conflitions, Kepthro Maintenance Work that Involves Taking Water System
Month	100	Operation	Produced gal	Rate and	mg/L	minutes	my-mm/l	oC	Applicable	me-min/L	sec/cm2			Components Out of Operation
10		24	9040					1 200 01000						
2	Х	24	9040					T					0.5	
0.3		24	7850											
41	X	24	7850										0.4	
. 5		24	8000					<u> </u>						
· 🖟 6 🖳		24	8000					<u> </u>			ļ		ļ	
7.		24	8000					ļ			1			· · · · · · · · · · · · · · · · · · ·
1 8		24	8000 8000					 	<u> </u>	ļ			0.5	
10	X	24 24	8300		 			├	<u> </u>	<u> </u>			0.3	
11	x	24	8300					 					0.5	
112		24	7660					t					 	
13		24	7660					1					· · · · · · · · · · · · · · · · · · ·	
*.14.		24	7660											
15.		24	7660					<u> </u>						
16	X	24	7660										0.6	SAMPLE - 1 WELL, 2 LINES
. 171		24	8450					<u> </u>						CALLED OUT@7:40 PM - LOW WATER
2.18	X	24	8450					<u> </u>					0,6	PRESSURE. PUMP & WELL EQUIP. ALL
19/		24	7440					 						TRIPPED OUT BECAUSE OF LIGHTNING STRIKE, RESET EQUIP AND WAITED FOR TANK
20 +21	1	24	7440 7440			<u> </u>								TO FILL, PSI @ TANK WAS 25. LEFT @ 9:00PM
. 22		24	7440											10 1 0.0. 10; to 174. WAS 23. LEST 1 to 7.001 M
23	X	24	7440										0,5	
1 24		24	8050											
.25	Х	24	8050					1					0.5	
26;		24	7640											
271		24	7640											
- 28		24	7640											
* 29 ::		24	7640											
#30	Х	24	7640										0.5	
331		24	222000					<u> </u>	l				l	
			237080 7903											
	unt 1		9040											
Transmittel	······································		,,,,,,,	ı										

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

	ion for the Month/Ye		<u>_</u>					
A. Public V	Vater System (PWS)							
PWS Name:		LEIGHTON ESTATES		-	PWS Identification N		3425108	
PWS Type:	Community	Non-Transient Non-Commun	nity		ent Non-Community	Consecutive		
	Connections at End	of Month:41		Total Popu	lation Served at End	of Month:	104	
PWS Owner:	Arnaldo Barros							
Contact Person:	Arnaldo Barros		_		erson's Title: Owner	 —		
Contact Person's M		900 Washington Street	_ City:	Hollywood		State: FL	Zip Code: _	33019
Contact Person's To	elephone Number:	(954)922-0949	_	Contact Pe	erson's Fax Number:	(954)922-5540		
Contact Person's E	-Mail Address:	Cell #(646)765-9054 - Maria's cell #		_				
						Fax # (352) 237-		
B. Water T	reatment Plant Infor	mation				Cell # (352) 216		
Plant Name:	LEIGHTON EST	ATES		Plant Telep	ohone Number:	Michelle -(352)4	82-0777 Ext. 208	
Plant Address:	3125 SW 93RD	STREET ROAD	City:	OCALA		State: FL	Zip Code:	34476
Type of Water Trea		acity of Plant, gallons per day:	T Purcha	ased Finishe 65800	ed Water			
	subsection 62-699.			00000	Plant Class (per sub	section 62,600 310)(4), F.A.C.); D	
ead/Chief Operators Ither Operators				С	8623	DAYS		
, the undersigned was not the control of the contro	d in this report is true itandard 60 or other if each day that a lice licable, appropriate t em with copies of thi	operator licensed in Florida, am the lead e and accurate to the best of my knowled applicable standards referenced in subse ensed operator staffed or visited this plant treatment process performance records. Is report, at a convenient location for at lead of the proper type to purchase) (**Our clients are p	ge and belicection 62-55 t during the Furthermore east ten year	ef. I certify the 5.320(3), F., month indicate, I agree to se.**	nat all drinking water t A.C.* I also certify tha ated above: (1) record provide these additio	reatment chemical at the following add as of amounts of ch nal operations reco	s used at this plant litional operations re remicals used and o	conform to ecords for chemical f
Cignotiv	and Data		_	RAY MCV	Typed Name		C-862 License Num	
Signatur	e and Date			Fillied of	гурей маше		LICENSE NUIT	ine!
Substitute/Alterna	ate							

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

PWS:	[dentific	ation Nur	nber:			3425108	Plant Name:		LEIGHTO	N ESTATE	S			
Means	of Achiev	ing Four-L Radiation	ation Tother (Describe):					d Chlorine (Chloramines)						
Type	f Disinfe	ctant Resid	lual Maintaine	ed in Distrib	ution System:		Free Chlor	ine						Clorine Dioxide
	a seed	4 4			CT Calculations	, or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ar	plicable*		Lowest	THE SHARE IN COMPANY OF THE SHARE OF
	Days	a an aide and	t falls	Great Profession			alculations · 🌯	40		441 43	i i UV	Dose	Lowest	the protein and compared the second of the
	Plant			a Sillata	Lowest Residual	Disinfectant	Maria di H	48.6	4		1000		Residual	
	Staffed or		4.60	1000	Disinfectanct	Contact Time	AND ASSESSED.	line.	400		100000		Disinfectant	5-19-18-14-16-18-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
- 1	Visited	ng estill	1.0	e en Lola Se gaño Ekseño	Concentration	(D) at C	Lowest CT	re a	4 34 3	1761	Lowest	Minimum	Concentration	
	by		Net Quantity of	1.00	(C) Before or at	Measurement	Lowest CT Provided Before or at First Customer	Temp	请 与标	Minimum	Operating	UV Dase	at Remote	AND SERVICE OF ANY PARTY AND ASSESSMENT
Day of	Operator	Lienne	Net Chimminton		First Gustomer	Point During	at First Customer	of	pHof	CI	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow	During Peak Flow, mg-mm/Lak	Water	Water;01	Required	mw-	mws	Distribution	Maintenance Work that Involves Taking Water System Components Out of Operation
Month	"X")'*			Rate, gpd	mg/L	minutes	ing-muvia	1015	Applicable	- inf-intr-	SOWCHILL	#SCUPINZ	oystem, mgr.t.	
1.0	1 x	24	9040 9040					 	 				0.5	
3 1	-	24	7850			 		-			 	<u> </u>	0.00	
114	х	24	7850				 						0,4	
5		24	8000			1								
6		24	8000	· · · · · · · · · · · · · · · · · · ·										
7.		24	8000											
8 -		24	8000											
9.1	X	24	8000			ļ		ļ	<u> </u>		<u> </u>		0.5	
11.LO		24	8300					ļ	ļ					
11	X	24	8300					_	ļ				0.5	· · · · · · · · · · · · · · · · · · ·
1.12		24	7660	<u> </u>					ļ		 	 		
13		24	7660 7660			 					 			
14 15		24	7660	 		 					 			
16	x	24	7660	 					 		 		0.6	SAMPLE - 1 WELL, 2 LINES
17		24	8450	 			<u> </u>							CALLED OUT@7:40 PM - LOW WATER
1 18	x	24	8450										0.6	PRESSURE, PUMP & WELL EQUIP. ALL
19.		24	7440								<u></u>			TRIPPED OUT BECAUSE OF LIGHTNING
220		24	7440						<u> </u>					STRIKE. RESET EQUIP AND WAITED FOR TANK
21		24	7440					ļ			ļ			TO FILL. PSI @ TANK WAS 25. LEFT @ 9:00PM
, (22		24	7440			<u> </u>		L	ļ		ļ			
23	X	24	7440	ļ		ļ							0.5	
24		24	8050	 		<u> </u>		<u> </u>	ļ				0.5	
25	X	24	8050 7640	 	 	 	 				-		0.5	
26 27		24	7640	<u> </u>		 		<u> </u>			 		· · · · · · · · · · · · · · · · · · ·	
28		24	7640	<u> </u>	<u> </u>	 			 		1	<u> </u>		
29.		24	7640			· · · · · · · · · · · · · · · · · · ·			<u> </u>		 			
30	21	24	7640				<u> </u>						0.5	
931		24	,,,,			<u> </u>								
		1941	237080	1	·	. <u>. </u>	•							
Averag	e .11,92	SIM FREE	7903											
Maxim	m	V 4-16 W	9040											

DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

General Information for the Month/Yes JUNE 2009					
Public Water System (PWS) Information		PWS Identification N	umhor	3425108	
VS Name: LEIGHTON ESTATES		PVVS Identification N Transient Non-Community		3423100	
VS Type: Community Non-Transient Non-Communit	ıy	Total Population Served at End		104	
imber of Service Connections at End of Month: 41		Total Population Served at End	J. MOIRI.	104	
VS Owner: Arnaldo Barros		Contact Descents Title: Owner			
ontact Person: Arnaldo Barros	Ο''	Contact Person's Title Owner	State: FL	Zin Codo:	33019
ontact Person's Mailing Address 900 Washington Street	City.	Hollywood		Zip Code: _	33019
ontact Person's Telephone Number: (954)922-0949		Contact Person's Fax Number:	(954)922-5540		
ontact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #	,	_	- 0.050.505	30.00	
			Fax # (352) 237-		
Water Treatment Plant Information			Cell # (352) 216-		
ant Name: LEIGHTON ESTATES		Plant Telephone Number:		<u>82-07</u> 77 Ext. 208	
ant Address: 3125 SW 93RD STREET ROAD	City:	OCALA	State: FL	Zip Code: _	34476
rmitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.): 5		65800 Plant Class (per sub-	section 62-699.310	(4), F.A.C.): <u>D</u>	
ensed Operators Name	Licens	e Class License Number. C 8623	Day(s)/Shift(s):Worked	
ad/Chief Operator. PAY MCVEY There Operators.					
Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/of formation provided in this report is true and accurate to the best of my knowledge SF International Standard 60 or other applicable standards referenced in subsect ant were prepared each day that a licensed operator staffed or visited this plant of thes; and (2) if applicable, appropriate treatment process performance records. F where can retain them with copies of this report, at a convenient location for at lease our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro	e and belied to a strong the furthermore strong the furthermore strong ten year	of. I certify that all drinking water to 5.320(3), F.A.C.* I also certify the month indicated above: (1) record e, I agree to provide these additions.**	reatment chemicals at the following add is of amounts of ch nal operations reco	s used at this plant itional operations re remicals used and (conform to ecords for t chemical fe
		RAY MCVEY		C-862	23
O'		Printed or Typed Name		License Num	
Signature and Date		Primed or Typed Name		LICENSE NUIT	ibei

PWS	Identific	cation Nur	nber:			3425108	Plant Name:	LEIGHTON ESTATES						-
HI. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: CF Calculations. Days Plant Staffed or Visited Distribution System: CF Calculations. Lowest Residual Distribution System: CF Calculations. CF Calculations. CF Calculations. Contact Time Concentration (C) Before or at: Measurement Provided Before of Temp M					C Ozon			d Chlorine (Chloramines)						
Type o	f Disinfe	ectant Resid	lual Maintaine	ed in Distrib	ution System:		Free Ch	lorine		Comb	ined Chori	ne (Chlorai	nines)	Clorine Dioxide
	0.1840		新疆市市 市		CT Calculation:	s, or UV Dose,	to Demonstrate	Four-Log	Virus Inactiv	ation, if Ap	plicable*	586436	allog a val	海岛运动加克里岛岛美国 在地外部区 300
	Days			AND COM	No Pro-11	- OFC	alculations	en in i	机 知為 推		v ä∗UV	Dose ·	Lowest	
	Plant		60	1.5	Lowest Residual	Disinfectant	1497 (41)			3000	2.5	40.00	Residual	Property Age has happy and their book to be
	Staffed o	и		2,000	Distrifectance	Contact Time		11111	100 1 3				Disinfectant	
	Visited		- FA 1. 1	327 4	Concentration	(T) at C	Lowest CT				Lowest	Minimum	Concentration	Section 1
1000	by ,		14000		(C) Before or at Fast Gustomer	Measurement	Provided Before	or Temp		Minimum	Operating	UV Dose	at Remote	
	Operato													
the Month	(Place	Plant in	Produced water	Pose mid	Liming reak crow	minutes	meaning feat in	w. rate	Amplicable	. mo-min/I	sec/cm2	stelem?	System mo/ l	Maintenance Work that the lives Taking Water System Components Out of Operation
1.3		24	9040	Savard Shra	1		NAS ALLEGA		A SP PO VOICE			3334 3333		
2		24	9040				 		1				0.5	
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: 14		24	7660		<u> </u>		 		 -			<u> </u>	 	
15		24	7660			 	 		<u> </u>					
16	Х	24	7660	1			1				İ	1	0.6	SAMPLE - 1 WELL, 2 LINES
17		24	8450											CALLED OUT@7:40 PM - LOW WATER
18	Х	24	8450										0.6	PRESSURE. PUMP & WELL EQUIP. ALL
19		24	7440						L					TRIPPED OUT BECAUSE OF LIGHTNING
20		24	7440		<u> </u>				ļ	· .	ļ			STRIKE, RESET EQUIP AND WALTED FOR TANK
21 :		24	7440			ļ						<u> </u>	 	TO FILL. PSI @ TANK WAS 25. LEFT @ 9:00PM
22		24	7440				ļ					<u> </u>	 	
23	X.	24	7440 8050		 				 				0.5	
3 24 25	X	24	8050	+		-}	 	- 	 		-	 	0.5	
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	or of the second	100	237080]										
Averag	e 12 12		7903											
Mexim	mı 🗼	170	9040	J										

DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

General Information for the Month/Yea JUNE 2009	_					
A. Public Water System (PWS) Information			DMC Idontification 1	lumbor.	2425400	
PWS Name: LEIGHTON ESTATES PWS Type: Community Non-Transient Non-Commu	units e	Tropo	PWS Identification Nation Nation Nation National	Consecutive	3425108	
	inity		ulation Served at End		; 104	
Number of Service Connections at End of Month: 41 PWS Owner: Arnaldo Barros		Total Pop	ulation Served at End	OI MORIUI.	104	
Contact Person: Amaldo Barros	-	Contact P	erson's Title Owner			
Contact Person's Mailing Address 900 Washington Street	— Cibe			State: FL	Zip Code:	33019
Contact Person's Telephone Number: 954)922-0949	City.	Hollywood	erson's Fax Number:		Zip Code	33018
Contact Person's Telephone Number. (934)922-0949 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #	-	Contact	erson's rax number.	(854)822-5540		
Cell #(040)700-3004 - Walla's Cell #		-		Fax # (352) 23	7 7220	
B. Water Treatment Plant Information				Cell # (352) 21		
Plant Name: LEIGHTON ESTATES		Diant Tole	phone Number:		482-0777 Ext. 208	
Plant Address: 3125 SW 93RD STREET ROAD	— City		phone Number.		Zip Code:	34476
Mark Address. 3125 SVV 93KD 51KEET KOAD	City.	OCALA		State: <u>FL</u>	Zip Code	34476
Type of Water Treated by Plant: 反 Permitted Maximum Day Operating Capacity of Plant, gallons per day:	F Purcha	ased Finish 65800	ed Water			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5			Plant Class (per sub	section 62-699.31	0(4), F.A.C.); [)
			(• • • • • • • • • • • • • • • • • • • •	-(-/,	
icensed Operators	Licens	e Class	License Number	Dav	(s)/Shift(s).Worked	
ead/Chief Operator: RAY MCVEY		C	8623	DAYS		
Rher Öperators						
			 			
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	+			 		
	- 					
	+			 		
						
	┪		 	 		
Certification by Lead/Chief Operator	ــــــــــــــــــــــــــــــــــــــ		<u> </u>			
, the undersigned water treatment plant operator licensed in Florida, am the lead	dichief opera	itor of the u	rater treatment plant id	entified in Part I o	of this report 1 cortifi	that the
		ונטו טו נוופ א	rator deadlient brant to	endited in Fait i C		
		f Loodifict	hat all drinking water t	reatment chemics	de wead at this plant	conform to
nformation provided in this report is true and accurate to the best of my knowled	lge and belie					
nformation provided in this report is true and accurate to the best of my knowled ISF International Standard 60 or other applicable standards referenced in subse	lge and belie ection 62-55	5.320(3), F.	A.C.* I also certify the	at the following ad	ditional operations re	ecords for t
nformation provided in this report is true and accurate to the best of my knowled ISF International Standard 60 or other applicable standards referenced in subse- plant were prepared each day that a licensed operator staffed or visited this plant	lge and belie ection 62-559 of during the	5.320(3), F. month indic	A.C.* 1 also certify that cated above: (1) record	at the following ad is of amounts of c	ditional operations rehemicals used and	ecords for to chemical fe
information provided in this report is true and accurate to the best of my knowled NSF International Standard 60 or other applicable standards referenced in subse- plant were prepared each day that a licensed operator staffed or visited this planates; and (2) if applicable, appropriate treatment process performance records.	lge and belie ection 62-55 of during the Furthermore	5.320(3), F. month indic e, I agree to	A.C.* 1 also certify that cated above: (1) record	at the following ad is of amounts of c	ditional operations rehemicals used and	ecords for to chemical fe
Information provided in this report is true and accurate to the best of my knowled NSF International Standard 60 or other applicable standards referenced in subsequent were prepared each day that a licensed operator staffed or visited this planates; and (2) if applicable, appropriate treatment process performance records.	dge and belie ection 62-55 of during the Furthermore east ten year	5.320(3), F. month indic e, I agree to s.**	A.C.* I also certify the cated above: (1) record provide these addition	at the following ad is of amounts of c nal operations rec	ditional operations rehemicals used and	ecords for to chemical fe
information provided in this report is true and accurate to the best of my knowled NSF International Standard 60 or other applicable standards referenced in subsection were prepared each day that a licensed operator staffed or visited this plant ates; and (2) if applicable, appropriate treatment process performance records.	dge and belie ection 62-55 of during the Furthermore east ten year	5.320(3), F. month indic e, I agree to s.**	A.C.* I also certify the cated above: (1) record provide these addition	at the following ad is of amounts of c nal operations rec	ditional operations rehemicals used and	ecords for to chemical fe
information provided in this report is true and accurate to the best of my knowled NSF International Standard 60 or other applicable standards referenced in subsection were prepared each day that a licensed operator staffed or visited this plant rates; and (2) if applicable, appropriate treatment process performance records. Sowner can retain them with copies of this report, at a convenient location for at least our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are property to purchase) (**Our clients are property to purchase)	dge and belie ection 62-55 of during the Furthermore east ten year	5.320(3), F. month indic e, I agree to s.**	A.C.* I also certify the cated above: (1) record provide these addition	at the following ad is of amounts of c nal operations rec	ditional operations rehemicals used and	ecords for to chemical fe
information provided in this report is true and accurate to the best of my knowled NSF International Standard 60 or other applicable standards referenced in subsection were prepared each day that a licensed operator staffed or visited this plant ates; and (2) if applicable, appropriate treatment process performance records. Sowner can retain them with copies of this report, at a convenient location for at less	dge and belie ection 62-55 of during the Furthermore east ten year	5.320(3), F. month indic e, I agree to s.** pies of all repor	A.C.* I also certify the cated above: (1) record provide these additions and are responsible for retains.	at the following ad is of amounts of c nal operations rec	ditional operations re themicals used and cords to the PWS ow	ecords for ti chemical fe yner so the
information provided in this report is true and accurate to the best of my knowled NSF International Standard 60 or other applicable standards referenced in subse- plant were prepared each day that a licensed operator staffed or visited this plant plant attack. attack appropriate treatment process performance records. It is applicable, appropriate treatment process performance records.	dge and belie ection 62-55 of during the Furthermore east ten year	5.320(3), F. month indices, I agree to s.** pies of all repor	A.C.* I also certify the cated above: (1) record provide these additions and are responsible for retains.	at the following ad is of amounts of c nal operations rec	ditional operations rehemicals used and	ecords for ti chemical fe vner so the

PWS Identification Number:						3425108 Plant Name: LEIGHTON ESTATES					S			_	
HI. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Cother (Describe): Type of Disinfectant Residual Maintained in Distribution System: CT Calculation					val: * Describe):	Free Chl			lorine Dioxid		C Ozone		Combined Chlorine (Chloramines)		
Type o	f Disinfec	tant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	rine		Comb	ined Choric	ne (Chloran	nines)	Clorine Dioxide	
			1000	2.5	CT Calculations	, or UV Dose, t	to Demonstrate Fo	nt-Po8	Virus Inactiv	tion, if Ap	plicable*		s en a se d		
4.5	Days	disclines.	i de ma			CRC	alculations - > 1			L. E.	. ₃UV	Dose	Lowest	and the accommodate of the control of	
1.4	Plant-	10.00	-a-Land	4500	Lowest Residual	Disinfectant	4.0.3	15.2	ting the				Residual		
100	Staffed or	1.0	30000	044443	- Disinfectance	Contact Time	10.00		E 4445	also as a	alla de	1.44	Disinfectant	and the programmer against the same	
1.00	Visited	1 2 2	4.4	1011	Concentration	(Dat Co	*15 Lowest CT	1,2	2 B 1 2 2 2	Abriga in s	Lowest	Minimum	Concentration	建加州 的发展。2017年 科斯斯 斯斯斯	
A SEC	by, 🖟	SEP 11 (2)	PATE OF	170	(C) Before or at	Measurement	Provided Before o	Temp	8.9	Minimum	.Operating	UV Dose	sait Remote	properties and the second second second	
Day of	Operator	Hours.	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT:	UV Dose,	Required.	Point in	Energency or Abusemal Operating Conditions, Repair of	
Month	(Liace	Plant III	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	Diming Peak Flow	Water	Water	Kequired	mw-	HII W-1	Distribution	Maintenance Work that Involves Taking Water System	
1,57		24	9040	L'arol Blyr	ulga-	innings 33	ang-americal	1 00	Applicable	ang-marking	SOCIAL	oscueniz:	SASIGITATION IS	Buergroey of Abustnal Openting Conducts, Reptification Maintenance Work that Involves Taking Water System Composens City of Opension	
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117		24	8000		·										
14.8		24	8000					<u> </u>							
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16	х	24	7660				i	<u> </u>					0.6	SAMPLE - 1 WELL, 2 LINES	
16 17 18 19:		24	8450					· · · · · · · · · · · · · · · · · · ·						CALLED OUT@7:40 PM - LOW WATER	
18	Х	24	8450											PRESSURE, PUMP & WELL EQUIP. ALL	
19.2		24	7440						L †					TRIPPED OUT BECAUSE OF LIGHTNING	
15.7D		24	7440											STRIKE, RESET EQUIP AND WAITED FOR TANK	
21 %		24	7440		<u>-</u>			<u> </u>						TO FILL. PSI @ TANK WAS 25. LEFT @ 9:00PM	
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331		24											0.5		
		18 4 3	237080					L	<u> </u>	- 1		l		***	
		50.6													

Maximum 9040

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



Docket re- 090366 ac

See page 4 for instructions.

I. Gerieral information	in for the Month/Ye ater System (PWS)		_					
PWS Name:	ater System (FVVS)	LEIGHTON ESTATES			PWS Identification N	u mah a m	2405400	
PWS Type:	▽ Community		nity	Trans		Consecutive	3425108	•
Number of Service C	connections at End	of Month: 41	,		ulation Served at End		104	
PW\$ Owner:	Arnaldo Barros						104	
Contact Person:	Arnaldo Barros		-	Contact P	erson's Title: Owner			
Contact Person's Ma		900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019
Contact Person's Tel		(954)922-0949	- -	Contact P	erson's Fax Number:	(954)922-5540		
Contact Person's E-I	Viail Address:	Cell #(646)765-9054 - Maria's cell #		_		-\	·	
D 1464 T						Fax # (352) 237-	7329	
	eatment Plant Inforr					Cell # (352) 216-		
Plant Name:	LEIGHTON EST				phone Number:		82-0777 Ext. 208	
Plant Address:	3125 SW 93RD 8	STREET ROAD	_ City:	OCALA		State: FL	Zip Code:	34476
Type of Water Treats Permitted Maximum Plant Category (per s	Day Operating Cap	acity of Plant, gallons per day: 310(4), F.A.C.): 5	Purcha	ased Finishe 65800	ed Water Plant Class (per subs	section 62-699.310	(4), F.A.C.): <u>D</u>)
I censed Charatore		Name: 43		ier en se versen			CONTROL AND THE CONTROL CONTRO	Constitution de Material de la constitution de la c
Lead/Ghief Operator		Name: St. 1	Licens	e class	License Number		//Shift(s) Worked.	
Other Operators	TOTT MOVET			<u></u>	8623	DAYS		
医结肠性 医胃神经炎	·		 		 			
						 		
			 -			}		
1981 1980 1980 19						 		
Fig. 154 Feb.					 	 	 -	
				· · · · · · · · · · · · · · · · · · ·		 		 -
						 		
Information provided in NSF International State plant were prepared of rates; and (2) if applic owner can retain them	iter treatment plant in this report is true andard 60 or other a each day that a lice cable, appropriate tr in with copies of this	operator licensed in Florida, am the lead/ and accurate to the best of my knowledg applicable standards referenced in subsec- nsed operator staffed or visited this plant reatment process performance records. For a report, at a convenient location for at lead of of the proper type to purchase) (**Our clients are pro-	e and belie ction 62-555 during the r furthermore est ten vears	f. I certify the figure of the first term of the	nat all drinking water to A.C.* I also certify that ated above: (1) records provide these addition	eatment chemicals the following addit s of amounts of che al operations recor	used at this plant of tional operations re	conform to
Signature	and Date			RAY MCVE	Y Typed Name		C-862	
•				i illined of 1	уреи маше		License Numi	per
Substitute/Alternate	•							

PWS Identification Number:					3425108 Plant Name: L		LEIGHTON ESTATES							
Means	I. Daily Data for the Month/Year of: [JULY 2009] [July								ilorine Dioxid		C Ozone			d Chlorine (Chloramines)
Type o	f Disinfe	ctant Resid	lual Maintaine	ed in Distrib	ution System:		▼ Free Chlor	ine		Comb	ined Choru	ne (Chloran	nines)	Clorine Dioxide
A Mood		4.0	STREET	the of all	CT Calculations	, or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiva	tion, if Ap	plicable*		490 9 304	property and the property of the second of
40.00	Door	4-1	Section 1	9 3 4 6 6 6 6 6		CTC	alculations :		4.600,000		a As AUV	Dose 🚓 🔠	Lowest	Edition See All Proposition (April 1987)
	Plant		Auto de Saladorio	Private III	Lowest Residual	Disinfectant	ED SHIP	1000	for a		4.50	3 4 4	Residual	The state of the s
	Staffed o	de de la cons	344.3216	h - 4 - 4	Disinfectance	Contact Time	lika a da da da da da da da da da da da da	1000			-6,000		Dislaterant	the state of the s
	Visited	es , 1	14.5	120.0	Concentration	A (T) at C	Lowest CT	100	15 (5.5)		Lowest	Minimum	Concentration	MARINEMENT PRODUCTION OF THE PROPERTY.
	2 by	4 3 3	4 (4.44)	1.54	(C) Before or at	Measurement	Provided Before or	Temp		Minimum	Operating	LIV Dose	at Remote	they are some to each animal or fulfill to
Day of	Operator	Hours	Net Quantity of	construction	* First Customer	Point During	at First Customer	of.	pH of	CT at l	UV Dose,	Required	22 Point in	Programma Alborina Condition Conditions Results
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow	Peak Flow	During Peak Flow	Water	- Water, if	Required	inW-	mW-	Distribution	in a Maintennace Week that Involved Taking Water System
Month	"X")	Operation	Produced, gal	Rate, gpd	ang/Liji	→ minutes	al mg-min/silar	OC.	Applicable.	mg-min/L	sec/cm2	+sec/cm2	System, mg/L	Components Out of Operation 4 3 199
, 01 m		24	7650											
2.	Х	24	7650										0.5	
3		24	8420		<u> </u>									
41		24	8420		<u> </u>	ļ			<u> </u>					
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:21	x	24	8640	<u> </u>	 	1			 				0.6	
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8800

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

General Information for the Month/Yea JULY 2009					
A. Public Water System (PWS) Information					
PWS Name: LEIGHTON ESTATES		_ PWS Identification N	umber:	3425108	
PWS Type: Community Non-Transient Non-Communit	ty	Transient Non-Community	Consecutive		
Number of Service Connections at End of Month: 41		Total Population Served at End	of Month:	104	
PWS Owner: Arnaldo Barros					
Contact Person: Arnaldo Barros		Contact Person's Title: Owner			
Contact Person's Mailing Address 900 Washington Street	City:	Hollywood	State: Fi_	Zip Code:	33019
Contact Person's Telephone Number: (954)922-0949		Contact Person's Fax Number:	(954)922-5540		
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #			<u> </u>		
		_	Fax # (352) 237-	-7329	
Water Treatment Plant Information			Cell # (352) 216-		
Plant Name: LEIGHTON ESTATES		Plant Telephone Number:	, ,	82-0777 Ext. 208	
Plant Address: 3125 SW 93RD STREET ROAD	City:	OCALA	State: FL	Zip Code:	34476
	,				
ype of Water Treated by Plant:	Purcha	sed Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		65800			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per subs	ection 62 600 210)(4), F.A.C.): D	
		. idilit diddo (por cubi	0000011 02 000.010	(-1), 1 .7 (.0.).	
icensed Operators Name Name	Licens	e Class 🚛 📖 License Number	and the Should	VChit/SVMSebod	
ead/Chief Operator: RAY MCVEY		C 8623	IDAYS	Mountain Mouved	
Other Operators:		0023	JOATS		
			 		
					
					
			 		
			 		
			 		{
			 		
Certification by Lead/Chief Operator			 _		
	lata Carana a	1			
the undersigned water treatment plant operator licensed in Florida, am the lead/cl	niet operat	tor of the water treatment plant ide	entified in Part Lof	this report. I certify	that the
nformation provided in this report is true and accurate to the best of my knowledge	and belief	 I certify that all drinking water tr 	eatment chemicals	s used at this plant o	conform to
NSF International Standard 60 or other applicable standards referenced in subsecti	ion 62-555	5.320(3), F.A.C.* I also certify that	the following addi	tional operations re	cords for
plant were prepared each day that a licensed operator staffed or visited this plant d	uring the r	nonth indicated above: (1) record	s of amounts of ch	emicals used and d	hemical fe
ates; and (2) if applicable, appropriate treatment process performance records. Fu	urthermore	, I agree to provide these addition	al operations reco	rds to the PWS owr	ner so the
wner can retain them with copies of this report, at a convenient location for at leas					
*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are prov	rided with cop	ies of all reports and are responsible for retain	ing them)		
		RAY MCVEY		C-862:	3
Signature and Date		Printed or Typed Name	 -	License Numb	
- 19.11 1.12 11.11		Titles of Typod Hallo		LICETISE NUME)CI
Substitute/Alternate					

PWS Identification Number:					3425108 Plant Name: LEIG			LEIGHTON ESTATES				• .		
Means of	of Achiev traviolet l	ving Four-L Radiation		vation/Remo Other (I	Describe):	Free Chi			nlorine Dioxide		∏ Ozone			d Chlorine (Chloramines)
	f Disinfe	ctant Resid	ual Maintaine	d in Distrib	ution System:		▼ Free Chlor	ine		Combi	ned Chorir	ie (Chloran	nines)	Clorine Dioxide
7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					CT Calculation	s, or UV Dose, i	Demonstrate For alculations Lowest CT- Provided Before or at First Customer.	ur-Log	Virus Inactivation	on, if Apt	licable*			Components Out of Operation
	Days					CHE	alculations				: UV	Dose	Lowest	and the second way to be the compared by
49.0	Plant		A HOUSE	8-4-41-4-4	Lowest Residual	Disinfectant	64466	19.0			ar dia	1.4	Residual	国民共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共
100	Staffed or			4.70	Disinfectance	Contact Time	100		Par 614	. 363	10.0	- 1	Disinfectant	多数是不够多数的第三人称单数
	Visited		9 6 69 4 5	110	- Concentration	(I) at C	Lowest CT	100	1000	4566	Lowest	Mimorum	Concentration	电阻定用器的重要控制的通讯
Thou of	Orensia	House	Net Cuantities		(c) actor or at	Point Donna	Provided Before or	remp	L. Broke II.	anembras :	Operating	U.V. LIOSE	at Kemate	manual contraction and the second second second
the	(Place	Plant in	Finished Water	Pek Flow	During Peak Flow	Peak Flow	Dunne Peak Flow	Water	Water it	contred	mW-	mW-	Distribution	Energy of Abnormal Operating Conditions, Repair of
Month	'X')	Operation	Produced; gal	Rate, gpd	mg/L	minutes	mg-min/L	οC	Applicable in	ig-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
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Maximum 8800
*Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General informat	tion for the Month/Y	JULY 2009							
	Vater System (PWS	•	 -						
PWS Name:		LEIGHTON ESTATES		_	PWS Identification N	lumber:	3425108		
PWS Type:			inity	Transi	ent Non-Community	Consecutive			
Number of Service		of Month: 41		Total Popu	lation Served at End	of Month:	104		
PWS Owner:	Arnaldo Barros					 -			
Contact Person:	Arnaldo Barros		_	Contact Pe	erson's Title: Owner				
Contact Person's M		900 Washington Street	City:	Hollywood		State: FL	Zip Code:	33019	
Contact Person's To		(954)922-0949	<u> </u>	Contact Pe	rson's Fax Number:	(954)922-5540			
Contact Person's E	-Mail Address:	Cell #(646)765-9054 - Maria's cell #	_			7/			
				_		Fax # (352) 237	-7329		
B. Water T	reatment Plant Info	rmation				Cell # (352) 216			
Plant Name:	LEIGHTON ES	TATES		Plant Teler	hone Number:		Michelle -(352)482-0777 Ext. 208		
Plant Address:	3125 SW 93RD		City:	OCALA		State: FL	Zip Code:	34476	
						_ Otale. 1 L		34470	
Type of Water Trea	ted by Plant:	V	Purcha	ased Finishe	d Water				
		pacity of Plant, gallons per day:	,	65800	4 174(0)				
	subsection 62-699				Plant Class (per subs	ection 62 600 340	1/4\ E A C \- D		
3-17 (1-1		<u> </u>		-	riant olass (per sub-	SECTION 02-099.3 (C	D(4), F.A.C.): <u>D</u>		
Licensed Operators	are in the same	Name	licens	e Clace at	Licence Number	Poi/o	VCLHAV Window		
Lead/Chief Operato	RAY MCVEY			C	8623	IDAYS	Modified Annigen		
Other Operators:			- 	<u> </u>	0023	JUA13			
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Section 19 Section 19	* 		 -				· · · · · · · · · · · · · · · · · · ·		
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I Codification E.	77/514/57/4/5 4		<u> </u>			<u> </u>			
	ead/Chief Operator								
, trie undersigned w	vater treatment plan	t operator licensed in Florida, am the lead	1/chief opera	itor of the wa	iter treatment plant id	entified in Part I of	this report. I certify	that the	
ntormation provided	d in this report is tru	e and accurate to the best of my knowled	ge and belie	f. I certify th	at all drinking water tr	eatment chemicals	s used at this plant	conform to	
NSF International Si	tandard 60 or other	applicable standards referenced in subse	ection 62-55	5.320(3), F.A	\.C.* I also certify tha	t the following add	itional operations re	cords for thi	
lant were prepared	l each day that a lice	ensed operator staffed or visited this plan	t during the	month indica	ited above: (1) record	s of amounts of ch	emicals used and o	hemical feed	
ates; and (2) if appl	licable, appropriate	treatment process performance records.	Furthermore	e, I agree to	provide these additior	nal operations reco	rds to the PWS ow	ner so the Pl	
owner can retain the	em with copies of th	is report, at a convenient location for at le	ast ten year	S.**					
*Our clients furnish the ch	lorine and have been advis	ed of the proper type to purchase) (**Our clients are p	provided with cop	pies of all reports	and are responsible for retain	ing them)			
				RAY MCVE	Υ		C-862	3	
Signatur	e and Date		_	Printed or T			License Num		
-					A1		#-001100 14UIIII	- W1	
Substitute/Alterna	ite								

Manual Publisher for the Month/Year of A. Manual Publisher for Chlorine Free Chlorine	PWS Identification Number:			3425108 Plant Name: <u>L</u>				N ESTATE	s			·			
Content Cont	Means U	of Achiev traviolet l	ring Four-L Radiation	og Virus Inacti	ivation/Remo	val: * Describe):									
1325 X	Туре о	f Disinfe	ctant Resid	lual Maintain	ed in Distrib	ution System:		Free Chlor	rine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
1325 X		Days Plant Staffed or Visited by		ped 5	August Sant Hampford August Sant	CF-Calculations Lowest Residual Distalecturation (c) Refere to at The Control of	OF UV Dose; CT C Disinfectant Contact Time (T) at G	o Demonstrate Fo alculations Lowest CTP Provided Before of	our-Log	Virus Inactiv	ation, if Ap	Delicable LIV	Dose July 19 19 19 19 19 19 19 19 19 19 19 19 19	Lowest Residual District unt Concentration Lat Remote	
1325 X	the	(Place)	Plant m	Funished Water	Peak Flow	During Peak Flow.	Peak Flow	During Peak Flow	Water	Water in	Required	mW-	mW-	Distribution	Emergency of Amormals Dengting Conditions, Repair or
1325 X	Month	(X)	Operation	Produced, gal	Rate, gpd	mg/L	- minutes -	- mg·mm/L/-	oC.	Applicable	mg-min/L	sec/cm2	sec/cm2-	System, mg/L	Components Out of Operation Control of
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Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Maximum

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

PWS Type: Community Non-Transient Non-Community Transient Non-Co	General Informati A. Public W PWS Name:	on for the Month/Ye later System (PWS		· ·		PWS Identification N	lumber:	3425108	
Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104 Name of Service Connections at End of Name	PWS Type:		Non-Transient Non-Comm	nunity	Trans				
Contact Person's Mailing Address Contact Person's Mailing Address Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Fear Number: Contact Person's Fear Number: Contact Person's Fax Number: Conta	Number of Service (of Month: 41	•	Total Pop	ulation Served at End			
Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell # 3. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Telephone Number: City: OCALA Plant Telephone Number: City: OCALA Plant Telephone Number: City: OCALA State: FL Zip Code: 33019 Part (352) 213-7329 Cell #(352) 216-8100 Cell #(352) 216-8100 Coll #(352) 216-8100 Michelle -(352)482-0777 Ext. 208 State: Type of Water Treated by Plant: Formatided Maximum Day Operating Capacity of Plant, gallons per day: Collant Category (per subsection 62-699 310(4), F.A.C.): Collant Category (per subsection 62-699 310(4), F.A.C.): Declared Category (per subsection 62-699 310(4), F.A.C.): Collant Category (per subs									
Contact Person's Telephone Number: (954)922-0049 Contact Person's Fax Number: (954)922-5540 Contact Person's Fax Number: (954)922-5540 Contact Person's Fax Number: (954)922-5540 Contact Person's Fax Number: (954)922-5540 Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RO STREET ROAD City: OCALA Plant Telephone Number: (164) (352) 216-8100 Plant Classor (Per subsection 62-699.310(4), F.A.C.): 5 Plant Classor (Per subsection 62-699.310(4), F.A.C.): 5 Plant Classor (Per subsection 62-699.310(4), F.A.C.): 5 Plant Classor (Person's Fax Number: (164) (000 W/bi4 011						
Set Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #				City:				Zip Code: _	33019
Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD Plant Address: 3125 SW 93RD STREET ROAD Plant Category (per subsection 62-699 310(4), F.A.C.): 5 Plant Category (per subsection 62-699 310(4), F.A.C.): 5 Plant Category (per subsection 62-699 310(4), F.A.C.): 5 Plant Category (per subsection 62-699 310(4), F.A.C.): 5 Plant Category (per subsection 62-699 310(4), F.A.C.): 5 Plant Category (per subsection 62-699 310(4), F.A.C.): 0					Contact P	erson's Fax Number:	(954)922-5540	<u> </u>	
Plant Name: LEIGHTON ESTATES Plant Address: LEIGHTON ESTATES Plant Address: LEIGHTON ESTATES AT 125 SW 93RD STREET ROAD City: OCALA Plant Telephone Number: OCALA State: FL Zip Code: 34476 Plant Telephone Number: OCALA State: FL Zip Code: 34476 Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Description of Plant Class (per subsection 62-699.310(4), F.A.C.): Descr	B. Water Tr	eatment Plant Infor	mation						
Plant Address: 3125 6W 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476 Formitted Maximum Day Operating Capacity of Plant, gallons per day: 65800 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D Cassed Operators: Name Ead/Grief Decision: RAY MCVEY C	Plant Name:		,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Plant Talo	phone Number			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Purchased Finished Water S5800 Plant Class (per subsection 62-699.310(4), F.A.C.): Description Plant Class (per subsection 62-699.310(4), F.A.C.): Description Plant Class (per subsection 62-699.310(4), F.A.C.): Description Plant Class (per subsection 62-699.310(4), F.A.C.): Description Plant Class Day(s)/Shift(s) Worked Day(s)/Shift(s) Day(s)/Shift(s) Worked Day(s)/Shift(s)	Plant Address:			City:		priorie Number,			34476
Certification by Lead/Chief Operator Certification by Lead/Chief Operator 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 ISF 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 laint 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 ates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PW winer can retain them with copies of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RAY MCVEY RAY MCVEY C-8623 License Number	Permitted Maximum Plant Category (per	Day Operating Cap subsection 62-699.	pacity of Plant, gallons per day: 310(4), F.A.C.): 5		65800	Plant Class (per subs		· · · · · · · · · · · · · · · · · · ·	 -
Certification by tead/Chief Operator: 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 ISF 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 lant 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 ates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PW where can retain them with copies of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RAY MCVEY C-8623 License Number	Licensed Operators	TAY NOVEY	Name	Licens	e Class	License Number.	ur v. ° ° Day(s)/Shift(s) Worked	
Certification by tead/Chief Operator: 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 formation 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 ISF International Standard 60 or other applicable standards referenced in subsection 62-55.320(3), F.A.C.* I also certify that the following additional operations records for this lant 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 ates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWs owner can retain them with copies of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RAY MCVEY Printed or Typed Name C-8623 License Number		RAY MCVEY		 '	<u>c</u>		DAYS		
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 ISF 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 lant 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 ates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PW with copies of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RAY MCVEY Printed or Typed Name C-8623 License Number	Onici Opelabia	·				ļ	 		
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 ISF 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 lant 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 ates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PW with copies of this report, at a convenient location for at least ten years.** Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them) RAY MCVEY Printed or Typed Name C-8623 License Number		\ <u></u>		- -		 			
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Signature and Date Printed or Typed Name License Number	I, the undersigned wa information provided NSF International Sta plant were prepared rates; and (2) if applic owner can retain ther	ater treatment plant in this report is true andard 60 or other a each day that a lice cable, appropriate to m with copies of this	operator licensed in Florida, am the lead e and accurate to the best of my knowled applicable standards referenced in substants and operator staffed or visited this plant reatment process performance records, is report, at a convenient location for at 1	dge and belie section 62-559 nt during the r Furthermore east ten vears	f. I certify the first of five field of first fi	nat all drinking water tr A.C.* I also certify that ated above: (1) records provide these addition	eatment chemical t the following add s of amounts of ch nal operations reco	s used at this plant of ditional operations re	conform to
License Number	Cionati	and Date						C-862	3
					Printed or 1	Typed Name		License Numb	per

PWS Identification Number:					3425108 Plant Name: LEIGHTON ESTATES									
Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Days The Conference of Conferenc					Free Ch	lorine				□ Ozon		11.75	d Chlorine (Chloramines)	
Type of	Disinfe	ctant Resid	ual Maintaine	ed in Distrib	ution System:		Free Chlor	ine	·	Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
2.0		4.00	5 1 E 6 6 6		CT Cuiculation	s, or UV Dose,	to Demonstrate Fo	rur-Log	Virus Inactiv	tion, if Ap	plicable*	strong in a	Marine	activities are depresentable to be under
	Days		100	2.00		'CT-C	alculations : 1 - 2 1	1		- 5.4	an eUV	Dose	Lowest	副的过去式与 经收益 经收益 经基础
	Plant	9.04	10 M	有条件 未	Lowest Residual	Dismfectant	40 4 5 600	54.4	4 9 6 5 4		4 35		Residual	医动脉 排除医现在的现在分词
	Staffed or	4.2		d elektrik	Disinfectance	Contact Time	15.6-9 (19)	-0.0	Ball Con-		1300	1.00	Disinfectant	夏日日 18月日刊 19月1日 19月 1日
	Visited	C / 1	100		1. Concentration	(T) at C	Lowest CT	27.55	15.00		Lowest	Minimum	Concentration	
	⊥ by ∈ i	13	200	A STATE OF	(C) Before or at	Measurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	
Dayot	Operator	Flours	Net Quantity of		s trial Consomer	Point During	at First Oustomer	OL-	of the state of	a el an	PUV Dose,	Required.	20 Point in	Energency of Amornia Operating Conditions, Repair or
A DOME	"(naces	Charles II	rinished water	Peak Flow	College Leak Lion	reak riow.	Curing Peak Flow	Water	water, it	Required	E E III W	mw-	Lensin (dun (a)	Maintenance Work that Involves Taking Water System
1		24	7650	ware, god	ing te	inneces s	Assessment American	1	- arppaeaures	ente imieria	P. B. S. J. G. L. L. C. C. C. C. C. C. C. C. C. C. C. C. C.	SOLUTION S	SOVOICHE IND.E	ALASONIBURIAL GALCO OPERATION 1985
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rotat	2712	E0014 C-2												·

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

A. Public Water System (PWS) Information PWS Name: PWS Type: F Community Number of Service Connections at End of Month: PWS Owner: Arnaldo Barros Contact Person: Arnaldo Barros Contact Person's Mailing Address JULY 2009 JULY 2009 JULY 2009 JULY 2009 JULY 2009 Annaldo Barros LEIGHTON ESTATES Non-Transient Non-Community 41 PWS Owner: Arnaldo Barros Contact Person's Mailing Address 900 Washington Street	т с	PWS Identification N Transient Non-Community otal Population Served at End o	Consecutive of Month: 1	425108 04	
Contact Person's Telephone Number: (954)922-0949 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #		ollywood ontact Person's Fax Number:	State: FL (954)922-5540	Zip Code:	33019
B. Water Treatment Plant Information Plant Name: LEIGHTON ESTATES Plant Address: 3125 SW 93RD STREET ROAD	P City: <u>O</u>	ant Telephone Number: CALA	Fax # (352) 237-73; Cell # (352) 216-81 Michelle - (352)482- State: FL	00	34476
Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5		d Finished Water 65800 Plant Class (per subs	ection 62-699.310(4)	, F.A.C.): <u>D</u>	
Lead/Ghei Operator. RAY MCVEY Other Operators.	License C	License Number 8623	Day(s)/S	hirk(s).Worked	
It is Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/c information provided in this report is true and accurate to the best of my knowledge NSF International Standard 60 or other applicable standards referenced in subsect plant were prepared each day that a licensed operator staffed or visited this plant d rates; and (2) if applicable, appropriate treatment process performance records. For owner can retain them with copies of this report, at a convenient location for at least (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided in the proper type to purchase)	e and belief. Ition 62-555.32 during the modurthermore, It st ten years.**	certify that all drinking water to 20(3), F.A.C.* I also certify that oth indicated above: (1) records agree to provide these addition	eatment chemicals us the following addition of amounts of chemi al operations records	ed at this plant of nal operations red icals used and ch	onform to cords for this
Signature and Date		Y MCVEY nted or Typed Name		C-8623 License Numb	

PWS Identification Number:					3425108 Plant Name: LEIGHTON ESTATES							• .			
Ultraviolet Radiation Cother (Describe):				orine				Ozone			d Chlorine (Chloramines)				
Type of	Disinfec	ctant Resid	ual Maintaine	ed in Distrib	ution System:		Free Chlor	ine		Comb	ined Chorin	ne (Chloran	nines)	Clorine Dioxide	
	10 CO 18 3 4 (的名词形 公司基本 图142章		CT Calculation	s, or UV Dose; CT C	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	Dose .	Lowest Résiduel	Compress to Compre	
	Staffed or Violed by				Distalectance Concentration (C) Before or at	Contact Time (T) at C Measurement	Lowest CT Provided Before or	Temp		Minimum	Lowest Operating	Minimum UV Doše	Distribution Concentration of a Replace		
the	(Place)	Plant m	Finished Water	Peak Flow	During Peak Flow	Peak Flow	Damag Peak Flow	Water	Water, it	Required	пW	mW-	Distribution	Energency to a macrimal program (controlled Age (Controlled Age of the Control of Section Water Sys	erii.
TA LAN	A	24	7650	s Kare, gpu		imtures :	and minimum and	O SOUR	Applicanc	. mk-smrers	SACGETIES.	500001112	especialis instac	Acongenients entro constituer	
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			7706	1											

8800

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

NOTICE OF APPLICATION FOR INITIAL CERTIFICATE OF AUTHORIZATION FOR WATER

(Section 367.045, Florida Statutes)

DOCKET NO. 090366WD

LEGAL NOTICE

Notice is hereby given on 8/24/09, pursuant to Section 367.045, Florida Statutes, of the application of ARMA WATER SERVICE, LLC to operate a water utility to provide service to the following described territory in Marion County, Florida:

A portion of the East half of Section 23, Township 16 South, Range 21 East, located at the north section of Leighton Estates near County Road 475-A and SW 32nd Avenue Road, to include the Leighton Estates subdivision.

Any objection to the said application must be made in writing and filed with the Office of the Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, within thirty (30) days of this notice. At the same time a copy of said objection should be mailed to the applicant whose address is set forth below. The objection must state the grounds for the objection with particularity.





May 30, 2008

Central District – FL DEP Attention: Nathan Hess Drinking Water compliance 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803

In response to the Department's Sanitary Survey Report for <u>Leighton Estates</u>, <u>PWS ID</u> #3425108, on May 7, 2008

- 1. Corrections have been made to the MOR.
- 2. Sampling Plan is on site in a notebook with other necessary papers.
- 3. Disinfectant By-Product Plan is on site in a notebook with other necessary papers.
- 4. There are no isolation valves at this system.
- 5. This is a looped system; there are no dead-end water mains.
- 6. Cross-connection control program is on site in the same notebook.

I hereby certify to the correctness of the above information:

John W. Bryant, President Pro Tech Water & Wastewater Services, Inc.



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

May 7, 2008

Mr. Arnaldo Barros 900 Washington Street Hollywood, FL 33019

OCD-PW-SS-08-0600

Marion County – PW Leighton Estates Water System PWS ID Number 3425108

Dear Mr. Barros:

This confirms a visit to the subject public water system on May 2, 2008 by Nathan Hess to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than June 13, 2008.** (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Nathan Hess by e-mail at Nathan. Hess@dep.state.fl.us or by phone at (407) 894-7555, extension 2276.

Sincerely,

Reggie Phillips, Environmental Supervisor II Drinking Water Compliance and Enforcement

RFP/njh Enclosures

cc: Wayne Bryant, Pro-Tech Water and Wastewater
Nathan Hess, DEP Drinking Water Compliance and Enforcement

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name <u>LEIGHTON ESTATES WATER SYSTEM</u>	Co	ounty	Marion	PWS ID#	3425108
Plant Location 3150 SW 93 rd Street Road, Ocala, FL 34476				Phone	954-922-0949
Owner Name Arnaldo Barros					954-922-0949
Owner Address 900 Washington Street, Hollywood, FL 3301	9				
Contact Person Arnaldo Barros T	itle	Owner	_	Phone	954-922-0949
This Survey Date 5/2/08 Last Survey Date 7/27/05				pection Date	
PWS TYPE: Community	RA	W WATE	R SOURCE	İ	
PLANT CATEGORY & CLASS: 5D		GROUN	D; Number of	of Wells	1
MAX-DAY DESIGN CAPACITY: 65,800 gpd		Emerge	ncy Water S	ource	
PWS STATUS: Approved		_	-		
				URCE: Not R	
TREATMENT PROCESSES IN USE	50	urce	Otes albert (138	^	
Hypochlorination	Ca	pacity of	Standby (KV)	/)	
				tic 🗌 Manua	
				nd	
SERVICE AREA CHARACTERISTICS			ment does it		
Subdivision	F	- vveii r	umps		
Food Service: Yes No N/A	Ļ	Treat	nent Equipm	os	
Normalism of One does Commontions 41					No Unknown
Number of Service Connections 41			dany deman Lalarm? ∐Y		IAO MOLIKITOWII
Population Served 104 Basis Operator					
OPERATION & MAINTENANCE LOG: Yes	CO	mmems.			
Location Water treatment plant				_	
Comments	PL	ANS AN	D MAPS		
Confinence	Co	liform Sa	mpling Plan	□Yes	⊠ No □ N/A
	D/I	DBP Mon	itoring Plan	☐Yes	⊠ No □ N/A
CERTIFIED OPERATOR: Yes	Le	ad and C	opper Plan	🔯 Yes	No NA
Operator(s) & Certification Class-Number:	Dis	stribution	System Mar	Yes 🗌	□ No 🖾 N/A
John Anderson C-14185	En	neraencv	Response	Plan 🗍 Yes	□ No 🖾 N/A
Hrs/day: Required Visit Actual Visit		•			
Days/wk: Required 3 Actual 2					
Non-consecutive Days? Yes No No NA				ENANCE/O8	
Comments Operator is not meeting staffing					Yes No
requirements. Visits must total 0.3 hrs/week.	Pre				Yes □ No
		Flushing	Program	<u>⊠</u> Ye	s 🔲 No 🗀 N/A
MONTHLY OPERATION REPORTS (MORs)			Records	=	s 🔯 No 🔲 N/A
MORs submitted regularly? ☐ Yes ☐ No ☐ N/A		Isolation	ı Valve Exer		s No N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A	_		Records	∐ Ye	s 🛛 No 🗌 N/A
Average Day (from MORs) 8,402 gpd	Co	mments			
Maximum Day (from MORs) <u>19,750 gpd_8/07</u>				_	
Comments Plant category/class and design capacity	<u></u>	2066 00	MNECTIO	N CONTROL	
are not reported on MORs.				# Tested L	
			None noted Z N/A	Date Tested	
Flow Measuring Device Flow Meter			1 No	Date Unkn	
Meter Size & Type 2" Sensus					
Date Last Calibrated <u>Unknown</u>	U	A INTELLIC			

PWS ID#	3425108
Date	5/2/08

GROUND WATER SOURCE

	WATER SOURCE				
J	ber (Florida Unique Well ID #)	1 (AAH2549)			
Year Drille		2004			
Depth Dril	led	170'			
Drilling Me	ethod	Combination			
Type of G	rout	Neat cement			
Static Wat	ter Level	40'			
Pumping \	Nater Level	41'			
Design W	ell Yield	96 gpm			
Test Yield		110 gpm			
Actual Yie	ld (if different than rated capacity)	Unknown			
Strainer		Unknown			
Length (ou	utside casing)	135'			
Diameter ((outside casing)	4"			
Material (d	outside casing)	Black steel			
Well Conta	amination History	None			
Is inundati	on of well possible?	No			
6' X 6' X 4	" Concrete Pad	Yes	7.7816	···	
	Septic Tank	>100'			
SET	Reuse Water	N/A			
BACKS	WW Plumbing	>100'			
	Other Sanitary Hazard	None observed			
	Туре	Submersible	*· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Manufacturer Name	Jacuzzi			
PUMP	Model Number	549019			
	Rated Capacity (gpm)	96			
	Motor Horsepower	10		71 7.00	
Well casin	g 12" above grade?	Yes			
Well Casin	ng Sanitary Seal	OK			
Raw Wate	r Sampling Tap	Yes	· · · · · · · · · · · · · · · · · · ·		
Above Gro	ound Check Valve	Yes			
Security		Yes			
Well Vent	Protection	N/A	-		
		L	L		

COMMENTS	 		
	 		•

•					PWS ID#_ Date		
CHLORINATION (Dis Type: ☐ Gas ☒ H Make <u>Chem-Tech</u> Chlorine Feed Rate _	ypo	Capacity		STORAGE FACILITI (G) Ground (C) Cle (B) Bladder (H) Hy	ES earwell (E) dropneumati	Elevated	
Chlorine Feed Rate _ Avg. Amount of Cl₂ g	as used		N/A	Tank Type/Number	Н		
Chlorine Residuals: I	Plant	<u>1.13 </u>	Remote <u>1.04</u>	Capacity (gal)	5,000	 -	
Remote tap location: DPD Test Kit: Or	SW 98	8 ^{ui} Street	Road	Material	Steel		=.
			Used Daily	Gravity Drain	Yes		
Injection Points Prio	r to hydi	ropneum	atic tank.	By-Pass Piping	Yes	-	
Booster Pump Info 🧅				Protected Openings	Yes		
Comments							
				Sight Glass or Level Indicator	Yes		
	T			PRV/ARV	PRV		
Chlorine Gas Use Requirements	YES	NO	Comments	Pressure Gauge	Yes		
Dual System				On/Off Pressure	40/60		
Auto-switchover				Access Secured	Yes		
Alarms:				Access Manhole	Yes		
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection				Tank Sample Tap Location	On tank		
Scale				Date of Inspection	Unknown		
Chained Cylinders				Date of Cleaning	Unknown		
Reserve Supply			, , , , , , , , , , , , , , , , , , , ,		<u> </u>		
Adequate Air-pak				Comments			
Sign of Leaks			, , , , , , , , , , , , , , , , , , ,		——————————————————————————————————————		
Fresh Ammonia			<u></u>				
Ventilation							
Room Lighting							
Warning Signs				HIGH SERVICE PUN Pump Number	<u> </u>		
Repair Kits				Type			
Fitted Wrench				Make			
Housing/Protection				Model			
	<u>.</u>			Capacity (gpm)			
AERATION (Gases, Type	⊢e, & M 	in Remo Capacit	ovai) y	Motor HP			
Type Aerator Condition Visible Algae Growth				Date Installed			
Visible Algae Growth	ماناند						
Protective Screen Co				Comments			
Frequency of Cleanir	Cleaner	4					

Comments _____

PWS ID#	3425108
Date	5/2/08

DEFICIENCIES:

1. Failure to meet staffing requirements for a Category 5 Class D Water Treatment Plant.

According to the on-site operation & maintenance log, the operator was making only two visits per week. Based on the design capacity the operator is required to make three visits. [Rule 62-699.310(2)(e)4, F.A.C.]

2. Failure to entirely complete DEP form 62-555.900(3), Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water. Category/class and design capacity are not reported.

Suppliers of water shall submit monthly operation reports to the appropriate Department of Environmental Protection District Office within ten days after each month of operation per paragraph 62-550.730(1)(d), F.A.C. [Rule 62-555.350(12)(b), F.A.C.]

3. Failure to provide a written sampling plan for total coliform monitoring.

Public water systems shall collect total coliform samples at sites that are representative of water throughout the distribution system and in accordance with a written sampling plan that addresses location, timing, frequency, and rotation period. These plans shall be available for review and possible revision on the occasion of a sanitary survey conducted by the Department. Descriptions of sampling locations shall be specific, i.e., numbered street addresses or lot numbers. Pressure tank or plant tap samples are not acceptable for determining compliance. [Rule 62-550.518(1), F.A.C.]

4. Failure to provide a disinfectant/disinfection byproducts rule monitoring plan.

The monitoring plans required under 40 CFR 141.132(f) shall be prepared in a format containing all the information in 62-550.821(11), F.A.C. and shall be available for review during sanitary surveys conducted by the Department. [62-550.321(10) and (11), F.A.C.]

An example monitoring plan format can be downloaded from the following website: http://www.dep.state.fl.us/water/drinkingwater/forms.htm

Submit a copy of the monitoring plan to the Department for review.

5. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

6. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

PWS ID	# 3425108
Date	5/2/08

DEFICIENCIES (continued):

ON HY

7. Failure to establish and implement a cross-connection control program.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in Recommended Practice for Backflow Prevention and Cross-Connection Control, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

COMMENTS/REMINDERS:

- 1. The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2008, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2008.
- 2. Lead and copper tap sampling must be conducted during the June through September 2010 monitoring period. Submit an updated sampling plan to Echo Goodner of this office prior to sampling.

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

3. Provide documentation of last cleaning and inspection for finished water storage tanks.

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

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Date	5/2/08

COMMENTS/REMINDERS (continued):

Ensure proper disinfection and bacteriological evaluation of public water system components in accordance with 62-555.340, F.A.C. Also, ensure proper disposal of heavily chlorinated water from the tank disinfection process.

4. Provide documentation that the finished-drinking-water meter has been calibrated.

Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- 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; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

Inspector	MA JL	Title _	Env. Specialist I	Date	5/7/08
	Both				
Approved by	TO TO TO	Title	Environmental Supervisor II	Date	5/13/08

RESPONSE

Please provide any changes to the following:

PWS ID Number: 3425108	Business Name:	
PWS Name: Leighton Estates Water		
	Owner(s) Name:	
Mailing Address:		
	Mailing Address:	
Date:	Phone Number(s):	
	Fax #:	
	E-Mail Address:	
Florida Department of Environm Drinking Water Compliance/Enf 3319 Maguire Boulevard, Suite 2 Orlando, Florida 32803	orcement Program 232	
Attention: Nathan Hess, Environment	al Specialist I	
In response to the Department's Sar following actions were done to correct	nitary Survey Report for the subject public water system the listed deficiencies:	em dated <u>May 2, 2008</u> , the
Deficiency Item No.	Corrective Action Done	Date Done
·		
		
(Attach additional sheet if necessary)		
I hereby certify to the correctness of	the above information:	
PWS Owner/Representative Signature	re:	
Name of PWS Owner/Representative	e:	
	(Please Type or Print)	<u> </u>

I, Len Tabor, certify that all Public Water Utilities in Marion County, Florida and appropriate government agencies were mailed the legal notice of application for initial certificate of authorization for water.

ARMA WATER SERVICE, LLC using U.S Postal Service, Pursuant to section 367.045 Florida Statutes.

Len Tabor

Agent for ARMA WATER SERVICE, LLC

Docket No. 090366-WU

Notarized by:

JOYCE L PRESTON
MY COMMISSION # DD 677210
EXPIRES: August 19, 2011
Bonded Thru Notary Public Underwriters

DOCKET NO. 090366-WU SOOK 1130PAGE 0373

WARRANTY DEED

82-043601

This Instrument Prepared By: JOHN MONTGOMERY GREENE 01 N. Magnolia Avenue Ocala, Florida 32670

THIS INDENTURE, Made this

day of

October

, A.D. 1982

BETWEEN LEIGHTON ENTERPRISES, INC.

, a corporation

existing under the laws of the State of FLORIDA

, having its principal place

of business in the County of

MARION

and State of FLORIDA

A. N. B. REAL ESTATE INVESTMENTS, INC.

Whose Post Office address is 3012 E. Commercial Blvd., Ft. Lauderdale, Fla. 33308 as grantee,

WITNESSETH: That the said grantor, for and in consideration of the sum of Ten and no/100 ----------- Dollars to it in hand paid by the said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold unto the grantee heirs, successors and assigns forever, the following described land situate, lying and being in the County of MARION State of Florida, to-wit:

Lots 5, 6 and 7, Block "B"; Lots I and 2, Block "C"; Lot 8, Block "D"; Lots 11 and 16, Block "E"; Lots 1, 2, 3, 4, 5, 6, 7, 9, 10, 12, 13 and 14, Block "H"; Lot 9, Block "I"; Lots 2, 8, 9, 11, 12 and 13, Block "J", Lots 6, 7, 8, 9 and 10, Block "K"; Lots 5, 6, 7 and 8, Block "L"; Lots 1, 2, 3, 4, 5, 6, 8, 9, 10, 11 and 12, Block "M"; Lots 2, 3, 4, 5, 6 and 8, Block "N"; Lots 1, 2, 3, 4, 5, 7, 8, 9, 10 and 11, Block "O"; Lots 3, 4, 5, 6, and 7, Block "P"; Lots 1, Block "Q", LEIGHTON ESTATES, INC., per Plat Book "H", pages 28 and 28A, of the public records of Marion County, Florida AND the lots in the unrecorded subdivision described on the reverse hereof.

And the said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever, except 19

IN WITNESS WHEREOF, the said grantor has caused these presents to be executed and its corporate seal to be affixed the day and year above written.

President

STATE OF FLORIDA COUNTY OF MARION

The foregoing instrument was acknowledged before me this

October

1982, by

Raoul Holetz, Jr.

President of

Leighton Enterprises, Inc.

Florida

corporation, on behalf of the corporation.

Notary Public, State of Florida at Large
Notary Public, State of Florida at Large

siccion Expires July 18, 1983

My commission expires: My Commission Expires

Lot 13, Block 7; Lots 15, 16, 17, 18 and 19, Block 8; Lots 7 through 18, inclusive, Block 9; and Lots 2, 3, 4, 5, 7, and the East 47.5 feet of Lot 8, Block 12; all in LEIGHTON ESTATES, Mobile Home Section, according to the unrecorded plat thereof registered with the Clerk of Circuit Court, Marion County, Florida.