### Shawna Senko

From: Amy Williams <a williams@uswatercorp.net>

Sent: Monday, February 10, 2014 9:08 AM

To: Filings@psc.state.fl.us

Subject: Docket No. 130194-WS Lakeside Waterworks, Inc. RAI 12-09-13 (Part 5 of 7)

Attachments: Doc. No. 130194-WS Part Five - RAI 12-9-13.pdf

FPSC,

Please allow this submission on behalf of Lake Osborne Waterworks, Inc. in regards to Docket No. 130173-WU.

Any questions or concerns please feel free to contact my office directly at (727) 848-8292 ext. 239

Thank You,

### Amy N. Williams

### Accounts Payable Admin.

U.S. Water Services Corporation 4939 Cross Bayou Blvd. New Port Richey, FL 34652-3434 P: (727) 848-8292 ext. 239

F: (727) 849-7809

### Lakeside Waterworks, Inc.

February 7th, 2014

Office of Commission Clerk
Ms. Ann Cole, Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Docket No. 130194-WS - Lakeside Waterworks, Inc.

SARC – RAI dated 12/09/2013

Part Five: (Item: 7) Lakeside Waterworks, Inc. ~ MOR's

Dear Honorable Clerk and PSC Staff:

Please find the following response to your request for additional information dated December 9, 2013: This letter will serve as a follow up to the recent request put forth to us by the PSC Engineering Dept. This will assist in your audit for the SARC that is currently in place.

The requested information is large in capacity and must be transmitted in phases.

- Part One: (Items: 1-3) Previous Owners (Shangri-La by Lake Utilities) O&M for July 2012 thru November 2012.
- Part Two: (Items 1-3) Lakeside Waterworks, Inc. ~ O&M for November 2012 thru June 2013
- Part Three: (Items: 4-6) Lakeside Waterworks, Inc. ~ Contractual Services
- Part Four: (Item: 7) Lakeside Waterworks, Inc. ~ DMR's
- Part Five: (Item: 7) Lakeside Waterworks, Inc. ~ MOR's
- Part Six: (Items: 8-14, includes item 13) Lakeside Waterworks, Inc. ~ Water Usage Report, FDEP Information, CIP Information (previously submitted 1/21/14), and Asset Information from the Actual SARC Documents submitted in July 2013. \*\*\*Item Ten ~ Lakeside Waterworks, Inc. Reports NONE, Customer Service Complaints for the Test Year.
- Part Seven: (Item: 13) Lakeside Water works, In. ~ Billing History Detail

Respectfully,

Gary A. Deremer, President

5320 Captains Court New Port Richey, FL 34652 Phone: (866) 753-8292 Fax: (727) 848-7701

Mailing Address: 4939 Cross Bayou Blvd. New Port Richey, FL 34652

# MOR's for "Test Year" July 1<sup>st</sup>, 2012 thru June 31<sup>st</sup>, 2013

Item 7: Lakeside Waterworks, Inc.

November 2012 thru June 2013



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

See page 4 for instructions.

| General Information     | for the Month/Year of:   | NOVEMBE            | R 2012     |                  |                                       |                    |                |                               |
|-------------------------|--|--------------------|------------|------------------|---------------------------------------|--------------------|----------------|-------------------------------|
| Public Water System (I  | WS) Information  |                    |            |                  |                                       |                    |                |                               |
| PWS Name: Shangri L     | a by the Lake  |                    |            |                  |                                       | PWS Ide            | entification N | umber: 335-4028               |
|                         |  | Non-Transient No   | on-Comm    | unity []         | Transient Non-Com                     |                    | Consecutive    |                               |
| Number of Service Co    | nnections at End of Mon  |                    |            |                  | Total Population Se                   | rved at End of Mor | nth: 328       |                               |
| PWS Owner: Lakeside     | Waterworks   |                    |            |                  |                                       |                    |                |                               |
| Contact Person: Melis   | a Rotteveel  |                    |            |                  | Contact Person's Ti                   | tle:               |                |                               |
| Contact Person's Maili  | ng Address:  |                    |            |                  | City:                                 |                    | State: FL      | Zip Code:                     |
|                         | hone Number: 727-848-  | 8292               |            |                  | Contact Person's Fa                   | x Number: 727-84   | 9-4219         |                               |
|                         | il Address: mrotteveel@  |                    | n          |                  | · · · · · · · · · · · · · · · · · · · |                    |                |                               |
| Water Treatment Plant   |  |                    |            |                  |                                       |                    |                |                               |
| Plant Name: Shangri L   | a by the Lake WTP  |                    |            |                  |                                       | Plant Te           | lephone Num    | ber:                          |
| Plant Address: 100 Sha  | angri La Blvd  |                    |            |                  | City: Leesburg                        | State: FI          | ,              | Zip Code: 34788               |
| Type of Water Treated   |  | Raw Ground         | Purc       | hased Finished V | Vater                                 |                    |                |                               |
|                         | ay Operating Capacity o  | f Plant, gallons r | per day: 1 | 80000            |                                       |                    |                |                               |
| Plant Category (per sul | bsection 62-699.310(4), 1  | F.A.C.): IV        |            |                  | Plant Class (per sub                  | section 62-699,310 | (4), F.A.C.):  | С                             |
| Licensed Operators      | · N  | ame                | 1821       | License Class    | License Number                        | 10,                | Day(s)/Shift(  | (s) Worked                    |
| Lead/Chief Operator:    | James Bruce Smith  |                    |            | С                | 13525                                 |                    | days per       | r week                        |
| Other Operators:        |  |                    |            |                  |                                       |                    |                |                               |
|                         |  |                    |            |                  |                                       |                    |                |                               |
|                         |  |                    |            |                  |                                       |                    |                |                               |
|                         |  |                    |            |                  |                                       |                    |                |                               |
|                         |  |                    |            |                  |                                       |                    |                |                               |
|                         |  |                    |            |                  |                                       |                    |                |                               |
| 9 * 9 • 1               |  |                    |            |                  |                                       |                    |                |                               |
| · ·                     |  |                    |            |                  |                                       |                    |                |                               |
|                         | <del></del>  |                    |            |                  |                                       |                    | P              | ECENEO<br>1 <sub>0</sub> 2012 |
|                         |  |                    |            |                  |                                       |                    |                | CCEAM                         |
|                         |  |                    |            |                  |                                       |                    | DEC            | . " " "                       |
|                         |  |                    |            |                  |                                       |                    | DISM           | 1/12                          |
|                         |  |                    |            |                  |                                       |                    | Sona           | <017                          |
| * 1                     |  |                    |            |                  |                                       |                    | 77.9           | 7 2012<br>M District          |
|                         |  |                    |            |                  |                                       |                    |                | Wing                          |
|                         |  |                    |            |                  |                                       |                    |                | - 4                           |
|                         |  |                    |            |                  |                                       |                    |                |                               |
|                         | NORMAN MARION - 11 2 PA 18700 1157-000 000 A 47 W 100 A 47 W 11 11 11 11 11 11 11 11 11 11 11 11 1 |                    |            |                  |                                       |                    |                |                               |

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

|                            | 29. Care              |                |
|----------------------------|-----------------------|----------------|
| James Breeze Smith 12-4-12 | BRUCE SMITH           | C - 13525      |
| Signature and Date         | Printed or Typed Name | License Number |

PWS Identification Number: 335-4028 Plant Name: Shangri La By the Lake

|            |                             | e Month Vo                                       | s Inactivation/Re                 | emoval: *            | November   | -12                                       | x Free Chlorine  |               | Chlorin              | e Dioxide  |  | Ozone                               | Combined   | Chlorine   |
|------------|-----------------------------|--|-----------------------------------|----------------------|--|---|--|---------------|----------------------|--|--|-------------------------------------|--|--|
|            | Radiation                   |  |                                   | Other (De            | scribe):   |   | .000 material substitution and substitution of the substitution of |               |                      |  |  |                                     |  |  |
| ype of Dis | infectant Re                | sidual Main                                      | tained in Distrib                 | ution System:        |  |   | X Free (   | Chlorine      | 10.00                | Combine  | d Chlorine                                       | (Chloramines)                       |  | Chlor<br>Dioxio                                  |
|            |                             |  |                                   |                      |  | · ·                                       |  |               |                      |  |  |                                     |  | 1  |
| ٠          |                             |  | ,                                 |                      |  |   | 1  |               | :                    |  |  |                                     |  |  |
| ;          |                             |  |                                   | <del></del>          | <del> </del>   | CT Calculations, or UV Dos<br>CT Calculat |  | Virus inscorv | stion, if Applicable |  | Γ  | UV Doso                             |  |  |
|            |                             |  | 8                                 |                      | T T  | 1   | ·  |               |                      | T .  | <del>                                     </del> | 1                                   |  |  |
|            | Deys Plant                  |  |                                   |                      |  |   | Lowest CT Provided   |               |                      |  | Cover  | ,                                   |  | Operating Condition                              |
| : .*       | Statistion or<br>Visited by |  | ا بند ند                          | *                    | Lowest Residual Disinfectuat                                 |   | Defore or at First<br>Onesoner During Prair  |               | 1 53                 | Minimum  | UV Dane,   |                                     | Lowest Residual                                  | Repair or Mainteness                             |
| Day of the | Operator                    | Hours Plant in                                   | Net Quantity of<br>Finished Water |                      | Concentration (C) Before or at<br>First Customer During Peak |   | Flow,  | Tosap of      | pH of Water, if      | CT<br>Required,                                  | mW-  | Minimum UV Dose                     | Disinfectant Concentration<br>at Remote Point in | Work that terrolives Tell<br>Water System Compon |
| Month      | (Pace X)                    | Operation  | Produced, gal                     | Posk Flow Rate, gpd  | Flow, taget.   | . mentes                                  | ng-cool.   | Weer, ℃       | Applicable           | mg-min/L   | enden'   | Required, as W-ecclass <sup>2</sup> | Distribution System, mg/L                        | Out of Operation                                 |
| 2          |                             |  |                                   |                      |  |   |  |               |                      | ऻ  |  |                                     |  |  |
| 3          |                             | <del>                                     </del> |                                   |                      |  |   |  | -             | -                    | -  |  |                                     |  | ļ  |
| 4          |                             | <del> </del>                                     | ļ                                 |                      |  |   |  |               |                      | <del> </del>                                     | -  |                                     |  |  |
| 5          |                             | <del> </del>                                     | -                                 |                      |  |   |  | _             |                      | +  |  | ļ                                   |  | ļ  |
| 6          |                             | <b></b> -  |                                   |                      |  |   |  | -             |                      | +  |  |                                     |  |  |
| 7          |                             |  |                                   |                      |  |   |  |               |                      | +  |  |                                     |  |  |
| 8 .        |                             |  |                                   |                      |  |   |  |               |                      | +  |  |                                     |  |  |
| 9          |                             |  |                                   |                      |  |   |  |               |                      | <del>                                     </del> |  |                                     |  |  |
| 10         |                             |  |                                   |                      |  |   |  |               |                      | -  |  |                                     |  |  |
| 11         |                             |  |                                   |                      |  |   |  |               |                      |  |  |                                     |  |  |
| -12        |                             |  |                                   |                      |  |   |  |               |                      |  |  |                                     |  |  |
| 13         |                             |  |                                   |                      |  |   |  |               |                      |  |  |                                     |  |  |
| 14         |                             |  |                                   |                      |  |   |  |               |                      |  |  |                                     |  | the second                                       |
| 15         |                             |  |                                   |                      |  |   |  |               |                      |  |  |                                     |  |  |
| 16         |                             |  |                                   |                      |  |   |  |               |                      |  |  |                                     |  |  |
| 17 -       | x                           | 24   | 23,100                            |                      | 3.6  |   |  |               |                      |  |  |                                     | 2.8  | See Below  |
| 18         | x                           | 24   | 28,800                            |                      | 0.6  |   |  |               |                      |  |  |                                     | 0.5  |  |
| 19         | ×                           | 24   | 13,900                            |                      | 1,65   |   |  |               |                      |  |  |                                     | 1.55   |  |
| 20         | x                           | 24   | 28,300                            |                      | 2,4  |   |  |               |                      |  |  |                                     | 1.6  |  |
| 21         | x                           | 24   | 17,200                            |                      | 3,6  |   |  |               |                      | -  |  |                                     | 2.4  |  |
| 22         | ×                           | 24   | 37,400                            |                      | 4.0  |   |  |               |                      |  |  |                                     | 0.5  |  |
| 24         | x                           | 24   | 22,900                            |                      | 1.0  |   |  |               |                      | -  |  |                                     | 0.9  |  |
| 25         | ×                           | 24   | 28,200                            |                      | 0.5  |   |  |               |                      | -  |  |                                     | 2.0  |  |
| 26         | ×                           | 24   | 28,200<br>17,500                  |                      | 2.6  |   |  |               |                      |  |  |                                     |  |  |
| 27         | <del>x</del>                | 24   | 24,200                            |                      | 2.4  |   |  |               |                      | -  |  |                                     | 1.0  |  |
| 28         | ×                           | 24   | 18,200                            |                      | 0.4  |   |  |               |                      | +  |  |                                     | 2.2  |  |
| 29         | ×                           | 24   | 27,300                            |                      | 2,6  |   |  |               | <del></del>          | +  |  |                                     | 2.2  |  |
| 30         | x                           | 24   | 21,700                            |                      | 0.5  |   |  |               |                      | +  |  | -                                   | 0.8  | ,  |
| 31 ·       |                             |  |                                   |                      | V.J  |   |  |               |                      | 1  |  |                                     | 0.0  |  |
| otal       |                             | . 1  | 336,900                           | Started operation of | of this system.  |   |  |               |                      |  |  |                                     | PECELVE  | <u> </u>   |
| verage     |                             |  | 24,064                            |                      |  |   |  |               |                      |  |  | ,                                   | RECEIVE  | .U   |
| laximum    |                             |  | 37,400                            |                      |  |   |  |               |                      |  |  | 20                                  | EC 1 n 201                                       |  |

DEC 1 0 2012

DEP Central Dist.

| P.O. Box Orlando, I DOH# E Repoi Analysis Solution Of Public W PWS Addr PWS or PV Collect Type of S Type o | SLABORATORY REPORTING FORMAT   Care   Care |  |  |                               |           |              |            |          |  |                   |  |  |
|--|--|--|--|-------------------------------|-----------|--------------|------------|----------|--|-------------------|--|--|
|  | nple Collection Date   | ACCORDED TO THE STATE OF THE ST |  | ∐Boil W<br>> ✓                |           | ∞ ⊔°<br>12** |            |          |  |                   |  |  |
|  | To be completed by collect   |  | 7 00   | <u></u>                       |           | <u></u>      |            | Т        | o be completed t   | y lab             | <u>-</u>   |  |
|  |  | Sample   |  | Disin-                        |           | Analy        | sis Metho  | d(s)     | ²:   |                   |  |  |
| Sample<br>#  | Sample Point<br>(Location or Specific Address)   | Collection<br>Time   | Sample<br>Type <sup>1</sup>  | fectant<br>Residual<br>(mg/L) | pΗ        | No<br>Colif  |            | al       | 9222302<br>Fecal, E. coli,<br>Enterococci, or<br>Coliphage <sup>3</sup>  | Data<br>Qualifier | Lab<br>Sample #  |  |
| 1  | Well 1   | 1200   | R  | 0.0                           | -         |              | A          |          |  |                   |  |  |
| 2  | Well 2   | 1206   | R  | 0.0                           | i         |              | f          | \        |  |                   | ス  |  |
| 3  | Clubhouse HB   | 1215   | A  | 1.2                           |           |              | P          | }        |  |                   | 3  |  |
| 4  | Office HIB   | 1221   | Α  | 1.6                           |           |              | P          |          |  |                   | 4  |  |
| 5  |  |  | •  |                               |           |              | •          |          | R  | ECEIV             | 'ED  |  |
| 6  |  |  |  |                               |           |              |            |          | DE   | C 0 4 2           | 012  |  |
| 7  |  |  |  |                               |           |              |            |          | DEP  | Central           | Dia  |  |
| samples. <sup>5</sup><br>Disinfecta  | of disinfectant residuals for distribution reant Residual Analysis Method; Colorimetric Other:   | Free ch  |  | 1.4                           | NEL       | AC star      | ndards, aı | nd th    | ests are performe<br>se results relate o   | d in accord       | ance with  |  |
| 1  | erforming disinfectant analysis is (see institled operator (#  | structions o   | n revers   | e):                           |           |              |            |          | of positive results;   | ð:                |  |  |
|  | rvised by certified operator (# 0002241  |  |  |                               | Date Rep  |              | 0          |          |  |                   |  |  |
|  | oyed by a certified lab Employed by DE prized representative of supplier of water  | P or DOH   |  |                               | Lab Si    | gnatur       | e:         | 4        |  |                   |  |  |
| <del> </del>   |  |  |  |                               | Title:    |              | 4          | 2        | 2_   |                   |  |  |
| TOVERS 1999  | eral Utilities Corpo   | ratio  | n  | 3                             | ilde      |              |            |          |  |                   | and the same of th |  |
|  | Box 491221   |  |  |                               |           | ٦ ·          | 10 27      | <u> </u> |  | DEP/DOH           | USE ONLY   |  |
| 1  | W. Main Street<br>sburg, FL 34749-12   |  | Satisfactory  Replacement Samples Required  Incomplete Collection Information  Repeat Samples Required |                               |           |              |            |          | The state of the s |                   |  |  |
| <sup>1</sup> For Analysis Meth<br><sup>5</sup> Please circle appro<br>Defined in Florida   | e are Instructions item 1 IA.  bods see Instructions item II A.  coprises execution.  Authoristics execution.  Authoristics vol.  Rule 63-160, YeMu II, years serving populations up to as   | J including 4,500). Do   | not include ray  | 9                             | viewed by | DEP/D        | он:        | 0        | DOH Revi   | ewing Offici      | al:  |  |



DEP Form 62-555.900(3)Alternate

# RECEIVED MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED NOV 2 6 2012 WATER

See page 4 for instance Central District

| Public Water System (F<br>PWS Name: Shangri-la  | For the Month/Year of: NOV /2012   |                           | 10   |                               |                                    |  |  |  |  |  |
|---|--|---------------------------|--|-------------------------------|------------------------------------|--|--|--|--|--|
|   | W S Lintormanon  |                           | TOWNS OF THE STATE |                               |                                    |  |  |  |  |  |
| PWS Name: Snanoti-L   |  |                           |  | Tryro v 1'C'                  | N. 1. 2254000 :                    |  |  |  |  |  |
|   |  |                           | 27 0 : :   | PWS Identification            | Number: 3354028                    |  |  |  |  |  |
|   | Community Non-Transient Non-Comm   | nunity   I ransie         | nt Non-Community   | Consecutive                   |                                    |  |  |  |  |  |
|   | nnections at End of Month: 168   | ·                         | 1 otal Population Serv   | ed at End of Month: 328       |                                    |  |  |  |  |  |
|   | la by the Lake Utilities, 1214 West Route 27,  | Leaf River, IL 61047      |  |                               |                                    |  |  |  |  |  |
| Contact Person: Thoma   |  |                           | Contact Person's Title   |                               | : Jer C. J. 24640 1001             |  |  |  |  |  |
|   | ng Address: P.O. Box 491221  |                           | City: Leesburg State: Florida Zip Code: 34749-122  |                               |                                    |  |  |  |  |  |
| Contact Person's Telephone Number: 352-787-2493 Contact Person's Fax Number: 352-326-8756 |  |                           |  |                               |                                    |  |  |  |  |  |
|   | il Address: generalutilities@AOL.com   |                           | A 10 Mars 1 Mars |                               |                                    |  |  |  |  |  |
| Water Treatment Plant   |  |                           |  | The man is a                  | 1 250 505 2403                     |  |  |  |  |  |
| Plant Name: Shangri-la  |  |                           | (a   |                               | umber: 352-787-2493                |  |  |  |  |  |
| Plant Address: 100 Sha  |  |                           | City: Leesburg   | State: Fl                     | Zip Code: 34788                    |  |  |  |  |  |
| Type of Water Treated   |  | Purchased Finished V      | Water  |                               |                                    |  |  |  |  |  |
|   | ay Operating Capacity of Plant, gallons per da   | ay: 180,000               |  |                               |                                    |  |  |  |  |  |
|   | osection 62-699.310(4), F.A.C.): IV  | Y                         |  | ction 62-699:310(4), F.A.C.   |                                    |  |  |  |  |  |
| Licensed Operators  | Name   | License Class             | License Number   |                               | ift(s) Worked                      |  |  |  |  |  |
|   | T. Felton  | С                         | 0002241  | <del></del>                   | /arries                            |  |  |  |  |  |
| Other Operators:  | K Ramsood  | C                         | 0015224  |                               | /aries                             |  |  |  |  |  |
|   | D Harris   | C                         | 0014540  | Varies                        |                                    |  |  |  |  |  |
|   | G. Murray  | C ·                       | 0012419  | 0012419 Va                    |                                    |  |  |  |  |  |
|   |  |                           |  |                               |                                    |  |  |  |  |  |
| ' f   | T. Levi  | C                         | 0012911  | · V                           | /aries                             |  |  |  |  |  |
|   | The same and the s |                           |  |                               |                                    |  |  |  |  |  |
| 1   | ·  |                           | 1 0  |                               |                                    |  |  |  |  |  |
| <u> </u>  |  |                           |  |                               |                                    |  |  |  |  |  |
| Certification by Level  | Chief Operator Assets (1987)   |                           |  | ediscolorismos (SA)           |                                    |  |  |  |  |  |
|   | atment plant operator licensed in Florida, am t  |                           |  |                               |                                    |  |  |  |  |  |
| mation provided in this   | s report is true and accurate to the best of my l  | moveledge and helief      | I cortificate all drinks   | plant identified in Fart 1 of | la ward at this plant and from the |  |  |  |  |  |
| International Standard  | 60 or other applicable standards referenced in   | subsection 62.555.3       | 20/3) FAC Lalco cer  | tifuthat the following addit  | is used at this plant conform to   |  |  |  |  |  |
| were prepared each da   | y that a licensed operator staffed or visited th   | is plant during the mo    | nth indicated above: (1  | records of amounts of char    | minals used and shaminal food      |  |  |  |  |  |
| and (2) if applicable.  | appropriate treatment process performance re   | cords Furthermore I       | soree to provide these   | additional operations record  | in cass used and chemical feed     |  |  |  |  |  |
| r can retain them toge  | ther with copies of this report, at a convenient   | location for at least to  | en vears   | additional operations record  | is to the PWS owner so the PV      |  |  |  |  |  |
|   | TT3  | i location for at icast t | on years.  |                               | • • •                              |  |  |  |  |  |
|   | 11/17/12 Thor  | nas M. Felton             |  | 0002241                       |                                    |  |  |  |  |  |
|   |  | ed or Typed Name          |  | License N                     | Y 1                                |  |  |  |  |  |
| ature and Date  |  |                           |  |                               |                                    |  |  |  |  |  |

Page 1

| PWS Id   | lentific     | cation Nu | ımber: -         | 3540.                                | 2.8                                   | Plant Na                     | me: - <i>5th</i>      | 4NG     | R1-4          | BY           | THE      | LAKE      | 7                        | ·   |
|----------|--------------|-----------|------------------|--------------------------------------|---------------------------------------|------------------------------|-----------------------|---------|---------------|--------------|----------|-----------|--------------------------|---|
| II. Da   | ilv Da       | ta for th | e Month/Ye       | Courte Louis March 10 sector 1 - 456 | NOV                                   | /2012                        |                       |         |               |              |          |           |                          |   |
|          |              |           |                  |                                      | on/Removal: *                         |                              | Chlorine              |         | Chlorine      | Dioxide      | П        | Dzone     | Combin                   | ned Chlorine (Chloramines)                  |
|          |              | Radiatio  |                  | her (Describ                         |                                       |                              |                       |         | -             |              |          |           |                          | 3800 000 000 000 000 000 000 000 000 000    |
| Type of  | Disin        | fectant R | esidual Mair     | tained in D                          | istribution Syst                      | em: 🛛                        | Free Chl              | orine   |               | mbined C     |          | Chloram   | ines)                    | Chlorine Dioxide                            |
|          |              |           |                  | C                                    | T Calculations, or                    |                              |                       | our-Log | Virus Inactiv | vation, if A |          |           |                          |   |
|          | Days         | - 1       | -                |                                      |                                       | CT Calcul                    |                       |         |               |              | UV       | Dose      | ,                        |   |
| 0 27     | Plant        |           |                  | •                                    |                                       |                              | Lowest CT             |         |               |              |          | 60        | Lowest                   |   |
|          | taffed       |           |                  | 10                                   | Lowest Residual<br>Disinfectant       | Disinfectant<br>Contact Time | Provided<br>Before or |         |               |              |          |           | Residual<br>Disinfectant |   |
| 1 1      | or<br>isited |           | -                |                                      | Concentration                         | (T) at C                     | at First              |         |               |              | Lowest   | Minimum   | Concentration            |   |
| 1 1.     | by           |           | Net Quantity     |                                      | (C) Before or at                      | Measurement                  | Customer              | Temp.   |               | Minimum      |          |           | at Remote                | Emergency or Abnormal Operating             |
| Day of O |              | Hours     | of Finished      |                                      | First Customer                        | Point During                 | During                | of      | pH of         | CT           | UV Dose, | Required, | Point in                 | Conditions; Repair or Maintenance Work that |
|          | Place        | Plant in  | Water            | Peak Flow                            | During Peak                           | Peak Flow,                   | Peak Flow,            | Water,  |               | Required,    | mW-      | mW-       | Distribution             | Involves Taking Water System Components     |
| Month    | "X"          | Operation |                  | Rate, gpd                            | Flow, mg/L                            | minutes                      | mg-min/L              | . °C    | Applicable    | mg-min/L     | sec/cm²  | sec/cm²   | System, mg/L             | Out of Operation                            |
| 2        | 4            | 24        | 30 000<br>20 000 |                                      | <u> </u>                              |                              |                       |         |               |              | <u> </u> | -         | 0.7                      |   |
| 3        | •            | 24        | 41000            |                                      |                                       |                              |                       |         |               |              |          |           | 0.7                      |   |
| 4        | 1            | 24        | 39 000           |                                      |                                       |                              |                       |         |               |              |          |           | 0.2                      |   |
| 5        | 7            | 24        | 43 000           |                                      |                                       |                              |                       |         |               |              |          |           | 1.3                      |   |
| 6        | 7            | 24        | 16,000           |                                      |                                       |                              |                       |         |               |              |          |           | 1.2                      |   |
| 7        | 1            | 24        | 31 000           |                                      |                                       |                              |                       |         |               |              |          |           | 1.6                      | 81  |
| . 8      | 4            | 24        | 23 000           |                                      |                                       |                              |                       | _       |               |              |          |           | 1.2                      |   |
| 9        |              | 24        | 15 000           |                                      |                                       |                              |                       |         |               |              |          |           | 1.1                      |   |
| 10       | <del>/</del> | 24        | 29 000           |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |
| 12       | *            | 24        | 35 000<br>32 000 |                                      |                                       |                              |                       |         |               |              |          |           | 0.8                      |   |
| 13       | 1            | 24        | 33 000<br>17 000 |                                      |                                       |                              |                       |         |               |              |          |           | 1.2                      |   |
| 14       | -            | 24        | 25000            |                                      |                                       |                              |                       |         |               |              |          | ·         |                          |   |
| 15       | 1            | 24        | 28 000           |                                      |                                       |                              |                       |         |               |              |          |           | 1.3                      |   |
| 16       | 7            | 24        | 17 000           |                                      |                                       |                              |                       |         |               |              |          |           | 1.5                      | General Utilities Stras                     |
| 17       |              | 24        | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          | Operations                                  |
| 18       |              | 24        | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |
| 19       |              | 24        | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          | · · · · · · · · · · · · · · · · · · ·       |
| 21       |              | 24        | 000              |                                      | · · · · · · · · · · · · · · · · · · · |                              |                       |         |               |              |          |           |                          |   |
| 22       | -+           | 24        | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |
| 23       |              | 24        | 000              | <del></del>                          |                                       |                              |                       |         |               |              |          |           |                          |   |
| 24       |              | . 24      | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |
| 25       |              | 24        | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |
| 26       |              | 24        | 000              |                                      |                                       |                              |                       |         |               |              |          |           | _                        |   |
| 27       |              | 24        | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |
| 28       |              | .24       | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |
| 30       |              | 24        | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |
| 30       |              | 24        | 000              |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |
| Total    | 1            |           | 441000           |                                      | l                                     |                              |                       |         |               |              | L        |           |                          |   |
| Average  |              |           | 19000            |                                      |                                       |                              |                       |         |               |              | 91       |           |                          | *   |
| Maximum  | ·            |           | 43000            |                                      |                                       |                              |                       |         |               |              |          |           |                          |   |



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER $^{\wedge}$

} ■ See page 4 for instructions.

|                        | 2010  |                    |  |  |                          |  |  |  |  |  |
|------------------------|---|--------------------|--|--|--------------------------|--|--|--|--|--|
| Public Water System (I | for the Month/Year of: December 2012  |                    |  |  |                          |  |  |  |  |  |
| PWS Name: Shangri I    |   |                    |  | PWS Identification N   |                          |  |  |  |  |  |
|                        | Community Non-Transient Non-Com   | munity [1          | Transient Non-Commu                          |  |                          |  |  |  |  |  |
|                        | nnections at End of Month: 168  | munity [ ]         |  |  | ·                        |  |  |  |  |  |
| WS Owner: Lakeside     |   |                    | Total Population Served at End of Month: 328 |  |                          |  |  |  |  |  |
| Contact Person: Melis  |   |                    | Contact Person's Title:                      |  |                          |  |  |  |  |  |
| ontact Person: Mens    |   |                    | City:  | State: FL  | Zip Code:                |  |  |  |  |  |
|                        | hone Number: 727-848-8292   |                    |  | Number: 727-849-4219   | Zip Code.                |  |  |  |  |  |
|                        | nil Address: mrotteveel@uswatercorp.com   |                    | Contact Person's Pax I                       | Number: 727-849-4219   |                          |  |  |  |  |  |
| ater Treatment Plant   |   |                    |  |  |                          |  |  |  |  |  |
| lant Name: Shangri I   |   |                    |  | Plant Telephone Num  |                          |  |  |  |  |  |
| Plant Address: 100 Sh  |   |                    | City: Leesburg                               | State: FL  | Zip Code: 34788          |  |  |  |  |  |
| Type of Water Treated  |   | rchased Finished V |  | State: FL  | Zip Code: 34/88          |  |  |  |  |  |
|                        | Day Operating Capacity of Plant, gallons per day:   |                    | T alci                                       |  |                          |  |  |  |  |  |
|                        | bsection 62-699.310(4), F.A.C.): IV   | 180000             | Plant Class (nor subse                       | ction 62-699.310(4), F.A.C.): 0  | 7                        |  |  |  |  |  |
| Licensed Operators     | Name  | License Class      | License Number                               | Day(s)/Shift(s) Worked   |                          |  |  |  |  |  |
| Lead/Chief Operator:   |   | C C                | 13525  |  |                          |  |  |  |  |  |
|                        | James Bruce Smith   |                    | 13323  | days per   | Weck                     |  |  |  |  |  |
| Other Operators:       |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        | · · · · · · · · · · · · · · · · · · ·   |                    |  | · · · · · · · · · · · · · · · · · · ·  |                          |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        | Note the second of the second |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  | RECEIV   | 'ED                      |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  | JAN 102  | 013                      |  |  |  |  |  |
|                        |   |                    |  |  |                          |  |  |  |  |  |
|                        |   |                    |  | DEP Central  | Dict 11                  |  |  |  |  |  |
| Certification by Lead  | 1/Chief Operator  |                    |  | No. 10 Page 10 |                          |  |  |  |  |  |
|                        | L   1   1   1   1   1   1   1   1   1   |                    |  | The Art of the Control of the Contro | Black Charles as for the |  |  |  |  |  |

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner ean retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date BRUCE SMITH C-13525
Printed or Typed Name License Number

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| P  | WS Identification Number: 335-4028 Plant Name: Shangri La by the Lake WTP  |
|----|--|
| ē. | V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:  |
| Α. | . Is any polymer containing the monomer <u>acrylamide</u> used at the water treatment plant? [X] No [] Yes, and the polymer dose and the acrylamide level in the polymer are as follows: |
|    | Polymer Dose, ppm = Acrylamide Level, % =  |
| B. | Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? [X] No [ ] Yes, and the polymer dose and the epichlorohydrin level in the polymer               |
|    | are as follows:  |
|    | Polymer Dose, ppm = Epichlorohydrin Level, % <sup>†</sup> =  |
| C. | Is any iron or manganese sequestrant used at the water treatment plant? [X] No [] Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:                              |
|    | Type of Sequestrant (polyphosphate or sodium silicate):  |
|    | Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =   |
|    | If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =   |

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing

acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

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

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|            | chieving For             | ur-Log Virus | Inactivation/Res  | moval: *<br>Other (De | acriba):  |                               | x Free Chlorine   |   | Chlorine I                   | Dioxide       | All and the second | Ozone                    | Combined   | Chlorine   |
|------------|--------------------------|--------------|-------------------|-----------------------|---|-------------------------------|---|---|------------------------------|---------------|--------------------|--------------------------|--|--|
|            |                          |              |                   |                       | scribe).  |                               |   |   | ***                          |               |                    |                          |  | Chlori   |
| ype ot Di  | SIMICCIANI RE            | Maunt Maunt  | zined in Distribu | ition System:         | <del></del>   |                               | X Free Ch   | lonne                                   | <del></del>                  | Combin        | ed Chlorine        | Chloranines)             |  | Dioxid   |
|            |                          |              |                   |                       |   |                               | sc e  |   |                              |               |                    | ٠                        | ٠.   |  |
|            |                          |              | 40.               |                       |   | •                             | V Dosc, to Domonstrate Four-Le                                | Virus bact                              | tivities, if Applicable* .   | ••            |                    |                          |  |  |
|            | * *:                     |              |                   |                       |   | CT Catra                      |   | •                                       |                              |               |                    | UV Deer                  | <u>]</u>   |  |
|            |                          |              |                   |                       |   |                               |   |   |                              |               |                    |                          |  | Emergency or Absorts                             |
|            | Days Pleat<br>Staffed or |              |                   |                       | 1   |                               |   |   |                              |               |                    |                          | 300  | Operating Condition                              |
|            | risited by               | :            | Not Ocassity of   |                       | Lowest Residual Dissassertant<br>Concentration (C) Before or at | Disinfectant Contact Time (T) | Lowest CT Provided Before or<br>at First Customer During Peak |   |                              | Minimo<br>CT. | Operating UV       |                          | Concest Residual Distrafectuata<br>Concestration et Remote | Repair or Maintenance<br>Work that levolves Take |
| Day of the | орсины                   | Hours Plant  | Finished Water    | •                     | First Customer During Posts                                     | at C Monument Point           | Flow,   | Temp of                                 |                              | Required,     | Doec, mW.          | Minimum UV Done Required | Point in Distribution System.                              | Water System Compose                             |
| Month      | Pleas "X"                | is Operation | Produced, gal     | Post Flow Rate, gpd   | Flow, mg/L  | During Post Flow, minutes     | Total pa  | Weter, *C                               | , pH of Weser, if Applicable | Name gen      | nec/cm².           | mW-eccion <sup>3</sup>   | my/L   | Out of Operation                                 |
| 1 .        | x                        | 24           | 27,950            |                       | 0.3   |                               |   |   |                              |               |                    |                          | 1.0  |  |
| 2 .        |                          | 24           | 27,950            |                       |   |                               |   |   |                              | l             |                    |                          |  |  |
| 3          | x                        | 24           | 24,000            |                       | 0.4   |                               |   | 351-5-5                                 |                              |               |                    |                          | 0,5  |  |
| 4          | x                        | 24           | 25,900            |                       | 0.7   |                               |   |   |                              |               |                    |                          | 0.5  |  |
| 5          | ×                        | 24           | 18,200            |                       | 3.4   |                               |   |   |                              |               |                    |                          | 1,21   |  |
| .6         | x                        | 24           | 30,500            |                       | 2.6   |                               | T   |   | 1                            |               |                    |                          | 2.0  |  |
| . 7        | x                        | 24           | 25,700            |                       | 2.8   |                               |   |   | 1                            | 1             |                    |                          | 1,2  |  |
| .8         | ×                        | 24           | 30,700            |                       | 3.7   |                               |   |   |                              |               |                    |                          | 2.4  |  |
| 9 .        |                          | 24           | 30,700            |                       | <del> </del>  |                               |   | 22000                                   |                              |               |                    |                          | £:7  |  |
| 10         | x                        | 24           | 25,800            |                       | 2,6   |                               |   | 100000000000000000000000000000000000000 |                              |               |                    |                          | 1.4  |  |
| 11 .       |                          | 24           | 30,300            |                       | 3.5   |                               | <del></del>   |   |                              | -             |                    |                          |  |  |
| 12         | X                        |              | 22,700            |                       |   |                               |   |   |                              |               |                    |                          | 3.0  |  |
| 13         | X                        | 24           |                   |                       | 1.4   |                               |   |   |                              |               |                    |                          | 3.5  |  |
|            | x                        | 24           | 24,700            |                       | 1.5   |                               |   |   |                              |               |                    |                          | 1.1  |  |
| 14         | x                        | 24           | 17,600            |                       | 1.9   |                               |   |   |                              |               |                    |                          | 0.7  |  |
| . 15.      | X                        | 24           | 24,200            |                       | 2.5   |                               |   |   |                              |               |                    |                          | 1,4  |  |
| 16         |                          | 24           | 24,200            |                       |   |                               |   |   |                              |               |                    |                          |  |  |
| 17         | X                        | 24           | 21,300            |                       | 1.3   |                               |   |   |                              |               |                    |                          | 1.8  |  |
| 18         | x                        | 24           | 30,200            |                       | 1.4   |                               |   |   |                              |               | V.                 |                          | 1.2  |  |
| 19         | x                        | 24           | 26,700            |                       | 2.1   |                               |   |   |                              |               |                    |                          | 1.1  |  |
| 20 · :     | x                        | 24           | 20,200            |                       | 1.3   |                               |   |   |                              |               |                    |                          | 0.3  |  |
| -21        | x                        | 24           | 31,500            |                       | 2.5   |                               |   |   |                              |               |                    |                          | 0,8  |  |
| 22         | x                        | 24           | 28,150            |                       | 1.7   |                               |   |   |                              |               |                    |                          | 0.6  |  |
| 23         |                          | 24           | 28,150            |                       |   |                               |   | N.                                      |                              |               |                    | 70                       |  |  |
| 24         | x                        | 24           | 22,700            |                       | 2.0   |                               |   |   |                              |               |                    |                          | 0.5  |  |
| 25         | x                        | 24           | 28,500            |                       | 2.0   |                               |   |   |                              |               |                    |                          | 1.1  |  |
| 26         | ×                        | 24           | 21,400            |                       | 2.1   |                               |   | -                                       |                              |               |                    |                          | 0,3  |  |
| 27 · ·     | x                        | 24           | 24,100            |                       | 2.2   |                               |   |   | <del></del>                  |               |                    |                          | 1.0  |  |
| 28 .       | x                        | 24           | 22,300            |                       | 0.8   |                               |   | _                                       |                              | -             |                    |                          | 0.6  |  |
| 29         | ×                        | 24           | 22,100            |                       | 0.8   |                               |   |   |                              | -             |                    |                          |  |  |
| 30         |                          | 24           | 22,100            |                       | 0,6   |                               |   |   |                              |               |                    |                          | 1.3  |  |
| 31         |                          |              |                   |                       | <u> </u>  |                               |   |   | <del></del>                  |               |                    |                          |  |  |
|            | ·×                       | 24           | 20,400            |                       | 0,7   |                               | L   |   | L                            |               |                    |                          | 0.6  |  |
| tal        | <u> </u>                 |              | 780,900           |                       |   |                               |   |   |                              |               |                    |                          |  |  |
| стаде-     |                          | •            | 25,190            |                       |   |                               |   |   |                              |               |                    |                          | RECEIVE  | -  |
| ximum      |                          | .            | 31,500            |                       |   |                               |   |   |                              |               |                    |                          |  | 1)   |

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

| Public Water System (PWS) Information   PWS Name: Shangri La by the Lake   PWS Name: Shangri La by the Lake   PWS Type:   XI Community   Non-Transient Non-Community   Transient Non-Community   Trans   |      | See page                                 | 4 for instructions.                                 |               |                     |                                  |                 |
|--|------|--|---|---------------|---------------------|----------------------------------|-----------------|
| PWS Name: Shangri La by the Lake   PWS Identification Number: 335-4028   | 1.   | General Information f                    | or the Month/Year of: JANUARY 2013                  |               |                     |                                  |                 |
| PWS Type: [X] Community  | 4. I | Public Water System (P'                  | WS) Information                                     |               |                     |                                  |                 |
| Number of Service Connections at End of Month: 168   Total Population Served at End of Month: 328  |      | PWS Name: Shangri La                     | a by the Lake                                       |               |                     | PWS Identification N             | umber: 335-4028 |
| PWS Owner: Lakeside Waterworks Contact Person: Melisa Rotteveel Contact Person's Mailing Address: Contact Person's Telephone Number: 727-848-8292 Contact Person's Fax Number: 727-849-4219 Contact Pe |      | PWS Type: [X] (                          | Community [ ] Non-Transient Non-Commu               | unity []      | Transient Non-Com   | munity Consecutiv                | e               |
| Contact Person's Mailing Address: Contact Person's Mailing Address: Contact Person's Mailing Address: Contact Person's Fax Number: 727-848-8292 Contact Person's E-Mail Address: mrotteveel@uswatercorp.com Water Treatment Plant Information Plant Name: Shangri La by the Lake WTP Plant Address: 100 Shangri La Blvd Type of Water Treated by Plant: [X] Raw Ground Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators Lead/Chief Operator: Name License Class License Number Day(s)/Shift(s) Worked  C 13525  6 days per week  | I    | Number of Service Cor                    | anections at End of Month: 168                      |               | Total Population Se | erved at End of Month: 328       |                 |
| Contact Person's Mailing Address:  Contact Person's Fax Number: 727-848-8292  Contact Person's Fax Number: 727-849-4219  Plant Telephone Number: Plant Address: 100 Shangri La Blvd   |      | PWS Owner: Lakeside                      | Waterworks  |               |                     |                                  |                 |
| Contact Person's Telephone Number: 727-848-8292 Contact Person's F-Mail Address: mrotteveel@uswatercorp.com Water Treatment Plant Information Plant Name: Shangri La Blvd Type of Water Treated by Plant:  [X] Raw Ground Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Category (per subsection 62-699.310(4), F.A.C.): C  Licensed Operators Lead/Chief Operator: Lead/Chief Operator: Lead/Chief Operator: Other Operators:   |      | Contact Person: Melisa                   | Rotteveel   |               | Contact Person's T  | itle:                            |                 |
| Contact Person's E-Mail Address: mrotteveel@uswatercorp.com  Water Treatment Plant Information  Plant Name: Shangri La by the Lake WTP  Plant Address: 100 Shangri La Blvd   City: Leesburg   State: FL   Zip Code: 34788    Type of Water Treated by Plant:   [X] Raw Ground   Purchased Finished Water    Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000    Plant Category (per subsection 62-699, 310(4), F.A.C.): TV   Plant Class (per subsection 62-699, 310(4), F.A.C.): C  Licensed Operators   Name   License Class   License Number   Day(s)/Shift(s) Worked    Lead/Chief Operator: James Bruce Smith   C   13525   6 days per week    Other Operators:   Other Operators   Other  |      | Contact Person's Mailin                  | ng Address:   |               | City:               | State: FL                        | Zip Code:       |
| Water Treatment Plant Information  Plant Name: Shangri La by the Lake WTP Plant Address: 100 Shangri La Blvd City: Leesburg State: FL Zip Code: 34788  Type of Water Treated by Plant:    Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180000   Plant Category (per subsection 62-699.310(4), F.A.C.): IV   Licensed Operators   License Operators  |      | Contact Person's Telep                   | hone Number: 727-848-8292                           |               | Contact Person's Fa | ax Number: 727-849-4219          |                 |
| Plant Name: Shangri La by the Lake WTP Plant Address: 100 Shangri La Blvd Type of Water Treated by Plant: [X] Raw Ground Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators Lead/Chief Operator: James Bruce Smith C 13525 Other Operators:  Day(s)/Shift(s) Worked  C 13525  G days per week  |      | Contact Person's E-Ma                    | il Address: mrotteveel@uswatercorp.com              |               |                     |                                  |                 |
| Plant Address: 100 Shangri La Blvd  Type of Water Treated by Plant:    X   Raw Ground   Purchased Finished Water   | 3.   | Water Treatment Plant 1                  | Information   |               |                     |                                  |                 |
| Type of Water Treated by Plant: [X] Raw Ground   |      | Plant Name: Shangri L                    | a by the Lake WTP                                   |               |                     | Plant Telephone Nun              | iber:           |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180000  Plant Category (per subsection 62-699.310(4), F.A.C.): IV  Licensed Operators  License Class  License Number  Day(s)/Shift(s) Worked  Lead/Chief Operators:  Other Operators:  Other Operators:  |      | Plant Address: 100 Sha                   | angri La Blvd                                       |               | City: Leesburg      | State: FL                        | Zip Code: 34788 |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV  Licensed Operators  Lead/Chief Operators:  Other Operators:  Day(s)/Shift(s) Worked  License Class  License Number  Day(s)/Shift(s) Worked  Day(s)/Shift(s) Worked  C 13525  6 days per week  Other Operators:  |      |  |   |               | Vater               |                                  |                 |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV  Licensed Operators  Lead/Chief Operators:  Other Operators:  Day(s)/Shift(s) Worked  License Class  License Number  Day(s)/Shift(s) Worked  Day(s)/Shift(s) Worked  C 13525  6 days per week  Other Operators:  |      | Permitted Maximum D                      | Day Operating Capacity of Plant, gallons per day: 1 | 80000         |                     |                                  |                 |
| Lead/Chief Operators:  Other Operators:  C 13525 6 days per week  Other Operators:   |      |  |   |               | Plant Class (per su | bsection 62-699.310(4), F.A.C.): | С               |
| Other Operators:   |      | Licensed Operators                       | Name  | License Class | License Number      | Day(s)/Shif                      | t(s) Worked     |
|  |      | Lead/Chief Operator:                     | James Bruce Smith                                   | С             | 13525               | 6 days p                         | oer week        |
|  |      | Other Operators:                         |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      | * *                                      |   |               |                     | •                                |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      | 2 10 10 10 10 10 10 10 10 10 10 10 10 10 |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |
|  |      | 4.7.3 (6) (** L2)                        |   |               |                     |                                  |                 |
|  |      |  |   |               |                     |                                  |                 |

| I, the undersigned water treatment plant operator licensed in Florida   | a, am the lead/chief operator of the water treatment plant identified in | n Part I of this report. I certify that the |
|---|--|---|
| information provided in this report is true and accurate to the best of | of my knowledge and belief. I certify that all drinking water treatmer   | at chemicals used at this plant conform to  |
|   | nced in subsection 62-555.320(3), F.A.C. I also certify that the follo   |   |
|   | ited this plant during the month indicated above: (1) records of amou    |   |
| rates; and (2) if applicable, appropriate treatment process performa    | nce records. Furthermore, I agree to provide these additional operat     | ions records to the PWS owner so the PWS    |
| owner can retain them, together with oppies of this report, at a conv   | renient location for at least ten years.                                 |   |
|   |  |   |
| Signature and Date  | BRUCE SMITH  | C - 13525                                   |
| Signature and Date  | Printed or Typed Name  | License Number                              |

Maximum

34,650

|                     | chieving Fou<br>Radiation                                       | r-Log Virus   | Inactivation/Remo                                  | oval: *<br>Other (De | ariba):  |  | x Free Chlorine  |                       | Chlorine D                 | ioxide                                  |   | Ozone                                   | Combined   | Chlorine  |
|---------------------|---|---------------|--|----------------------|--|--|--|-----------------------|----------------------------|---|---|---|--|---|
|                     |   |               |  |                      | scribe):   |  | 100702 200   |                       |                            |   |   |   |  | Chlori  |
| e of Dis            | infectant Res   | sidual Mainta | ined in Distributi                                 | on System:           |  |  | X Free Chl   | orine                 |                            | Combine                                 | d Chlorine (                                      | Chloramines)                            |  | Dioxid  |
|                     |   |               | 1  |                      |  |  |  |                       |                            |   |   |   |  |   |
|                     |   |               | ł  |                      |  | CT Calculations, or UV   | Dose, to Demonstrate Four-Log  | Virus Inach           | vation, if Applicable*     |   |   |   |  |   |
|                     |   |               |  |                      |  | CT Calcul  |  |                       |                            |   |   | UV Dose                                 | 1  |   |
| bey of the<br>Moath | Days Plant<br>Staffed or<br>visited by<br>operator<br>Place "X" | Hours Plant   | Net Quentity of<br>Finished Water<br>Produced, gal | Peak Flow Rate, gpd  | Lowest Residual Disinfectant<br>Concentration (C) Before or at<br>First Customer During Peak<br>Plow, mg/L | Disinfectant Contact Time (T)<br>at C Measurement Point<br>During Peak Flow, minutes | Lowest CT Provided Before or<br>at First Customer During Peak<br>Flow,<br>mg-min/L | Temp. of<br>Water, *C | pH of Water, if Applicable | Minimum<br>CT<br>Required,<br>rag-min/L | Lowest Operating UV Dose, mW- sec/cm <sup>2</sup> | Minimum UV Dose Required,<br>mW-nes/cm* | Lowest Residual Disinfortant<br>Concentration of Remote<br>Point in Distribution System,<br>mg/L | Emergency or Abnorm Operating Conditions Repair or Maintenanc Work that Involves Taki Water System Compone Out of Operation |
| 1                   | ×   | 24            | 27,900   |                      | 1.3  |  |  |                       |                            |   |   |   | 1.1  |   |
| 2                   | x   | 24            | 17,300   |                      | 0.6  |  |  |                       |                            |   |   |   | 0.4  |   |
| 3                   | х   | 24            | 29,000   |                      | 1.0  |  |  |                       |                            |   |   |   | 0.5  |   |
| 4                   | x   | 24            | 20,200   |                      | 1.5  |  |  |                       |                            |   |   |   | 0.4  |   |
| 5                   | x   | 24            | 25,750   |                      | 1.2  |  |  |                       |                            |   |   |   | 0.6  |   |
| 6                   |   | 24            | 25,750   |                      |  |  |  |                       |                            |   |   |   |  |   |
| 7                   | x   | 24            | 18,400   |                      | 1.4  |  |  |                       |                            |   |   |   | 0.8  |   |
| 8                   | x   | 24            | 25,900   |                      | 1.6  |  |  |                       |                            |   |   |   | 1.0  |   |
| 9                   | X   | 24            | 21,800   |                      | 1.7  |  |  |                       |                            |   |   |   | 1.12   |   |
| 10                  | x   | 24            | 30,000   |                      | 1.6  |  |  |                       |                            |   |   | _                                       | 0.8  |   |
| 11                  | x   | 24            | 24,200   |                      | 1,1  |  |  |                       |                            |   |   | <u> </u>                                | 0.9  |   |
| 12                  | X   | 24            | 34,650   |                      | 1.8  |  |  |                       |                            | 1                                       |   |   | 0.9  |   |
| 13                  |   | 24            | 34,650   |                      |  |  |  | <u> </u>              |                            | 1                                       |   |   |  |   |
| 14                  | X   | 24            | 22,600   |                      | 1.1  |  |  |                       | ļ                          | -                                       |   |   | 0.6  |   |
| 15                  | x   | 24            | 31,900   |                      | 1.4  |  |  |                       | ļ                          | -                                       |   |   | 0.5  |   |
| 16                  | x   | 24            | 24,400   |                      | 0.9  |  |  | -                     | L                          |   |   |   | 0.5  |   |
| 17                  | X   | 24            | 28,900   |                      | 2.1  |  |  |                       | <u> </u>                   | 1                                       |   | <u> </u>                                | 0.4  |   |
| 18                  | X   | 24            | 23,300   |                      | 2.0  | <u> </u>   |  |                       |                            |   |   |   | 0.5  |   |
| 19                  | x   | 24            | 33,100   |                      | 2.6  | ļ  |  | ļ                     |                            |   | ļ   | ļ                                       | 2.6  | <b>_</b>  |
| 20                  |   | 24            | 33,100   |                      |  |  | ļ.,  | <del> </del>          | <u> </u>                   |   | -   | -                                       | ·  | <u> </u>  |
| 21                  | ×   | 24            | 21,300   |                      | 1.9  |  | -  |                       | -                          |   | <del> </del>                                      | ļ                                       | 1.0  |   |
| 22                  | х   | 24            | 33,900   |                      | 1.6  | -  | -  | <b> </b>              | -                          | -                                       | -   | -                                       | 0.8  |   |
| 23                  | x   | 24            | 23,800   |                      | 1.5  |  |  | <b>_</b>              |                            | <b>_</b>                                |   |   | 1.1  |   |
| 24                  | ×   | 24            | 32,300   |                      | 1.8  |  |  | +                     |                            | +                                       | +   | -                                       | 1.3  |   |
| 26                  | x   | 24            | 24,200   |                      | 1.9  |  |  | +                     | -                          | -                                       |   | -                                       | 1.0  |   |
| 27                  | ×   | 24            | 32,450   |                      | 2.1  |  |  | -                     |                            | +                                       |   | -                                       | 1.8  |   |
| 28                  | ×   | 24            | 32,450<br>20,200                                   |                      | <del> </del>   |  |  |                       |                            | -                                       |   | 4                                       | 1.0  |   |
| 29                  | X   | 24            | 32,000   |                      | 2.1  |  |  | -                     |                            | -                                       | +   | -                                       | 1.2  |   |
| 30                  | X   | 24            | 27,900   |                      | 2.1  |  |  | -                     |                            | +                                       | +   |   | 0.9  |   |
| 31                  |   | 24            | 27,000   |                      |  |  |  | -                     | <del> </del>               | +                                       | -   | -                                       | 1.3  |   |
| Total               | х   |               | 840,300  |                      | 1.4  |  |  | J                     | _L                         |   |   |   | 1.4  |   |
|                     |   |               | 27,106   |                      |  |  |  |                       |                            |   |   |   |  |   |
| Average             |   |               | 27,100   |                      |  |  |  |                       |                            |   |   |   |  |   |





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

See page 4 for instructions.

| General Information for |                    | of: FEBRUAR           | RY 2013       |                 |  |               |  |  |  |  |
|-------------------------|--------------------|-----------------------|---------------|-----------------|--|---------------|--|--|--|--|
| Public Water System (PV | WS) Information    |                       |               |                 |  |               |  |  |  |  |
| PWS Name: Shangri La    | a by the Lake      |                       |               |                 |  | PV            | WS Identification N  | Tumber: 335-4028   |  |  |
| PWS Type: [X] C         | Community          | [ ] Non-Transient     | Non-Commu     |                 | [ ] Transient Non-Community  |               |  |  |  |  |
| Number of Service Con   | mections at End of | Month: 168            |               |                 | Total Population Served at End of Month: 328   |               |  |  |  |  |
| PWS Owner: Lakeside     | Waterworks         |                       |               |                 |  |               |  |  |  |  |
| Contact Person: Melisa  | Rotteveel          |                       |               |                 | Contact Person's Tit   | tle:          |  |  |  |  |
| Contact Person's Mailir | ng Address:        |                       |               |                 | City:  |               | State: FL  | Zip Code:  |  |  |
| Contact Person's Telepl | hone Number: 727-  | -848-8292             |               |                 | Contact Person's Fa  | x Number: 7   | 727-849-4219   |  |  |  |
| Contact Person's E-Ma   |                    |                       |               |                 |  |               |  |  |  |  |
| Water Treatment Plant I | Information        |                       |               |                 |  |               |  |  |  |  |
| Plant Name: Shangri L   | a by the Lake WTF  | )                     |               |                 |  | Pl            | lant Telephone Nun   |  |  |  |
| Plant Address: 100 Sha  | angri La Blvd      |                       |               |                 | City: Leesburg   | St            | tate: FL   | Zip Code: 34788  |  |  |
| Type of Water Treated   | by Plant:          | [X] Raw Ground        | Purch         | ased Finished V | Vater  |               |  |  |  |  |
| Permitted Maximum D     | ay Operating Capa  | city of Plant, gallor | s per day: 18 | 0000            |  |               |  |  |  |  |
| Plant Category (per sul | bsection 62-699.31 | 0(4), F.A.C.): IV     |               |                 | Plant Class (per sub   | bsection 62-6 |  |  |  |  |
|                         |                    |                       |               |                 |  |               | The state of the s |  |  |  |
| Licensed Operators      |                    | Name                  |               | License Class   | License Number   |               | Day(s)/Shil  | it(s) Worked   |  |  |
|                         |                    | Name                  | K. COLAKOLA   | License Class   | License Number   |               |  | it(s) Worked<br>per week   |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
|                         |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon | •             |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |
| Lead/Chief Operator:    |                    | Name                  |               |                 | The second secon |               |  | A Company of the Comp |  |  |

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

| James Duce of mich 3.2.13 | BRUCE SMITH           | C - 13525      |  |
|---------------------------|-----------------------|----------------|--|
| Signature and Date        | Printed or Typed Name | License Number |  |

| feans of Ar | hieving Four                                       | r-Log Virus I   | of:<br>nactivation/Remo           | val: *<br>Other (De: | February  | -13  | x Free Chlorine  |  | Chlorine D                  | ioxide                                 |  | Ozone  | Combined (  | Chlorine (Chloramines)  |
|-------------|--|-----------------|-----------------------------------|----------------------|---|--|--|--|-----------------------------|--|--|--|---|---|
|             |  | idual Maintai   | ned in Distribution               |                      | cnoe):  |  | X Free Ch  | lorine   |                             | Combine                                | d Chlorine (C  | hloramines)                                      |   | Chlorine<br>Dioxide   |
| ype or Dis  | mectan Kes   | AGGI MAGICA     | tied in Distribution              | a System.            |   |  | A Tite on  | ioi iiio   | · ·                         | Comonic                                | a Chaothae (C  | autaines <sub>j</sub>                            |   | Dioxic  |
|             |  |                 | Ì                                 |                      |   | 2.7  |  | Arrie -  | Section in the              |  |  |  |   |   |
|             |  |                 | F                                 |                      |   | CT Calculations, or UV<br>CT Calcul                  | Done, to Demonstrate Pour-Le   | og Virus Inect                                   | tivetion, if Applicable*    |  |  | UV Dose  | 10  |   |
|             |  |                 |                                   |                      | T .   | Craim  | LUGS   | 1 46   |                             |  |  | 01100  | 1   | r   |
| Day of the  | Days Plant<br>Staffed or<br>visited by<br>operator | Hours Plant     | Net Quantity of<br>Finished Water |                      | Lowest Residual Dramfeotant Concentration (C) Before or at First Customer During Peak | Disenfectant Contest Time (T) at C Measurement Point | Loweat CT Provided Before<br>or at First Customer During<br>Peak Flow, | Temp. of<br>Water, *C                            | pH of Water, if Applicable  | Minumum<br>CT<br>Required,<br>mg-min/L | Lowest<br>Operating UV<br>Dose, mW-<br>soutcm <sup>1</sup> | Minimum UV Doso<br>Required, mW-sectors          | Lowest Residual Disinfectant<br>Conceptration at Remote Point<br>in Distribution System, mg/L | Emergency or Absormal<br>Operating Conditions;<br>Repair or Maintenance<br>Work that Involves Taking<br>Water System Components<br>Out of Operation |
| Month 1     | Place "X"  | in Operation 24 | Produced, gal<br>42,800           | Peak Flow Rate, gpd  | Flow, mg/L<br>1.2   | During Peak Flow, minutes                            | mg-min/L   | Water, *C  | but of Marse, it Vobbiosois | mg-muvi                                | 300/118  | Keduneo, niw-secon                               | 0.9   | Out of Opensone   |
| 2           | x  | 24              | 34,800                            |                      | 0.6   |  |  |  |                             |  |  |  | 0.9   |   |
| 3           |  | 24              | 34,300                            |                      | 0.0   |  |  | <b></b>  |                             |  |  |  |   |   |
| 4           | ×  | 24              | 19,800                            |                      | 1.3   |  | -  |  |                             |  |  |  | 1,2   |   |
| 5           | x  | 24              | 32,600                            |                      | 2.2   |  |  |  |                             |  |  |  | 1.2   |   |
| 6           | х  | 24              | 30,900                            |                      | 1.4   |  |  |  |                             |  |  |  | 1.0   |   |
| 7           | x  | 24              | 32,300                            |                      | 2.1   |  |  |  |                             |  |  |  | 1.1   |   |
| 8           | x  | 24              | 27,400                            |                      | 2.2   |  |  |  |                             |  |  |  | 1.1   |   |
| 9           | x  | 24              | 33,500                            |                      | 2.1   |  |  |  |                             |  |  |  | 1.2   |   |
| 10          |  | 24              | 33,500                            |                      |   |  |  |  |                             |  |  |  |   |   |
| 11          | x  | 24              | 18,900                            |                      | 1.8   |  |  |  |                             |  |  |  | 1.0   |   |
| 12          | x  | 24              | 29,200                            |                      | 2,1   |  |  |  |                             |  |  |  | 1.5   |   |
| 13          | X  | 24              | 22,700                            |                      | 2.1   |  |  | -  |                             | -                                      |  |  | 1.0   |   |
| 14          | X  | 24              | 25,300                            |                      | 2.2   |  |  |  |                             |  |  |  | 1.3   |   |
| 15          | x  | 24              | 19,700                            |                      | 1.9   | <u> </u>   | <u> </u>   | 1  |                             | -                                      |  |  | 1.1   | <u> </u>  |
| 16          | X  | 24              | 33,750                            |                      | 2.0   |  |  | 1  |                             | -                                      | ļ  |  | 1.2   |   |
| 17          |  | 24              | 33,750                            |                      |   |  |  | -  | ļ                           |  | <u> </u>   |  | <del>                                     </del>  | ļ   |
| 18          | X  | 24              | 20,000                            |                      | 1.0   |  |  | -  |                             | -                                      |  |  | 1.3   |   |
| 19          | x  | 24              | 30,300<br>19,600                  |                      | 0.8   |  | <b> </b>   | -  |                             | -                                      | -  |  | 0.7   |   |
| 21          | X  | 24              | 36,100                            |                      | 1.5   | -  |  | -  |                             | +                                      | -  |  | 1.0   |   |
| 22          | X<br>X   | 24              | 24,000                            |                      | 2,2   |  | -  | <del>                                     </del> |                             | +                                      | <del> </del>   |  | 1.4   |   |
| 23          | x  | 24              | 35,100                            |                      | 2.1   | <u> </u>   | <del> </del>   | 1  | <b>+</b>                    | 1                                      | +  | <b> </b>   | 1.2   | <del> </del>  |
| 24          |  | 24              | 35,100                            |                      | 2.1   | <del> </del>   | <del> </del>   |  | <u> </u>                    | <del> </del>                           | +  | 1  | 1.5   | <del> </del>  |
| 25          | x  | 24              | 23,100                            |                      | 2.1   |  | <del> </del>   | 1  | <b>†</b>                    | 1                                      | 1  | <del>                                     </del> | 1.4   |   |
| 26          | x  | 24              | 28,200                            | <u> </u>             | 2.0   | <b>†</b>   |  |  |                             |  |  | 1  | 0.8   |   |
| 27          | x  | 24              | 26,200                            |                      | 1.8   | 1  |  | 1  | 1                           | 1                                      |  |  | 0.8   |   |
| 28          | x  | 24              | 29,900                            |                      | 2.0   |  |  |  |                             | 1                                      |  |  | 1.2   |   |
| 29          |  |                 |                                   |                      |   |  |  |  |                             |  |  |  |   |   |
| 30          |  |                 |                                   |                      |   |  |  |  |                             |  |  |  | Name and the second second  |   |
| 31          |  |                 |                                   |                      |   |  |  |  |                             |  |  | I amount   |   |   |
| Total       |  |                 | 812,800                           |                      |   |  |  |  |                             |  |  |  |   |   |
| Average     |  |                 | 29,029                            |                      |   |  |  |  |                             |  |  |  |   |   |
| Maximu      | m ·  |                 | 42,800                            |                      |   |  |  |  |                             |  |  |  |   |   |



# FLORIDA

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

See page 4 for instructions.

| bee page                | 4 for manucions.   |                      |                         |  |   |
|-------------------------|--|----------------------|-------------------------|--|---|
|                         | or the Month/Year of: MARCH 2013   |                      |                         |  |   |
| Public Water System (P  | WS) Information  |                      |                         |  |   |
| PWS Name: Shangri La    | a by the Lake  |                      |                         | PWS Identification N   | Number: 335-4028                        |
| PWS Type: [X] C         | Community [ ] Non-Transient Non  | -Community []]       | ransient Non-Commu      | nity Consecutiv  | ve                                      |
| Number of Service Cor   | nnections at End of Month: 168   |                      | Total Population Serve  | ed at End of Month: 328  |   |
| PWS Owner: Lakeside     | Waterworks   |                      |                         |  |   |
| Contact Person: Melisa  | Rotteveel  |                      | Contact Person's Title: |  |   |
| Contact Person's Mailin | ng Address:  |                      | City:                   | State: FL  | Zip Code:                               |
| Contact Person's Telep  | hone Number: 727-848-8292  |                      | Contact Person's Fax 1  | Number: 727-849-4219   |   |
| Contact Person's E-Ma   | il Address: mrotteveel@uswatercorp.com   |                      |                         |  |   |
| Water Treatment Plant I | nformation   |                      |                         |  |   |
| Plant Name: Shangri L   |  |                      |                         | Plant Telephone Nur  |   |
| Plant Address: 100 Sha  | ingri La Blvd  |                      | City: Leesburg          | State: FL  | Zip Code: 34788                         |
| Type of Water Treated   |  | Purchased Finished V | /ater                   |  |   |
| Permitted Maximum D     | ay Operating Capacity of Plant, gallons pe   | er day: 180000       |                         |  |   |
| Plant Category (per sul | bsection 62-699.310(4), F.A.C.): IV  |                      | Plant Class (per subse  | ction 62-699.310(4), F.A.C.)   | ): C                                    |
| Licensed Operators      | Name   | License Class        | License Number          | Day(s)/Shi   | ft(s) Worked                            |
| Lead/Chief Operator:    | James Bruce Smith  | С                    | 13525                   | 6 days   | per week                                |
| Other Operators:        |  |                      |                         |  |   |
|                         |  |                      |                         |  | )(5)                                    |
|                         |  |                      |                         | Supplies Sup |   |
|                         |  |                      |                         | 200  |   |
|                         |  |                      |                         |  |   |
|                         |  |                      |                         |  |   |
|                         |  |                      |                         |  |   |
|                         |  |                      |                         | 701-001-001-001-001-001-001-001-001-001-   |   |
|                         |  |                      |                         |  |   |
|                         |  |                      |                         |  |   |
|                         |  |                      |                         |  |   |
|                         | 3  |                      |                         |  | 300000000000000000000000000000000000000 |
|                         | A Company of the Comp |                      |                         |  |   |
|                         |  |                      |                         |  |   |
|                         |  |                      |                         |  |   |
|                         | 5.   |                      |                         | ALIEN ONCEN CHARLESTON   |   |
|                         |  |                      |                         | DIRECT MIT-TO-MIRE   |   |

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

| DAMES A MILLE X MILLE 1 17 3 BRUCE SIVILLE | C = 13.323 |  |
|--|------------|--|
| Demes Duce Amit 4.4-13 BRUCE SMITH         | C - 13525  |  |

| eans of A           | Ata for the<br>chieving Four<br>Radiation                       |                             | Inactivation/Remo                                  |                     | March-13 cribe):   | 4   | x Free Chlorine   |                      | Chlorine D                 | ioxide   |   | Ozone   | Combined (  | Chlorine (Chloramine  |
|---------------------|---|-----------------------------|--|---------------------|--|---|---|----------------------|----------------------------|--|---|---|---|---|
| pe of Dis           | infectant Resi  | idual Mainta                | ined in Distributio                                | n System:           |  |   | X Free Ch   | lorine               |                            | Combine  | d Chlorine (C                                     | hloramines)   |   | Chlorin<br>Dioxide  |
|                     |   |                             |  | and the second      |  |   |   | 519m cm 54400cm      | - A                        |  |   |   |   |   |
|                     |   |                             |  |                     |  | CT Calculations, or UV  | Dusc, to Demonstrate Four-Lo  | g Virus Insct        | ivation if Applicable*     |  |   |   |   |   |
|                     | 1   |                             |  |                     |  | CT Calcul   |   |                      |                            |  |   | UV Dose   | ]   |   |
| Day of the<br>Month | Days Plant<br>Staffed or<br>visited by<br>operator<br>Place "X" | Hours Plant<br>in Openation | Net Quantity of<br>Finested Water<br>Produced, gal | Poek Flow Rate, gpd | Lowest Residual Districtant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Designetant Contact Time (i) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before<br>or at First Customer During<br>Peak Flow,<br>mg-roin/L | Tomp of<br>Water, *C | pH of Water, if Applicable | Minimum<br>CT<br>Required,<br>mg-min/L           | Lowest Operating UV Dose, mW- sec/cm <sup>2</sup> | Minimua UV Dose<br>Required, in W-teolem <sup>‡</sup> | Lowest Residual Disinfectant<br>Consecutation at Remote Point<br>in Distribution System, mg/L | Emergency or Absocraci<br>Operating Conditions;<br>Repair or Manufenance<br>Work that Involves Takin<br>Water System Componen<br>Out of Operation |
| 1                   | х   | 24                          | 23,300   |                     | 2.1  |   |   |                      |                            | -  |   |   | 1.0   |   |
| 2                   | X   | 24                          | 28,850   |                     | 1.3  |   |   |                      |                            | -  |   |   | 1.0   |   |
| 3                   |   | 24                          | 28,850   |                     | 0.0  |   |   |                      |                            |  |   |   | 0.5   |   |
| 5                   | X   | 24                          | 34,000<br>51,700                                   |                     | 0,9  |   |   | , the same of        |                            | <b> </b>   |   |   | 0.5   |   |
| 6                   | X   | 24                          | 42,000   |                     | 2,0  |   |   |                      |                            | 1000   |   |   | 1.7   | ļ   |
| 7                   | X<br>X  | 24                          | 50,400   |                     | 2.2  |   |   | <b></b> -            |                            |  |   |   | 1.5   |   |
| 8                   | ×   | 24                          | 23,600   |                     | 2.2  |   |   |                      |                            |  |   |   | 1.2   |   |
| 9                   | ×   | 24                          | 33,650   |                     | 2.0  |   |   | -                    |                            | _  |   |   | 1.4   | <del>                                     </del>  |
| 10                  | <del>  ^</del>  | 24                          | 33,650   |                     | 2,0  |   |   |                      |                            |  |   |   | 1.7   |   |
| 11                  | ×   | 24                          | 20,300   |                     | 2.1  |   |   |                      |                            | 1  |   |   | 1.7   | <del>                                     </del>  |
| 12                  | ×   | 24                          | 31,800   |                     | 1.9  |   | <del> </del>  |                      |                            | <del>                                     </del> |   |   | 1.1   |   |
| 13                  | ×   | 24                          | 25,400   |                     | 2.2  |   |   |                      |                            |  |   |   | 1.5   | 1   |
| 14                  | ×   | 24                          | 33,600   |                     | 2.1  |   |   |                      |                            |  |   |   | 1.2   |   |
| 15                  | x   | 24                          | 24,100   |                     | 2.0  |   |   |                      |                            |  |   |   | 1.7   |   |
| 16                  | x   | 24                          | 33,400   |                     | 2.0  |   |   |                      |                            |  |   |   | 1.1   |   |
| 17                  |   | 24                          | 33,400   |                     |  |   |   |                      | NOOT THE                   |  |   | 100   |   |   |
| 18                  | х   | 24                          | 11,200   |                     | 1.8  |   |   |                      |                            |  |   |   | 1.1   |   |
| 19                  | ×   | 24                          | 40,900   |                     | 1.7  |   |   |                      |                            |  |   |   | 1.2   |   |
| 20                  | х   | · 24                        | 19,300   |                     | 2.1  |   |   |                      |                            |  |   | Es  | 1.2   |   |
| 21                  | x   | 24                          | 31,700   |                     | 2.1  |   |   |                      |                            |  |   |   | 1.1   |   |
| 22                  | X   | 24                          | 20,000   |                     | 2.0  |   |   |                      |                            |  |   |   | 1.2   |   |
| 23                  | X   | 24                          | 31,900   |                     | 2,5  |   |   |                      |                            |  |   |   | 1.2   |   |
| 24                  |   | 24                          | 31,900   |                     |  |   |   |                      |                            | -  |   |   |   |   |
| 25                  | ×   | 24                          | 23,300   |                     | 1.7  |   | <del></del>   | <del> </del>         | ļ                          | -  |   |   | 1.2   |   |
| 26                  | X   | 24                          | 29,900   |                     | 1.6  | -   |   | -                    |                            |  | +   | -   | 0.9   |   |
| 27                  | ×   | 24                          | 22,400   | <u> </u>            | 1.9  | -   |   | +                    | <del> </del>               | -  | <del></del>                                       |   | 1.0   | <b></b>   |
| 29                  | X<br>X  | 24                          | 29,400   |                     | 1.6  |   |   | +                    |                            | +  | +   |   | 0.9   |   |
| 30                  | × x   | 24                          | 32,700   |                     | 1.7  | <del> </del>  | <del> </del>  | +                    |                            | +  | -   | <del> </del>  | 1.2   | <b> </b>  |
| 31                  | <del>  ^</del> -  | 24                          | 32,700   |                     | 1.9  | <del> </del>  |   |                      |                            | +  |   | -   | 1.5   |   |
| Cotal               |   |                             | 937,200  |                     |  |   |   |                      | J                          | 1  | 1   | L   |   |   |
| Average             |   |                             | 30,232   |                     |  |   |   |                      |                            |  |   |   |   |   |
| Maxim               |   |                             | 51,700   |                     |  |   |   |                      |                            |  |   |   |   |   |



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

See page 4 for instructions.

| I.  | General Information f  | or the Month/Y    | ear of: APRIL 20         | 13                                      |                  |  |                    |   |                 |  |  |
|---|--|-------------------|--------------------------|---|------------------|--|--------------------|---|-----------------|--|--|
| A.  | Public Water System (P   | WS) Information   | n                        |   |                  |  |                    |   |                 |  |  |
|   | PWS Name: Shangri La   | a by the Lake     |                          |   |                  |  | PWS I              | dentification Nu  | umber: 335-4028 |  |  |
|   | PWS Type: [X] C  | Community         | [] Non-Transient         | Non-Comm                                | mity []          | Transient Non-Con                            | umunity            | Consecutive   | )               |  |  |
|   | Number of Service Cor  | nections at End   | of Month: 168            |   |                  | Total Population Served at End of Month: 328 |                    |   |                 |  |  |
|   | PWS Owner: Lakeside  | Waterworks        |                          |   |                  |  |                    |   |                 |  |  |
|   | Contact Person: Melisa   | Rotteveel         |                          |   |                  | Contact Person's T                           | itle:              |   |                 |  |  |
|   | Contact Person's Mailin  | ng Address:       |                          |   |                  | City:  |                    | State: FL   | Zip Code:       |  |  |
|   | Contact Person's Telep   | hone Number: 7    | 27-848-8292              |   |                  | Contact Person's F                           | ax Number: 727-8   | 49-4219   |                 |  |  |
| Contact Person's E-Mail Address: mrotteveel@uswatercorp.com |  |                   |                          |   |                  |  |                    |   |                 |  |  |
| B.  | Water Treatment Plant I  | Information       |                          |   |                  |  |                    |   |                 |  |  |
|   | Plant Name: Shangri L  | a by the Lake W   | TP .                     |   |                  |  | Plant T            | elephone Num  | ber:            |  |  |
|   | Plant Address: 100 Sha   | ingri La Blvd     |                          | -W-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |                  | City: Leesburg                               | State: 1           | FL  | Zip Code: 34788 |  |  |
|   | Type of Water Treated  |                   | [X] Raw Ground           |   | nased Finished V | Vater  |                    |   |                 |  |  |
|   | Permitted Maximum D  | ay Operating Ca   | apacity of Plant, gallor | s per day: 18                           | 30000            |  |                    |   |                 |  |  |
|   | Plant Category (per sub  | osection 62-699.  | 310(4), F.A.C.): IV      |   |                  |  | bsection 62-699.31 |   |                 |  |  |
|   | Licensed Operators   |                   | Name                     |   | License Class    | License Number                               |                    | Day(s)/Shift  | (s) Worked      |  |  |
|   | Lead/Chief Operator:   | James Bruce Smith | 1                        |   | С                | 13525  |                    | 6 days pe   | er week         |  |  |
|   | Other Operators:   |                   |                          |   |                  |  |                    |   |                 |  |  |
|   | State of the state |                   |                          | -                                       |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   | Manage May to  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   | <b>多数的数据的</b>  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   | The state of the s |                   |                          |   |                  |  |                    | 1,1 - |                 |  |  |
|   | <b>2.6.1000 电影脑</b> 描述的  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |
|   |  |                   |                          |   |                  |  |                    |   |                 |  |  |

II. Certification by Lead/Chief Operator

| information provided in this report is true and accurate to the best | a, am the lead/chief operator of the water treatment plant identified in<br>of my knowledge and belief. I certify that all drinking water treatment<br>and in subsection 62-555.320(3), F.A.C. I also certify that the follow | nt chemicals used at this plant conform to |
|--|---|--|
|  | sited this plant during the month indicated above: (1) records of amount  |  |
| rates; and (2) if applicable, appropriate treatment process performa | ince records. Furthermore, I agree to provide these additional operat   | ions records to the PWS owner so the PWS   |
| owner can retain them together with oppies of this report, at a con- | venient location for at least ten years.  |  |
| Signature and Date   | BRUCE SMITH   | C - 13525                                  |
| Signature and Date   | Printed or Typed Name   | License Number                             |

| Means of A          | Data for the<br>chieving Fou<br>Radiation                      |                             | Inactivation/Remo                                  |                     | April-13  |   | x Free Chlorine  |  | Chlorine I                 | lioxide                                 |   | Ozone                                 | Combined   | Chlorine (Chloramine   |
|---------------------|--|-----------------------------|--|---------------------|---|---|--|--|----------------------------|---|---|---------------------------------------|--|--|
|                     |  |                             |  | Other (De           | scribe):  |   | X Free Ch  |  |                            | C                                       | d Chlories (C                                       | Managhan N                            |  | Chlorin  |
| ype of Di           | sintectant Res   | sidual Mainta               | ined in Distribution                               | n System;           | REAL PROPERTY OF THE PROPERTY OF THE PERSON | salas industrialists (A   | X Free Cr  | ionne  |                            | Combine                                 | d Chlorine (C                                       | moramines)                            | Entropy of the state of the  | Dioxide  |
|                     |  |                             |  |                     |   |   |  |  |                            |   |   |                                       |  |  |
|                     |  |                             |  |                     |   |   | Dose to Demonstrate Four-La  | g Varus Insc                                     | ivation, if Applicable*    |   |   |                                       |  |  |
|                     |  |                             |  |                     |   | CT Calcul   | ations   |  |                            |   |   | UV Dose                               |  |  |
| Day of the<br>Month | Days Plant<br>Staffed or<br>masted by<br>episator<br>Place "X" | Hours Plant<br>in Operation | Net Quantity of<br>Finished Water<br>Produced, gal | Peak Flow Rate, gpd | Lywest Residual Distribution Conformation (C) Before or at Fust Cursioner During Pesk Flow, ing/L   | Distribution Contact Time (f) at C Measurement Point During Park Flow, missiles | Lowest CT Provided Refere<br>or at First Customer During<br>Peak Flow,<br>mg-min/L | Terap of<br>Water, "C                            | pH of Water, of Applicable | Mannaorn<br>CT<br>Required,<br>mg-min/i | Lowest Operating UV Date, 12W- soulcan <sup>2</sup> | Minimum UV Dose<br>Royured, mW-wc/cm² | Lowest Residual Dranshotant Concentration at Remote Point in Distribution System, mg/L | Emergancy or Absorbing<br>Operating Conditions,<br>Repair or Maintenance<br>Acade that Encourse Takes<br>Water System Componer<br>Out of Operation |
| 1                   | ×  | 24                          | 21,200   |                     | 1.7   |   |  |  |                            |   |   |                                       | 1.1  |  |
| 2                   | ×  | 24                          | 31,000   | W. A. 10            | 1.6   |   |  |  |                            |   |   |                                       | 1.2  |  |
| 3                   | x  | 24                          | 20,200   |                     | 2.1   |   |  |  |                            |   |   |                                       | 1.5  |  |
| 4                   | ×  | 24                          | 30,900   |                     | 1.9   |   |  |  |                            |   |   |                                       | 0.7  |  |
| 52.0                | x  | 24                          | 25,100   |                     | 1.9   |   |  |  |                            |   |   |                                       | 0.9  |  |
| 6                   | x  | 24                          | 29,750   |                     | 2.1   |   |  |  |                            |   |   |                                       | 1.4  |  |
| 7                   |  | 24                          | 29,750   |                     |   |   |  |  |                            |   |   |                                       |  |  |
| 8                   | x  | 24                          | 23,600   |                     | 1.5   |   |  |  |                            |   |   |                                       | 1.4  |  |
| 9                   | ×  | 24                          | 20,200   |                     | 1.7   |   |  |  |                            |   |   |                                       | 0.5  |  |
| 10                  | x  | 24                          | 37,200   |                     | 1.8   |   |  |  |                            |   |   |                                       | 1.0  |  |
| 211                 | x  | 24                          | 31,700   |                     | 2.2   |   |  |  |                            |   |   |                                       | 0.9  |  |
| 12                  | x  | 24                          | 24,600   |                     | 2.1   |   |  |  |                            |   |   |                                       | 1.3  |  |
| 13                  | x  | 24                          | 28,450   |                     | 2.4   |   |  |  |                            |   |   |                                       | 1.2  |  |
| 14                  |  | 24                          | 28,450   |                     |   |   |  |  |                            |   |   |                                       |  |  |
| 15                  | X  | 24                          | 19,800   |                     | 2.0   |   |  |  |                            |   |   |                                       | 0.9  |  |
| 16                  | X  | 24                          | 31,300   |                     | 2.1   |   |  |  |                            |   |   |                                       | 0,6  |  |
| 17                  | X  | 24                          | 24,200   |                     | 1.9   |   |  |  |                            |   |   |                                       | 0.7  |  |
| 18                  | X  | 24                          | 35,100   |                     | 1.9   |   |  |  |                            |   |   |                                       | 0.6  |  |
| 19                  | X  | 24                          | 25,300   |                     | 1.9   |   |  |  |                            |   |   |                                       | 0.6  |  |
| 20                  | X  | 24                          | 25,450   |                     | 1.8   |   |  |  |                            |   |   |                                       | 1.4  |  |
| 21                  |  | 24                          | 25,450   |                     |   |   |  |  |                            |   |   |                                       |  |  |
| 22                  | X  | 24                          | 16,100   |                     | 2.1   |   |  |  |                            |   |   |                                       | 0.7  |  |
| 23                  | X  | 24                          | 31,900   |                     | 1.9   |   |  |  |                            |   |   |                                       | 1.1  |  |
| 24                  | X  | 24                          | 24,500   |                     | 1.6   |   |  |  |                            | -                                       |   |                                       | 0.7  |  |
| 26                  | X<br>X   | 24                          | 36,800<br>25,700                                   |                     | 1.7   | -   |  | -  |                            |   |   |                                       | 0.9  |  |
| 27                  | X  | 24                          | 33,500   |                     | 1.6   |   |  |  |                            |   |   |                                       | 0.9  |  |
| 28                  | 1  | 24                          | 33,500   |                     | 1.0   |   |  | <del>                                     </del> |                            | +                                       | <del> </del>  |                                       | 0,8  |  |
| 29                  | ×  | 24                          | 17,900   |                     | 0.9   |   |  |  |                            | <del> </del>                            |   |                                       | 0.7  |  |
| 30                  | x  | 24                          | 20,600   |                     | 2.4   |   |  |  |                            |   |   |                                       | 1,5  |  |
| 31                  | 1  | 1                           | 20,000   |                     | 1   |   |  |  |                            | 1                                       |   |                                       | 1.5  |  |
| Total               | Yes Tarrey II  | . Janksalakin               | 809,200  |                     | 1   |   | L  | 1  |                            |   | L   |                                       | -  | L  |
| verage              | CAST TUNK  |                             | 26,973   |                     |   |   |  |  |                            |   |   |                                       |  |  |
| Maximu              |  | 11/1-2000-0-0               | 37,200   |                     |   |   |  |  |                            |   |   |                                       |  |  |

| PLANT<br>P. O. E<br>Office:                         | ING WATER MICROBIAL SAMPLE C<br>& LABORATORY REPORTING FO<br>(62-550/730 Reporting Formal Effective 01/1995, Revised of<br>T TECHNICIANS, INC. LAB ID#: E8<br>IOX 447, FRUITLAND PARK, FL 34<br>352-787-2944 Lab:352-787-6112  | ORMAT<br>22210)<br>13141 QAI<br>1731       | ¥: 8702                     |   | Sam<br>Sam<br>Dieir             | nple Accepta<br>ple Preserva<br>rectant Che                                   | nce Crite    | y/3/// ria: los : Not Or Detected : the following NE   | ike 🗆.            | /mg/L             |
|---|--|--|-----------------------------|---|---------------------------------|---|--------------|--|-------------------|-------------------|
| Report N  | umber: Sub-Contract  | Lab ID:                                    |                             |   |                                 |   |              |  |                   |                   |
| Analysi<br>Offotal                                  | s Requested: (check all that apply) Coliform/E. coll   | Enterococci                                | □c <sub>o</sub>             | liphage                                 |                                 |   |              |  |                   | 12                |
| Public V  | Water System (PWS) Name: SHAM<br>tress: 100 SHANGRI LA   | VARI L                                     | A_                          |   |                                 | PW8 I.D.  | 3 3          | 1518   | 0 2               | -18               |
| PWS Add   | iress: 100 SHANGRI LA  | BLUE                                       | )                           |   |                                 | City:   | G            | es builly  |                   |                   |
| PWS or F  | WS Owner's Phone #:  |  |                             |   | ax#:_                           |   |              |  | رجما              |                   |
| Collecto  | or B. SulTh  |  |                             | (                                       | Collector                       | r's Phone #:  | 407          | -7/2-5   | 298               | <del></del>       |
| ☐Comm<br>☐Limited<br>Reason<br>☐Gistribu<br>☐Cleara | Supply: (check only one)  unity Water System   | Weli ∐Sv<br>law (triggere<br>nple being re | wimming<br>d or sess        | Pool _                                  | Other:<br>□Raw                  | (triggered or   | assessme     | ent) additional  | ∐Well Su          | rvey              |
| Sample  | Collection Date: 4.2.  | and the second second                      | ethian itagas               | e-a gazacejis                           | N. XCTAR CO.                    | vide mendetaktik  | 249W-3-50505 | PATER BASKSTON PRINTER                                 | The Room of the   | CONTROL CAMED     |
|   | Commence of the control of the contr | THE PROPERTY OF                            | GACEY                       |   |                                 |   | Method(s)    |  | MENTAL SE         |                   |
| Sample<br>#   | Sample Point<br>(Location or Specific Address)   | Sample<br>Collection<br>Time               | Sample<br>Type <sup>1</sup> | Disin-<br>fectant<br>Residual<br>(mg/L) | pH                              | · Non-<br>Conliform   | Total        | Fecal, E. coll,<br>Enterococci, or<br>Coliphage        | Data<br>Qualifier | Lab<br>Sample #   |
| 1   | WELL #1  | 1525                                       | R                           | Ø                                       | (                               | A   | B            |  | 130               | 4-56              |
| 2   | WELL #2  | 1530                                       | R                           | 0                                       |                                 | A   | A            |  |                   | 562               |
| 3   | 3521 FOREST LAKE   | 1515                                       | D                           | 1.4                                     |                                 | A   | A            |  |                   | 5/03              |
| 4   | OFFICE OSHB  | 1520                                       | ク                           | 1.0                                     |                                 | 1   | 7            |  | •                 | 564               |
|   |  |  |                             |   |                                 | <u></u>   |              |  |                   |                   |
| ·   |  |  |                             |   |                                 |   |              |  |                   |                   |
| 1   |  | l 1  |                             |   |                                 |   |              |  |                   |                   |
|   | of disinfectant residuals for distribution ro<br>Free chloring or Total chlorine (circle one).   | utine & rep                                | eat                         | 1.2                                     | Unless                          | otherwise h   | ofed all te  | sts are performe                                       | d in second       | enne véřb         |
| Disinfect DERD Corson p  MA cer Supe                | ant Residual Analysis Method:  Colorimetric Other: erforming disinfectant analysis is (see institled operator (#   | or DOH                                     |                             | ı);                                     | Date and<br>Date and<br>Date Re | LAC standar<br>d time PWS not<br>d time DEP/DO<br>port Issued:<br>ignature: _ | rds, and the | sus are performe e results relate of positive results: | s:                | ance with amples. |
| 4   | US WATER<br>939 CROSS GAYOU<br>W PORT RICHIE, F  | UBUU.                                      | D                           | □Repe<br>□Repla                         | nplete C<br>at Samp<br>coment   | offection info<br>des Requirer<br>Samples Re<br>Swing Officia                 | guire\       | Date   |                   | _                 |

For Sample Types see Instructions Item I 1d.
For Analysis McChook see Instructions Item I 1d.
For Analysis McChook see Instructions Item I 1d.
Flows cited appropriate salection.
For Analysis McChook see Instructions Item I 1d.
Flows cited appropriate salection.
For Analysis See Instruction I 1d.
For Analysis McChook Administrative Code Rule 62-160, Table I.
Complete for community & non-transient non-community systems serving populations up to see I including 4,900. Do not include new or plant acceptes in the eventure.

:viewed By \_\_\_\_



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

See page 4 for instructions.

| See page                   | 4 for histractions.                         |                      |  |  |                  |  |  |  |
|----------------------------|---|----------------------|--|--|------------------|--|--|--|
|                            | or the Month/Year of: MAY 2013              |                      |  |  |                  |  |  |  |
| A. Public Water System (P  | WS) Information                             |                      |  |  |                  |  |  |  |
| PWS Name: Shangri La       | a by the Lake                               |                      |  | PWS Identification N   | Number: 335-4028 |  |  |  |
| PWS Type: [X]              | Community [ ] Non-Transient No              | on-Community []      | Transient Non-Commun                         | ity Consecutiv   | ve               |  |  |  |
| Number of Service Cor      | nnections at End of Month: 168              |                      | Total Population Served at End of Month: 328 |  |                  |  |  |  |
| PWS Owner: Lakeside        | Waterworks                                  |                      |  |  |                  |  |  |  |
| Contact Person: Melisa     | Rotteveel                                   |                      | Contact Person's Title:                      |  |                  |  |  |  |
| Contact Person's Mailin    | ng Address:                                 |                      | City:  | State: FL  | Zip Code:        |  |  |  |
| Contact Person's Telepi    | hone Number: 727-848-8292                   |                      | Contact Person's Fax N                       | Tumber: 727-849-4219   |                  |  |  |  |
| Contact Person's E-Ma      | il Address: mrotteveel@uswatercorp.com      |                      |  |  |                  |  |  |  |
| 3. Water Treatment Plant 1 | Information                                 |                      |  |  |                  |  |  |  |
| Plant Name: Shangri L      |   |                      |  | Plant Telephone Nur  | nber:            |  |  |  |
| Plant Address: 100 Sha     |   |                      | City: Leesburg                               | State: FL  | Zip Code: 34788  |  |  |  |
| Type of Water Treated      |   | Purchased Finished V | Vater  |  |                  |  |  |  |
|                            | Day Operating Capacity of Plant, gallons po | er day: 180000       |  |  |                  |  |  |  |
| Plant Category (per sul    | bsection 62-699.310(4), F.A.C.): IV         |                      |  | tion 62-699.310(4), F.A.C.)  | : C              |  |  |  |
| Licensed Operators         | Name  | License Class        | License Number                               | Day(s)/Shi   | ft(s) Worked     |  |  |  |
| Lead/Chief Operator:       | James Bruce Smith                           | С                    | 13525  | 6 days   | per week         |  |  |  |
| Other Operators:           |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      | ļ  | The second secon |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |
|                            |   |                      |  |  |                  |  |  |  |

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

| James Druce Smith 6.473 | BRUCE SMITH           | C - 13525      |
|-------------------------|-----------------------|----------------|
| Signature and Date      | Printed or Typed Name | License Number |

| cans of Ac          |   |                          | nactivation/Remo        |                     |   |   | x Free Chlorine  |                      | Chlorine D                 | ioxide                                 |                                      | Ozone  | Combined (   | Chlorine (Chloramin  |  |
|---------------------|---|--------------------------|-------------------------|---------------------|---|---|--|----------------------|----------------------------|--|--------------------------------------|--|--|--|--|
|                     | raviolet Radiation Other (Describe):                            |                          |                         |                     |   |   |  |                      |                            |  |                                      |  | Chlorine   |  |  |
| pe of Dis           | nfectant Res  | idual Maintai            | ned in Distribution     | System:             |   |   | X Free Ch  | orine                |                            | Combine                                | d Chlorine (C                        | nloramines)  |  | Dioxid   |  |
|                     |   |                          |                         |                     |   | CT Calculations, or UV Dose, to Demonstrate Four-Log Visus Inactivation, If Applicable* |  |                      |                            |  |                                      |  |  |  |  |
| 4 3 5               |   |                          | Teather I               |                     |   | CT Calcu  | lations  | Black op             |                            | 相關(國)(企                                | <b>科特技工艺会</b>                        | UV Dose  |  | Maria de la compansión de   |  |
| Day of the<br>Month | Days Plant<br>Staffad or<br>visited by<br>operator<br>Place "X" | Hours Plant in Operation | Operation Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disunfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disunfectant Contact Time (1) at C Measurement Point During Peak Flow, minutes          | Lowest CT Provided Before or at First Customer During Peak Flow, mg-mm/L | Temp of<br>Water, "C | pH of Water, if Applicable | Minimum<br>CT<br>Required,<br>mg-min/L | Lowest Operating UV Dose mW- sec/cm² | Minimum UV Dose<br>Required, mW-sec/cm²  | Low est Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnorm<br>Operating Condition<br>Repair or Maintenan<br>Work that Involves Tal<br>Water System Compon<br>Out of Operation   |  |
| SN18588             | х   | 24                       | 16,000                  |                     | 2.2   |   |  |                      |                            |  |                                      |  | 1.0  |  |  |
| 2                   | x   | 24                       | 20,500                  |                     | 1.7   |   |  |                      |                            |  |                                      |  | 0.9  |  |  |
| 3                   | x   | 24                       | 21,200                  |                     | 1.9   |   |  |                      |                            |  |                                      |  | 0.9  |  |  |
| 4                   | х   | 24                       | 26,300                  |                     | 2.4   |   |  |                      |                            |  |                                      |  | 1.2  |  |  |
| 5                   |   | 24                       | 26,300                  |                     |   |   |  |                      |                            |  |                                      |  |  |  |  |
| 6                   | x   | 24                       | 21,300                  |                     | 0.8   |   |  |                      |                            | 1                                      |                                      | Committee of the Commit | 0.7  | 1  |  |
| 7                   | ×   | 24                       | 28,600                  |                     | 0.9   |   |  |                      |                            |  |                                      |  | 0.6  |  |  |
| 8                   | x   | 24                       | 22,100                  |                     | 2.2   |   |  |                      |                            |  |                                      | part And the control And the Control Could   | 0.6  |  |  |
| 9                   | x   | 24                       | 33,400                  |                     | 2.4   |   |  |                      |                            |  |                                      |  | 0.8  |  |  |
| -10                 | x   | 24                       | 25,200                  |                     | 2.0   | 1   |  |                      |                            |  |                                      |  | 0.9  |  |  |
| -11                 | x   | 24                       | 34,800                  |                     | 1.7   |   |  |                      |                            |  |                                      |  | 0.8  |  |  |
| 12                  |   | 24                       | 34,800                  |                     |   |   |  |                      |                            |  |                                      |  |  |  |  |
| 13                  | x   | 24                       | 16,500                  |                     | 1.8   |   |  |                      |                            |  |                                      |  | 0.5  |  |  |
| 14                  | x   | 24                       | 43,200                  |                     | 1.7   |   |  |                      |                            |  |                                      |  | 0.6  |  |  |
| 15                  | х   | 24                       | 28,000                  |                     | 1.8   |   |  |                      |                            |  |                                      |  | 0.7  |  |  |
| 16                  | x   | 24                       | 30,200                  |                     | 1.9   | 27X - 28X - 28X - 18X   |  |                      |                            | 1                                      |                                      |  | 0.5  |  |  |
| 17                  | х   | 24                       | 32,200                  |                     | 1.8   |   |  |                      |                            | T                                      |                                      |  | 0.5  |  |  |
| 18                  | x   | 24                       | 31,000                  |                     | 1.6   |   |  |                      |                            |  |                                      |  | 1.0  |  |  |
| 19                  | t   | 24                       | 31,000                  |                     |   |   | 1  |                      |                            |  |                                      |  |  |  |  |
| 20                  | x   | 24                       | 17,400                  |                     | 1.6   |   |  |                      |                            | 1                                      |                                      |  | 1.0  |  |  |
| 21                  | x   | 24                       | 27,200                  |                     | 1.5   |   |  |                      |                            |  |                                      |  | 1.0  |  |  |
| 22                  | x   | 24                       | 21,300                  |                     | 2.2   |   |  |                      |                            |  |                                      |  | 0.7  |  |  |
| 23                  | x   | 24                       | 31,200                  |                     | 2.1   |   |  |                      |                            |  |                                      |  | 1.0  |  |  |
| 24                  | x   | 24                       | 29,300                  |                     | 2.0   |   |  |                      |                            |  |                                      |  | 1.3  |  |  |
| 25                  | X   | 24                       | 38,050                  |                     | 1.5   |   |  |                      |                            |  |                                      |  | 1.3  |  |  |
| 26                  | ě.  | 24                       | 38,050                  |                     |   |   |  |                      |                            |  |                                      |  |  |  |  |
| 27                  | x   | 24                       | 29,200                  |                     | 1.1   |   |  |                      |                            |  |                                      |  | 0.9  | Name and Address of the Control of t |  |
| 28                  | x   | 24                       | 32,000                  |                     | 1.9   |   |  |                      |                            |  |                                      |  | 0.7  |  |  |
| 29                  | x   | 24                       | 22,000                  |                     | 1.2   |   |  |                      |                            |  |                                      |  | 0.5  |  |  |
| 30                  | x   | 24                       | 27,600                  |                     | 1.5   |   |  |                      |                            |  |                                      |  | 0.8  |  |  |
| 31                  | l x   |                          | 24,200                  |                     | 1.9   |   |  |                      |                            |  |                                      |  | 0.7  |  |  |
| Total .             | REPART  | B. P. C. L.              | 860,100                 |                     |   |   |  |                      |                            |  |                                      |  |  |  |  |
| Average             | NAME OF STREET  | BORGER IN                | 27,745                  | 1                   |   |   |  |                      |                            |  |                                      |  |  |  |  |
| Maximu              | TO THE REAL PROPERTY.   | ALCOHOLD STORY           | 43,200                  | 1                   |   |   |  |                      |                            |  |                                      |  |  |  |  |

### DRINKING WATER MICROBIAL SAMPLE COLLECTION

| P. O. E Office: Contact  Report N Analysi Total C Public N PWS Add PWS or F Collector Type of Communities Reason Distribution | & LABORATORY REPORTING FO (62-550.730 Reporting Format Effective 01/1995, Revised 0.7 TECHNICIANS, INC. LAB ID#: E8 BOX 447, FRUITLAND PARK, FL 34: 352-787-2944 Lab:352-787-6112  Person: John Fredock    Sub-Contract   Sub-Contract | Enterococc           | 787-31            | 96  coliphage  stem  Pool  essment) | Anal Sam Disin This  HPC  Fax #: Collector  Transient Other:    | ysis ple ple fec san Ci SP     | Date & Accepta Preserva tant Checonple does Other:  WS I.D.  whone #: on-communications | ince Crite tion: Ook: Not not meet | or System  | n Ice DELAC requi              | °C mg/L rements: |  |
|---|---|----------------------|-------------------|-------------------------------------|---|--------------------------------|---|------------------------------------|--|--------------------------------|------------------|--|
|   | To be completed by collecto   |                      |                   |                                     |   |                                |   |                                    | be completed t   | y lab                          |                  |  |
| Sample  | Sample Point  | Sample<br>Collection | Sample            |                                     | pH  |                                | Analysis  | Method(s) <sup>2</sup> :           |  |                                |                  |  |
| #   | (Location or Specific Address)  | Time                 | Type <sup>1</sup> | Residual<br>(mg/L)                  | pr.   |                                | Non-<br>Conliform   | Total<br>Coliform                  | Fecal, E. coli,<br>Enterococci, or<br>Coliphage <sup>3</sup> | Data<br>Qualifier <sup>4</sup> | Lab<br>Sample #  |  |
| 7   | KELL MI   | 15%                  |                   | L.                                  | •••   |                                | p.M.  | A                                  |  | - 120                          | 7-83             |  |
| 2,  | WELL #2   | 1533                 | R                 | 数                                   | a - 10 * 10   |                                | A   | A                                  |  |                                | 5 3              |  |
| 3   | 35115 FUREST CALL   | 1550                 |                   | 07                                  |   | ļ                              | 1   | 1                                  |  |                                | 551              |  |
| 4   | OFF IRE CITE  | 1.535                | D                 | 0.9                                 |   |                                | A   | A                                  |  | /                              | 837              |  |
| samples.  | of disinfectant residuals for distribution rou<br>Free chlorine or Total chlorine (circle one).   | rtine & repo         | eat               | 0, 8                                |   |                                |   |                                    | ets are performe   |                                |                  |  |
| Person pe   | Colorimetric Other:  erforming disinfectant analysis is (see Instricted operator (#   | or DOH               |                   | □Satist                             | Date and to Date Rep Lab Sig Title: factory splete Colat Sample | ime<br>ort i<br>na<br>lectes f | DEP/DOH ssued: iture: tion Inform Required uples Req                                    | notified by la                     | positive results:ab of positive result:                      | s. St                          | 10/23<br>-       |  |

For Sample Types see huttructions item 116.
For Analysis Methods see huttructions item 116.
For Analysis Methods see huttructions item 116.
Plasse circle appropriate selection.
Defined in Floridar Administrative Code Rule 62-160, Table 1.
Complete for community & non-transient non-consumity systems serving populations up to and including 4,900. Do not include new or plant samples in the average.

| completed by sampler – please type or print legit  | oly)                                      |
|--|---|
| BY THE LAK   | PWS I.D.#: 3354628                        |
| → Procedure to the process of t      | ☐Translent Noncommunity ☐ Limited Use     |
| A BLVD   |   |
| The state of the s | ZIP Code: 34788                           |
| _Fax #: E-Mall Ad  | dress                                     |
| oler)  |   |
| Sample Date: 5.7.13 Sample Time:   | 15 35 AN(PM) Circle One)                  |
|  | Location Code:                            |
| or trihalomethanes and haloacetic acids): mg/  | L Fleld pH:                               |
| Reason(s) for Sam  | ple (Check all that apply)                |
| ☐Routine Compliance with 62-560  | Replacement (of Invalidated Sample)       |
| ☐Confirmation of MCL Exceedance*   | ☐Special (not for compliance with 62-550) |
| Composite of Multiple Sites**  | Clearance (permitting)                    |
|  |   |
| Sampling Procedure Used or Other Comm  | ents:                                     |
|  |   |
|  |   |
|  | *See 62-550.550(4) for requirements and   |
|  | attach a results page for each site.      |
| One  | irator de HEREDV GEDTIEV                  |
| (Prin  | t Title) do HEREBY CERTIFY                |
|  | 2   |
| ued Date   | 5.7.13                                    |
| _Phone #: 467 · 7/2 · 5498 se  | ampler's Fax#:                            |
|  |   |
|  |   |
| : is not bacteriological or l  | ead and copper***                         |
| Page 1 of  | Reviewed By                               |
|  | Nontransient Noncommunity   BUD           |

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A. F. H. N. O. T. Z. ?. \*, are unacceptable for compliance with 62-550. Results qualified with a J. Q. R. or Y must be accompanied by written justification and will be evaluated on a case by case bacis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

| LABORATORY CERTIFICAT  | TION INFORMATION (to  | be completed by lab                      | - please type or print legibly  | )  |  |
|--|---|--|---|--|--|
| Lab Name: PLANT TECH   | NICIANS, INC.   | Florida DOH Certif                       | floation #: <u>E 83141</u>  | _ Certification Expiration                               | Date June 30,2013  |
|  |   |  |   | T DOH ANALYTE SHEET                                      |  |
| Address: P.O. BOX 447  | FRUITLAND PARK  | K, FL 34731                              | _ Phone #:352-  | 787-2944   |  |
| Were any analyses subcontra  | acted? 🗌 Yos 🕅 No If  | yes, please provide                      | DOH certification number  | (B):   |  |
| •  |   |  | ATTACH DOH ANA  | ALYTE SHEET FOR EACH                                     | SUBCONTRACTED LAB*   |
| ANALYSIS INFORMATION (   | to be completed by lab)   | Date Sam                                 | ple(s) Received:5/08/   | 13   | ×  |
| PWS ID (From Page 1): 33   | 540 28 8  | ample Number (Fro                        | m Page 1): SL1 Lab  | Assigned Report # or Jo                                  | b ID: 1305-838   |
| Group(s) Analyzed & Results  | attached for compliance   | with Chapter 82-56                       | 50, F.A.C. (Check all that apply  | <i>(</i> ):  |  |
| Inomanics<br>□All Except Asbestos<br>□Partial<br>☑Nitrate<br>☑Nitrite<br>□Asbestos           | Synthetic Organics   All 30   All Except Dioxin   Partial   Dioxin Only | Volatile Organics<br>□All 21<br>□Partial | Disinfection Byomoducts Trihalomethanes Haloacetic Acids Chlorite Bromate | Radionucides Single Sample Gtrly Composite**             | Secondaries<br>□All 14<br>□Partial                         |
|  |   | LAB CER                                  | TIFICATION  |  | *  |
| , JOHN FREDOCK   | •   |  | Q.A. MANAGER  |  | , do HEREBY CERTIFY  |
| (F   | Print Name)   |  | (Print Title  |  |  |
| that all attached analytical data  | are correct and unless note   | d montall requiremen                     | nts of the National Environme   | ntal Laboratory Acoredilat                               | on Conference (NELAC).                                     |
| Clanatura  | $\mathcal{U}$   |  | Dato:   | 5/9/13   |  |
| Signature:   | 7   | 7 =                                      | Outo,   |  |  |
| Fallure to provide a valid and report, possible enforcement a Please provide radiological sa | against the public water sys  | tem for fallure to sam                   | i a current Analyte Sheet for<br>aple, and may result in notific          | the attached analysis resul<br>ation of the DOH Bureau o | ts will result in rejection of the<br>Laboratory Services. |
|  |   |  | THIN 24 HRB FOR NITRATE   |  |  |
| NON-DETEC  | TS ARE TO BE REPORTED   | AS THE MOL WITH A                        | A "U" QUALIFIER. (Non-detects   | raported as "BDL" or with a "<"                          | are not augaptable.)                                       |
| COMPLIANCE DETERMINA   | TION (to be completed by  | DEP or DOH - attack                      | h notes as necessary)   |  |  |
| Sample Collection & Analysis   | s Satisfactory: ☐Y ∞ ☐ No   |  | Replacement Sample  | or Report Requested (c                                   | irole or highlight group(s) above)                         |
| Person Notified:   | D   | ate Notified:                            | DEP/DOH R   | eviewing Official:                                       |  |
| reporting Formal 62-350 730<br>Berlive January 1985 Revised Fe                               | danay 2010  | ī  | Pago 2 of 4   |  |  |

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

| INORGANIC     | CONTAMINANTS |
|---------------|--------------|
| 62-550.310(1) |              |

Report Number / Job ID: \_\_1305-838

PWS ID (From Page 1): 3354028

|   | Contam<br>ID | Contam<br>Name | MCL | Units | Analysis<br>Result | Qualifler* | Analytical<br>Method | Lab MDL | Analysis<br>Date | Analysis<br>Time | DOH Lab<br>Certification# |
|---|--------------|----------------|-----|-------|--------------------|------------|----------------------|---------|------------------|------------------|---------------------------|
| • | 1040         | Nitrate (as N) | 10  | mg/L  | 0.01               | Ū          | SM4500NO3E           | 0.01    | 5/08/13          | 1500HR           | E 83141                   |
|   | 1041         | Nitrite (as N) | 1   | mg/L  | 0.01               | U          | SM4500NO3E           | 0.01    | 5/08/13          | 1423HR           | E 83141                   |

Reporting Format 62-550.730 Effective January 1995, Revised February 2010

Puge 3 of

# PLANT TECHNICIANS LABORATORY 101 Satellite Ct.

101 Satellite Ct.
- LEESBURG, FL 34748
(904) 787-2944
Fax 1-904-787-3196

# CHAIN OF CUSTODY RECED

| LAB ID #                                |  | T. LOW   | Section .        | V         |
|---|--|--|------------------|-----------|
| LAB ID                                  | Je 1 . 1                               | The State of the S | 4                |           |
|   | La Directo                             | and the first !  | 11211            | 19        |
| See                                     | aves to v                              | 600 TE   | 10 St 10 St      | THE Y     |
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| the total and the                       |  | A Tree from 19 "   | Brown or the Way | 54 To ba. |

|                   |   |                   |          |             |                      |              |             |                 |          |                | J: 24                 |                |                | Color of the state |
|-------------------|---|-------------------|----------|-------------|----------------------|--------------|-------------|-----------------|----------|----------------|-----------------------|----------------|----------------|--|
| Client Name       | USWATER   | 2                 |          |             |                      |              | ∞#/SDG#     | 3               | 35-      | - <del>%</del> | 28                    | P.0            | 0.#            |  |
| Client<br>Contact | MELISA. a   | OTTEVBE           |          |             |                      | Project N    | -           | SHAN            | XqRI     | 4              | A B4                  |                |                | LAKE   |
| Address 44        | 139 CROSS B   | AROLL BL          | UD       |             |                      | Project L    |             | 100             | SHAR     | X              | RI LA                 | BU             | 10.            | LEES BURY  |
| City              | 139 CROSS B   | State RL          | Zip =    | 34652       | 2                    | Preservative |             |                 |          |                |                       |                |                |  |
| Phone 72          | 7.848.9282  | - Fax 722         | . 848    | . 770       | 1                    |              |             | 10              |          | /              |                       | /              | $\overline{}$  |  |
| Sampled By        | B. Smith  |                   |          |             |                      | عمد          | great /     | 100             | / /      | ′,             | //                    |                |                |  |
| Sample            |   |                   | Sam      | pling       | Joan Comment         | A.           | WIII A      |                 | //       |                |                       | / ,            | /,             |  |
| 10                | Sample Decily   | ption 5           | Date     | Time        | Cont.                |              | 70.         |                 | //       | /              |                       | /              |                | Lab ID #   |
| 541               | DOE   | 4                 | 5/2/13   | 1535        | 1                    | X            |             |                 |          |                |                       |                |                | 1305-838   |
|                   |   |                   | 1 //4    | 7           |                      |              |             |                 |          |                |                       |                |                |  |
|                   |   |                   |          |             |                      |              |             |                 |          |                |                       |                |                |  |
|                   |   |                   |          |             |                      |              |             |                 |          |                |                       |                |                |  |
|                   |   |                   |          |             |                      |              |             |                 |          |                |                       |                |                |  |
|                   | 4   | 4.4               |          |             |                      |              |             |                 |          |                |                       |                |                |  |
|                   |   |                   |          |             |                      |              |             |                 |          |                |                       |                |                |  |
|                   |   |                   |          |             |                      |              |             |                 |          |                |                       |                |                | ·  |
|                   |   |                   |          |             |                      |              |             |                 |          |                |                       |                |                |  |
| * GW = 0          | Proundwater, SIM = Si   | urface Water, DV  | / × Drin | king Wa     | rt <del>or</del> , Y | AM × M       | astowa      | ter, 50         | × Solid/ | Soil           | , <b>SL</b> = Slu     | dge, H         | W = Ha         | azardous Waste, A = Ai   |
| . , ,             | shed By (signature)   | Date/Time         | (2) Rei  | inquished B | By (sign:            | amue)        | Da          | ite/Time        |          | T              | IMPORTA               | NT: PL         | EASE           | FILL OUT THIS AREA!  |
| Name (Prin        | Sunt 5  | -8'./3<br>Company | Name     | (Pont)      |                      |              | Ca          | mpany           |          | T              | Turn-around           | time requ      | no beni        | Results Due by (date/time)   |
|                   |   |                   |          |             |                      |              |             |                 |          | I              | ☐ Stan                | da ad          |                | ν.; ·  |
| (1) Receive       | (1) Received By (signature) Data/Time (2) Received By (signature) |                   |          |             |                      |              |             | ture) Date/Time |          |                |                       | Jaru<br>1      |                | Verbal   |
| Name (Pnr         | Name (Print) Company Name (Print)                                 |                   |          |             |                      |              |             | mpany           |          |                |                       | r              |                |  |
|                   |   | J-17              | 1        | , <i>,</i>  |                      |              | J.          | ·F ··· ·        |          | -              |                       |                |                |  |
| 1 AFU             | Received for laboratory by:                                       | (Signature)       | 3        | Date/Tim    | • 📆                  | Co           | ntalnora/S  | eals Intac      | t Upon   | 1              | Special Inc<br>Analys | is no          | t; per         | cformed by   |
| USE               | use ( 5/4/14  |                   |          |             |                      |              | ☐ Yes       | D. N            | ×        | 1              | Plant ?<br>be sent    | Fechn<br>t. to | iciar<br>bur ( | ns, Inc. will<br>Contract Lab.   |
| CNLY              | NLY Laboratory Remarks:   |                   |          |             |                      |              | Shipped vis |                 |          |                |                       | HOL            | 1              |  |
|                   |   | 76. T. 129.       |          | ( V         | 5                    | سب           | <b>/</b>    |                 |          |                | PAGE                  | (10(1)         |                |  |
| 1                 | , it is an in the second  |                   | ·- ·-    |             | .40                  | ( - °        |             | - Fr            |          | 1              |                       | . 0            |                |  |



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

See page 4 for instructions.

| See page   | 7 IOI HISH decions. |                        |   |                  |                    |              |                     |  |  |  |  |
|--|---------------------|------------------------|---|------------------|--------------------|--------------|---------------------|--|--|--|--|
| . General Information  |                     | ir of: JUNE 2013       | 3   |                  |                    |              |                     |  |  |  |  |
| . Public Water System (P   | WS) Information     | _                      |   |                  |                    |              |                     |  |  |  |  |
| PWS Name: Shangri L  | a by the Lake       |                        |   |                  |                    |              | WS Identification N |  |  |  |  |
| PWS Type: [X]  | Community           | [] Non-Transient       | Non-Commi   |                  | Fransient Non-Con  |              | ☐ Consecutiv        | e  |  |  |  |
| Number of Service Co   | nnections at End of | f Month: 168           |   |                  | Total Population S | erved at End | of Month: 328       |  |  |  |  |
| PWS Owner: Lakeside  | Waterworks          |                        |   |                  |                    |              |                     |  |  |  |  |
| Contact Person: Melisa   | a Rotteveel         |                        |   |                  | Contact Person's T | itle:        |                     |  |  |  |  |
| Contact Person's Mailing Address: City: State: FL Zip Code:  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
| Contact Person's Telephone Number: 727-848-8292 Contact Person's Fax Number: 727-849-4219  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
| Contact Person's E-Ma  |                     |                        | com   |                  |                    |              |                     |  |  |  |  |
| Water Treatment Plant  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
| Plant Name: Shangri I  | a by the Lake WT    | P                      |   |                  |                    | Pl           | lant Telephone Nun  | iber:  |  |  |  |
| Plant Address: 100 Sh  | angri La Blvd       |                        |   |                  | City: Leesburg     | St           | ate: FL             | Zip Code: 34788  |  |  |  |
| Type of Water Treated  | by Plant:           | [X] Raw Ground         | Purch   | nased Finished V | Vater              |              |                     |  |  |  |  |
| Permitted Maximum I  | Day Operating Capa  | acity of Plant, gallon | ns per day: 1   | 80000            |                    |              |                     |  |  |  |  |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
| Licensed Operators   Name   License Class   License Number   Day(s)/Shift(s) Worked  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
| Lead/Chief Operator:   | James Bruce Smith   |                        |   | 13525            |                    | 6 days p     | er week             |  |  |  |  |
| Other Operators:   |                     |                        |   |                  |                    |              |                     |  |  |  |  |
| And the second of the second o |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  | 1                  |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
| (h)  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     | The state of the s |  |  |  |
|  |                     |                        |   |                  |                    | 1            |                     |  |  |  |  |
|  |                     |                        |   |                  |                    |              |                     |  |  |  |  |
| THE PARTY OF THE P |                     |                        | ALIAN TANAH |                  |                    |              |                     |  |  |  |  |
|  | B                   |                        |   | 1                | 1                  |              |                     |  |  |  |  |

| I, the undersigned water treatment plant operator licensed in Florida information provided in this report is true and accurate to the best of | f my knowledge and belief. I certify that all drinking water treatmer  | nt chemicals used at this plant conform to  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| NSF International Standard 60 or other applicable standards referen   | iced in subsection 62-555.320(3), F.A.C. I also certify that the follo | wing additional operations records for this |  |  |  |  |  |  |
| plant were prepared each day that a licensed operator staffed or vis  |  |   |  |  |  |  |  |  |
| rates; and (2) if applicable, appropriate treatment process performa  | nce records. Furthermore, I agree to provide these additional operat   | ions records to the PWS owner so the PWS    |  |  |  |  |  |  |
| owner can retain them, together with copies of this report, at a conv   |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
| Signature and Date  | BRUCE SMITH  | C - 13525                                   |  |  |  |  |  |  |
| Signature and Date Printed or Typed Name License Number   |  |   |  |  |  |  |  |  |

40,900

Maximum

| Means of A | Darly Data for the Montle Year of:  June-13  sof Achieving Four-Log Virus Inactivation/Removal: *  aviolet Radiation Other (Describe): |                             |  |  |  |  | x Free Chlorine  |  | Chlorine D                 | Dioxide  |   | Ozone  | Combined Chlorine (Chloramines  |  |  |
|------------|--|-----------------------------|--|--|--|--|--|--|----------------------------|--|---|--|---|--|--|
| ype of Dis | infectant Res  | idual Mainta                | ined in Distribution                               | n System:  |  |  | X Free Chlorine  |  |                            | Combine  | d Chlorine (C                                     | hloramines)  | Chlorine<br>Dioxide   |  |  |
|            |  |                             |  |  |  | Crol-ly-   | / Dose, to Demonstrate Four-L  | Van la   | marca of Ambrable          |  |   |  |   |  |  |
| 100        |  | VE 5555                     |  | CA STOLE AND MAN   | SELECTION OF THE SELECT | CT Calcu   |  | NOTE OF THE OWNER O | aragat, it Apparatie       |  | grant and the                                     | UV Dose  | 1   |  |  |
| Day of the | Days Plant<br>Staffed or<br>visited by<br>operator<br>Place "X"  | Hours Plant<br>in Operation | Not Quantity of<br>Fixished Water<br>Produced, gal | Peak Flow Rate, gpd  | Lowest Residual Distillectant Concentration (C) Before or at First Curstomer During Peak Flow, 199/L   | Descriptions Consect Time (i) at C Measurement Point During Peak Flow, minutes   | Lowest CT Provided Before or at First Customer During Peak Flow, mg-eam/L  | Temp. of<br>Water, °C  | pH of Water, if Applicable | Minimum<br>CT<br>Roqured,<br>mg-min/L            | Lowest Operating UV Dose, mW- sec/cm <sup>2</sup> | Minimum UV Dosc<br>Required, nsW-sco/cm <sup>2</sup> | Lowest Residual Drainfectant<br>Consentration at Remote Point<br>an Distribution System, mg/L | Emergency or Absorma Operating Conditions; Repair or Maintenance Wock that Involves Telan Water System Componen Out of Operation |  |
| 120        | x  | 24                          | 40,900   |  | 1.8  |  |  |  |                            |  |   |  | 1.7   |  |  |
| 2          | x  | 24                          | 27,900   |  | 1.9  |  |  |  |                            |  |   |  | 0.5   |  |  |
| 3          | x  | 24                          | 19,750   |  | 1.5  |  |  |  |                            |  |   |  | 0.5   |  |  |
| 4          |  | 24                          | 19,750   |  |  |  |  |  |                            |  |   |  |   |  |  |
| -5         | x  | 24                          | 18,600   |  | 1.9  |  |  |  |                            |  |   |  | 0.6   |  |  |
| 6          | x  | 24                          | 19,800   |  | 1.4  |  |  |  |                            |  |   |  | 0.6   |  |  |
| 7.         | x  | 24                          | 21,800   |  | 1.9  |  | become a service of the service of t |  |                            |  |   | AND PERSONAL PROPERTY AND A LANGE                    | 038   |  |  |
| 8          | X  | 24                          | 24,650   |  | 1.7  |  |  |  |                            |  |   |  | 1.7   |  |  |
| 9          |  | 24                          | 24,650   | O'C CALPIANNING  |  | Terror to the second   |  |  |                            |  |   |  |   |  |  |
| 10         | ×  | 24                          | 22,700   |  | 2.1  |  |  |  |                            |  |   |  | 0.7   |  |  |
| 1176       | x  | 24                          | 13,800   |  | 1.8  |  |  |  |                            |  |   |  | 0.8   |  |  |
| 12         | x  | 24                          | 31,800   |  | 1.5  |  |  |  |                            |  |   |  | 0.8   |  |  |
| 13         | ×  | 24                          | 23,300   |  | 1.5  |  |  |  |                            |  |   |  | 0.6   |  |  |
| -14        | ×  | 24                          | 19,900   |  | 1.7  |  |  |  |                            |  |   |  | 0.8   |  |  |
| 15         | x  | 24                          | 24,500   |  | 1.6  |  |  |  |                            | 1  |   |  | 1.5   |  |  |
| 16         |  | 24                          | 24,500   |  | 1  | AAUDINPANION TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL T |  | 1  | 1                          | <b>T</b>   |   |  |   |  |  |
| 17         | ×  | 24                          | 22,500   |  | 1.2  |  |  | 1  |                            | 1  |   |  | 0.5   |  |  |
| 18         | ×  | 24                          | 24,500   |  | 1.5  |  |  |  |                            |  |   |  | 0.7   |  |  |
| 19         | ×  | 24                          | 24,500   |  | 1.5  |  |  |  |                            | 1  |   |  | 0.6   |  |  |
| 20         | ×  | 24                          | 18,500   |  | 1.5  |  |  |  |                            | <b>†</b>   |   |  | 0.7   |  |  |
| 21         | ×  | 24                          | 19,500   |  | 1.6  |  |  |  |                            | <del>                                     </del> |   |  | 0.7   |  |  |
| 22         | ×  | 24                          | 25,850   |  | 1.0  |  | <b> </b>   | <u> </u>   |                            | <del>                                     </del> |   |  | 1.4   |  |  |
| 23         | 1  | 24                          | 25,850   |  | † <u></u>  |  | <u> </u>   | <b>†</b>   |                            | <b>T</b>   |   |  | 1   |  |  |
| 24         | ×  | 24                          | 25,100   |  | 1.5  | <del>                                     </del>   |  |  |                            | 1  |   |  | 0.6   | <del>                                     </del>   |  |
| 25         | ×  | 24                          | 31,900   |  | 1.3  |  |  |  | l                          | 1  |   |  | 0.8   |  |  |
| 26         | x  | 24                          | 22,100   | Controller and Contro | 1.2  |  | <del>                                     </del>   | <b>†</b>   |                            | <del> </del>                                     |   |  | 0.9   | <del> </del>   |  |
| 27         | x  | 24                          | 24,100   | ***************************************  | 1.0  | 1  |  | <b>†</b>   |                            | <b> </b>   |   |  | 0.6   | <del>                                     </del>   |  |
| 28         | ×  | 24                          | 24,900   |  | 1.0  |  | <u> </u>   | <b>†</b>   |                            | 1  |   |  | 0.5   |  |  |
| 29         | ×  | 24                          | 26,250   |  | 0.7  | <u> </u>   |  | -  | <b> </b>                   | _  | <b> </b>  |  | 0.7   | ļ  |  |
| 30         | <u> </u>   | 24                          | 26,250   |  | 1  |  |  |  | <del> </del>               | 1  |   |  | U./   |  |  |
| 31         |  |                             | 20,230   |  | <del>                                     </del>   | <del> </del>   | <b>†</b>   | 1  | +                          | 1  | -   |  |   |  |  |
| Total      |  |                             | 720,100  |  |  |  |  |  |                            |  |   |  | 1   | J  |  |
| Average    |  |                             | 24,003   |  |  |  |  |  |                            |  |   |  |   |  |  |
| Movimo     |  |                             | 40,000   |  |  |  |  |  |                            |  |   |  |   |  |  |

| PLAN<br>P. O. I<br>Office | (ING WATER MICROBIAL SAMPLE<br>& LABORATORY REPORTING F.<br>(92-650,730 Reporting Formet Ethnoling 01/1980, Revised I<br>T TECHNICIANS, INC. LAB ID#: EI<br>BOX 447, FRUITLAND PARK, FL 3<br>; 352-787-2944 Lab:352-787-6112<br>Person; John Fredock   | ORMAT<br>12/2010)<br>83141 QA<br>14731   | Lab Receipt Date & Time: // / / / / / / / / / / / / / / / / / |   |   |  |  |  |  |  |  |  |
|---------------------------|--|--|---|---|---|--|--|--|--|--|--|--|
| Report N                  | lumber: Sub-Contract   | t Lab ID:  |   |   |   |  |  |  |  |  |  |  |
| Analys                    | is Requested: (check all that apply)   | and the second s |   |   |   |  |  |  |  |  |  |  |
|                           | Coliform/E, coli   Notal Collform/Fecal  |  |   |   |   |  |  |  |  |  |  |  |
| Public '                  | Water System (PWS) Name: 5/77  | rue!   | C+A   |   | PWS I.D. 3 3 5 4 0 2 8  |  |  |  |  |  |  |  |
| PWS or                    | PWS Owner's Phone #:   | LAT.   | 2C. UP  |   | FAX#: LEES BURY   |  |  |  |  |  |  |  |
| Collect                   | PWS Owner's Phone #: or: 3 - Sac 1741  |  |   |   | Fax #:  |  |  |  |  |  |  |  |
| Kicomm                    | 'Supply: (check only one)<br>punity Water System □Non-Transient Non-<br>d Use System □Bottlod Water □Private   | community \  | Water Sy<br>wimming   | stem []                                 | Transient Non-community Water System  ]Other;   |  |  |  |  |  |  |  |
| Distrib                   | nce Replacement (also check type of ser  | nole being re  | (boosids  | essment)<br>∐Boll W                     | ☐Raw (triggered or assessment) additional ☐Well Survey Vater Notice ☐Other:   |  |  |  |  |  |  |  |
| Sample                    | Collection Date: & .   | 10.1   | ≥   |   |   |  |  |  |  |  |  |  |
| AND SAN                   | William William Comment of the Comme | SHEET SWITTER  | TANKE SON   | 000000000000000000000000000000000000000 | A THE SECOND COMPANY OF THE SECOND COMPANY O            |  |  |  |  |  |  |  |
| Sample<br>#               | Sample Point<br>(Location or Specific Address)   | Sample<br>Collection<br>Time   | Sample<br>Type¹   | Disin-<br>fectant<br>Residual<br>(mg/L) | pH  Analysis Method(s) <sup>2</sup> :  Suppose the photosis of the photos |  |  |  |  |  |  |  |
| 1                         | WELL #1  | 1525   | R   | Ø                                       | - AA 1306-96  |  |  |  |  |  |  |  |
| 2.                        | WELL #2  | ,530   | R   | 8                                       | - A A 915   |  |  |  |  |  |  |  |
| 3                         | 35052 FOREST LAKE  | 1500   | カ   | 1.0                                     | - A A   926   |  |  |  |  |  |  |  |
| 4                         | OFFICE 65/4B   | 1545   | ال  | 1.4                                     | - A A 9 96.7  |  |  |  |  |  |  |  |
|                           |  |  |   |   |   |  |  |  |  |  |  |  |
|                           |  |  |   |   |   |  |  |  |  |  |  |  |
|                           |  |  |   |   |   |  |  |  |  |  |  |  |
|                           | r disinfoctant residuals for distribution ro   | utine & repe   | at  | 1.2                                     | 1763/1  |  |  |  |  |  |  |  |
|                           | ant Residual Analysis Method:  |  |   |   | Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.   |  |  |  |  |  |  |  |
|                           | Colorimetric Other:  |  |   | 1                                       | Diffe and time PWS notified by lab of positive results:   |  |  |  |  |  |  |  |
| erson pe                  | erforming disinfectant analysis is (see inst   | ructions on  | LAAOLZG   |   | Date and time DEP/DDH notified by Jab of positive resulta:  |  |  |  |  |  |  |  |
| / \                       | tified operator (#   |  |   | Date Report leaved:                     |   |  |  |  |  |  |  |  |
|                           | byed by a certified tab Employed by DEP  | Lab Signature:   |   |   |   |  |  |  |  |  |  |  |
| □Autho                    | rized representative of supplier of water  |  | 2   |   | Title: De A Mayor   |  |  |  |  |  |  |  |
| Zi<br>Zi                  | US WATER<br>4939 COLESS BAYES<br>EW PORT RICHTES,<br>34  | pleto Collection Information It Samples Required Samples Require H Reviewing Official: Date  |   |   |   |  |  |  |  |  |  |  |