

**CLASS "C"**  
**WATER AND/OR WASTEWATER UTILITIES**

(Gross Revenue of Less Than \$200,000 Each)

***ANNUAL REPORT***

OF

WS907-21-AR  
Joe Collins  
Silver Lake Utilities, Inc.  
106 S.W. County Road 721  
Okeechobee, FL 34974-8613

*Submitted To The*

**STATE OF FLORIDA**

RECEIVED  
FLORIDA PUBLIC SERVICE  
COMMISSION  
2022 APR - 8 AM 8:05  
DIVISION OF  
ACCOUNTING & FINANCE

***PUBLIC SERVICE COMMISSION***

FOR THE

**YEAR ENDED DECEMBER 31, 2021**

Form PSC/AFD 006-W (Rev. 12/99)

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Public Service Commission  
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## GENERAL INSTRUCTIONS

1. Prepare this report in conformity with the 1996 National Association of Regulatory Utility Commissioners (NARUC) Uniform System of Accounts for Water and Wastewater Utilities as adopted by Rule 25-30.115 (1), Florida Administrative Code.
2. Interpret all accounting words and phrases in accordance with the Uniform System of Accounts (USOA). Commission Rules and the definitions on next page.
3. Complete each question fully and accurately, even if it has been answered in a previous annual report. Enter the word "None" where it truly and completely states the fact.
4. For any question, section, or page which is not applicable to the respondent enter the words "Not Applicable." Do not omit any pages.
5. Where dates are called for, the month and day should be stated as well as the year.
6. All schedules requiring dollar entries should be rounded to the nearest dollar.
7. Complete this report by means which result in a permanent record. You may use permanent ink or a typewriter. Do not use a pencil.
8. If there is not enough room on any schedule, an additional page or pages may be added provided the format of the added schedule matches the format of the schedule in the report. Additional pages should reference the appropriate schedules, state the name of the utility, and state the year of the report.
9. If it is necessary or desirable to insert additional statements for the purpose of further explanation of schedules, such statements should be made at the bottom of the page or on an additional page. Any additional pages should state the name of the utility and the year of the report, and reference the appropriate schedule.
10. The utility shall file the original and two copies of the report with the Commission at the address below, and keep a copy for itself. Pursuant to Rule 25-30.110 (3), Florida Administrative Code, the utility must submit the report by March 31 for the preceding year ending December 31.

Florida Public Service Commission  
Division of Economic Regulation  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

11. Pursuant to Rule 25-30.110 (7) (a), Florida Administrative Code, any utility that fails to file its annual report or extension on or before March 31, or within the time specified by any extension approved in writing by the Division of Accounting and Finance, shall be subject to a penalty. The penalty shall be based on the number of calendar days elapsed from March 31, or from an approved extended filing date, until the date of filing. The date of filing shall be included in the days elapsed.

## GENERAL DEFINITIONS

**ADVANCES FOR CONSTRUCTION** - This account shall include advances by or in behalf of customers for construction which are to be refunded either wholly or in part. (USOA)

**ALLOWANCE FOR FUNDS USED DURING CONSTRUCTION ( AFUDC )** - This account shall include concurrent credits for allowance for funds used during construction based upon the net cost of funds used for construction purposes and a reasonable rate upon other funds when so used. Appropriate regulatory approval shall be obtained for "a reasonable rate". (USOA)

**AMORTIZATION** - The gradual extinguishment of an amount in an account by distributing such amount over a fixed period, over the life of the asset or liability to which it applies, or over the period during which it is anticipated the benefit will be realized. (USOA)

**CONTRIBUTIONS IN AID OF CONSTRUCTION ( CIAC )** - Any amount or item of money, services, or property received by a utility, from any person or governmental agency, any portion of which is provided at no cost to the utility, which represents an addition or transfer to the capital of the utility, and which is utilized to offset the acquisition, improvement, or construction costs of the utility's property, facilities, or equipment used to provide utility services to the public. (Section 367.021 (3), Florida Statutes)

**CONSTRUCTION WORK IN PROGRESS ( CWIP )** - This account shall include the cost of water or wastewater plant in process of construction, but not yet ready for services. (USOA)

**DEPRECIATION** - The loss in service value not restored by current maintenance, incurred in connection with the consumption or prospective retirement of utility plant in the course of service from causes which are known to be in the current operation and against which the utility is not protected by insurance. (Rule 25-30.140 (i), Florida Administrative Code)

**EFFLUENT REUSE** - The use of wastewater after the treatment process, generally for reuse as irrigation water or for in plant use. (Section 367.021 (6), Florida Statutes)

**EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WATER)** - (Rule 25-30.515 (8), Florida Administrative Code.)

- (a) 350 gallons per day;
- (b) The number of gallons a utility demonstrates in the average daily flow for a single family unit; or
- (c) The number of gallons which has been approved by the DEP for a single family residential unit.

**EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WASTEWATER)** - Industry standard of 80% of Water ERC or 280 gallons per day for residential use.

**GUARANTEED REVENUE CHARGE** - A charge designed to cover the utility's costs including, but not limited to the cost of the operation, maintenance, depreciation, and any taxes, and to provide a reasonable return to the utility for facilities, a portion of which may not be used and useful to the utility or its existing customers. (Rule 25-30.515 (9), Florida Administrative Code)

**LONG TERM DEBT** - All Notes, Conditional Sales Contracts, or other evidences of indebtedness payable more than one year from date of issue. (USOA)

**PROPRIETARY CAPITAL ( For proprietorships and partnerships only )** - The investment of a sole proprietor, or partners, in an unincorporated utility. (USOA)

**RETAINED EARNINGS** - This account reflects corporate earnings retained in the business. Credits would include net income or accounting adjustments associated with correction of errors attributable to a prior period. Charges to this account would include net losses, accounting adjustments associated with correction of errors attributable to a prior period or dividends. (USOA)

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# FINANCIAL SECTION

REPORT OF

Silver Lake Utilities, Inc.  
(EXACT NAME OF UTILITY)

106 SW County Road 721 Okeechobee, FL 34974	106 SW County Road 721 Okeechobee, FL 34974
Mailing Address	Street Address County

Telephone Number (863) 763-3041 Date Utility First Organized 12/3/2007

Fax Number (863)763-3178 E-mail Address Joe.Collins@lykes.com

Sunshine State One-Call of Florida, Inc. Member No. 41004

Check the business entity of the utility as filed with the Internal Revenue Service:

Individual  Sub Chapter S Corporation  1120 Corporation  Partnership

Name, Address and phone where records are located: 106 SW County Road 721 Okeechobee, FL 34974  
(863) 763-3041

Name of subdivisions where services are provided: Lykes Ranch Division, Lykes Citrus Division

CONTACTS:

Name	Title	Principal Business Address	Salary Charged Utility
Person to send correspondence: <u>Joe Collins</u>	<u>Vice President</u>	<u>106 SW County Road 721 Okeechobee, FL 34974</u>	\$ <u>0</u>
Person who prepared this report: <u>Noah Handley</u>	<u>Utility Manager</u>	<u>106 SW County Rd 721 Okeechobee, FL 34974</u>	\$ <u>0</u>
Officers and Managers: <u>Johnnie P. James, Jr.</u>	<u>President, COO</u>	<u>400 N. Ashley Dr, Ste 2500 Tampa, FL 33602</u>	\$ <u>0</u>
<u>Joe Collins</u>	<u>Vice President</u>	<u>106 SW County Rd 721 Okeechobee, FL 34974</u>	\$ <u>0</u>
<u>Carl Bauman</u>	<u>Treasurer</u>	<u>400 N. Ashley Dr, Ste 2500 Tampa, FL 33602</u>	\$ <u>0</u>
<u>Jaleisce Williams Aidoo</u>	<u>Secretary</u>	<u>400 N. Ashley Dr, Ste 2500 Tampa, FL 33602</u>	\$ <u>0</u>
			\$ _____

Report every corporation or person owning or holding directly or indirectly 5 percent or more of the voting securities of the reporting utility:

Name	Percent Ownership in Utility	Principal Business Address	Salary Charged Utility
<u>Lykes Bros. Inc.</u>	<u>100%</u>	<u>400 North Ashley Dr. Suite 2500 Tampa, FL 33602</u>	\$ <u>0</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____



UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
Gross Revenue:					
Residential _____		\$ 61,428	\$ 0	\$ _____	\$ 61,428
Commercial _____		94,816	0	_____	94,816
Industrial _____		_____	_____	_____	_____
Multiple Family _____		_____	_____	_____	_____
Guaranteed Revenues _____		_____	_____	_____	_____
Other (Specify) _____		_____	_____	_____	_____
Total Gross Revenue _____		\$ 156,244	\$ 0	\$ _____	\$ 156,244
Operation Expense (Must tie to pages W-3 and S-3)	W-3 S-3	\$ 157,069	\$ _____	\$ _____	\$ 157,069
Depreciation Expense _____	F-5	36,699	_____	_____	36,699
CIAC Amortization Expense _____	F-8	_____	_____	_____	_____
Taxes Other Than Income _____	F-7	8,306	_____	_____	8,306
Income Taxes _____	F-7	_____	_____	_____	_____
Total Operating Expense		\$ 202,074	_____	_____	\$ 202,074
Net Operating Income (Loss)		\$ -45,830	\$ _____	\$ _____	\$ -45,830
Other Income:					
Nonutility Income _____		\$ _____	\$ _____	\$ _____	\$ _____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Other Deductions:					
Miscellaneous Nonutility Expenses _____		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense _____		-28,141	_____	_____	-28,141
Fees and Permits _____		-1,450	_____	_____	-1,450
Legal _____		0	_____	_____	0
_____		_____	_____	_____	_____
Net Income (Loss)		\$ -75,421	\$ _____	\$ _____	\$ -75,421

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2021

COMPARATIVE BALANCE SHEET

ACCOUNT NAME	Reference Page	Current Year	Previous Year
<b>Assets:</b>			
Utility Plant in Service (101-105) _____	F-5,W-1,S-1	\$ 1,172,425	\$ 1,172,425
Accumulated Depreciation and Amortization (108)_____	F-5,W-2,S-2	<u>672,039</u>	<u>635,340</u>
Net Utility Plant_____		\$ <u>500,387</u>	\$ <u>537,085</u>
Cash_____		<u>97,082</u>	<u>122,568</u>
Customer Accounts Receivable (141)_____		101	20,753
Other Assets (Specify):_____		<u>0</u>	<u>0</u>
Prepaid Expenses_____			
<b>Total Assets</b> _____		\$ <u>597,570</u>	\$ <u>680,406</u>
<b>Liabilities and Capital:</b>			
Common Stock Issued (201)_____	F-6	<u>2,315,000</u>	<u>2,315,000</u>
Preferred Stock Issued (204)_____	F-6		
Other Paid in Capital (211)_____			
Retained Earnings (215)_____	F-6	<u>-2,380,027</u>	<u>-2,304,606</u>
Proprietary Capital (Proprietary and partnership only) (218)_____	F-6		
Total Capital_____		\$ <u>-65,027</u>	\$ <u>10,394</u>
Long Term Debt (224)_____	F-6	\$ _____	\$ _____
Accounts Payable (231)_____		<u>3,597</u>	<u>11,013</u>
Notes Payable (232)_____		<u>659,000</u>	<u>659,000</u>
Customer Deposits (235)_____			
Accrued Taxes (236)_____			
Other Liabilities (Specify)_____			
Advances for Construction_____			
Contributions in Aid of Construction - Net (271-272)_____	F-8		
<b>Total Liabilities and Capital</b> _____		\$ <u>597,570</u>	\$ <u>680,407</u>

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2021
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GROSS UTILITY PLANT

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other Than Reporting Systems	Total
Utility Plant in Service (101)	\$ <u>1,172,425</u>	\$ _____	\$ _____	\$ <u>1,172,425</u>
Construction Work in Progress (105) _____	_____	_____	_____	_____
Other (Specify) _____ _____	_____	_____	_____	_____
<b>Total Utility Plant</b> _____	<b>\$ <u>1,172,425</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ <u>1,172,425</u></b>

ACCUMULATED DEPRECIATION (A/D) AND AMORTIZATION OF UTILITY PLANT

Account 108	Water	Wastewater	Other Than Reporting Systems	Total
Balance First of Year _____	\$ <u>635,340</u>	\$ _____	\$ _____	\$ <u>635,340</u>
<b>Add Credits During Year:</b>				
Accruals charged to depreciation account _____	\$ <u>36,699</u>	\$ _____	\$ _____	\$ <u>36,699</u>
Salvage _____	_____	_____	_____	_____
Other Credits (specify) _____	_____	_____	_____	_____
<b>Total Credits</b> _____	<b>\$ <u>36,699</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ <u>36,699</u></b>
<b>Deduct Debits During Year:</b>				
Book cost of plant retired _____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of removal _____	_____	_____	_____	_____
Other debits (specify) _____	_____	_____	_____	_____
<b>Total Debits</b> _____	<b>\$ <u>0</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ <u>0</u></b>
<b>Balance End of Year</b> _____	<b>\$ <u>672,039</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ <u>672,039</u></b>

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2021
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CAPITAL STOCK ( 201 - 204 )

	Common Stock	Preferred Stock
Par or stated value per share _____	1	_____
Shares authorized _____	_____	_____
Shares issued and outstanding _____	2,315,000	_____
Total par value of stock issued _____	2,315,000	_____
Dividends declared per share for year _____	0	_____

RETAINED EARNINGS ( 215 )

	Appropriated	Un- Appropriated
Balance first of year _____	\$ _____	\$ -2,304,606
Changes during the year (Specify):		
Net Income (Loss) _____	_____	-75,421
Adjustments to prior year balance _____	_____	_____
_____	_____	_____
Balance end of year _____	\$ _____	\$ -2,380,027

PROPRIETARY CAPITAL ( 218 )

	Proprietor Or Partner	Partner
Balance first of year _____	\$ _____	\$ NA
Changes during the year (Specify):		
_____	_____	_____
_____	_____	_____
Balance end of year _____	\$ _____	\$ _____

LONG TERM DEBT ( 224 )

Description of Obligation (Including Date of Issue and Date of Maturity):	Interest		Principal per Balance Sheet Date
	Rate	# of Pymts	
_____	_____	_____	\$ NA
_____	_____	_____	_____
_____	_____	_____	_____
Total _____			\$ _____

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2021
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**TAX EXPENSE**

(a)	Water (b)	Wastewater (c)	Other (d)	Total (e)
Income Taxes:				
Federal income tax_____	\$ _____	\$ _____	\$ _____	\$ _____ 0
State income Tax_____	_____	_____	_____	_____ 0
Taxes Other Than Income:				
State ad valorem tax_____	_____	_____	_____	_____ 0
Local property tax_____	_____	_____	_____	_____ 0
Regulatory assessment fee_____	8,281	_____	_____	8,281
Other (Specify)_____	_____	_____	_____	_____ 0
Permit Fee_____	25	_____	_____	25
_____	_____	_____	_____	_____
Total Tax Expense_____	\$ 8,306	\$ 0	\$ _____	\$ 8,306

**PAYMENTS FOR SERVICES RENDERED BY OTHER THAN EMPLOYEES**

Report all information concerning outside rate, management, construction, advertising, labor relations, public relations, or other similiar professional services rendered the respondent for which aggregate payments during the year to any corporation, partnership, individual, or organization of any kind whatever amounting to \$500 or more.

Name of Recipient	Water Amount	Wastewater Amount	Description of Service
Lykes Bros. Inc. Citrus & Ranch	\$ 127,943	\$ _____	Operations and Maintenance
Pugh Utilities Services	\$ 21,912	\$ _____	Testing and Treatments
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2021
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**CONTRIBUTIONS IN AID OF CONSTRUCTION ( 271 )**

(a)	Water (b)	Wastewater (c)	Total (d)
1) Balance first of year_____	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
2) Add credits during year_____	\$ _____	\$ _____	\$ _____
3) Total_____	_____	_____	_____
4) Deduct charges during the year_____	_____	_____	_____
5) Balance end of year_____	_____	_____	_____
6) Less Accumulated Amortization_____	_____	_____	_____
7) Net CIAC_____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

**ADDITIONS TO CONTRIBUTIONS IN AID OF CONSTRUCTION DURING YEAR (CREDITS)**

Report below all developers or contractors agreements from which cash or property was received during the year.	Indicate "Cash" or "Property"	Water	Wastewater
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-total_____		\$ _____	\$ _____
Report below all capacity charges, main extension charges and customer connection charges received during the year.			
Description of Charge	Number of Connections	Charge per Connection	
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total Credits During Year (Must agree with line # 2 above.)_____			\$ <u>NA</u>

**ACCUMULATED AMORTIZATION OF CIAC (272)**

	<u>Water</u>	<u>Wastewater</u>	<u>Total</u>
Balance First of Year_____	\$ _____	\$ _____	\$ _____
Add Debits During Year:_____	_____	_____	_____
Deduct Credits During Year:_____	_____	_____	_____
Balance End of Year (Must agree with line #6 above.)	\$ <u>NA</u>	\$ _____	\$ <u>NA</u>

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2021
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**SCHEDULE "A"**

**SCHEDULE OF COST OF CAPITAL USED FOR AFUDC CALCULATION (1)**

Class of Capital (a)	Dollar Amount (b)	Percentage of Capital (c)	Actual Cost Rates (d)	Weighted Cost [ c x d ] (e)
Common Equity	\$ <u>NA</u>	<u>      </u> %	<u>      </u> %	<u>NA</u> %
Preferred Stock	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Long Term Debt	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Customer Deposits	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Tax Credits - Zero Cost	<u>      </u>	<u>      </u> %	0.00 %	<u>      </u> %
Tax Credits - Weighted Cost	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Deferred Income Taxes	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Other (Explain)	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
<b>Total</b>	\$ <u><u>NA</u></u>	<u><u>100.00</u></u> %		<u><u>NA</u></u> %

(1) Must be calculated using the same methodology used to calculate AFUDC rate approved by the Commission.

**APPROVED AFUDC RATE**

Current Commission approved AFUDC rate:	<u>NA</u>	%
Commission Order Number approving AFUDC rate:	<u>NA</u>	

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2021
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**SCHEDULE "B"**

**SCHEDULE OF CAPITAL STRUCTURE ADJUSTMENTS**

Class of Capital (a)	Per Book Balance (b)	Non-utility Adjustments (c)	Non-juris. Adjustments (d)	Other (1) Adjustments (e)	Capital Structure Used for AFUDC Calculation (f)
Common Equity	\$ NA	\$ _____	\$ _____	\$ _____	\$ NA
Preferred Stock	_____	_____	_____	_____	_____
Long Term Debt	_____	_____	_____	_____	_____
Customer Deposits	_____	_____	_____	_____	_____
Tax Credits-Zero Cost	_____	_____	_____	_____	_____
Tax Credits-Weighted Cost of Capital	_____	_____	_____	_____	_____
Deferred Income Taxes	_____	_____	_____	_____	_____
Other (Explain)	_____	_____	_____	_____	_____
Total	\$ NA	\$ _____	\$ _____	\$ _____	\$ NA

(1) Explain below all adjustments made in Column (e):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____



**WATER  
OPERATING  
SECTION**

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

**WATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization_____	\$ 190,097	\$ _____	\$ _____	\$ 190,097
302	Franchises_____	_____	_____	_____	_____
303	Land and Land Rights_____	_____	_____	_____	_____
304	Structures and Improvements_____	72,180	_____	_____	72,180
305	Collecting and Impounding Reservoirs_____	_____	_____	_____	_____
306	Lake, River and Other Intakes_____	_____	_____	_____	_____
307	Wells and Springs_____	228,464	_____	_____	228,464
308	Infiltration Galleries and Tunnels_____	_____	_____	_____	_____
309	Supply Mains_____	_____	_____	_____	_____
310	Power Generation Equipment_____	44,534	_____	_____	44,534
311	Pumping Equipment_____	182,013	_____	_____	182,013
320	Water Treatment Equipment_____	198,750	_____	_____	198,750
330	Distribution Reservoirs and Standpipes_____	13,462	_____	_____	13,462
331	Transmission and Distribution Lines_____	228,689	_____	_____	228,689
333	Services_____	_____	_____	_____	_____
334	Meters and Meter Installations_____	13,619	_____	_____	13,619
335	Hydrants_____	_____	_____	_____	_____
336	Backflow Prevention Devices_____	_____	_____	_____	_____
339	Other Plant and Miscellaneous Equipment_____	_____	_____	_____	_____
340	Office Furniture and Equipment_____	_____	_____	_____	_____
341	Transportation Equipment_____	_____	_____	_____	_____
342	Stores Equipment_____	_____	_____	_____	_____
343	Tools, Shop and Garage Equipment_____	_____	_____	_____	_____
344	Laboratory Equipment_____	_____	_____	_____	_____
345	Power Operated Equipment_____	617	_____	_____	617
346	Communication Equipment_____	_____	_____	_____	_____
347	Miscellaneous Equipment_____	_____	_____	_____	_____
348	Other Tangible Plant_____	_____	_____	_____	_____
	Total Water Plant_____	\$ 1,172,424	\$ 0	\$ 0	\$ 1,172,424

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2021

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (j)
304	Structures and Improvements	40	%	2.50	\$ 68,365	\$	\$ 4,752	\$ 73,117
305	Collecting and Impounding Reservoirs		%					
306	Lake, River and Other Intakes	32	%	3.13	25,908		2,402	28,310
307	Wells and Springs	30	%	3.33	186,081		2,172	188,253
308	Infiltration Galleries & Tunnels		%					
309	Supply Mains		%					
310	Power Generating Equipment	20	%	5.00	23,502		2,446	25,948
311	Pumping Equipment	20	%	5.00	54,129		9,501	63,630
320	Water Treatment Equipment	22	%	4.55	107,791		8,934	116,725
330	Distribution Reservoirs & Standpipes		%					
331	Trans. & Dist. Mains	37	%	2.70	12,033		363	12,396
333	Services	43	%	2.33	148,052		5,377	153,429
334	Meter & Meter Installations		%					
335	Hydrants	20	%	5.00	8,885		750	9,635
336	Backflow Prevention Devices		%					
339	Other Plant and Miscellaneous Equipment		%					
340	Office Furniture and Equipment		%					
341	Transportation Equipment		%					
342	Stores Equipment		%					
343	Tools, Shop and Garage Equipment		%					
344	Laboratory Equipment		%					
345	Power Operated Equipment	12	%	12.00	591		0	591
346	Communication Equipment		%					
347	Miscellaneous Equipment		%					
348	Other Tangible Plant		%					
	Totals				\$ 635,337	\$ 0	\$ 36,699	\$ 672,036 *

\* This amount should tie to Sheet F-5.

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2021

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees_____	\$ _____
603	Salaries and Wages - Officers, Directors, and Majority Stockholders_____	_____
604	Employee Pensions and Benefits_____	_____
610	Purchased Water_____	925
615	Purchased Power_____	4,875
616	Fuel for Power Production_____	_____
618	Chemicals_____	491
620	Materials and Supplies_____	8,847
630	Contractual Services:	
	Billing_____	_____
	Professional_____	44,391
	Testing_____	9,623
	Other_____	48,464
		38,526
640	Rents_____	_____
650	Transportation Expense_____	_____
655	Insurance Expense_____	_____
665	Regulatory Commission Expenses (Amortized Rate Case Expense)_____	_____
670	Bad Debt Expense_____	_____
675	Miscellaneous Expenses_____	927
	Total Water Operation And Maintenance Expense_____	\$ <u>157,069</u> *

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	42	41	41
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
<b>General Service</b>					
5/8"	D	1.0	18	14	14
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	3	3	7.5
1 1/2"	D,T	5.0	1	1	5
2"	D,C,T	8.0	2	1	8
3"	D	15.0	1	1	15
3"	C	16.0	_____	_____	_____
3"	T	17.5	_____	_____	_____
Unmetered Customers	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____
** D = Displacement C = Compound T = Turbine			<b>Total</b>	<b>67</b>	<b>61</b>
					<b>90.5</b>

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: ALL SYSTEMS

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [ (b)+(c)-(d) ] (e)	Water Sold To Customers (Omit 000's) (f)
January	_____	603	83	687	603
February	_____	376	68	445	376
March	_____	482	59	542	482
April	_____	533	105	638	533
May	_____	315	46	361	315
June	_____	580	14	594	580
July	_____	301	36	337	301
August	_____	207	28	235	207
September	_____	151	32	183	151
October	_____	217	27	243	217
November	_____	161	12	173	161
December	_____	175	12	187	175
<b>Total for Year</b>	_____	<b>4,103</b>	<b>523</b>	<b>4,626</b>	<b>4,103</b>

If water is purchased for resale, indicate the following:

Vendor \_\_\_\_\_  
Point of delivery \_\_\_\_\_

If water is sold to other water utilities for redistribution, list names of such utilities below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAINS (FEET)**

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC	6"	24,200	_____	_____	24,200
PVC	3"	13,225	_____	_____	13,225
PVC	2"	3,133	_____	_____	3,133
PVC	1 1/2"	1,140	_____	_____	1,140
PVC	1 1/4"	920	_____	_____	920
PVC	1"	4,170	_____	_____	4,170
PVC	3/4"	900	_____	_____	900
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Basinger Barn 1 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1994	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" - 90	_____	_____	_____
Well Screen _____	20'	_____	_____	_____
Depth of Wells _____	90'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2 HP	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	10,800	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____
* Submersible, centrifugal				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description _____	Bladder Tank	_____	_____	_____
Capacity of Tank _____	35 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Basinger Barn 1 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day__	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)___	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Aerator Tanks_____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator_42 GPH	Pulsefeeder	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Basinger Barn 1 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 1,050 Gals / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 5
3. Present system connection capacity (in ERCs \*) using existing lines. 5
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?  
Permitted by the Highlands County Health Department Limited Use Commercial Permit No. LUC017
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID No.  
Highlands County Health Department Permit No. LUS ID: 28-57-00198
12. Water Management District Consumptive Use Permit #
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Basinger Barn 3 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1993	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" - 90	_____	_____	_____
Well Screen _____	20'	_____	_____	_____
Depth of Wells _____	90'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2 HP	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	7,200	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Bladder Tank	_____	_____	_____
Capacity of Tank _____	35 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Basinger Barn 3 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_ _ _	_____	_____	_____
Type of Source_ _ _ _ _	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_ _ _ _ _	_____	_____	_____
Make_ _ _ _ _	_____	_____	_____
Permitted Capacity (GPD)_ _	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_ _ _	_____	_____	_____
Reverse Osmosis_ _ _ _ _	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_ _ _ _ _	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._ _ _ _ _	_____	_____	_____
Gravity GPD/Sq.Ft._ _ _ _	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	Stenner 85MPH40	_____	_____
Ozone_ _ _ _ _	_____	_____	_____
Other_ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Basinger Barn 3 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 1,050 GPD / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 5
3. Present system connection capacity (in ERCs \*) using existing lines. 5
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number  
Highlands County Health Department Permit No. LUS ID: 28-57-00199
12. Water Management District Consumptive Use Permit Number
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Basinger Grove Barn 4 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1985	_____	_____	_____
Types of Well Construction and Casing_____	Hammer Iron	_____	_____	_____
Casing Diameter and Depth	4" - 320'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	500	_____	_____	_____
Diameters of Wells_____	4"	_____	_____	_____
Pump - GPM_____	15	_____	_____	_____
Motor - HP_____	1	_____	_____	_____
Motor Type *_____	Jet Pump	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Basinger Grove Barn 4 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day___	Projected 880 GPD	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)___	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .5 GPH	Stenner 85MPH40	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Basinger Grove Barn 4 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 1,050 GPD / 350 GPD = 3
2. Maximum number of ERC's that can be served. 6
3. Present system connection capacity (in ERCs \*) using existing lines. 6
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A  
Highlands County Health Department Permit No. LUS ID: 28-57-00065
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number  
Highlands County Health Department Permit No. LUS ID: 28-57-00065
12. Water Management District Consumptive Use Permit n/a
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Basinger Grove Office and Shop WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1991	_____	_____	_____
Types of Well Construction and Casing_____	Rotary - PVC	_____	_____	_____
Casing Diameter and Depth	6" 240	_____	_____	_____
Well Screen_____	Open Hole	_____	_____	_____
Depth of Wells_____	305	_____	_____	_____
Diameters of Wells_____	6"	_____	_____	_____
Pump - GPM_____	45	_____	_____	_____
Motor - HP_____	2	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells GPD Permitted	8,000	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Steel - 1	Steel - 2	_____	_____
Capacity of Tank_____	750 Retention	750 Storage	_____	_____
Ground or Elevated_____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Basinger Grove Office and Shop WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	5,000 GPD	WC28-186111 FDEP	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .5 GPH	Stenner 85MPH40	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Basinger Grove Office and Shop WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 5,000 GPD / 350 GPD = 14  
Per FDEP Construction Permit WC28-186111 May 6, 1991
2. Maximum number of ERC's that can be served. 28.5 (by SFWMD Permit at 10,000 GPD)
3. Present system connection capacity (in ERCs \*) using existing lines. 4
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A  
Highlands County Health Department Permit No. LUS ID: 28-57-00221
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_ No
11. Department of Environmental Protection Permit Number n/a  
Highlands County Health Department Permit No. LUS ID: 28-57-00221
12. Water Management District Consumptive Use Permit  
SWFWMD No. 28-00317-W at 10,000 GPD Average and 38,760 Maximum GPD
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Boar Hammock WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	2013	_____	_____	_____
Types of Well Construction and Casing_____	Rotary PVC	_____	_____	_____
Casing Diameter and Depth_____	4" - 150'	_____	_____	_____
Well Screen_____	120-150'	30' - .010 slot	_____	_____
Depth of Wells_____	150	_____	_____	_____
Diameters of Wells_____	4"	_____	_____	_____
Pump - GPM_____	30 GPM	_____	_____	_____
Motor - HP_____	1	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD_____	21,600	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)_____	Bladder Tanks	_____	_____	_____
Capacity of Tank_____	50 and 65 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Boar Hammock WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Boar Hammock WTP

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 1,750 / 350 Gals per ERC = 5
- 2. Maximum number of ERC's that can be served. 5
- 3. Present system connection capacity (in ERCs \*) using existing lines. 3
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP? N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number Private System No. Permit  
Glades County Health Department Limited Use Commercial Permit Number 22-57-00002
- 12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Boar Hammock 4500 U.S. 27 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	unk	_____	_____	_____
Types of Well Construction and Casing_____	_____	_____	_____	_____
Casing Diameter and Depth	2" 150'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	175'	_____	_____	_____
Diameters of Wells_____	4"	_____	_____	_____
Pump - GPM_____	25 GPM	_____	_____	_____
Motor - HP_____	3/4	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	18,000	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Boar Hammock 4500 U.S. 27 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_ _ _ _	_____	_____	_____
Type of Source_ _ _ _ _	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_ _ _ _ _	Aerator 150 Gal	_____	_____
Make_ _ _ _ _	_____	_____	_____
Permitted Capacity (GPD)_ _	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_ _ _ _	_____	_____	_____
Reverse Osmosis_ _ _ _ _	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_ _ _ _ _	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._ _ _ _ _	_____	_____	_____
Gravity GPD/Sq.Ft._ _ _ _	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 GPH	Stenner 85MPH	_____	_____
Ozone_ _ _ _ _	_____	_____	_____
Other_ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Boar Hammock 4500 U.S. 27 WTP

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 1
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit Number
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

(a) If actual flow data are available from the preceding 12 months:

Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:

ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Boar Hammock 4480 U.S. 27 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	unk	_____	_____	_____
Types of Well Construction and Casing_____	_____	_____	_____	_____
Casing Diameter and Depth	2" 135'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	182'	_____	_____	_____
Diameters of Wells_____	4"	_____	_____	_____
Pump - GPM_____	25 GPM	_____	_____	_____
Motor - HP_____	3/4	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	18,000	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Boar Hammock 4480 U.S. 27 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	Aerator 250 Gal	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)___	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Boar Hammock 4480 U.S. 27 WTP

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
- 2. Maximum number of ERC's that can be served. 2
- 3. Present system connection capacity (in ERCs \*) using existing lines. 1
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP?N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number  
Private Well System - No Permit Required
- 12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Boatramp Nursery WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1993	_____	_____	_____
Types of Well Construction and Casing_____	Rotary - Steel	_____	_____	_____
Casing Diameter and Depth_____	10" - 172'	_____	_____	_____
Well Screen_____	6" - 440'	_____	_____	_____
Depth of Wells_____	778'	_____	_____	_____
Diameters of Wells_____	6"	_____	_____	_____
Pump - GPM_____	33	42159	_____	_____
Motor - HP_____	2	42159	Replaced 7.5 hp	_____
Motor Type *_____	Submersible	_____	_____	_____
Yields of Wells GPM by Permit_____	5,600	Max Flow	FDEP 5284124	_____
Auxiliary Power_____	None	0.0056 MGD	WC28-230920	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)_____	Steel	_____	_____	_____
Capacity of Tank_____	1500	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Boatramp Nursery WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	5600	WC28-230920	_____
Type of Source_____	Ground Well No. 1	Construct Permit	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .9 GPH	Stenner MPH85	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
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SYSTEM NAME: Boatramp Nursery WTP

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 5,600 GPD / 350 GPD = 16
- 2. Maximum number of ERC's that can be served. 6
- 3. Present system connection capacity (in ERCs \*) using existing lines. 3
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system.
- 9. When did the company last file a capacity analysis report with the DEP? N/A  
Highlands County Health Department Permit No. LUS ID: 28-57-00230
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number n/a  
Highlands County Health Department Permit No. LUS ID: 28-57-00230
- 12. Water Management District Consumptive Use Permit  
SWFWMD Permit No. 28-00146-W
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Brighton Grove Office WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	2007	2007	_____	_____
Types of Well Construction and Casing_____	Rotary	Rotary	_____	_____
Casing Diameter and Depth	6" - 120'	6" - 120"	_____	_____
Well Screen_____	20' - 4" x 0.02	20' - 4" x 0.02	_____	_____
Depth of Wells_____	120'	120'	_____	_____
Diameters of Wells_____	6"	6"	_____	_____
Pump - GPM_____	22 GPM	22 GPM	_____	_____
Motor - HP_____	1 HP	1 HP	_____	_____
Motor Type *_____	Submersible	Submersible	_____	_____
Yields of Wells in 12 Hr GPD	15,840 GPD	15,840 GPD	_____	_____
Auxiliary Power_____	_____	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	HDPE	_____	_____	_____
Capacity of Tank_____	850 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer_____	Baldor	Baldor	_____	_____
Type_____	Electric	Electric	_____	_____
Rated Horsepower_____	5 HP	5 HP	_____	_____
<b>Pumps</b>				
Manufacturer_____	Goulds	Goulds	_____	_____
Type_____	Centrifugal	Centrifugal	_____	_____
Capacity in GPM_____	50 GPM	50 GPM	_____	_____
Average Number of Hours Operated Per Day_____	4	4	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Brighton Grove Office WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	SFWMD .45 MGM	SFWMD .45 MGM	_____
Type of Source_____	Ground	Ground	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	Carbon Filter 25 GPM	Carbon Filter 25 GPM	2 Aerators
Make_____	Pentair Model 3150	Pentair Model 3150	_____
Permitted Capacity (GPD)___	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	15 GPM	15 GPM	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Aerator Tanks_____	300 Gal Aerator	300 Gal Aerator	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator_.42 GPH	Pulsafeeder	Pulsafeeder	Pulsafeeder
Ozone_____	CL2 to Aerator No. 1	CL2 to Aerator No. 2	CL2 to Storage Tank
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
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SYSTEM NAME: Brighton Grove Office WTP

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 2,500 Gals / 350 Gals per ERC = 7
2. Maximum number of ERC's that can be served. 12
3. Present system connection capacity (in ERCs \*) using existing lines. 14
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 1
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A  
System is permitted by the Glades County Heaalth Department Permit Nos. 22-57-964865 and 22-57-967423
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID No.  
Glades County Health Department Permit No. 22-57-964485 (South Well) and 22-57-967423 (North Well)
12. Water Management District Consumptive Use Permit  
SFWMD WUP 22-00392-W
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Brighton Ranch Office WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	2007	2007	_____	_____
Types of Well Construction and Casing_____	Rotary	Rotary	_____	_____
Casing Diameter and Depth_____	6" - 162'	6" - 162"	_____	_____
Well Screen_____	20' - 4" x 0.02	20' - 4" x 0.02	_____	_____
Depth of Wells_____	180'	180'	_____	_____
Diameters of Wells_____	6"	6"	_____	_____
Pump - GPM_____	25 GPM	25 GPM	_____	_____
Motor - HP_____	2 HP	2 HP	22 GPM	_____
Motor Type * _____	Submersible	Submersible	only one well	_____
Yields of Wells in 12 Hr GPD_____	15,840 GPD	15,840 GPD	may operate	_____
Auxiliary Power_____	22 Kw Diesel	22 Kw Diesel	at any time	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)_____	HDPE	_____	_____	_____
Capacity of Tank_____	5,500 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	Baldor	Baldor	_____	_____
Type_____	Electric	Electric	_____	_____
Rated Horsepower_____	5 HP	5 HP	_____	_____
<u>Pumps</u>				
Manufacturer_____	Goulds	Goulds	_____	_____
Type_____	Centrifugal	Centrifugal	_____	_____
Capacity in GPM_____	40 GPM	40 GPM	_____	_____
Average Number of Hours Operated Per Day_____	2 Hours	2 Hours	_____	_____
Auxiliary Power_____	22 Kw Diesel	22 Kw Diesel	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Brighton Ranch Office WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	SFWMD 0.09 MGD	SFWMD 0.09 MGD	_____
Type of Source _____	Ground	Ground	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	Carbon Filter 57 GPM	Degassifier 25 GPM	Calcite 142 GPM
Make _____	Pentair Model 3150	DeLoach Industries	Miami TO3648
Permitted Capacity (GPD) _____	FDEP 10,500 GPD	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	40 GPM	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq. Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator_ 42 GPH	Pulsafeeder	Pulsafeeder	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	22 Kw Diesel	22 Kw Diesel	22 Kw Diesel

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Brighton Ranch Office WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 10,500 Gals Permitted Capacity / 350 Gals per ERC = 30
2. Maximum number of ERC's that can be served. 30 .
3. Present system connection capacity (in ERCs \*) using existing lines. 30
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? December 2008
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID  
FDEP ID# 5284153
12. Water Management District Consumptive Use Permit  
SFWMD Permit No. 22-00392-W
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Buckhorn Housing WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1990	_____	_____	_____
Types of Well Construction and Casing_____	Rotary - PVC	_____	_____	_____
Casing Diameter and Depth	230	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	300	_____	_____	_____
Diameters of Wells_____	6"	_____	_____	_____
Pump - GPM_____	33	_____	_____	_____
Motor - HP_____	3	5 HP to 3 HP	_____	_____
Motor Type *_____	Submersible	40457	_____	_____
Yields of Wells in 12 Hr GPD	23,760	55GS30	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Steel	Steel	_____	_____
Capacity of Tank_____	1500	900	_____	_____
Ground or Elevated_____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Buckhorn Housing WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	0.033 MGD	0.108 MGD 9/11/90	SFWMD 28-00290-W
Type of Source_____	Ground Well No. 1	0.333 MGD 8/22/99	Max Month 484,500 0.10 MGD

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis _____	Use Device/RO at each home	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	Stenner 85MPH85	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 33,300 GPD / 350 Gals per ERC = 95.14
- 2. Maximum number of ERC's that can be served. 94.24 (by FDEP Permit 33,300 GPD)  
Maximum number of ERC's that can be served 28.57 ( by SFWMD Permit 10,600 GPD)
- 3. Present system connection capacity (in ERCs \*) using existing lines. 22
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP? N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number  
FDEP ID No. 5284101
- 12. Water Management District Consumptive Use Permit Number  
SFWMDC WUP 22-00290-W at 0.01 MGD, 3,875,000 Gals/Year
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Farabee Road WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1960	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool 4"	_____	_____	_____
Casing Diameter and Depth	4" - 60'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	120'	_____	_____	_____
Diameters of Wells_____	4"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	amtrol WX203	_____	_____	_____
Capacity of Tank_____	32 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

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SOURCE OF SUPPLY

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	Sediment Filter	Aerator	_____
Make_____	_____	150 Gal	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Farabee Road WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 1
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit Number  
N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Iron Pens WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1995	_____	_____	_____
Types of Well Construction and Casing_____	_____	_____	_____	_____
Casing Diameter and Depth_____	2" - unk	_____	_____	_____
Well Screen_____	unk	_____	_____	_____
Depth of Wells_____	185	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	22	_____	_____	_____
Motor - HP_____	0.5	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD_____	15,840	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tanks	_____	_____	_____
Capacity of Tank_____	35 and 35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Iron Pens WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Iron Pens WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 3
3. Present system connection capacity (in ERCs \*) using existing lines. 3
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Highlands County Health Department Permit No. LUS ID: 28-57-000582
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Lake Placid WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1991			
Types of Well Construction and Casing _____	Rotary - PVC			
Casing Diameter and Depth _____	8" - 630'			
Well Screen _____				
Depth of Wells _____	775'			
Diameters of Wells _____	8"			
Pump - GPM _____	100 GPM			
Motor - HP _____	5	45 GPM		
Motor Type * _____	Submersible			
Yields of Wells in 12 Hr GPD _____	32,400			
Auxiliary Power _____	None			

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel	Steel		
Capacity of Tank _____	1,000 Gal	1,500 Gal		
Ground or Elevated _____	Ground	Ground/CI2		

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____				
Type _____				
Rated Horsepower _____				
<u>Pumps</u>				
Manufacturer _____				
Type _____				
Capacity in GPM _____				
Average Number of Hours Operated Per Day _____				
Auxiliary Power _____				

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Lake Placid WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	15,900 GPD	SWFWMD Permit No.	_____
Type of Source_____	Ground Well No. 1	20013367	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	10,600 GPD	FDEP Permit No.	_____
High service pumping	_____	5284113	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 GPH	Stenner 85MPH40	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Lake Placid WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 30 by FDEP Permit of 10,600 GPD
- 2. Maximum number of ERC's that can be served. 30 (by FDEP Permit No. 5284113 at 10,600 GPD)
- 3. Present system connection capacity (in ERCs \*) using existing lines. 30 by current FDEP permit
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP?N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number  
FDEP ID No. 5284113
- 12. Water Management District Consumptive Use Permit Number  
SWFWMD No. 20013367 at 15,900 GPD Average 41,000 GPD Peak Month
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Lake Placid Dinner Lake Road WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1985	_____	_____	_____
Types of Well Construction and Casing_____	Rotary - Steel	_____	_____	_____
Casing Diameter and Depth	4" - unk	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	150'	_____	_____	_____
Diameters of Wells_____	4"	_____	_____	_____
Pump - GPM_____	20 GPM	_____	_____	_____
Motor - HP_____	2	_____	_____	_____
Motor Type *_____	_____	_____	_____	_____
Yields of Wells in 12 Hr GPD	14,400	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tank	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Lake Placid Dinner Lake Road WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_ _ _ _	1200	_____	_____
Type of Source_ _ _ _ _	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_ _ _ _ _	_____	_____	_____
Make_ _ _ _ _	_____	_____	_____
Permitted Capacity (GPD)_ _	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_ _ _ _	_____	_____	_____
Reverse Osmosis_ _ _ _ _	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_ _ _ _ _	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._ _ _ _ _	_____	_____	_____
Gravity GPD/Sq.Ft._ _ _ _	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 GPH	Stenner 84MPH	_____	_____
Ozone_ _ _ _ _	_____	_____	_____
Other_ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	_____	_____	_____

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 1,400 GPD / 350 GPD = 4
- 2. Maximum number of ERC's that can be served. 4
- 3. Present system connection capacity (in ERCs \*) using existing lines. 3
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP? N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number  
Highlands County Health Department Permit No. LUS ID: 28-57-1510263
- 12. Water Management District Consumptive Use Permit Number  
SWFWMD No. 20013367 at 1,200 GPD Average 1,800 GPD Peak Month
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Lakeport Road 2400 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1975	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool 2	_____	_____	_____
Casing Diameter and Depth	2" -60'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	120'	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tank	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Lakeport Road 2400 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	Stenner Pump 85MPH	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Lakeport Road 2400 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 1
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Lakeport Road 2872 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1975	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool	_____	_____	_____
Casing Diameter and Depth_____	2	_____	_____	_____
Well Screen_____	2" -60'	_____	_____	_____
Depth of Wells_____	_____	_____	_____	_____
Diameters of Wells_____	120'	_____	_____	_____
Pump - GPM_____	2"	_____	_____	_____
Motor - HP_____	15 GPM	_____	_____	_____
Motor Type *_____	1/2	_____	_____	_____
Yields of Wells in 12 Hr GPD_____	Centrifugal	_____	_____	_____
Auxiliary Power_____	10,800	_____	_____	_____
	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tank	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Lakeport Road 2872 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
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SYSTEM NAME: Lakeport Road 2872 WTP

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
- 2. Maximum number of ERC's that can be served. 2
- 3. Present system connection capacity (in ERCs \*) using existing lines. 1
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
- 12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: South Moore Haven Cane Farm House 2015 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	2002	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool 2	_____	_____	_____
Casing Diameter and Depth	2" - 25'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	50	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tank	_____	_____	_____
Capacity of Tank_____	35 Gal	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: South Moore Haven Cane Farm House 2015 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	Sediment Filter	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	Carbon Filter/Softener	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
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SYSTEM NAME: South Moore Haven Cane Farm House 2015 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 1
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Moore Haven Cane Farm House No. 2 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	2002	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool 2	_____	_____	_____
Casing Diameter and Depth	2" - 25'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	50	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	_____	_____	_____	_____
Capacity of Tank_____	_____	_____	_____	_____
Ground or Elevated_____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Moore Haven Cane Farm House No. 2 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)___	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	Iron Filter	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Moore Haven Cane Farm House No. 2 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 1
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Muse 21530 County Road 721 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1955	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool Steel	_____	_____	_____
Casing Diameter and Depth	2" - unk	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	unk	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	_____	_____	_____	_____
Capacity of Tank_____	_____	_____	_____	_____
Ground or Elevated_____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Muse 21530 County Road 721 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_ _ _ _	_____	_____	_____
Type of Source_ _ _ _ _ _ _ _	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_ _ _ _ _ _ _ _ _ _	Aerator Tank	_____	_____
Make_ _ _ _ _ _ _ _ _ _	_____	_____	_____
Permitted Capacity (GPD)_ _	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_ _ _ _	_____	_____	_____
Reverse Osmosis_ _ _ _ _ _	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_ _ _ _ _ _ _ _	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._ _ _ _ _ _	_____	_____	_____
Gravity GPD/Sq.Ft._ _ _ _	Softenor	_____	_____
Disinfection	_____	_____	_____
Chlorinator	_____	_____	_____
Ozone_ _ _ _ _ _ _ _ _ _	_____	_____	_____
Other_ _ _ _ _ _ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _ _ _	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Muse 21530 County Road 721 WTP

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 1
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: North Island WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	unk	_____	_____	_____
Types of Well Construction and Casing_____	_____	_____	_____	_____
Casing Diameter and Depth	2" - unk	_____	_____	_____
Well Screen_____	unk	_____	_____	_____
Depth of Wells_____	240'	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	20 GPM	_____	_____	_____
Motor - HP_____	3/4 HP	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	14,400	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tank	_____	_____	_____
Capacity of Tank_____	40 Gal	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: North Island WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: North Island WTP

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 1,050 / 350 Gals per ERC = 3
- 2. Maximum number of ERC's that can be served. 3 5
- 3. Present system connection capacity (in ERCs \*) using existing lines. 5
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP?N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number Private System  
Glades County Health Department Limited Use Commercial Permit Number 22-57-00003
- 12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Silver Lake Lodge WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	unk	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool 2" Steel	_____	_____	_____
Casing Diameter and Depth	2" - unk	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	unk	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tanks	_____	_____	_____
Capacity of Tank_____	35 Gallons	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

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SYSTEM NAME: Silver Lake Lodge WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_ _ _ _	_____	_____	_____
Type of Source_ _ _ _ _	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_ _ _ _ _	_____	_____	_____
Make_ _ _ _ _	_____	_____	_____
Permitted Capacity (GPD)_ _	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_ _ _ _	_____	_____	_____
Reverse Osmosis_ _ _ _ _	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_ _ _ _ _	_____	_____	_____
Filtration	Aeration Tank	_____	_____
Pressure Sq. Ft._ _ _ _ _	_____	_____	_____
Gravity GPD/Sq. Ft._ _ _ _	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	Stenner 85MPH	_____	_____
Ozone_ _ _ _ _	_____	_____	_____
Other_ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
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SYSTEM NAME: Silver Lake Lodge WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 1050 / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 4
3. Present system connection capacity (in ERCs \*) using existing lines. 3
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Todd 8772 Hwy 98 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1985	_____	_____	_____
Types of Well Construction and Casing_____	rotary PVC	_____	_____	_____
Casing Diameter and Depth	4" - 100'	_____	_____	_____
Well Screen	_____	_____	_____	_____
Depth of Wells_____	180'	_____	_____	_____
Diameters of Wells_____	4"	_____	_____	_____
Pump - GPM_____	20 GPM	_____	_____	_____
Motor - HP_____	0.75	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	14,400	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tank	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
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SYSTEM NAME: Todd 8772 Hwy 98 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	Stenner 85MPH	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Todd 8772 Hwy 98 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 1
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit Number
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Wild Island WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1975	_____	_____	_____
Types of Well Construction and Casing_____	_____	_____	_____	_____
Casing Diameter and Depth	2" - unk	_____	_____	_____
Well Screen_____	unk	_____	_____	_____
Depth of Wells_____	unk	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	3/4 HP	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Steel	Steel	_____	_____
Capacity of Tank_____	50 Gal	50 Gal	_____	_____
Ground or Elevated_____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Wild Island WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Wild Island WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 3
3. Present system connection capacity (in ERCs \*) using existing lines. 2
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Permitted by the Highlands County Health Department Permit No. LUC020
12. Water Management District Consumptive Use Permit
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Wild Island 6663 CR 621 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1975	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool	_____	_____	_____
Casing Diameter and Depth	2	_____	_____	_____
Well Screen_____	2" - 25'	_____	_____	_____
Depth of Wells_____	_____	_____	_____	_____
Diameters of Wells_____	50'	_____	_____	_____
Pump - GPM_____	2"	_____	_____	_____
Motor - HP_____	20 GPM	_____	_____	_____
Motor Type *_____	0.75	_____	_____	_____
Yields of Wells in 12 Hr GPD	Centrifugal	_____	_____	_____
Auxiliary Power_____	14,400	_____	_____	_____
	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tanks	_____	_____	_____
Capacity of Tank_____	35 and 35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	Baldor	_____	_____	_____
Type_____	Centrifigul	_____	_____	_____
Rated Horsepower_____	1 HP	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	Goulds	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	20 GPM	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Wild Island 6663 CR 621 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	Aerator	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)___	350	_____	_____
High service pumping	20	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Wild Island 6663 CR 621 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs \*) using existing lines. 1
4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
5. Estimated annual increase in ERCs \*. 0
6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection Permit Number Private System No. Permit  
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).



UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Boar Hammock 5475 U.S. 27 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1991	_____	_____	_____
Types of Well Construction and Casing_____	Rotary PVC	_____	_____	_____
Casing Diameter and Depth	2" -135'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	182'	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	25 GPM	_____	_____	_____
Motor - HP_____	3/4	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	18,000	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2021
-------------------------------------

SYSTEM NAME: Boar Hammock 5475 U.S. 27 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment Unit Rating_____	_____	_____	_____
Filtration Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection Chlorinator_____	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2021

SYSTEM NAME: Boar Hammock 5475 U.S. 27 WTP

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's \* the system can efficiently serve. 700 / 350 Gals per ERC = 2
- 2. Maximum number of ERC's that can be served. 2
- 3. Present system connection capacity (in ERCs \*) using existing lines. 1
- 4. Future connection capacity (in ERCs \*) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs \*. 0
- 6. Is the utility required to have fire flow capacity? No  
If so, how much capacity is required? \_\_\_\_\_
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP?N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 11. Department of Environmental Protection Permit Number  
Private Well System - No Permit Required
- 12. Water Management District Consumptive Use Permit # N/A
  - a. Is the system in compliance with the requirements of the CUP?
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

# WASTEWATER OPERATING SECTION

Note: Silver Lake Utilities, Inc. currently only provides water service; therefore, Pages S-1 through S-6 have been omitted from this report as all values would be \$0 or N/A.

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2021


## CERTIFICATION OF ANNUAL REPORT

I HEREBY CERTIFY, to the best of my knowledge and belief:

- |  |                                |    |  |
|--|--------------------------------|----|--|
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 1. | The utility is in substantial compliance with the Uniform System of Accounts prescribed by the Florida Public Service Commission in Rule 25-30.115 (1), Florida Administrative Code.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 2. | The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission.  |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 3. | There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial statement of the utility.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 4. | The annual report fairly represents the financial condition and results of operations of the respondent for the period presented and other information and statements presented in the report as to the business affairs of the respondent are true, correct, and complete for the period for which it represents. |

### Items Certified

1.  2.  3.  4.



(signature of chief executive officer of the utility) \*

Date: 3/23/22 Johnnie P. James, Jr., CEO

1.  2.  3.  4.



(signature of chief financial officer of the utility) \*

Date: 3/24/22 Carl Bauman, V.P. & CFO

\* Each of the four items must be certified YES or NO. Each item need not be certified by both officers. The items being certified by the officer should be indicated in the appropriate area to the left of the signature.

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.





March 30, 2021

Mr. Andrew L. Maurey, Director  
Division of Accounting and Finance  
Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Re: 2021 Annual Report  
WS907-21-AR  
Silver Lake Utilities, Inc.

Dear Mr. Maurey:

Please accept the attached 2021 Annual Report serving Silver Lake Utilities, Inc. WS907-21-AR. Should you have any questions or concerns please feel free to call.

Sincerely,

Noah A. Handley  
[noah.handley@lykes.com](mailto:noah.handley@lykes.com)

cc: File (electronic)

