

See L

report. I certify that the	in Part I of this	treatment plant identified i	rator of the water	Leading the Leading of Chief Operator e undersigned water treatment plant operator licensed in Florida, am the leading operator of the water treatment plant identified in Part I of this report. I certify that the	e undersigned water treatment plant ope
Days: Mon - Sun		14416	С	William Stevens	Other Operators:
Days: Mon - Sun		23456	С	Jeffrey Becker	Lead/Chief Operator:
Day(s)/Shift(s) Worked	Da	License Number	License Class	Name Li	Licensed Operators
	(4), F.A.C.): (Plant Class (per subsection 62-699.310(4), F.A.C.): C	Plant Class ()	99.310(4), F.A.C.): V	Plant Category (per subsection 62-699.310(4), F.A.C.): V
				Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000	Permitted Maximum Day Operating
		er	Purchased Finished Water	Raw Ground Water Purcha	Type of Water Treated by Plant:
da Zip Code: 34690	State: Florida	ıy	City: Holiday		Plant Address: 4730 Darlington
19	(800) 272-1919	Plant Telephone Number:			Plant Name: Well 1
					Water Treatment Plant Information
				Patrick.Flynn@uiwater.com	Contact Person's E-Mail Address: Patrick.Flynn@uiwater.com
	59-6961	on's Fax Number: (407) 869-6961	Contact Person's Fax	r: (866) 842-8432, Ext. 1359	Contact Person's Telephone Number: (866) 842-8432, Ext. 1359
da Zip Code: 32714	State: Florida	onte Springs	City: Altamonte Springs	200 Weathersfield Ave.	Contact Person's Mailing Address: 200 Weathersfield Ave
		on's Title: Vice President	Contact Person's Title:		Contact Person: Patrick Flynn
				ida	PWS Owner: Utilities, Inc. of Florida
	nth: 6,464	Total Population Served at End of Month:	Total Popula	End of Month: 1,847	Number of Service Connections at End of Month: 1,847
		ansient Non-Community	ansient N	unity	PWS Type: Community
	er: 6511311	PWS Identification Number: 6511311			PWS Name: Orangewood
					Public Water System (PWS) Information
				th/Year of: August, 2020	General Information for the Month/Year of:
					page 4 for instructions.

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Signature and Date rates and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten Secker C-23456 plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to Printed or Typed Name License Number

PWS Identification Number: 6511311	6511311			Plant Name: Well 1	· Well I						
II. Daily Data for the Month/Year of:	h/Year of:	August, 2020									
Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe):	Virus Inactivati	<pre>vation/Removal: * Other (Describe):</pre>	✓ Free Chlorine	nlorine		Chlorine Dioxide		Ozone	Comb	Combine Chlorine (Choramines)	ramines)
Type of Disinfectant Residual Maintained in Distribution System:	Maintained in D	istribution System:	√ Fn	√ Free Chlorine	A	Combine C	Combine Chlorine (Choramines)	amines)		Chlorine Dioxide	
	Γ	CT Calculati	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	to Demonstrate	Four-Log	Virus Inactiv	ation, if Appli	cable*			
			CT Cal	CT Calculations				UV Dose	Oose		
		Towart Doridani	Disinfectant	Lowest CT Provided							
Days		Disinfectant	Contact Time (T) at C	Before or at First				Lowest	Minimum	Lowest Residual Disinfectant	
Hours Plant		Concentration (C) Before or at First	Measurement Point During	Customer During	Temp.	pH of	Minimum	Operating	UV Dose	Concentration at	
in Operation	Finished Water Peak Flow		Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Repair or Maintenance Work that Involves Takin
24	의	2.4		mg munt		cyphricanic	те-шил	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2 24										1.0	
\vdash	162,200	2.2								1.8	
×	73,300	2.3								1.5	
+	60 200	2.4								2.0	
+	46,400	2.4								1.8	
8 X 24	45,400	2.4								2.0	
										2.1	
×	87,200	2.4								1.9	
< ×	63,000	2.3								1.9	
13 X 24	57,100	2.3								2.0	
×;	49 400	2.3								1.9	
×	49,400	2.3								1.9	
16 24										0.1	
×	119,700	2.4								1.8	
×	52,700	2.3								1.9	
20 V 24	45,700	2.4								1.8	
+	32 300	2.4								1.8	
×	52,100	2.3								1.9	
23 24										1.3	
×	94,900	2.4								20	
-	40,300	2.3								1.8	
< >	41,600	2.3								1.9	
< >	43,700	2.3								1.9	
X 24	37,000	2.3								1.9	
24	31,000	2.2								1.8	
X 24	109,800	2.3								10	
al 1,69	1,690,600									1.0	
erage 54.	54.535										

DEP Form 62-555.900(3) Effective August 29, 2003 Maximum



S	See page 4 for instructions.					
F	General Information for the Month/Year of:	onth/Year of: August, 2020				
Α	Public Water System (PWS) Information					
	: Orange		PW	PWS Identification Number: 6511311	6511311	
	PWS Type: Con	Community	ansient Non-Community	Community		
	Number of Service Connections at End of Month: 1,847	d of Month: 1,8	Total Population	Total Population Served at End of Month: 6 464	6 161	
	PWS Owner: Utilities, Inc. of Florida	orida	a come of the management	Soi and the Pire of Tatorier	0,404	
	Contact Person: Patrick Flynn		Contact Person's	Contact Person's Title: Vice President		
	Contact Person's Mailing Address: 200 Weathersfield Ave	s: 200 Weathersfield Ave.	City: Altamonte Springs	TOO I TOOLGOIL		7:5 0040 20714
	Contact Person's Telephone Number: (866) 842-8432, Ext. 1359	ber: (866) 842-8432, Ext. 1359	Contact Person's	nher: (407) 860	6061	Zip Code: 32/14
	Contact Person's E-Mail Address: Patrick.Flynn@ujwater.com	: Patrick.Flynn@uiwater.com	Contact I crooms I dy	i ax Namibel: (407) 809-0901	3901	
В.		ON CONTRACTOR OF THE PROPERTY				
	Plant Name: Well 2		Diant Ta	lenhone Viumber	00) 272 1010	
	Plant Address: 4727 Darlington		City: Holiday	reprient Number.		7: 0-1- 24/00
	Type of Water Treated by Plant:	Raw Ground Water Purchase	Purchased Finished Water	-	State. I TOTINA	Zip Code. 34090
	Permitted Maximum Day Operati	lons per day: 210,00				
	Plant Category (per subsection 62-699.310(4), F.A.C.): V	:-699.310(4), F.A.C.): V	Plant Class (per	Plant Class (per subsection 62-699.310(4), F.A.C.); C	F.A.C.): C	
	Licensed Operators	Name	License Class	License Number	Dav(s)/Sh	Dav(s)/Shift(s) Worked
	Lead/Chief Operator:		С	23456	Days: N	Days: Mon - Sun
	Other Operators:	William Stevens	С	14416	Days: N	Days: Mon - Sun
Ħ.	II. Certification by Lead/Chief Operator	rafor				
I, the info	ne undersigned water treatment plan ormation provided in this report is t	I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards of the formation of the water treatment plant identified in Part I of this report. I certify that all drinking water treatment chemicals used at this plant conform to	itor of the water treat	ment plant identified in P Irinking water treatment c	art I of this report hemicals used at t	. I certify that the his plant conform to
pla:	nt were prepared each day that a lice	plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates: and (1) if anythorable appropriate treatment are consistent and chemical feed.	month indicated above	ve: (1) records of amounts of chemicals used and chemical feed	of chemicals used	d and chemical feed
2	My September appropriate	Jeffrey S Becker C-23456 C-23456	Becker	se additional operations r	ecords at the plant C-23456	t site for at least ten

Signature and Date

Jeffrey S Becker Printed or Typed Name

License Number

F w 5 Identification Number: 6511311	Number: 6511311			Plant Name: Well 2	Well 2					
III. Daily Data for	II. Daily Data for the Month/Year of:	August, 2020								
Means of Achieving Ultraviolet Radiation	Four-Log Virus Ina	Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe):	✓ Free Chlorine	lorine	Chlorine Dioxide		Ozone	Comb	Combine Chlorine (Choramines)	ramines)
Type of Disinfectan	t Residual Maintaine	Type of Disinfectant Residual Maintained in Distribution System:	1:	Free Chlorine	Combi	Combine Chlorine (Choramines)	oramines)		Chlorine Dioxide	
		CT Calcul	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	to Demonstrate I	our-Log Virus Ir	activation, if Appl	licable*			
			CT Cal	CT Calculations			UV Dose	Oose		
Days plant		Lowest Residual Disinfectant					Lowest	Minimum	Lowest Residual Disinfectant	
of Visited by			reasurement Roint During	During	of pH of	f Minimum CT	Operating UV Dose.	UV Dose Required	Concentration at	Impercance of Abnormal Operation Condition
Month (place x) Oper	Operation Produced oal	Peak Flow Customer During	-				mW-	mW-	Distribution	Repair or Maintenance Work that Involves Takin
	63,200	-	+	S mmn	Application	note mg-mm/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2 2	24								1.0	
3 X 24	4 155,200	2.4							1 8	
×		2.4							1.5	
6 X 24	4 //,300	2.5							2.0	
X	1	2.4							1.8	
8 X 24		2.4							2.0	
:									ļ	
11 X 24	4 /2,200	2.4							1.9	
×	1	2.4							1.9	
13 X 24		2.5							2.0	
14 X 24	40,000	2.3							1.0	
×	41,900	2.3							1.8	
×		2.4							1.8	
10 V 24	-	2.5							1.9	
×	39 100	27							1.8	
Н		2.5							1.8	
+		2.5							1.9	
	+									
+		2.4							2.0	
26 X 24	46 200	2.4							1.8	
×		2.5							1.9	
28 X 24	31,600	2.4						1	1.9	
×	36,100	2.4							1.5	
								1	1.0	
31 X 24	73,300	2.3							1.8	
Total	1,378,200									
Maximum	77,600	,								
TIMENTICALL	//,000									

DEP Form 62-555.900(3) Effective August 29, 2003



d	info NSI Plan rates	E											В.									A.	F	Se
rance of the Parce	information provided in this report is the NSF International Standard 60 or othe plant were prepared each day that a lice rates; and (2) if applicable, appropriate rates and Date	II. Certification by Lead/Chief Operator			Outer Operators.	Other Operator:	Licensed Operators	Plant Category (per subsection 62-699.310(4), F.A.C.):	Permitted Maximum Day Operation	Type of Water Treated by Plant:	Plant Address: 2448 Arcadia Road	Plant Name: Wells 3 - 4	Water Treatment Plant Information	Contact Person's E-Mail Address: Patrick Flynn@niwater.com	Contact Person's Telephone Number: (866) 842-8432 Evt 1250	Contact Person's Mailing Address: 200 Weathersfield Ave	Contact Person: Patrick Flynn	PWS Owner: Utilities, Inc. of Florida	Number of Service Connections at End of Month: 1,847		PWS Name: Orangewood	Public Water System (PWS) Information	General Information for the Month/Year of:	See page 4 for instructions.
	information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten Signature and Date.	rator			WILLIAM Stevens	Jeffrey Becker	Name	2-699.310(4), F.A.C.): V	gallons per day: 7:	7	ad		on	: Patrick Flynn@uiwater.com	her: (866) 842-8432 Evt 1350	s: 200 Weathersfield Ave		orida	of Month: 1,8	Community Non-Transient Non-Community			onth/Year of: August, 2020	
Printed or Typed Name	f operator of the water to delief. I certify that a 62-555.320(3), F.A.C. I g the month indicated a ermore, I agree to retain frey S Becker				С	С	License Class	Plant Class (p			City: Holiday	D		Contact Person	City: Altamonte Springs	Cir. All	Contact Perso				1			
	reatment plant identified in II drinking water treatment also certify that the follow bove: (1) records of amour these additional operation				14416	23456	License Number	Plant Class (per subsection 62-699.310(4), F.A.C.): C			Trans Telephone Number (800) 2/2-1919	lant Talanhana Number:		n's Fax Number: (407) 869-6961	nte Springs	A S TIME. VICE I TESIMETIC	Contact Person's Title: Vice President	TOTAL TO THE PART OF TAXOUR	Total Population Served at End of Month: 6 464	TO THE TANK	PWS Identification Number: 6511311			
Ticanca Number	atment plant identified in Part I of this report. I certify that the drinking water treatment chemicals used at this plant conform to also certify that the following additional operations records for this ove: (1) records of amounts of chemicals used and chemical feed hese additional operations records at the plant site for at least ten				Days: Mon - Sun	Days: Mon - Sun	Day(s)/Shift(s) Worked	1), F.A.C.): C		Daw. Librara Zip Code. 34090		200) 272 1010		3-6961	State: Florida Zip Code: 32714	1		4. 0,707	h: 6.164	1. 0511511	:: 6511311			

Printed or Typed Name

License Number

PWS Identification Number:	mber: 6511311			Plant Name: Wells 3 - 4	: Wells 3 - 4	-4	O IND	7		CHACEDI	CRCHAGED FINISHED WATER
III. Daily Data for the Month/Year of:	Month/Year of	: August, 2020									
Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation	ur-Log Virus Ina	ctivation/Removal: * Other (Describe):	✓ Free Chlorine	Chlorine	9	Chlorine Dioxide	H	Ozone	Comb	Combine Chlorine (Choramines)	ramines)
Type of Disinfectant Re	esidual Maintaine	Type of Disinfectant Residual Maintained in Distribution System:	1: ✓ F	✓ Free Chlorine		Combine Cl	Combine Chlorine (Chora	ramines)		Chlorine Dioxide	
		CT Calcu	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	, to Demonstrat	e Four-Log	Virus Inactiva	ation, if Appl	icable*			
			CTC	CT Calculations				UV Dose	Dose		
			Disinfactant	Lowest CT							
Days		Lowest Residual	0 1	Before or						Lowest Residual	
plant staffed or		Concentration (C)	(T) at C Measurement	at First	Temn		Minimum	Lowest	Minimum	Disinfectant	
of Visited by Hou		-		During	of	pH of	CT	UV Dose,	Required,	Concentration at Remote Point in	Emergency or Ahnormal Operating Conditions:
Month (place x) Operation	n Produced, gal	Rate, gpd Peak Flow mg/l	ng Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Repair or Maintenance Work that Involves Taking
1 X 24		\dashv	+	9	+	Axppireatic	mg-mm/L	Sec/CIII7	sec/cm2	System, mg/L	Water System Components Out of Operation
2 24										1.8	
×	73,600	2.2									
+	46,400	2.3								1.5	
+	700	2.0								2.0	
×	7,100	2.0								1.8	
8 X 24	6,000	2.1								2.0	
9 24										2.1	
10 X 24	14,600	2.1								10	
×	5,000	2.1								1.9	
* ×	3,900	2.3								2.0	
* >	2,200	2.3								1.9	
< ×	2,300	2.4								1.9	
+		2.2								1.8	
+											
< >		2.0								1.8	
× >		2.0								1.9	
+	0	1.0								1.8	
×	0	1.6	1		-					1.8	
×	0	1.7								1.9	
23 24										1.0	
×	0	1.8								18	
×	900	2.0								1.8	
: ×	800	2.0								1.9	
* ×	500	2.1								1.9	
: ×	600	2.1								1.9	
\dagger	000	2.0								1.8	
31 X 24		1									
	183 900	1.1								1.8	
Average	5.932										
d	りついい										

Maximum



ď	I, the inference NS. plan rate		B. A.
	II. Certification by Lead/Chief Operator I, the undersigned water treatment plant ope information provided in this report is true at NSF International Standard 60 or other appl plant were prepared each day that a licensed rates; and (2) if applieable, appropriate treat of (2/2/2)	Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gall Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Lead/Chief Operators: Other Operators: William Stevens	e page 4 for instructions. General Information for th Public Water System (PWS) PWS Name: Orangewood PWS Type: Number of Service Connecti PWS Owner: Utilities, Inc. of PWS Owner: Utilities, Inc. of PWS Owner: Patrick Flyl Contact Person's Mailing Add Contact Person's Telephone Contact Person's E-Mail Add Contact Person's E-Mail Add Contact Person's E-Mail Add Contact Person's Well 1 BVTP Plant Name: Well 1 BVTP Plant Address: 1733 Orange
3	rator licensed in Florida, am the lead/c ad accurate to the best of my knowledg licable standards referenced in subsection operator staffed or visited this plant diment process performance records. Further than the standards of the logical standards are standards or visited this plant diment process performance records.	round Water 1 ons per day: 23,200	Information Community Community I Non-Transient Non-Community ons at End of Month: 1,847 of Florida n dress: 200 Weathersfield Ave. Number: (866) 842-8432, Ext. 1359 lress: Patrick.Flynn@uiwater.com mation Dr.
Frinted or Typed Name	ef operator of the water and belief. I certify that 62-555.320(3), F.A.C. ing the month indicated nermore, I agree to reta ffrey S Becker	Purchased Finished Water Plant Class (per Class C C C C C C C C C	
	treatment plant identified in I t all drinking water treatment of I also certify that the following above: (1) records of amount in these additional operations	r subsection 62-699.310(4 License Number 23456 14416	WS Identification Number t Non-Community n Served at End of Month s Title: Vice President te Springs s Fax Number: (407) 869 ant Telephone Number: (8
License Number	atment plant identified in Part I of this report. I certify that the drinking water treatment chemicals used at this plant conform to also certify that the following additional operations records for this ove: (1) records of amounts of chemicals used and chemical feed uses additional operations records at the plant site for at least ten at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the plant site for at least ten over the conformal operations records at the conformal operations records at the conformal operations records at the plant site for at least ten over the conformal operations records at the conformal	State: Florida Zip Code: 34690), F.A.C.): C Day(s)/Shift(s) Worked Days: Mon - Sun Days: Mon - Sun	1311 64 Florida

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER [Plant Name: Wall | DVTD]

		TIOCI, OUTIOIL				riant Name:		WELL BYIE					
II. Daily I	Data for the	II. Daily Data for the Month/Year of:		August, 2020									
Ultraviole	Ultraviolet Radiation	Ultraviolet Radiation Other (Describe):	Other	Other (Describe):	✓ Free Chlorine	niorine		Chlorine Dioxide		Ozone	Comb	Combine Chlorine (Choramines)	nines)
ype of Dis	infectant Re	ype of Disinfectant Residual Maintained in Distribution System:	ed in Distr	ibution System:	√ Fn	✓ Free Chlorine		Combine Ch	Combine Chlorine (Choramin	ramines)		Chlorine Dioxide	
				CT Calculati	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable	to Demonstrate	Four-Log	Virus Inactiva	ation, if Appli	cable*			
	-				CT Cal	CT Calculations				UV Dose	Oose	-	
				Towart Dariduo	Disinfectant	Lowest CT Provided						·	
Days plant	at at			Disinfectant Concentration (C)	Contact Time (T) at C Measurement	Before or at First	Temp			Lowest	Minimum	Lowest Residual Disinfectant	
<u> </u>	Hou			Before or at First	Point During	During	of	pH of	CT	UV Dose,	Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions;
Month (place x)	x) Operation	n Produced, gal	Rate, gpd	Peak Flow, mg/L	Peak Flow, minutes	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Repair or Maintenance Work that Involves Taking
1 X	_	-		2.4					d		2007 01111	1 8	water system components Out of Operation
2	24											1.0	
H	24	118,600		2.4								1.7	
\vdash	24	50,700		2.4								1.9	
, S	24	53,100		2.2								1.9	
+	24	29,300		2.0								1.8	
8 X	24	7,100		2.4								2.0	
9	24											1:1	
10 X	24	20,600		1.3								1.9	
+	24	17,200		2.8								2.2	
13 12 ×	24	14,800		2.8								2.0	
+	24	13,500		3.6								1.9	
15 X	24	13,800		2.6								2.0	
	24											2.1	
+	24	34,000		2.5								2.0	
18 X	24	14,200		2.5								2.0	
+	24	10,600		2.4								1.9	
21 X	24	13,600		2.4								1.9	
+	24	6,100		2.3								1.9	
	24											1.7	
24 X	24	22,400		2.5								20	
25 X	24	6,300		2.5								2.0	
+	24	10,600		2.4								2.1	
+	24	/,600		2.5								2.1	
+	24	13,100		2.5								2.1	
X	24	10,300		2.5								2.1	
\dagger	24	20.200											
>	24	29,300		2.4								2.0	
rage		10 122											
Idec		19,132											

Maximum



Sign	I, the info NSI plan rate		 Estra Comm											В.									A.	F	0
Signature and Date	II. Certification by Lead/Chief Operator I, the undersigned water treatment plant ope information provided in this report is true at NSF International Standard 60 or other appl plant were prepared each day that a licensed plant were prepared each gap propriate treat rates; and (2) if applicable, appropriate treat					Other Operators:	Lead/Chief Operator:	Licensed Operators	Plant Category (per subsection 62-699.310(4), F.A.C.):	Permitted Maximum Day Operati	Type of Water Treated by Plant:	Plant Address: 2031 Pleasure	Plant Name: Well 2 BVTP	Water Treatment Plant Information	Contact Person's E-Mail Address: Patrick.Flynn@uiwater.com	Contact Person's Telephone Number: (866) 842-8432, Ext. 1359	Contact Person's Mailing Address: 200 Weathersfield Ave.	Contact Person: Patrick Flynn	PWS Owner: Utilities, Inc. of Florida	Number of Service Connections at End of Month: 1,847	PWS Type: Con	PWS Name: Orangewood	Public Water System (PWS) Information	General Information for the Month/Year of:	oce page + ror manucitoms.
	II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten defined and chemical standards. Furthermore, I agree to retain these additional operations records at the plant site for at least ten defined and chemical standards.	392				William Stevens	Jeffrey Becker	Name	2-699.310(4), F.A.C.): V	gallons per day:	Raw Ground Water			on	: Patrick.Flynn@uiwater.com	ber: (866) 842-8432, Ext. 1359	s: 200 Weathersfield Ave.		orida	d of Month: 1,8	Community			onth/Year of: August, 2020	
Printed or Typed Name	/chief operator of the water lge and belief. I certify that tion 62-555.320(3), F.A.C. during the month indicated furthermore, I agree to retail Jeffrey S Becker					С	С	License Class	Plant Class (per	12,70(12,700	Purchased Finished Water	City: Holiday			•	Contact Person	City: Altamonte Springs	Contact Pers			mmunity Transient				
	treatment plant identified in all drinking water treatment I also certify that the follow above: (1) records of amoun in these additional operations					14416	23456	License Number	per subsection 62-699.310(4), F.A.C.): C		er		Plant Telephone Number: (son's Fax Number: (407) 869-6961	onte Springs	Contact Person's Title: Vice President			ent Non-Community	PWS Identification Number: 6511311			
License Number	atment plant identified in Part I of this report. I certify that the drinking water treatment chemicals used at this plant conform to also certify that the following additional operations records for this ove: (1) records of amounts of chemicals used and chemical feed nese additional operations records at the plant site for at least ten C-23456					Days: Mon - Sun	Days: Mon - Sun	Day(s)/Shift(s) Worked), F.A.C.): C			State: Florida Zip Code: 34690	(800) 272-1919				State: Florida Zip Code: 32714			1: 6,464		: 6511311			

License Number

Wd	C Identif	Toation Ninn	PWS Identification Number: 6511211					7 1 7 1 7 1 7	244	00140	5		ONCHAGED	TINIOTICU WALEX
H.	Daily Da	ata for the	III. Daily Data for the Month/Year of:		August, 2020		Tidut Name. Well 2 BV IP	. WEII 2	BVIE					
Mea	ins of Ac Ultraviolet	hieving Fou Radiation	Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation	ctivation/F	emoval: * Describe):	✓ Free Chlorine	hlorine	Q	Chlorine Dioxide		Ozone	Comb	Combine Chlorine (Choramines)	ramines)
Тур	e of Disi	nfectant Res	Type of Disinfectant Residual Maintained in Distribution System:	ed in Distri	bution System:	√ Fn	✓ Free Chlorine	H	Combine C	Combine Chlorine (Chora	amines)		Chlorine Dioxide	
					CT Calculati	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	to Demonstrate	e Four-Log	Virus Inactiv	ation, if Appli	cable*			
						CT Cal	CT Calculations				VU	Dose .		
						Diam't at a second	Lowest CT							
	Days				Lowest Residual	Contact Time	Before or						Lowest Residual	
	plant staffed or	or			Concentration (C)	Measurement	at First Customer	Temn		Minimum	Lowest	Minimum	Disinfectant	
Day of		by Hours Plant			Before or at First	Point During	During	of	pH of	CT	UV Dose	Required	Concentration at	Emergency or Alexander Occasion Constitution
Month			Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Repair or Maintenance Work that Involves Taki
_	\rightarrow	24	10 500	runo, Spu	J A	minues	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2		24	20,000		1.1								1.8	
ω.	×	24	36,400		2.5								17	
4	×	24	22,400		2.5								10	
O ₁	×	24	15,300		2.4								1.9	
7 0	< ×	24	7,300		2.5								2.1	
00	×	24	2,000		2.4								2.0	
9		24	- 90 0 0		2.1								2.1	
10	×	24	7,700		2.4						1		3	
11	×	24	19,700		2.7								2.0	
12	×	24	17,700		2.6								20	
13	×	24	11,200		2.6								1.9	
14	×	24	12,300		2.5								2.0	
15	×	24	10,300		2.6								2.1	
16		24											,	
17	×	24	25,500		2.5								2.0	
18	: ×	24	7,400		2.4								2.0	
3 5	: ×	24	9,300		2.4								2.0	
21	< >	24	8,700		2.4								1.9	
22 :	< >	2 4	10,100		2.4								1.9	
23	1	24	10,100		4:1								1.9	
24	X	24	25,000		2.4								30	
25	×	24	12,200		2.4								20	
26	×	24	13,800		2.5								2.1	
27	×	24	14,800		2.5								2.1	
28	×	24	9,700		2.4								2.1	
29	×	24	7,300		2.4								2.1	
31	<	24	17100											
Tatal L	>	24	10,100		2.4			_					2.0	
Total			352,600											
Average			11,374											

DEP Form 62-555.900(3) Effective August 29, 2003

Maximum



66 0	I, the info	II.				100 To									В.									A.		Se
Signature and Date	ne undersigned water treatment pla ormation provided in this report is a F International Standard 60 or other int were prepared each day that a lice is; and (2) if applicable, appropriat	II. Certification by Lead/Chief Operator					Other Operators:	Lead/Chief Operator:	Licensed Operators	Plant Category (per subsection 62-699.310(4), F.A.C.): V	Permitted Maximum Day Operation	Type of Water Treated by Plant:	Plant Address: 2044 Holiday	Plant Name: Well 3 BVTP	Water Treatment Plant Information	Contact Person's E-Mail Address: Patrick.Flynn@uiwater.com	Contact Person's Telephone Number:	Contact Person's Mailing Address: 200 Weathersfield Ave	Contact Person: Patrick Flynn	PWS Owner: Utilities, Inc. of Florida	Number of Service Connections at End of Month: 1,847	PWS Type: Com	PWS Name: Orangewood	_		See page 4 for instructions.
	I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten Jeffrey S Becker	rator				TI AMAMA ON TOLLY	William Stevens	Jeffrev Becker	Name	-699.310(4), F.A.C.): V	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,200	Raw Ground Water)I)	Patrick.Flynn@uiwater.com	ber: (866) 842-8432, Ext. 1359	s: 200 Weathersfield Ave.		orida	it End of Month: 1,847	Community		rmation	onth/Year of: August, 2020	
Printed or Typed Name	hief operator of the water and belief. I certify that ion 62-555.320(3), F.A.C. uring the month indicated urthermore, I agree to retail Jeffrey S Becker						. C	C	License Class	Plant Class (00	Purchased Finished Water	City: Holiday				Contact Person	City: Altamonte Springs	Contact Pers		Total Popula	munity Transient				
	treatment plant identified it all drinking water treatment I also certify that the folloabove: (1) records of amount these additional operation					14410	14416	23456	License Number	Plant Class (per subsection 62-699.310(4), F.A.C.): C		er	ay	Plant Telephone Number: (800) 272-1919			son's Fax Number: (407) 869-6961	onte Springs	Contact Person's Title: Vice President			ent Non-Community	PWS Identification Number: 6511311			
License Number	drinking water treatment chemicals used at this plant conform to also certify that the following additional operations records for this yee: (1) records of amounts of chemicals used and chemical feed nese additional operations records at the plant site for at least ten at the plant site for at least ten operations.					Days: Mon - Sun	Days: Mon Sun	Dave: Mon - Sun	Dav(s)/Shift(s) Worked	(4), F.A.C.): C			State: Florida Zip Code: 34690	(800) 272-1919				State: Florida Zip Code: 32714			th: 6,464		er: 6511311			

Disinfectant Residual Net Quantity of Index or in Produced, gal Rate, gpd Peak Flow, Departion Produced, gal Rate, gpd Peak Flow, Departion Peak Flow,
of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Combine Chlorine Chlorine Combine Chlorine Chlorine Chlorine Dioxide Combine Chlorine
F Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* Lowest Residual Disinfectant Disinfectant Provided Disinfectant Provided Contact Time Before or Visited by Hours Plant Peak Flow Peak Flow, mg/L Peak Flo
Days plant staffed by Cysiede by Cysiede by Cysiede by Cysiede by Cysiede by Coperation Copace x) Copace x Copac
Days plant visited by place of place x place y place x plant visited by plant visited by plant plant visited by plant visited
Days plant plant staffied by Corrector (place x) plant plant plant staffied by Corrector (place x) plant (plac
plant staffed or Visited by Hours Plant Net Quantity of Operation (Place x) Operation
Visited by Uvisited by States of Control (place x) Hours Plant (place x) Net Quantity of in Produced, gal (place x) Before or at First (place x) Point During (place x) During (place x) ph of (place x) Tuv Dose, (place x) Required, mw- (place x) memote Point in (place x) During (place x) Peak Flow, (place x) Water, (place x)
Operation (place x) III Frinshed water (place x) Customer During (place x) Peak Flow, (place x) Water, if (place x) Water, if (place x) Required, mw-my-my/L mw-mw-my-my/L Distribution mg-min/L C Applicable mg-min/L Required, mg-min/L mw-my-mg-min/L System, mg/L 1.8 X 24 0 1.7 1.7 1.7 1.7 1.7 X 24 0 2.5 1.7 1.9 1.9 1.9
X 24 0 2.9 1.8 1.8
X 24 X 24 0 1.7 X 24 0 2.5
X 24 0 1.7 X 24 0 2.5 X 24 0 2.5
X 24 0 2.5 X 24 0 3.7
X 24 0 37
A 24 0
126,000
X 24 162 000 27
24
10 X 24 393,000 2.5 20
X 24 142,000 2.5
X 24 129,000 2.3
X 24 157,000 2.4
X 24 124,000 2.4
×
24
X 24 363,000
X 24 150,000 2.4
X 24 113,000 2.4
20 X 24 137,000 2.4 1.9
X 24 135,000 2.T
24
H
X 24 111,000 2.2
X 24 116,000 2.4
X 24 125,000 2.5
x 24 86,000
30 24 114,000 2.3 2.1 2.1
334,000 2.4
Average 122,290
Maximum 162,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

461,114		162,000	22,400	59,300	46,400	77,600	124,700	wax.
257.723		122,290	11,374	19,132	5,932	44,458	54,535	Avg.
7 080 400		3,791,000	352,600	593,100	183,900	1,378,200	1,690,600	Total
500 500		334.000	16,100	29,300	0	73,300	109,800	<u>ω</u>
206,100		111,000						30
306,000		114 000	7.300	10,300	500	36,100	37,900	29
400,700	1	86 000	9.700	13,100	600	31,600	47,000	28
228,000		125.000	14,800	7,600	500	35,100	43,700	27
220,000		116.000	13,800	10,600	800	46,200	41,600	26
202,500		111,000	12,200	6,300	900	31,800	40,300	25
537 600		312,000	25,000	22,400	0	83,300	94,900	24
1000								23
237 300		135,000	10,400	6,100	0	33,700	52,100	22
247 400		137,000	16,100	12,500	0	49,500	32,300	21
269 700		157,000	8,700	13,600	0	39,100	51,300	20
214 400		113,000	9,300	10,600	0	35,800	45,700	19
267 800		150,000	7,400	14,200	0	43,500	52,700	18
623 100		363,000	25,500	34,000	0	80,900	119,700	17
,400								16
260,400		145,000	10,300	13,800	0	41,900	49,400	15
241 500		124,000	12,300	13,500	2,300	40,000	49,400	14
281 800		157,000	11,200	13,900	2,200	40,400	57,100	13
259 100		129,000	17,700	14,800	3,900	41,300	52,400	12
292,900		142,000	19,700	17,200	5,000	46,000	63,000	
505 300		393,000	7,700	20,600	14,600	72,200	87,200	10
10,000								9
249 000		162,000	2,500	7,100	6,000	26,000	45,400	000
254 700		160,000	3,000	8,800	7,100	29,400	46,400	7
281 600		126,000	7,300	29,300	700	49,000	69,300	6
270,000		0	15,300	53,100	300		124,700	5
369,000		0	22,400	50,700	46,400		73,300	4
546 000		0	36,400	118,600	73,600	155,200	162,200	ω
1/3,100								2
10tal	Ganoria	0	10.500	41.100	18,500	63,200	41,800	_
7.30,000	2310000	Net Quantity of Finished Water Produced by Each Plant gallons	of Finished Water	Net Quantity				Month
736 000		175.100	12,700	23,200	75,000	210,000	240,000	Day of
Tot <u>bl</u>	lons per day	Permitted Maxium Day OperatingCapacity of Each Plant, gallons per day	m Day OperatingC	Permitted Maxiu				
		Well 3	Well 2	Well 1	Wells 3-4	Well 2	Well 1	
		-	BVTP	BVTP	Plant 3	Plant 2	Plant 1	
	Plant 7 Name: Plant 8 Name: Plant 9 Name: Plant 10 Name:	Plant 6 Name: Plant	Plant 5 Name:	Plant 4 Name:	Plant 3 Name:	Plant 2 Name:	Plant 1 Name:	
				D 6511311	lumber AS NOTE	Public Water System (PWS) Identification Number AS NOTED 6511311	Vater System (PW	Public V
					Orangewood	n (CWS) Name:	Community Water System (CWS) Name:	Commu
				August, 2020	Month/Year of:	Daily Finished-Water Production for the Month/Year of: August, 2020	inished-Water Pr	Daily F
) :

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT



□ 10200 □ 9610 P □ 380 No □ 2639 N	outpoint Pkwy. • Jacksonville, FL 32216 • 904.3 W 41st Blvd • Gainesville, FL 32608 • 352.377.2: JSA Today Way • Miramar, FL 33025 • 954.889, incess Palm Avc. • Tampa, FL 33619 • 813.630.5 rthlake Blvd., Suite 1048 • Altamonte Springs, FL Monroe St., Suite D, Tallahassee, FL 32303• 85 Westlinks Terrace, Unit 10, Fort Myers, FL 33912	349 • Fax 352.3 .2288 • Fax 954. .0616 • Fax 813.6 32701• 407.93	95.6639 • 1 .889.2281 530.4327 • 57.1594 • F	E82001 • E82535 • E84589 E53076	5 1402			0 1 4 6 6		I to historian co.
	Advanced Environmental L	aboratorie		Lab Receipt Date & Time: 8/5/20 1428 Analysis Date & Time: 8/5/20 1428 Sample Acceptance Criteria: Sample Preservation: 7 On Ice Not On Ice 6 °C Disinfectant Check: 7 Not Detected 7 This Sample does not meet the following NELAC requirements:						
Report N	lumber: Sub-Co	ntract Lab ID):					Totale following MEE	AO requireme	ilis.
Analysi	s Requested: (check all that apply) Coliform/E. coli Total Coliform/Fec					C D Othor	,.			
Public \	Vater System (PWS) Name: 🦳 🦳	ON THE	1000	1			DIMOLD	(051)3	11	
PVV S AC	dress: C996 Acc	adia		City Halinday						
PWS or	TYO OWNERS FROM #.	137	10		Fax #:				_	
	r: Teff Becker Supply: (check only one)				Collect	tor's Phone	#: 410-	808-79	<u>88</u>	
Comn	nunity Water System Non-Transie	nt Non-comn	nunity W	ater System	☐ Tran	sient Non-co	ommunity Wa	ater System		
Reason	ed Use System Bottled Water for Sampling: (check all that apply)	Private Well	LI Sv	vimming Poo	<u>I</u> ☐ Othe	<u>er:</u>				
Distri	bution Routine Distribution Reper	at Raw (triggered	d or assessm	nent) Ra	aw (triggered	d or assessm	nent) additional	☐ Well Surv	ev
LI Vicai	ance Replacement (also check type Collection Date: 8/5/72	e of sample l	peing re	placed)	Boil Water	Notice	Other:	_		ΣŢ.
Sample						DCN#: AD-D045		ive 01/95, Printable Rev		
Sample	To be completed by Sample Point	collector of sa Sample	Imple Sam	Disin-	pH	1	То	be completed by lab Analysis Method(s) ²	CAACITE	•
#	(Location or Specific Address)	Collection Time (24	ple Type	fectant Residual		Non- Coliform	Total Coliform	Fecal (E. coli) Enterococci, or	Data Qualifier ⁴	Lab Sample
		hr clock)		(mg/L)			100000000000000000000000000000000000000	Coliphage		1 #
1	Well 1	825	R	(IIIg/L)			A	Coliphage ³		30)
1 2	Well 1	1	R R				A	A A		3)
2 3		825		9			AAA	A A		
	Well 2	825 835	R	49			A A A	A A		つ) で2
3	Well 3	825 835 750	R R	9 9			A A A A	A A A		30) 503 574
3	Well 3 Well 4	825 835 750 755 800	R R R	9 9			A A A	A A A		301 503 504 505
3 4 5 6	Well 2 Well 4 Well 4 2545 Cheval 2624 Templewood 4726 Bonton	825 835 750 755 800 815 8:10	R R D D	# # # 2.0			A A A	A A A A		30) 503 574
3 4 5 6	Well 2 Well 3 Well 4 2545 Cheval 2624 Templewood	825 835 750 755 800 815 8:10	R R D D	9 9 9 2.0 2.1	Unless	Othorwise	A A A A A	A A A A A A		30) 502 503 504 506 508
3 4 5 6 7 Average (samples.	Well 3 Well 4 2545 Cheval 2624 Templewood 4726 Bonton of disinfectant residuals for distribution ro Afree chlorine or Total chlorine (check	825 835 750 755 800 815 8:10	R R D D	9 9 9 2.0 2.1	NEI	LAC standar	A A A A A noted, all tes	A A A A A A ts are preformed i	to the sampl	30) 5-2 5-3 5-6 5-8 e with es.
3 4 5 Average samples.	Well 2 Well 3 Well 4 2545 Cheval 2624 Templewood 4726 Bonton of disinfectant residuals for distribution ro Entre chlorine or Total chlorine (check tant Residual Analysis Method: Colorimetric Other:	825 835 750 755 800 815 8:10 utine & repea	R R D D	9 9 9 2.0 2.1	NEI Date and ti	LAC standar ime PWS notil	A A A A A noted, all tes	A A A A A a ts are preformed iresults relate only ositive results:	to the sampl	30) 003 003 004 005 006 007
Average samples. Disinfed	Well 3 Well 3 Well 4 2545 Cheval 2624 Templewood 4726 Bonton of disinfectant residuals for distribution ro Afree chlorine or Total chlorine (check tant Residual Analysis Method: Colorimetric Other: performing disinfectant analysis is (Check	825 835 750 755 800 815 8:10 utine & repea	R R D D	9 9 9 2.0 2.1	Date and ti	LAC standar ime PWS notil ime DEP/DO	A A A A A noted, all tes	A A A A A A ts are preformed i	to the sampl	30) 003 003 004 005 006 007
Average c samples. Disinfect Poppo Person Sup	Well 3 Well 3 Well 4 2545 Cheval 2624 Templewood 4726 Bonton f disinfectant residuals for distribution ro Afree chlorine or Total chlorine (check tant Residual Analysis Method: Colorimetric Other: performing disinfectant analysis is (Check ertified operator (#) 23456 ervised by certified operator (#)	825 835 750 755 800 815 8:10 utine & repea	R R D D	9 9 9 2.0 2.1	NEI Date and ti	LAC standar ime PWS notil ime DEP/DO	A A A A A noted, all tes	A A A A A a ts are preformed iresults relate only ositive results:	to the sampl	30) 003 003 004 005 006 007
Average of samples. Disinfed Person Sup	Well 3 Well 3 Well 4 2545 Cheval 2624 Templewood 4726 Bonton f disinfectant residuals for distribution ro Afree chlorine or Total chlorine (check tant Residual Analysis Method: Colorimetric Other: performing disinfectant analysis is (Check ertified operator (#) 23456 ervised by certified operator (#) bloyed by a certified lab Employed by DE	825 835 750 755 800 815 8:10 utine & repea	R R D D	9 9 9 2.0 2.1	Date and ti Date and ti Lab Sign Title:	LAC standar ime PWS notil ime DEP/DO	A A A A A noted, all tes rds, and the i fied by lab of p	A A A A A a ts are preformed iresults relate only ositive results:	to the sampl	30) 003 003 004 005 006 007
Average samples. Disinfed Person Sup	Well 3 Well 3 Well 4 2545 Cheval 2624 Templewood 4726 Bonton f disinfectant residuals for distribution ro Afree chlorine or Total chlorine (check tant Residual Analysis Method: Colorimetric Other: performing disinfectant analysis is (Check ertified operator (#) 23456 ervised by certified operator (#)	825 835 750 755 800 815 8:10 utine & repeatone).	R R D D	9 9 2.0 2.1 2.0	Date and ti Date and ti Date and ti Lab Sign Title: Date & Tim	LAC standar ime PWS notif ime DEP/PG ature:	A A A A A noted, all tes rds, and the i fied by lab of p	A A A A A A A A A A A A A A A Cresults relate only ositive results: of positive results:	to the sampl	30) 502 503 506 508 e with es.
Average samples. Disinfed Person Sup	Well 3 Well 3 Well 3 Well 4 2545 Cheval 2624 Templewood 4726 Bonton of disinfectant residuals for distribution ro Afree chlorine or Total chlorine (check tant Residual Analysis Method: Colorimetric Other: performing disinfectant analysis is (Check criffied operator (#) 23456 ervised by certified operator (#) ployed by a certified lab	825 835 750 755 800 815 8:10 utine & repeatone).	R R D D	9 9 2.0 2.1 2.0	Date and ti Date and ti Lab Sign Title: Date & Tim	LAC standar ime PWS notif ime DEP/POA ature: the Report Issue	A A A A A A A A A A A A A A A A A A A	A A A A A A A A A A A A A A A Cresults relate only ositive results: of positive results:	to the sampl	30) 502 503 506 508 e with es.
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- Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance). C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).

 Lab certification number for the listed method is included at top with the laboratory address.
- 3. Please circle appropriate selection.
- Please circle appropriate selection.
 Defined in Florida Administrative Code Rule 62-160, Table 1.
 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth;
 TNTC = too numerous to count (62-550.730 Reporting Format.

Relinquish By:

Received By:

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

□ 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 □ 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 □ 19200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 □ 6610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 □ 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701• 407.937.1594 • E53076 □ 2639 N. Monroe St., Suite D. Tallahassee, FL 32303• 850.219.6274 • Fax 850.219.6275• E811095 □ 13100 Westlinks Terrace, Unit 10, Fort Myers, FL 33913• 239-674-8130 • Fax 239-674-8128• E84492



☐ 13 100	Westlinks Terrace, Unit 10, Fort Myers, FL 32303 8	50.219.6274 * Fa 13* 239-674-8130	x 850.219) • Fax 239	.6275• E811095 9-674-8128• E8	5 4492	Г	1							
Advanced Environmental Laboratories, Inc.							Analysis Date & Time: 4 AUG 120 . 1 4 0 10 Analysis Date & Time: 8 4 20 550 Sample Acceptance Criteria: Sample Preservation: On Ice Not On Ice Disinfectant Check: On Not Detected This Sample does not meet the following NELAC requirements:							
Report Number: Sub-Contract Lab ID:						This sample does not meet the following NELAC requirements:								
Analysis Requested: (check all that apply) ☐ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphac							ae □ HPC □ Other:							
Public Water System (PWS) Name: () You not be () and ()							170							
PWS Address: 2448 Arcadia Rd						City: Heliday								
PWS Address: Z448 Arcadia Rd PWS or PWS Owner's Phone #: 727-934-9137 Collector: J2ff Becker Type of Supply: (check poly one)						Fax #:								
Collector: Jeff Becker						ecto	r's Phone	#: 410-	303-798	8				
Type of Supply: (check only one) SCommunity Water System ☐ Non-Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Poo							Transient Non community Water Contra							
	for Sampling: (check all that apply)	1 Tivato Tren		VIIIIIIIII TOO		uiei.	-							
Distr Clea	bution Routine Distribution Reperance Replacement (also check ty	d or assessm placed)	or assessment) Raw (triggered or assessment) additional Well Survey aced) Boil Water Notice Other:											
Sample	Collection Date: 8/4/20)	Witnessen		DCN#: AD-D045 Effective 01/95, Printable Revision 4/11/17									
Sample	To be completed to		-	7				To	be completed by lab					
#	Sample Point (Location or Specific Address)	Sample Collection	Sam	Disin- fectant	рН		Non-	Total	Analysis Method(s) ² Fecal, E. coli,	SM9222	-			
	J . b . c	Time (24 hr clock)	Туре	Residual (mg/L)			Coliform	Coliform	Enterococci, or Coliphage ³	Qualifier ⁴	Lab Sample #			
	Well 1	845	R	0					H		201			
2	Well 2	900	R	0				A	4		802_			
3	Well 3	1010	R	-0				A	A		003			
4	1841 Holiday	835	D	1.9				1	A		ade			
5	2111 Hess	820	D	1.9				A	A		055			
6 2040 Orange 830 D 1.8								A	A		576			
7	5128 Botnay	910	D	1.5				A	A		007			
samples.	of disinfectant residuals for distribution r		Unless otherwise noted all tasts are proformed in secondary with											
Disinfe	ctant Residual Analysis Method:		Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples.											
DPD Colorimetric Other:						Date and time PWS notified by lab of positive results:								
Person performing disinfectant analysis is (Check one of below):						Date and time DEP/DOH notified by lab of positive results:								
A certified operator (#) 23 45 € Supervised by certified operator (#)						Lab Signature:								
☐ Em	ployed by a certified lab	EP or DOH			Title:									
Authorized representative of supplier of water						Date & Time Report Issued:								
(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)						☐ Satisfactory DEP/DOH USE ONLY								
						☐ Incomplete Collection Information ☐ Repeat Samples Required								
							☐ Replacement Samples Required							
					Date Reviewed by DEP/DOH:									
1. Indicate	the sample type for each sample collected. Sample	type codes are: D :	3		DEP/DC	DH R	eviewing Off	ficial:						
Distribu	tion (routine compliance), C = Repeat/Check, R = R tion, P = Plant Tap, S = Special (clearance, etc.).	aw, N = Entry Poi	nt to	Rel	inquish E	Bv:	SH 34		Me Indian					
Lab cert address.	fication number for the listed method is included at	top with the labora	atory			1	2/11/2		1500					
3. Please ci	rcle appropriate selection. in Florida Administrative Code Rule 62-160, Table	1			Date	e:	21412	10	Time: 1045					
5. Complet	e for community & non-transient non-community sy l including 4,900. Do not include raw or plant sampl	stems serving pop	ulations	Rec	ceived By:									
Results Key	: A = Coliforms are absent; P = Coliforms are prese numerous to count (62-550.730 Reporting Format.	Date: 8/4/2010 Time: 1150												