

CLASS "C"
WATER AND/OR WASTEWATER UTILITIES

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

ANNUAL REPORT

OF

WS907-18-AR

Joe Collins

Silver Lake Utilities, Inc.

106 S.W. County Road 721

Okeechobee, FL 34974-8613

OFFICIAL COPY

Public Service Commission

Do Not Remove From File 09/18

Submitted To The

STATE OF FLORIDA

PUBLIC SERVICE COMMISSION

FOR THE

YEAR ENDED DECEMBER 31, 2018

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 preceeding 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: Joe Collins	President	106 SW County Road 721 Okeechobee, FL 34974	\$ _____
Person who prepared this report: Noah Handley	Utility Manager	106 SW County Road 721 Okeecobee, FL 34974	\$ _____
Officers and Managers: Charles P. Lykes, Jr.	Chief Executive Officer	400 North Tampa Street Ste 1900, Tampa, FL 33602	\$ _____ 0
Joe Collins	President	106 SW County Road 721	\$ _____ 0
Carl Bauman	Vice President & CFO	400 North Tampa Street, Ste 1900, Tampa, FL 33602	\$ _____ 0
Kristen Chittenden	Secretary	P.O. Box 1690, Tampa, FL 33601	\$ _____ 0
			\$ _____ 0

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
Lykes Bros. Inc.	100%	400 North Tampa Street Suite 1900 Tampa, FL 33602	\$ _____ 0
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT
DECEMBER 31, 2018

INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
Gross Revenue:					
Residential_____		\$ 68,204	\$ 0	\$ _____	\$ 68,204
Commercial_____		129,982	0	_____	129,982
Industrial_____		_____	_____	_____	_____
Multiple Family_____		_____	_____	_____	_____
Guaranteed Revenues_____		_____	_____	_____	_____
Other (Specify)_____		_____	_____	_____	_____
Total Gross Revenue____		\$ 198,186	\$ 0	\$ _____	\$ 198,186
Operation Expense (Must tie to pages W-3 and S-3)	W-3 S-3	\$ 160,193	\$ _____	\$ _____	\$ 160,193
Depreciation Expense_____	F-5	39,842	_____	_____	39,842
CIAC Amortization Expense_____	F-8	_____	_____	_____	_____
Taxes Other Than Income_____	F-7	8,375	_____	_____	8,375
Income Taxes_____	F-7	_____	_____	_____	_____
Total Operating Expense		\$ 208,410	_____	_____	\$ 208,410
Net Operating Income (Loss)		\$ -10,224	\$ _____	\$ _____	\$ -10,224
Other Income:					
Nonutility Income_____		\$ _____	\$ _____	\$ _____	\$ _____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Other Deductions:					
Miscellaneous Nonutility Expenses_____		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense_____		-19,770	_____	_____	-19,770
Fees and Permits_____		-1,109	_____	_____	-1,109
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Net Income (Loss)		\$ -31,103	\$ _____	\$ _____	\$ -31,103

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2018

COMPARATIVE BALANCE SHEET

ACCOUNT NAME	Reference Page	Current Year	Previous Year
Assets:			
Utility Plant in Service (101-105) _____	F-5,W-1,S-1	\$ 1,151,032	\$ 1,147,927
Accumulated Depreciation and Amortization (108)_____	F-5,W-2,S-2	553,207	513,364
Net Utility Plant_____		\$ 597,825	\$ 634,563
Cash_____		167,262	62,672
Customer Accounts Receivable (141)_____		22,560	119,443
Other Assets (Specify):_____			
Prepaid Expenses_____		0	674

Total Assets_____		\$ 787,647	\$ 817,352
Liabilities and Capital:			
Common Stock Issued (201)_____	F-6	2,315,000	2,315,000
Preferred Stock Issued (204)_____	F-6		
Other Paid in Capital (211)_____			
Retained Earnings (215)_____	F-6	-2,192,734	-2,161,631
Proprietary Capital (Proprietary and partnership only) (218)_____	F-6		
Total Capital_____		\$ 122,266	\$ 153,369
Long Term Debt (224)_____	F-6	\$	\$
Accounts Payable (231)_____		6,381	4,983
Notes Payable (232)_____		659,000	659,000
Customer Deposits (235)_____			
Accrued Taxes (236)_____			
Other Liabilities (Specify)_____			

Advances for Construction_____			
Contributions in Aid of Construction - Net (271-272)_____	F-8		
Total Liabilities and Capital_____		\$ 787,647	\$ 817,352

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2018

GROSS UTILITY PLANT

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other Than Reporting Systems	Total
Utility Plant in Service (101)	\$ <u>1,151,032</u>	\$ _____	\$ _____	\$ <u>1,151,032</u>
Construction Work in Progress (105) _____	_____	_____	_____	_____
Other (Specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Utility Plant _____	\$ <u>1,151,032</u>	\$ _____	\$ _____	\$ <u>1,151,032</u>

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

Account 108	Water	Wastewater	Other Than Reporting Systems	Total
Balance First of Year _____	\$ <u>513,365</u>	\$ _____	\$ _____	\$ <u>513,365</u>
Add Credits During Year:				
Accruals charged to depreciation account _____	\$ <u>39,842</u>	\$ _____	\$ _____	\$ <u>39,842</u>
Salvage _____	_____	_____	_____	_____
Other Credits (specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Credits _____	\$ <u>39,842</u>	\$ _____	\$ _____	\$ <u>39,842</u>
Deduct Debits During Year:				
Book cost of plant retired _____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of removal _____	_____	_____	_____	_____
Other debits (specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Debits _____	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>0</u>
Balance End of Year _____	\$ <u>553,207</u>	\$ _____	\$ _____	\$ <u>553,207</u>

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2018

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_____	\$ _____	\$ -2,161,631
Changes during the year (Specify):		
Net Income (Loss)_____		-31,103
Adjustments to prior year balance_____		
Balance end of year_____	\$ _____	\$ -2,192,734

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, 2018

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_____	8,375	_____	_____	8,375
Other (Specify)_____	_____	_____	_____	_____ 0
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Tax Expense_____	\$ 8,375	\$ 0	\$ _____	\$ 8,375

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	\$ 155,706	\$ _____	Operations and Maintenance
Pugh Utilities Services	\$ 22,224	\$ _____	Testing and Treatments
HD Supply, Inc.	\$ 1,887	\$ _____	Maintenance
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT
DECEMBER 31, 2018

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>	\$ <u>NA</u>

ACCUMULATED AMORTIZATION OF CIAC (272)

	Water	Wastewater	Total
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, 2018

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> %
Total	\$ <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>

WATER OPERATING SECTION

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2018

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_____	40,155	_____	_____	40,155
311	Pumping Equipment_____	172,441	1,569	_____	174,010
320	Water Treatment Equipment_____	188,980	759	_____	189,740
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_____	12,842	777	_____	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_____	\$ 1,147,927	\$ 3,105	\$ 0	\$ 1,151,032

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT
DECEMBER 31, 2018

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) (i)
304	Structures and Improvements_	40	%	2.50	\$ 54,108	\$	\$ 4,752	\$ 58,860
305	Collecting and Impounding Reservoirs_		%					
306	Lake, River and Other Intakes_	32	%	3.13	18,701		2,402	21,104
307	Wells and Springs_	30	%	3.33	163,095		7,608	170,702
308	Infiltration Galleries & Tunnels_		%					
309	Supply Mains_		%					
310	Power Generating Equipment_	20	%	5.00	17,066		2,008	19,074
311	Pumping Equipment_	20	%	5.00	27,650		8,618	36,268
320	Water Treatment Equipment_	22	%	4.55	82,778		7,970	90,748
330	Distribution Reservoirs & Standpipes_	37	%	2.70	10,943		363	11,306
331	Trans. & Dist. Mains_	43	%	2.33	131,921		5,377	137,298
333	Services_		%					
334	Meter & Meter Installations_	20	%	5.00	6,666		692	7,357
335	Hydrants_		%					
336	Backflow Prevention Devices_		%					
339	Other Plant and Miscellaneous Equipment_		%					
340	Office Furniture and Equipment_		%					
341	Equipment_		%					
342	Transportation Equipment_		%					
343	Stores Equipment_		%					
343	Tools, Shop and Garage Equipment_		%					
344	Laboratory Equipment_		%					
345	Power Operated Equipment_	12	%	12.00	437		51	488
346	Communication Equipment_		%					
347	Miscellaneous Equipment_		%					
348	Other Tangible Plant_		%					
	Totals_				\$ 513,365	\$ 0	\$ 39,842	\$ 553,207 *

* This amount should tie to Sheet F-5.

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT
DECEMBER 31, 2018

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_____	1,936
615	Purchased Power_____	7,411
616	Fuel for Power Production_____	_____
618	Chemicals_____	1,301
620	Materials and Supplies_____	952
630	Contractual Services:	
	Billing_____	_____
	Professional_____	48,090
	Testing_____	22,097
	Other_____	37,306
640	Rents_____	40,070
650	Transportation Expense_____	_____
655	Insurance Expense_____	_____
665	Regulatory Commission Expenses (Amortized Rate Case Expense)_____	_____
670	Bad Debt Expense_____	_____
675	Miscellaneous Expenses_____	1,030
	Total Water Operation And Maintenance Expense_____	\$ 160,193 *
	* This amount should tie to Sheet F-3.	

WATER CUSTOMERS

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers Start of Year (d)	End of Year (e)	Total Number of Meter Equivalents (c x e) (f)
Residential Service					
5/8"	D	1.0	42	41	41
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
General Service					
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)	_____	_____	_____	_____	_____
Total			67	61	90.5

** D = Displacement
C = Compound
T = Turbine

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT
DECEMBER 31, 2018

SYSTEM NAME: ALL SYSTEMS

PUMPING AND PURCHASED WATER STATISTICS

	Water Purchased For Resale (Omit 000's)	Finished Water From Wells (Omit 000's)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)]	Water Sold To Customers (Omit 000's)
(a)	(b)	(c)	(d)	(e)	(f)
January		587	165	752	587
February		682	458	1,140	682
March		607	309	916	607
April		694	183	877	694
May		655	178	833	655
June		332	202	534	332
July		278	245	523	278
August		483	293	776	483
September		344	124	468	344
October		405	270	675	405
November		294	196	490	294
December		868	537	1,405	868
Total for Year		6,229	3,160	9,389	6,229

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, 2018

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, 2018

SYSTEM NAME: Basinger Barn 1 WTP

SOURCE OF SUPPLY

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

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, 2018

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, 2018

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, 2018

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_ _ _ _ _	<u>Ground Well No. 1</u>	_____	_____

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	<u>Stenner 85MPH40</u>	_____	_____
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. 1,050 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, 2018

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 Well Screen _____	4" - 320'	_____	_____	_____
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, 2018

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_ _ _ _ _	_____	_____	_____

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, 2018

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, 2018

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_____	_____	_____	_____

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. $5,000 \text{ GPD} / 350 \text{ GPD} = 14$
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:
 $\text{ERC} = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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, 2018

SYSTEM NAME: Boar Hammock WTP

SOURCE OF SUPPLY

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

WATER TREATMENT FACILITIES

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

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, 2018

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)
<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, 2018

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, 2018

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:
 $ERC = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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, 2018

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, 2018

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. $700 / 350 \text{ Gals per ERC} = 2$
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:

$\text{ERC} = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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, 2018

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_____	_____	_____	_____

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. $5,600 \text{ GPD} / 350 \text{ GPD} = 16$
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/
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:
 $\text{ERC} = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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)
<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 _____	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, 2018

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_____	_____	_____	_____

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 Health 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 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, 2018

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)
Motors				
Manufacturer _____	Baldor	Baldor	_____	_____
Type _____	Electric	Electric	_____	_____
Rated Horsepower _____	5 HP	5 HP	_____	_____
Pumps				
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, 2018

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, 2018

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, 2018

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, 2018

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 _____ se 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_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

SYSTEM NAME: Buckhorn Housing 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. 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
SFWMD 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:
$$ERC = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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.

YEAR OF REPORT
DECEMBER 31, 2018

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_____	_____	_____	_____

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.

YEAR OF REPORT DECEMBER 31, 2018

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.

YEAR OF REPORT DECEMBER 31, 2018

SYSTEM NAME: Iron Pens WTP

SOURCE OF SUPPLY

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

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_____	_____	_____	_____

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. $700 / 350 \text{ Gals per ERC} = 2$
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:

$\text{ERC} = (\text{Total SFR gallons sold} / 365 \text{ days}) / 350 \text{ gallons per day}$.

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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/Cl2	_____	_____

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, 2018

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 _____	_____	_____	_____

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, 2018

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, 2018

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.

YEAR OF REPORT
DECEMBER 31, 2018

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	_____	_____	_____
Casing Diameter and Depth_____	2	_____	_____	_____
Well Screen_____	2" -60'	_____	_____	_____
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, 2018

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_____	_____	_____	_____

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, 2018

SYSTEM NAME: Lakeport Road 2872 WTP

WELLS AND WELL PUMPS

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

* Submersible, centrifugal, etc.

RESERVOIRS

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

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, 2018

SYSTEM NAME: Lakeport Road 2872 WTP

SOURCE OF SUPPLY

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

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, 2018

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. $700 / 350 \text{ Gals per ERC} = 2$
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:

$\text{ERC} = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2018

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	_____	_____	_____
Casing Diameter and Depth_____	2	_____	_____	_____
Well Screen_____	2" - 25'	_____	_____	_____
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.

YEAR OF REPORT
DECEMBER 31, 2018

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_____	Ground Well No. 1	_____	_____
Type of Source_____	_____	_____	_____

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
DECEMBER 31, 2018

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, 2018

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, 2018

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_____	_____	_____	_____

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, 2018

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, 2018

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._____	Softener	_____	_____
Disinfection	_____	_____	_____
Chlorinator	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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:
$$ERC = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2018

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, 2018

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, 2018

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:
$$ERC = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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	_____	_____	_____
Casing Diameter and Depth	2" Steel	_____	_____	_____
Well Screen_____	2" - unk	_____	_____	_____
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.

YEAR OF REPORT
DECEMBER 31, 2018

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_____	_____	_____	_____

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. $1050 / 350 \text{ Gals per ERC} = 3$
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:
 $\text{ERC} = (\text{Total SFR gallons sold (omit 000/365 days/350 gallons per day)})$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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, 2018

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, 2018

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, 2018

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, 2018

SYSTEM NAME: Wild Island WTP

SOURCE OF SUPPLY

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

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_____			

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, 2018

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_____	50'	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
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 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_____	Centrifugal	_____	_____	_____
Rated Horsepower_____	1 HP	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	Goulds	_____	_____	_____
Type_____	20 GPM	_____	_____	_____
Capacity in GPM_____		_____	_____	_____
Average Number of Hours Operated Per Day_____		_____	_____	_____
Auxiliary Power_____		_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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, 2018

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. $700 / 350 \text{ Gals per ERC} = 2$
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:

$\text{ERC} = (\text{Total SFR gallons sold} / 365 \text{ days}) / 350 \text{ gallons per day}$.

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2018

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, 2018

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_____	Ground Well No. 1		
Type of Source_____			

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, 2018

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

GENERAL WATER SYSTEM INFORMATION

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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? _____

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(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, 2018

CERTIFICATION OF ANNUAL REPORT

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

- | | | | |
|---|--------------------------------|----|--|
| YES
<input checked="checked" type="checkbox"/> | NO
<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
<input checked="checked" type="checkbox"/> | NO
<input type="checkbox"/> | 2. | The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission. |
| YES
<input checked="checked" type="checkbox"/> | NO
<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
<input checked="checked" type="checkbox"/> | NO
<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.
<input checked="checked" type="checkbox"/> | 2.
<input checked="checked" type="checkbox"/> | 3.
<input checked="checked" type="checkbox"/> | 4.
<input checked="checked" type="checkbox"/> |
|--|--|--|--|

 *
(signature of chief executive officer of the utility)

Date: Charles P. Lykes, Jr. CEO

- | | | | |
|--|--|--|--|
| 1.
<input checked="checked" type="checkbox"/> | 2.
<input checked="checked" type="checkbox"/> | 3.
<input checked="checked" type="checkbox"/> | 4.
<input checked="checked" type="checkbox"/> |
|--|--|--|--|

 *
(signature of chief financial officer of the utility)

Date: 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.

