<u>Chapter 25-30,440</u> Additional Engineering Information Required of Class A and B Water and Wastewater Utilities in an Application for Rate Increase.

1. See attached exhibit 1 (only one Copy)

ORIGINAL

- Chemicals Used in 1999 Eight 150 lb. Cylinders at \$90.50 per cylinder Sixteen 150 lb. Cylinders at 59.00 per cylinder The dosage rate utilized is 40 lbs. Per day.
- 3. See attached exhibit 2
- 4. See attached exhibit 3
- 5. See attached exhibit 4
- 6. See attached exhibit 5
- 7. See attached exhibit 6

8. Kevin Egan – Holds a Florida Water Operating License, Class C.

Duties:

- a. Certified operator for Park Water Company System.
- b. Prepares and submits daily, monthly, quarterly, annual reports.
- c. Makes process control adjustments to system as necessary.
- d. Performs routine and preventative maintenance on well pumps, back-up systems, and chlorination system.
- e. Maintains distribution system.
- f. Installs, reads, and repairs water meters.
- g. Responsible for ordering plant and distribution system supplies.
- h. Handles customer complaints and questions.
- i. On call 24 hrs/day 7 days a week.
- j. Coordinator of subcontractor activity.

Salary Allocation Method - 100% to Salary Expense Account

9. Description of Vehicles

- a. 1993 Ford Ranger XLT, VIN 1FTCR14A8PTA60273, Original Cost \$8771 the vehicle is assigned to Kevin Egan.
- b. 1991 Ford F-150, VIN 1FTDF15YOMNB14514, Original Cost \$11,419 the vehicle is assigned to Tony Staiano.

Both vehicles are used solely for the purpose of day-to-day operations of the Park Water Company.

10. We had one complaint during the test year. The complaint # is 245383R by Milka Berk on 2/23/99. Park Water Company investigated the matter further and came to the conclusion that the residence in question had a leak on their side of the meter. The customer was notified of these findings. The customer subsequently paid the water bill in question.

03604 MAR 228

FPSC-RECORDS/REPORTING

991627

Exhibit 2

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

Public Drinking Water System Laboratory Analysis Reporting Format for Lead and Copper Tap Samples

CERTIFIED LABORATORY NAME: HRS CERTIFICATION NUMBER : LABORATORY CONTACT: AND PHONE NUMBER : SUBCONTRACTORS NAME, CERTIFICATION NUMBER, AND PHONE NUMBER

The following sampling analytical results were submitted by the following public water system. Each sample container contained one liter of solution (+/-100ml). All samples were to the best of our knowledge taken properly by the following system and analyzed in accordance with the requirements listed on page 26560 of the June 7, 1991 <u>Federal Register</u>. Tap sampling dates were reported for each sample received.

PUBLIC WATER SYSTEM'S DER I.D. NUMBER: <u>6530408</u> PUBLIC WATER SYSTEM'S NAME: <u>Park Water Company</u> (MUST BE INCLUDED WITH SAMPLE SUBMITTAL)

 $1 \cap$

I do HEREBY CERTIFY that all data submitted are correct.

SIGNATURE

Alen.	\sim

NAME (PRINT)	<u>Bruce Cummings</u>	
LABORATORY	Short Environmental Laboratories,	Inc.
DATE	10/05/99	

DER/ACPHU Reviewing Official:

DATA SUBMITTAL (CHECK ONE)

SATISFACTORY () UNSATISFACTORY () NOT PROPERLY IDENTIFIED ()

·	DRINKING WATER		8 🛀	Rece Rece Date	eived Or eived By	onmenta n: <u>/2:3</u> -	BUSE ONLY	#85344 2 17500
SYSTEM N	IANE: PARK . WATER CO.				5304	08	SYSTEM PHONE	#: 638-1285
ADDRESS:	25 FIRST AVE. NORTH LA	KEL	SME	S COUNTY	1: <u>P</u>	٥ (ال	DIST	RICT: <u>6</u>
COLLECTO	R: K.EGAN					COLI	ECTOR PHONE #:	638-1285
SAMPLE S	ITE (Locality or Subdivision):	<u> </u>	AP C	NOF.			·····	
DATE AND	TIME COLLECTED: 12-03-99 8	1.32	F ~~	<u> </u>		_		
TYPE OF	SUPPLY(Circle one): Community water system Reivete Well Swimming	Noncom	Runity (Boti	water system tled water	Nontra Lim	nsient - no ited lize sv	oncommunity wate	r system
TYPE OF	SAMPLE(Circle one): <u>Compliance</u> Repeat (Check Box) [~] Distribution [~] Raw	•	acement		arance	-		
	TO BE COMPLETED BY COLLECTOR OF SAMPLE						PLETED BY LAB	
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NO.	(Specific Address)	RESTO	PH	COLIFORM	*TOTAL	TOTAL	FECAL E. COLI	SAMPLE NUMBER
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#3	DARNER SOUTHERN 5.5. BH	,7			<u>A</u>			115380
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#3	SON JACKSON ST.	.6			A			/13781
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ADDRESS: _	25 FIRST AVE. NORTH LA	the L	JALK	COUNT	r:	OCK	DIST	RICT: 6
COLLECTOR:	KIEGAN			······		COL	LECTOR PHONE #:	638-1285
SAMPLE SITE	E (Locality or Subdivision): SAnk	AS	ABC	UK				
DATE AND TI	IME COLLECTED: <u>9-03-95</u>	50	~					
TYPE OF SUP	PPLY(Circle one): Community water system? Private well Swimming	Noncom pool	munity (Bot	water system tled water	Nontra Lim	nsient - no ited Use sy	oncommunity water /stem	r system
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#3	227 Caloosa Cir. North	.7			A			109960
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#3	well		ø			A			108385	
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STEM NAME: PARIC WATER CO. SYSTEM I.D. NO: 6530403 SYSTEM PHONE #: 638-) NRESS: DS FIRST QUE, DORTH LAKE LOALES COUNTY: POLIC DISTRICT: C LECTOR: KSEGAN COLLECTOR PHONE #: 638-) COLLECTOR PHONE #: 638-) PLE SITE (Locality or Subdivision): SMMAR QS ABOUK COLLECTOR PHONE #: 638-) E AND TIME COLLECTED: 4-2-99 9:00 m Private well Swimming pool Bottled water Nontransient - noncommunity water system E OF SUPPLY(Circle one): Community free system Noncommunity water system Nontransient - noncommunity water system E OF SAMPLE(Circle one): Community free system Noncommunity water system Limited use system E OF SAMPLE(Circle one): Community Repeat Repeat Replacement Main clearance Well survey Other		DRINKING WATER	TROP	TINGT		w mine o	i Analysis		
STEM NAME: PARIC WATER CO. SYSTEM I.D. NO: 6530403 SYSTEM PHONE #: 638-) NRESS: DS FIRST QUE, DORTH LAKE LOALES COUNTY: POLIC DISTRICT: C LECTOR: KSEGAN COLLECTOR PHONE #: 638-) COLLECTOR PHONE #: 638-) PLE SITE (Locality or Subdivision): SMMAR QS ABOUK COLLECTOR PHONE #: 638-) E AND TIME COLLECTED: 4-2-99 9:00 m Private well Swimming pool Bottled water Nontransient - noncommunity water system E OF SUPPLY(Circle one): Community free system Noncommunity water system Nontransient - noncommunity water system E OF SAMPLE(Circle one): Community free system Noncommunity water system Limited use system E OF SAMPLE(Circle one): Community Repeat Repeat Replacement Main clearance Well survey Other		BACTERIOLOGICAL ANALYSIS	AN THE GALL						
STEM NAME: PARIC WATER CO. SYSTEM I.D. NO: 6530403 SYSTEM PHONE #: 638-) NRESS: DS FIRST QUE, DORTH LAKE LOALES COUNTY: POLIC DISTRICT: C LECTOR: KSEGAN COLLECTOR PHONE #: 638-) COLLECTOR PHONE #: 638-) PLE SITE (Locality or Subdivision): SMMAR QS ABOUK COLLECTOR PHONE #: 638-) E AND TIME COLLECTED: 4-2-99 9:00 m Private well Swimming pool Bottled water Nontransient - noncommunity water system E OF SUPPLY(Circle one): Community free system Noncommunity water system Nontransient - noncommunity water system E OF SAMPLE(Circle one): Community free system Noncommunity water system Limited use system E OF SAMPLE(Circle one): Community Repeat Repeat Replacement Main clearance Well survey Other									
DRESS: DS FIRST DUK, NORTH LAKE LOALES COUNTY: POLK DISTRICT: C LECTOR: X & GOAN COLLECTOR PHONE #: (638-)2 PLE SITE (Locality or Subdivision): SAMPLE AS ABOUK E AND TIME COLLECTED: 4-2-99 9:00 PA E OF SUPPLY(Circle one): Community water system Noncommunity water system Noncommunity water system E OF SUPPLY(Circle one): Community water system Noncommunity water system Limited Use system E OF SAMPLE(Circle one): Community water system Noncommunity water system Noncommunity water system E OF SAMPLE(Circle one): Community water system Noncommunity water system Noncommunity water system E OF SAMPLE(Circle one): Community water system Noncommunity water system Noncommunity water system E OF SAMPLE(Circle one): Community Repeat Replacement Main clearance Well survey Other COLL. SAMPLE POINT Cl NON MON COLIFORM TOTAL FECAL E. COLI SAMPLE NO H1 Well A Iol/4/C A Iol/4/C H2 LAKE SIDE CARPENS						= 2 _ 4	~3		. 138.109
LECTOR: K s ε ε ε COLLECTOR PHONE #: $(638-)2^{-1}$ IPLE SITE (Locality or Subdivision): Som k s ε ε ε Collector Phone #: $(638-)2^{-1}$ IPLE SITE (Locality or Subdivision): Som k s ε ε Collector Phone #: $(638-)2^{-1}$ IPLE SITE (Locality or Subdivision): Som k s ε Collector s IPLE SITE (Locality or Subdivision): Som k s Collector s IPLE SITE (Locality or Subdivision): Som k s Collector s IPLE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system IPL OF SAMPLE(Circle one): Continuer Repeat Replacement Main clearance Well survey Other									
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E AND TIME COLLECTED: $4-2-39$ 9.00 me E OF SUPPLY(Circle one): <u>Community Mater system</u> Noncommunity water system Private well Swimming pool Bottled water Limited Use system E OF SAMPLE(Circle one): <u>Community Mater system</u> Repeat Replacement Main clearance Well survey Other							COL	LECTOR PHONE #:	638-1282
E OF SUPPLY(Circle one): <u>Community water system</u> Noncommunity water system Private well Swimming pool Bottled water Limited Use system E OF SAMPLE(Circle one): <u>Confinence</u> Repeat Replacement Main clearance Well survey Other	PLE SITE	(Locality or Subdivision): <u>Som R</u>	AS AB	DUR					
E OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other	E AND TI	ME COLLECTED: 4-2-99 9:0	00-				_		
Description Repeat Replacement Main clearance Well survey Other Main clearance Well survey Other	E OF SUP	PLY(Circle one):	Noncommun	ity wat	er system	Nontra	nsient - n	oncommunity wate	r system
(Check Box) Distribution TO BE COMPLETED BY COLLECTOR OF SAMPLE TO BE COMPLETED BY LAB COLL. SAMPLE POINT CI NO. COLL. SAMPLE POINT (Specific Address) Cl PH MON COLIFORM *TOTAL COL SAMPLE TO BE COMPLETED BY LAB ANALYSIS METHOD: MF MTF MOO-MUG MON CONFIRM CONFIRM COLL. SAMPLE POINT Cl NO. (Specific Address) PH COLIFORM *TOTAL TOTAL FECAL E. COLI SAMPLE NU Ø A 1014/6 A A					d water	Lim	ited Use s	ystem	
TO BE COMPLETED BY COLLECTOR OF SAMPLE TO BE COMPLETED BY LAB COLL. SAMPLE POINT CI NO. CONFIRM COLL. SAMPLE POINT COLL. SAMPLE POINT COLL. SAMPLE POINT COLL CONFIRM COLLFORM *TO BE COMPLETED BY LAB MO-MUG MIP NON CONFIRM COLLFORM *TOTAL TOTAL TOTAL FEGAL E. COLL MIP MIP #1 Weill #2 LAKE SIDE GARDENS GARDENS O A Include MIP A MIP A MIP A Include MIP	E OF SAM		it Replace	ment	Main cl	earance	Well su	rvey Other	
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NO. (Specific Address) RES'D PH COLIFORM *TOTAL TOTAL FECAL E. COLI SAMPLE NU #/ Well #/ Ø A I IOI46 #2 LANESIDE GARDENS .6 A I IOI46						S METHOD:	MF	MTF MM	O-MUG PA
+2 LANESIDE GARDENS 6 A 10146			1 1	pH		*TOTAL			SAMPLE NUMBE
Derrie and the side GARDENS .6 A 10146		++ 1							
	#/	Well #1	ϕ			A			101460
	1.					Δ			. 1
43 CHURCH of GOD ,7 A 10146	シ	LANESIDE GARDENS		-		13			101461
	43	Church of GOD	5			A			101467
				{}					······································
esults in this column are presumptive. Total coliform and fecal coliform or <u>E. coli</u> confirmation will follow in 24-48 hour	esults i	n this column are presumptive. Total co	liform and fe	ecal co	liform or	<u>E. coli</u>	confirmati	on will follow i	n 24-48 hours.
P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid	. .					Turbid,	Absence of	gas or acid	
A - Coliforms are absent TNTC - Too numerous to count		Coliforms are absent TNTC -	Too numerous	to cou	nt		INTERPRET	ATIONS-REMARKS B	Y PROGRAM REVIE
TUTEDDETATIONS BEAR BIONS	A -						IN ICKPRCI	TIJONG KEMARKO B	· FRYDRAN REYLG
OICE ADDRESS (if different than address below): INTERPRETATIONS-REMARKS BY PROGRAM RE	A -	RESS (if different than address below):		,					-10
DICE ADDRESS (if different than address below): INTERPRETATIONS-REMARKS BY PROGRAM RE	A -	RESS (if different than address below):							
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DICE ADDRESS (if different than address below):	A - DICE ADD			ND T					860
DICE ADDRESS (if different than address below):	A - DICE ADD	ME AND MAILING ADDRESS OF PERSON/FIRM TO)RT			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
DICE ADDRESS (if different than address below):	A - DICE ADD	ME AND MAILING ADDRESS OF PERSON/FIRM TO)RT) INCOMPLETE COL) REPEAT SAMPLES	
DICE ADDRESS (if different than address below):	A - DICE ADD	HE AND HAILING ADDRESS OF PERSON/FIRM TO PARIC WATER CO. 25 FIRST AUE, NORTH		DRT			· ~) INCOMPLETE COL) REPEAT SAMPLES	
OICE ADDRESS (if different than address below):	A - OICE ADD	HE AND HAILING ADDRESS OF PERSON/FIRM TO PARIC WATER CO. 25 FIRST AUE, NORTH) INCOMPLETE COL) REPEAT SAMPLES	
NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT	A - DICE ADD	HE AND HAILING ADDRESS OF PERSON/FIRM TO PARIC WATER CO. 25 FIRST AUE, NORTH			EVIEWING (DFFICIAL:	. č) INCOMPLETE COL) REPEAT SAMPLES	

	SHORT ENVIRONMENTAL LABORATORIES, IN 10405 U.S. 27 S., SEBRING, FL 33870		RECE MAR 1 /IRON NGIN	7 NMB		t Envir ived Or ived By /Time o	onmenta 1: <u>3 -/ 3</u> /:	B USE ONLY I Labs HRS # 2-99 / 1.40 1)01-12-99 (1.40 1)01-12-99 (1.40 1)01-12-99 (1.40	+85344
	DRINKING WATER BACTERIOLOGICAL ANALYSIS					of			
SYSTEM NA	ME: PARIC WATER CO.	32	SYSTEM	I.D.	NO: <u>6</u>	<u>5304</u>	68	SYSTEM PHONE	#: <u>(638-1285</u>
ADDRESS:	25 FIRST AUF, NORTH LAK	<u>k w</u>	PLES	-		1: <u>Po</u>	LIC	DIST	RICT: 6
COLLECTOR	: K. EGAN							LECTOR PHONE #:	638-1285
	TE (Locality or Subdivision): <u>Samue</u>			200	Fi				
DATE AND	TIME COLLECTED: <u>3-12-99 8:10</u>	-	<u> </u>				_		
TYPE OF S	UPPLY(Circle one): Community water system Private well Swimming		Runity (Bot)	water tled i	system Water	Nontra Lim	nsient - no lited Use sy	oncommunity wate	r system
TYPE OF S	AMPLE(Circle one): Repeat	•	acement			arance		rvey Other	
	(Check Box) P≰ Distribution t≦ Raw								
	TO BE COMPLETED BY COLLECTOR OF SAMPLE	}				METHOD:	TO BE COM	APLETED BY LAB	D-MUG PA
COLL. NO.	SAMPLE POINT (Specific Address)	Cl RES'D	рН		NON LIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	
#1	Well # 2-	ø				A			100868
#2	CHURCH of GOD	1.0				<u>A</u>			100569
#3	LAKE SIDE GORDENS	. 7				A			100570
	· · · · · · · · · · · · · · · · · · ·								
			4 4 4 4 4 4			F. aali.			2/-/8 hours
Р	in this column are presumptive. Total colif - Coliforms are present C - Conflu - Coliforms are absent TNTC - Toc	uent gro	owth					gas or acid	1 24-40 Houra.
	DDRESS (if different than address below):						INTERPRETA	TIONS-REMARKS B	Y PROGRAM REVIEWER
toy be used)	NAME AND MAILING ADDRESS OF PERSON/FIRM TO RE	ECEIVE I	REPORT				¢ :		8361
Form 655 which may :: 5740-000-0655-5)	PARK WATER CO.	-) SATISFACTORY) INCOMPLETE COL) REPEAT SAMPLES) REPLACEMENT SA	LECTION INFORMATION
96 HRS Form Theer: 574	25 FIRST AUR. NORTH LAKE WALKS, F1, 3385	53		REV	EWING O	FFICIAL:	<u> </u>	Stadell	acher
DH 655, 9/96 [Replaces HRS [Slock Number:				TITI	.E:	····	E	5	

	SHORT ENVIRONMENTAL LABORATORIES, IN 10405 U.S. 27 S., SEBRING, FL 3387 DRINKING WATER BACTERIOLOGICAL ANALYSIS	IC. OBECENV RECENV FEB		Shor Rece Rece Date	t Enviro ived Or ived By /Time of	FOR LA conmenta $2 \cdot 5 \cdot 6$ $2 \cdot 5 \cdot 6$ Analysis	BUSE ONLY	
SYSTEM NAM	NE: PARK WATER CO,		SYSTEM	1.D. NO: <u>6</u>	5304	68	SYSTEM PHONE	#: 638-1285
	as filst ave, NORTH LA	KR WA	LES					
	K. EGAN	•				COL	LECTOR PHONE #:	638-1285
	TE (Locality or Subdivision): <u>SAME</u>						<u> </u>	· · · · · · · · · · · · · · · · · · ·
	TIME COLLECTED: 2-5-99					-	•	
ITPE OF SU	JPPLY(Circle one): <u>Community water</u> eystem Private well Swimmin	g pool	Bot	water system tled water	Nontra Lim	ited Use s	oncommunity wate ystem	r system
TYPE OF SA	AMPLE(Circle one): Compliance Repeat (Check Box) A Distribution PA Raw	Repla	acement	Main cle	arance	Well su	rvey Other	
[<u></u>	TO BE COMPLETED BY COLLECTOR OF SAMPLE						PLETED BY LAB	
COLL.	SAMPLE POINT (Specific Address)	Cl RES'D	рH	ANALYSIS NON COLIFORM	METHOD:	MF CONFIRM TOTAL	MTF MM CONFIRM FECAL E. COLI	O-MUG PA SAMPLE NUMBER
#	Well #1	ø	·		A			99010
#2	LAKESIDE GARDENS	.8			A			99011
#3	CHURCH of GOD	.7			<u>A</u>			99012
							<u></u>	
P	in this column are presumptive. Total col - Coliforms are present C - Conf - Coliforms are absent TNIC - T DRESS (if different than address below):	luent gro	owth	TA -		lbsence of	gas or acid	Y PROGRAM REVIEWER
DH 635, 9796 (Replaces HRS Form 655 which may be us (Slock Number: 5740-000-0635-5) Z	AME AND MAILING ADDRESS OF PERSON/FIRM TO PARK WATER CO. SS FIRST AVE. NORTH LAKE WALKS, F1. 338	-	REPORT	REVIEWING C TITLE:	FFICIAL:		SATISFACTORY INCOMPLETE COL REPEAT SAMPLES REPLACEMENT SAU REPLACEMENT SAU	

A INVOICE ADD	Coliforms are present C - Confluct Coliforms are absent TNIC - Too RESS (if different than address below): ME AND MAILING ADDRESS OF PERSON/FIRM TO RE GRARIC WATER CO. $DS FIRST AVE. NORTH LAKK WALKS, FI. 3535^{-1}$	o numero	pus t<u>o</u> c	TA - ount REVIEWING O	.	INTERPRETA () () () () () () ()	SATISFACTORY	PROGRAM REVIEWER 97 LECTION INFORMATION APLES	
	n this column are presumptive. Total colin							1 24-48 hours.	
-#-3	LAILESIDE GARDEN CHURCH of GOD	. 3			A			97320	
#2		.7			A			97319	
COLL. NO.	SAMPLE POINT (Specific Address) Well 72 2	CI RES'D	рн	NON COL I FORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
	TO BE COMPLETED BY COLLECTOR OF SAMPLI;	1		ANALYSI	METHOD;	TO BE CO	MPLETED BY LAB	O-MUG PA	
	PLE(Circle one): <u>Compliance</u> Repeat (Check Box) DKDistribution			tled water Main cl	•••••		ystem rvey Other		
	ME COLLECTED: <u>/-S-95</u> <u>9:</u> PLY(Circle one): Community water system Private well Swimming	Noncom	munity (water system	Nontra	- nsient - n	oncommunity wate	r system	
	(Locality or Subdivision):	A 1				000			
	R. EGM	k W						RICT: <u>6</u> 638-1285	
	PARK WATHER CO. 32	SNGI	SYSTEM					*: 638-1285	
	DRINKING WATER BACTERIOLOGICAL ANALYSIS	JAN	EIVED 13 19		/Time o	f Analysi	s: 1-8-99 @	ILAS	
	SHORT ENVIRONMENTAL LABORATORIES, IN 10405 U.S. 27 S., SEBRING, FL 33870			Rec	eived Or	onmenta	al Labs HRS : 59 <i>e 1400</i>	#85344	
	SHODT					FOR L	AB USE ONLY		

PUBLIC WATER SYSTEM INFORMATION

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System Name: <u>PARK WAT</u> Address: <u>25 First</u>		ke Wales, FL 338	I.D. #: <u>6530408</u> 53 Phone #: <u>638-1285</u>
Type (check one): (x) Community	y () Nontransient Nonc	community ()Noncommuni	ity
SAMPLE INFORMATION (to	be completed by	sampler)	
Sample Date (MMDDYY): <u>01/08/99</u> Sample Location (be specific): <u>[</u>		i	
Sampler Name and Phone: Kevin Eg	gan, (941) 638-1285		
Sampler's Signature:	a.S.	Title: <u>Operator</u>	
	() Thm Max Res Tim	e () Plant Tap	validated Sample Attach a format for each site
LABORATORY CERTIFICATI	ON INFORMATION (t	o be completed by ATTACH HRS ANALY	
Lab Name: Short Environmental La	aboratories HRS #: 85344	Expiration Date: 06/30/9	99
Address: 10405 US 27 South, Set	oring, FL 33870 Phone:	(941) 655-4022	
Subcontracted Lab HRS #	Groups analyze	d:	
ANALYSIS INFORMATION	La	boratory Sample II	o # <u>97305</u>
Date Sample(s) Received: 01/08/9	99 Group(s) Analyzed &	Results attached for comp	Diance with 62-550, F.A.C.:
(x) Nitrate Only	(x) Nitrite Only	() Asbestos Only	() Trihalomethanes
Inorganics—	Volatile Organics—	Secondaries	Pesticides/PCBs
-	-	() all 14 () Partial	() All 30 () Partial
		Group III Unregulateds () All 11 () Partial	
	*Provide radioc	hemical sample dates & lo	ocations for each quarter
I, <u>Bruce Cummings</u> , do HEF	REBY CERTIFY that all att	ached analytical data are	correct.
Signature:	<u> </u>		
Title: Laboratory	Director Date: 03/2	1/99	
COMPLIANCE INFORMATION	(to be completed	by state)	
Sample Collection Satisfactory: Resample Requested for: Person notified to resample:	Sample Ana Reason:	lysis Satisfactory:	
Person notified to resample: DER/ACPHU Reviewing Official:	Dat	e Notified:	

INORGANIC ANALYSIS 62-550.310(1) (PWS030)

Param ID	eter NAME	(MCL_ug/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1038	Total Nitrate + Nitrite	(10)	97305	BDL	EPA 353.2	01 1199	0.02	85344
1040	Nitrate	(10)	97305	BDL	Calc	03-21-99	0.02	85344
1041	Nitrite	(1)	97305	BDL	EPA 353.2	010898	0.01	85344

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Comments: BDL = Below Detectable Limit

PUBLIC WATER SYSTEM INFORMATION

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	TER COMPANY t Avenue North, La	<u>ke Wales, FL 338</u>	I.D. #: <u>6530408</u> 53 Phone #: <u>638-1285</u>
Type (check one): (x) Communi	ty () Nontransient None	community () Noncommun	ity
SAMPLE INFORMATION (t	o be completed by	sampler)	
Sample Date (MMDDYY): <u>02/05/99</u> Sample Location (be specific):		2	
Sampler Name and Phone: <u>Rick G</u>	1) <u>55-4022</u>	· · ·	
Sampler's Signature:	10	Title: Field Manage	er
	() Thm Max Res Tim		validated Sample Attach a format for each site
LABORATORY CERTIFICAT	ION INFORMATION (t	o be completed by ATTACH HRS ANALY	
Lab Name: Short Environmental	<u>aboratories</u> HRS #: <u>85344</u>	Expiration Date: <u>06/30/</u>	<u>99</u>
Address: 10405 US 27 South, Se	ebring, FL 33870 Phone:	(941) 655-4022	
Subcontracted Lab HRS # 84183	Groups analyze	d: <u>VOC's</u>	
ANALYSIS INFORMATION	La	boratory Sample II	o # <u>98993</u>
Date Sample(s) Received: 02/05/	/99 Group(s) Analyzed &	Results attached for comp	pliance with 62-550, F.A.C.:
() Nitrate Only	() Nitrite Only	() Asbestos Only	() Trihalomethanes
	Volatile Organics (x) All 21 () Partial		Pesticides/PCBs () All 30 () Partial
Group I Unregulateds () All 12 () Partial	Group II Unregulateds— () All 23 () Partial	Group III Unregulateds () All 11 () Partial	
	*Provide radioc	hemical sample dates & lo	ocations for each quarter
I, <u>Bruce Cummings</u> , do HE	EREBY CERTIFY that all att	ached analytical data are	e correct.
Signature:	Camip		
Title: <u>Laborator</u> y	<u>Director</u> Date: <u>03/2</u>	9/99	
COMPLIANCE INFORMATION	N (to be completed	by state)	
Sample Collection Satisfactory:	Sample Ana	lysis Satisfactory:	
Resample Requested for:	Reason:	· · · · · · · · · · · · · · · · · · ·	
Person notified to resample: DER/ACPHU Reviewing Official:		e Notified:	

VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

23781,2,4-Trichlorobenzene(70)98993BDLEPA 502.202-10-990.02841832380cis-1,2-Dichloroethylene(70)98993BDLEPA 502.202-10-990.01841832955Xylenes (total)(10,000)96993BDLEPA 502.202-10-990.02841832964Dichloromethane(5)98993BDLEPA 502.202-10-990.02841832968o-Dichlorobenzene(600)98993BDLEPA 502.202-10-990.02841832969para-Dichlorobenzene(75)98993BDLEPA 502.202-10-990.05841832969para-Dichlorobenzene(75)98993BDLEPA 502.202-10-990.01841832976Vinyl Chloride(1)98993BDLEPA 502.202-10-990.048418329771,1-Dichloroethylene(7)96993BDLEPA 502.202-10-990.06841832979trans-1,2-Dichloroethylene(100)98993BDLEPA 502.202-10-990.038418329801,2-Dichloroethane(3)98993BDLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(5)98993BDLEPA 502.202-10-990.018418329831,2-Dichloroptopane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethane(5)98993	Parame I D	ter (MCL_ug/L)	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2380cis-1,2-Dichloroethylene(70)98993BDLEPA 502.202-10-990.01841832955Xylenes (total)(10,000)98993BDLEPA 502.202-10-990.02841832964Dichloromethane(5)98993BDLEPA 502.202-10-990.02841832968o-Dichlorobenzene(600)98993BDLEPA 502.202-10-990.02841832969para-Dichlorobenzene(75)96993BDLEPA 502.202-10-990.01841832970Vinyl Chloride(1)98993BDLEPA 502.202-10-990.048418329771,1-Dichloroethylene(7)98993BDLEPA 502.202-10-990.07841832979trans-1,2-Dichloroethylene(100)98993BDLEPA 502.202-10-990.068418329801,2-Dichloroethane(3)98993BDLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.01841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(5)9893BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)9893BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethylene(3)9893BD	10			Runder			Analysis bate		<u> </u>
2955Xylenes (total)(10,000)98993BDLEPA 502.202-10-990.02841832964Dichloromethane(5)98993BDLEPA 502.202-10-990.02841832968o-Dichlorobenzene(600)98993BDLEPA 502.202-10-990.05841832969para-Dichlorobenzene(75)98993BDLEPA 502.202-10-990.01841832969para-Dichlorobenzene(75)98993BDLEPA 502.202-10-990.01841832976Vinyl Chloride(1)98993BDLEPA 502.202-10-990.078418329771,1-Dichloroethylene(7)98993BDLEPA 502.202-10-990.07841832979trans-1,2-Dichloroethylene(100)98993BDLEPA 502.202-10-990.068418329801,2-Dichloroethane(3)98993BDLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.01841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.018418329831,2-Dichloropropane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDL	2378	1,2,4-Trichlorobenzene	(70)	98993	BDL.	EPA 502.2	02-10-99	0.02	84183
2964Dichloromethane(5)98993BDLEPA 502.202-10-990.02841832968o-Dichlorobenzene(600)98993BDLEPA 502.202-10-990.05841832969para-Dichlorobenzene(75)98993BDLEPA 502.202-10-990.01841832976Vinyl Chloride(1)98993BDLEPA 502.202-10-990.048418329771,1-Dichloroethylene(7)98993BDLEPA 502.202-10-990.07841832979trans-1,2-Dichloroethylene(100)98993BDLEPA 502.202-10-990.068418329801,2-Dichloroethane(3)98993BDLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.03841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.018418329831,2-Dichloropropane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.01841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDL <td>2380</td> <td>cis-1,2-Dichloroethylene</td> <td>(70)</td> <td>98993</td> <td>BDL_</td> <td>EPA 502.2</td> <td>02-10-99</td> <td>0.01</td> <td>84183</td>	2380	cis-1,2-Dichloroethylene	(70)	98993	BDL_	EPA 502.2	02-10-99	0.01	84183
2968o-Dichlorobenzene(600)98993BDLEPA 502.202-10-990.05841832969para-Dichlorobenzene(75)98993BDLEPA 502.202-10-990.01841832976Vinyl Chloride(1)98993BDLEPA 502.202-10-990.048418329771,1-Dichloroethylene(7)98993BDLEPA 502.202-10-990.07841832979trans-1,2-Dichloroethylene(100)98993BDLEPA 502.202-10-990.068418329801,2-Dichloroethane(3)98993BDLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.01841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.018418329831,2-Dichloroppane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.018418329881,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832989Monochlorobenzene(100)98993BD	2955	Xylenes (total)	(10,000)	98993	BDL	EPA 502.2	02-10-99	0.02	84183
2969para-Dichlorobenzene(75)9893BDLEPA 502.202-10-990.01841832976Vinyl Chloride(1)98993BDLEPA 502.202-10-990.048418329771,1-Dichloroethylene(7)98993BDLEPA 502.202-10-990.07841832979trans-1,2-Dichloroethylene(100)98993BDLEPA 502.202-10-990.068418329801,2-Dichloroethane(3)98993BDLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.03841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.018418329831,2-Dichloroethane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)9893BDLEPA 502.202-10-990.038418329851,1,2-Trichloroethane(5)9893BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)9893BDLEPA 502.202-10-990.038418329851,1,2-Trichloroethane(5)9893BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)9893BDL </td <td>2964</td> <td>Dichloromethane</td> <td>(5)</td> <td>98993</td> <td>BDI_</td> <td>EPA 502.2</td> <td>02-10-99</td> <td>0.02</td> <td>84183</td>	2964	Dichloromethane	(5)	98993	BDI_	EPA 502.2	02-10-99	0.02	84183
2976Vinyl Chloride(1)98993BDLEPA 502.202-10-990.048418329771,1-Dichloroethylene(7)98993BDLEPA 502.202-10-990.07841832979trans-1,2-Dichloroethylene(100)98993BDLEPA 502.202-10-990.068418329801,2-Dichloroethane(3)98993BDLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.03841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.038418329831,2-Dichloroethane(5)98993BDLEPA 502.202-10-990.01841832984Trichloropropane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98933BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.04841832989Monochlorobenzene(100)98993BDLEPA 502.202-10-990.04841832989Benzene(1)98993BDLEPA 502.202-10-990.01841832990Benzene(1,000)98993BDLEPA 502.2 <t< td=""><td>2968</td><td>o-Dichlorobenzene</td><td>(600)</td><td>98993</td><td>BDL</td><td>EPA 502.2</td><td>02-10-99</td><td>0.05</td><td>84183</td></t<>	2968	o-Dichlorobenzene	(600)	98993	BDL	EPA 502.2	02-10-99	0.05	84183
29771,1-Dichloroethylene(7)98993BDLEPA 502.202-10-990.07841832979trans-1,2-Dichloroethylene(100)98993BDLEPA 502.202-10-990.068418329801,2-Dichloroethane(3)98993BDLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.03841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.018418329831,2-Dichloropropane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.038418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.04841832989Monochlorobenzene(100)98993BDLEPA 502.202-10-990.01841832990Benzene(1)98993BDLEPA 502.202-10-990.01841832991Toluene(1,000)98993BDLEPA 502.202-10-990.0184183	2969	para-Dichlorobenzene	(75)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2979trans-1,2-Dichloroethylene(100)98993BOLEPA 502.202-10-990.068418329801,2-Dichloroethane(3)98993BOLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.03841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.018418329831,2-Dichloropropane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.038418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.03841832989Monochlorobenzene(100)98993BDLEPA 502.202-10-990.01841832990Benzene(1)9893BDLEPA 502.202-10-990.01841832991Toluene(1,000)98993BDLEPA 502.202-10-990.0184183	2976	Vinyl Chloride	(1)	98993	BDL	EPA 502.2	02-10-99	0.04	84183
29801,2-Dichloroethane(3)98993BDLEPA 502.202-10-990.038418329811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.03841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.018418329831,2-Dichloropropane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.038418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.03841832989Monochloroethylene(100)98993BDLEPA 502.202-10-990.01841832990Benzene(1)98993BDLEPA 502.202-10-990.01841832991Toluene(1,000)98993BDLEPA 502.202-10-990.0184183	2977	1,1-Dichloroethylene	(7)	98993	BDL.	EPA 502.2	02-10-99	0.07	84183
29811,1,1-Trichloroethane(200)98993BDLEPA 502.202-10-990.03841832982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.018418329831,2-Dichloropropane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.03841832989Monochlorobenzene(100)98993BDLEPA 502.202-10-990.01841832990Benzene(1)98993BDLEPA 502.202-10-990.01841832991Toluene(1,000)98993BDLEPA 502.202-10-990.0184183	2979	trans-1,2-Dichloroethylene	e (100)	98993	BDL.	EPA 502.2	02-10-99	0.06	84183
2982Carbon Tetrachloride(3)98993BDLEPA 502.202-10-990.018418329831,2-Dichloropropane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.04841832989Monochlorobenzene(100)98993BDLEPA 502.202-10-990.01841832990Benzene(1)98993BDLEPA 502.202-10-990.01841832991Toluene(1,000)98993BDLEPA 502.202-10-990.0184183	2980	1,2-Dichloroethane	(3)	98993	BOL	EPA 502.2	02-10-99	0.03	84183
29831,2-Dichloropropane(5)98993BDLEPA 502.202-10-990.01841832984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.04841832989Monochlorobenzene(100)98993BDLEPA 502.202-10-990.01841832990Benzene(1)98993BDLEPA 502.202-10-990.01841832991Toluene(1,000)98993BDLEPA 502.202-10-990.0184183	2981	1,1,1-Trichloroethane	(200)	98993	BDL	EPA 502.2	02-10-99	0.03	84183
2984Trichloroethylene(3)98993BDLEPA 502.202-10-990.018418329851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.04841832989Monochloroethylene(100)98993BDLEPA 502.202-10-990.01841832990Benzene(1)98993BDLEPA 502.202-10-990.01841832991Toluene(1,000)98993BDLEPA 502.202-10-990.0184183	2982	Carbon Tetrachloride	(3)	98993	BDL.	EPA 502.2	02-10-99	0.01	84183
29851,1,2-Trichloroethane(5)98993BDLEPA 502.202-10-990.03841832987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.04841832989Monochlorobenzene(100)98993BDLEPA 502.202-10-990.01841832990Benzene(1)98993BDLEPA 502.202-10-990.01841832991Toluene(1,000)98993BDLEPA 502.202-10-990.0184183	2983	1,2-Dichloropropane	(5)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2987Tetrachloroethylene(3)98993BDLEPA 502.202-10-990.04841832989Monochlorobenzene(100)98993BDLEPA 502.202-10-990.01841832990Benzene(1)98993BDLEPA 502.202-10-990.01841832991Toluene(1,000)98993BDLEPA 502.202-10-990.0184183	2984	Trichloroethylene	(3)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2989 Monoch1orobenzene (100) 98993 BDL EPA 502.2 02~10-99 0.01 84183 2990 Benzene (1) 98993 BDL EPA 502.2 02~10-99 0.01 84183 2991 Toluene (1,000) 98993 BDL EPA 502.2 02~10-99 0.01 84183	2985	1,1,2-Trichloroethane	(5)	98993	BDL	EPA 502.2	02-10-99	0.03	84183
2990 Benzene (1) 98993 BDL EPA 502.2 02~10-99 0.01 84183 2991 Toluene (1,000) 98993 BDL EPA 502.2 02~10-99 0.01 84183	2987	Tetrachloroethylene	(3)	98993	BDL	EPA 502.2	02~10-99	0.04	84183
2991 Toluene (1,000) 98993 BDL EPA 502.2 02~10-99 0.01 84183	2989	Monochlorobenzene	(100)	98993	BDL	EPA 502.2	021099	0.01	84183
	2990	Benzene	(1)	98993	BDL	EPA 502.2	02-10-99	0.01	84183
2992 Ethylbonzene (700) 09003 BDI EDA 502 2 02 10 00 0 01 0/103	2991	Toluene	(1,000)	98993	BDL	EPA 502.2	02~10-99	0.01	84183
	2992	Ethylbenzene	(700)	98993	BDL	EPA 502.2	02~10-99	0.01	84183
2996 Stryene (100) 98993 BDL EPA 502.2 02~10-99 0.01 84183	2996	Stryene	(100)	98993	BDL	EPA 502.2	02~10-99	0.01	84183

Comments: BDL = Below Detectable Limit

UNREGULATED GROUP II ANALYSIS 62-550.410 (PWS034)

Parama 10	ater NAME	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2210	Chloromethane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2212	Dichlorodifluoromethane	63404	BDL.	EPA 502.2	03-25-97	0.05	84183
2214	Bromomethane	63404	BDL.	EPA 502.2	03-25-97	7.1	84183
2216	Chloroethane	63404	BDL	EPA 502.2	03-25-97	0.1	84183
2218	Trichlorofluoromethane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2251	Methyl-Tert-Butyl-Ether	63404	BDL	EPA 502.2	03-25-97	0.1	84183
2408	Dibromomethane	63404	BDL	EPA 502.2	03-25-97	2.2	84183
2410	1,1-Dichloropropylene	63404	BDL	EPA 502.2	03 259 7	0.02	84183
2412	1,3-Dichloropropane	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2413	1,3-Dichloropropene	63404	BDL	EPA 502.2	03-25-97	0.06	84183
2414	1,2,3-Trichloropropane	63404	BDL.	EPA 502.2	03-25-97	0.4	84183
2416	2,2-Dichloropropane	63404	BDL	EPA 502.2	03-25-97	0.05	84183
2941	Chloroform	63404	4.37	EPA 502.2	03-25-97	0.1	84183
2942	Bromoform	63404	BDL	EPA 502.2	03-25-97	0.5	84183
2943	Bromodichloromethane	63404	1.61	EPA 502.2	03-25-97	0.2	84183
2944	Dibromochloromethane	63404	1.19	EPA 502.2	03-25-97	0.2	84183
2965	o-Chlorotoluene	63404	BDL	EPA 502.2	03~25–97	0.01	84183
2966	p-Chlorotoluene	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2967	m-Dichlorobenzene	63404	BDL,	EPA 502.2	03-25-97	0.02	84183
2978	1,1-Dichloroethane	63404	BDL	EPA 502.2	03-25-97	0.07	84183
2986	1,1,1,2-Tetrachloroethane	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2988	1,1,2,2-Tetrachloroethane	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2993	Bromobenzene	63404	BDL	EPA 502.2	03-25-97	0.03	84183

Comments: BDL = Below Detectable Limit

VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Param ID	ater NAME	(MCL_ug/L)	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2380	cis-1,2-Dichloroethylene	(70)	63404	BDL.	EPA 502.2	03-25-97	0.01	84183
2955	Xylenes (total)	(10,000)	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2964	Dichloromethane	(5)	63404	BDL	EPA 502.2	03-25-97	0.02	84183
2968	o-Dichlorobenzene	(600)	63404	BDL	EPA 502.2	03-25-97	0.05	84183
2969	para-Dichlorobenzene	(75)	63404	BDL.	EPA 502.2	03-25-97	0.01	84183
2976	Vinyl Chloride	(1)	63404	BDL	EPA 502.2	03-25-97	0.04	84183
2977	1,1-Dichloroethylene	(7)	63404	BDL	EPA 502.2	03-25-97	0.07	84183
2979	trans-1,2-Dichloroethylene	a (100)	63404	BDL	EPA 502.2	03-25-97	0,06	84183
2980	1,2-Dichloroethane	(3)	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2981	1,1,1-Trichloroethane	(200)	63404	BDL	EPA 502.2	03-25-97	0.03	84183
2982	Carbon Tetrachloride	(3)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2983	1,2-Dichloropropane	(5)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2984	Trichloroethylene	(3)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2985	1,1,2-Trichloroethane	(5)	63404	BDL.	EPA 502.2	03-25-97	0.03	84183
2987	Tetrachloroethylene	(3)	63404	BDL	EPA 502.2	03-25-97	0.04	84183
2989	Monochlorobenzene	(100)	63404	BDL.	EPA 502.2	03-25-97	0.01	84183
2990	Benzene	(1)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2991	Toluene	(1,000)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2992	Ethylbenzene	(700)	63404	BDL	EPA 502.2	03-25-97	0.01	84183
2996	Stryene	(100)	63404	BDL	EPA 502.2	03-25-97	0.01	84183

Comments: BDL = Below Detectable Limit

RADIOCHEMICAL ANALYSIS 62-550.310(5) (PWS027)

Parame ID	ster NAME	(MCL mg/L)	Sample Number	Analysis Result (pCi/L)	Analysis Method	Analysis Date	ERROR	Lab ID
4000	Gross Alpha		63404	6.1	SM 7110 B	03-26-97	1.8	84147
4020	Radium 226		63404	1.5	SM 7500Ra C	04-04-97	0.1	84147

Comments: BDL = Below Detectable Limit

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SECONDARY CHEMICAL ANALYSIS 62-550.320 (PWS031)

Parame ID	NAME	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1002	Aluminum	(0.2)	63404	BDL	EPA 202.1	031397	0.05	85344
1017	Chloride	(250)	63404	14.	EPA 325.3	032097	0.5	85344
1022	Copper	(1)	63404	BDL	EPA 220.1	03-13-97	0.01	85344
1025	Fluoride	(2.0)	63404	0.24	EPA 340.2	03-24-97	0.02	85344
1028	Iron	(0.3)	63404	0.02	EPA 236.1	03-13-97	0.01	85344
1032	Manganese	(0.05)	63404	BDL	EPA 243.1	03-13-97	0.01	85344
1050	Silver	(0.1)	63404	BDL	EPA 272.2	03–19–97	0.001	85344
1055	Sulfate	(250)	63404	35.	EPA 375.4	03-21-97	1.	85344
1095	Zinc	(5)	63404	BDL	EPA 289.1	03-13-97	0.002	85344
1905	Color	(15 CU)	63404	0.	EPA 110.2	03-13-97	0	85344
1920	Odor	(3 TON)	63404	0.	EPA 140.1	031397	Ð	85344
1926	рН	(6.5-8.5)	63404	7.46	EPA 150.1	03-13-97		85344
1930	Total Dissolved Solids	(500)	63404	160.	EPA 160.1	031697	1.	85344
2905	Foaming Agents	(0.5)	63404	0.02	EPA 425.1	03-14-97	0.02	85344

Comments: BDL = Below Detectable Limit

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INORGANIC ANALYSIS 62-550.310(1) (PWS030)

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Parame	ater		Sample	Analysis Result	Analysis			
Parame ID	NAME	(MCL mg/L)	Number	(mg7L)	Analysis Method	Analysis Date	MDL	<u>Lab ID</u>
1005	Arsenic	(0.05)	63404	BDL.	EPA 206.3	03-13-97	0.005	85344
1010	Bartum	(2)	63404	0.03	EPA 208.1	03–13–97	0.02	85344
1015	Cadmium	(0.005)	63404	BDL	EPA 213.2	03-13-97	0.002	85344
1020	Chromium	(0.1)	63404	BDL	EPA 218.2	03-13-97	0.02	85344
1024	Cyanide	(0.2)	63404	BDL	EPA 335.2	03-20-97	0.005	85344
1025	Fluoride	(4)	63404	0.24	EPA 340.2	03-24-97	0.02	85344
1030	Lead	(0.015)	63404	BDL	EPA 239.2	03-18-97	0.001	85344
1035	Mercury	(0.002)	63404	8DL	EPA 245.2	031397	0.001	85344
1036	Nickel	(0.1)	63404	0.02	EPA 249.2	03-13-97	0.01	85344
1038	Total Nitrate + Nitrite	(10)	63404	BDL	EPA 353.2	03-26-97	0.02	85344
1040	Nitrate	(10)	63404	BDL	Calc.	032697	0.02	85344
1041	Nitrite	(1)	63404	BDL	EPA 354.1	03–14–97	0.01	85344
1045	Selenium	(0.05)	63404	BDL.	EPA 270.2	031497	0.005	85344
1052	Sodium	(160)	63404	18.	EPA 273.1	03-18-97	0.5	85344
1074	Antimony	(0.006)	63404	BDL	EPA 204.2	03-20-97	0.003	85344
1075	Beryllium	(0.004)	63404	BDL	EPA 210.2	03-21-97	0.001	85344
1085	Thallium	(0.002)	63404	BDL	EPA 279.2	032497	0,002	85344

Comments: BDL = Below Detectable Limit

. . .-.

PUBLIC WATER SYSTEM INFORMATION

System Name: <u>PARK WAY</u> Address: <u>25 Firs</u>	<u>TER COMPANY</u> t Avenue North, Lal	ke Wales, FL 3385	I.D. #: <u>6530408</u> 3 Phone #: <u>638-1285</u>						
Type (check one): (x) Community () Nontransient Noncommunity () Noncommunity									
SAMPLE INFORMATION (t	o be completed by a	sampler)							
Sample Date (MMDDYY): 03/12/97 Sample Location (be specific):									
Sampler Name and Phone: Rick @	Te 11 685 4022								
Sampler's Signature:	Jul-	Title: Field Manage	<u>r</u>						
• -	() Thm Max Res Tim	e () Plant Tap	ralidated Sample Attach a format for each site						
LABORATORY CERTIFICAT	ION INFORMATION (t	o be completed by ATTACH HRS ANALYI							
Lab Name: <u>Short Environmental</u>	Laboratories HRS #: 85344	Expiration Date: 06/30/9	2						
Address: 10405 US 27 South, S	ebring, FL 33870 Phone:	<u>(941) 655-4022</u>							
Subcontracted Lab HRS # <u>84183</u>	84147 Groups analyz	ed: <u>VOC's,Group II\Gross</u>	Alpha, Ra 226						
ANALYSIS INFORMATION	La	boratory Sample II) # <u>63404</u>						
Date Sample(s) Received: 03/12	/97 Group(s) Analyzed &	Results attached for comp	liance with 17-550, F.A.C.:						
(x) Nitrate Only	(x) Nitrite Only	() Asbestos Only	() Trihalomethanes						
Inorganics () All 17 (x) Partial	Volatile Organics (x) All 21 () Partial	Secondaries (x) All 14 () Partial	Pesticides/PCBs () All 30 (x) Partial						
Group I Unregulateds () All 12 () Partial	Group II Unregulateds (x) All 23 () Partial	Group III Unregulateds— () All 11 () Partial							
	*Provide radioc	hemical sample dates & lo	cations for each quarter						
I, <u>Bruce Cummings</u> , do HEREBY CERTIFY that all attached analytical data are correct.									
Signature:									
Title: <u>Laborator</u>	y Director Date: 05/2	2/97							
COMPLIANCE INFORMATION (to be completed by state)									
Sample Collection Satisfactory: Sample Analysis Satisfactory:									
Resample Requested for: Person notified to resample:		e Notified:	······						
	Person notified to resample: Date Notified: DER/ACPHU Reviewing Official:								



SON GLOW LAB & ASSC. INC.

Environmental Testing P.O. Box 798 Babson Park, FL 33827 941-638-3255

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

 PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

 System Name: Crooked Lake Park Water Co.

 I.D.#

 Address:

 2.5

 FIRST AV.

 Nº

 LAKE

 WALES, FI

 Phone #

 797

 638-1285

SAMPLE INFORMATION (to be completed by lab)

Sample Date (MMDDYY):<u>4/18/96</u> Sample Time: <u>2:40pm</u> Sample Location (be specific): <u>0/STE/B</u> <u>ENTRY</u> <u>PT</u> <u>O</u> <u>E^O</u> <u>END</u>. Sampler Name and Phone: <u>K. FAGN (SAME)</u> Title: <u>0PEPATOP</u> Check Type(s): ()Distribution ()Recheck of MCL ()Resample of Lab Invalidated Sample ()Clearance ()Thm Max Res Time()Plant Tap()Raw (V)Distrib entry pt()Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) ATTACH HRS ANALYTE SHEET

Lab Name: SON GLOW LAB & ASSOC., INC., HRS#E84487/84487 Expiration Date: 6/96 Subcontracted Lab Name & HRS#: <u>Broward Testing Laboratory Inc.</u> HRS# 86418 ATTACH HRS ANALYTE SHEET FOR SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) SAMPLE NUMBER: <u>1348-96</u> Date Sample(s)Received: <u>4/18/96</u> Group(s)Analyzed & Results attached for compliance with 62-550 FAC:

() Nitrate Only	()Nitrites Only	()Asbestos Only	()Trihalomethanes
Inorganics- ()All 17 ()Partial	Volatile Organics- ()All 21 ()Partial	Secondaries- ()All 12 ()Partial	Pesticide/PCBs (X)All 30 ()Partial
Group I Unregulateds- ()All 13 ()Partial	Group II Unregulated- ()All 23 ()Partial	Group III Unregulateds- ()All 37 ()Partial	Radiochemicals- ()Single Sample ()Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I,	Linda Kisher,	do HEREBY	CERTIFY	all attached	analytical d	ata are correct.

Signature	
Title: LAB DIRECTOR	Date: 5/27196

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory:	Sample Analysis Satisfactory
Resample Requested for:	Reason:
Person notified to resample:	Date Notified:
DEP/HRS Reviewing Official:	Effective September 1994



SON GLOW LAB & ASSC. INC.

Environmental Testing P.O. Box 798 Babson Park, FL 33827 941-638-3255

PESTICIDE/PCB CHEMICAL ANALYSIS

62-550.310(2)©

(PWS029)

PARA	METER	MCL	SAMPLE	ANALYSIS			
1D	NAME	<u>us/1</u>	NUMBER	RESULT(ug/1)	<u>METHOD</u>		DATE
2005	ENDRIN	(2)	1348-96	ND	EPA 525.2		4/26/96
2010	LINDANE	(.2)	1348-96	ND	EPA 525.2		4/26/96
2015	METHOXYCHLOR	(40)	1348-96	ND	EPA 525.2	0.07	4/26/96
2020	TOXAPHENE	(3)	1348-96	ND	EPA 505	2.18	5/03/96
2031	DALAPON	(200)	1348-96	ND	EPA 515.2	0.411	4/22/96
2032	DIQUAT	(20)	1348-96	ND	EPA 549.1	0.34	4/23/96
2033	ENDOTHALL	(1.00)	1348-96	ND	EPA 548	8.95	4/23/96
2034	GLYPHOSATE	(700)	1348-96	ND	EPA 547	1.41	4/30/96
2035	DI(2-ETHYLEHEXYL)ADIPATE	(400)	1348-96	ND	EPA 525.2	0.06	4/26/96
2036	OXAMYL (VYDATE)	(200)	1348-96	ND	EPA 531.1	0.46	4/24/96
2037	SIMAZINE	(4)	1348-96	ND	EPA 525.2	0.11	4/26/96
2039	DI(2-ETHYLHEXYL)PHTHALATE	(6)	1348-96	ND	EPA 525.2	0.08	4/26/96
2040	PICLORAM	(500)	1348-96	ND	EPA 515.2	0.371	4/22/96
2041	DINOSEB	(T)	1348-96	ND	EPA 515.2	0.185	4/22/96
2042	HEXACHLOROCYCLOPENTADIENE	(50)	1348-96	ND	EPA 525.2	0.02	4/26/96
2046	CARBOFURAN	(40)	1348-96	ND	EPA 531.1	0.211	4/24/96
2050	ATRAZINE	(3)	1348-96	ND	EPA 525.2	0.05	4/24/96
2051	ALACHLOR	(2)	1348-96	ND	EPA 525.2	0.07	4/26/96
2063	2,3,7,8-TCDD(DIOXIN)	(.00003)					
2065	HEPTACHLOR	(.4)	1348-96	ND	EPA 525.2	0.03	4/26/96
2067	HEPTACHLOR EPOXIDE	(.2)	1348-96	ND	EPA 525.2	0.13	4/26/96
2105	2,4-D	(70)	1348-96	ND	EPA 515.2	0.055	4/22/96
2110	2,4,5-TP(SILVEX)	(50)	1348-96	ND	EPA 515.2	0.054	4/22/96
2274	HEXACHLOROBENZENE	(I)	1348-96	ND	EPA 525.2	0.07	4/26/96
2306	BENZO(A)PYRENE	(.2)	1348-96	ND	EPA 525.2	0.02	4/26/96
2326	PENTACHLOROPHENOL	(1)	1348-96	ND	EPA 515.2	0.078	4/22/96
2383	PCB	(.5)	1348-96	ND	EPA 505	0.1	5/03/96
2931	DIBROMOCHLOROPROPANE	(.2)	1348-96	ND	EPA 504	0.02	4/26/96
2946	ETHYLENE DIBROMIDE	(.02)	1348-96	ND	EPA 504	0.009	4/26/96
2959	CHLORDANE	(2)	1348-96	ND	EPA 505	0.104	5/03/96
Analys	is done by Lab # 86418						

Linda G Fisher / Laboratory Director

5124196 Date

Sample Site: Crooked Lake Park Water Co.

Lead and Copper Tap Sample Analysis and Result Ranking Report Format

Sys	tem Name:	Park Water Company		Date Submitted to Lab:		<u>08/06/99</u>	
PWS	-ID:	<u>6530408</u>		Analysis Date	Analysis Date:		
Lab	oratory Name:	<u>Short</u>	Environm	<u>ental</u>	Lab Analysis	Method:	<u>SM3111B</u>
	-ID: tact Person:			Lead or Copper (list one): Method Detection Limit:		<u>Copper</u> 0.05	
Pho	ne:	<u>(941)</u>	655-4022		90th Percenti	le Value:	0.45
=== A	RANK	LOC	ATION	LAB SAMPLE	DATE SITE	LEAD	COPPER
л 	(ascending)	No	Tier	ID	SAMPLED	(mg/l)	(mg/l)
•	1 2 3 4 5 6 7 8 9 10	4 7 6 5 8 9 10 3 1 2		108389 108392 108391 108390 108393 108394 108395 108388 108386 108387	08/05/99 08/05/99 08/05/99 08/05/99 08/05/99 08/05/99 08/05/99 08/05/99 08/05/99		BDL BDL 0.06 0.07 0.14 0.23 0.24 0.32 0.45 0.50

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample recieved. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE

NAME (Please Print)

Bruce Cummings

TITLE and DATE

Laboratory Director, 10/05/99

Public Water System Reporting Format for the Analysis of Lead or Copper Tap Samples

PARAMETER-ID is: <u>1</u>	<u>022 - Copper</u>	1030 (Lead) or 1022 (Copper) (Must pick one only)
ANALYTICAL METHOD is:	<u>SM3111B</u>	(hase provide one one)
DETECTION LIMIT is:	<u>0.05 mg/L</u>	PWS ID: <u>6530408</u>
ANALYSIS DATE is:	<u>08/19/99</u>	PWS NAME: <u>Park Water Company</u>

This summary of analytical results should be submitted to the Public Water System in this format. This format is only for reporting analytical results for "first draw" lead or copper tap samples. Laboratories wishing to submit data on individual pages may do so using the standard inorganic reporting format. This data must be attached to the Format 62-551.950(10) cover page. Laboratories should report analytical results on separate sheets for each analyte if analytical methods, detection limits, or analysis dates changes.

LAB SAMPLE ID. RESULT	<u>S (mg/L) TAP SAMPLE LOCATION (OPTIC</u>	<u>DNAL)</u>
1.1083860.452.1083870.503.1083880.324.108389BDL5.1083900.076.1083910.067.108392BDL8.1083930.149.1083940.2310.1083950.24	4622 Lincoln 5035 Avon 5035 Wales 311 Sunshine 4916 Washington 329 Jefferson 4852 MacDonald 4742 Avon	

Lead and Copper Tap Sample Analysis and Result Ranking Report Format

Sys	tem Name:	Park Water Company		Date Submitted to Lab:		08/06/99
PWS	-ID:	<u>6530408</u>		Analysis Date	Analysis Date:	
Lab	oratory Name:	<u>Short Environ</u>	<u>mental</u>	Lab Analysis	Method:	<u>SM3113B</u>
Lab-ID:		<u>85344</u> Bruce Cummings		Lead or Copper (list one):		Lead
COII	tact Person:	BIUCE CUMMITING	2	Method Detect Limit:	.1011	<u>0.001</u>
Pho	ne:	<u>(941) 655-402</u>	2	90th Percenti	le Value:	0.006
	RANK	LOCATION	LAB SAMPLE	DATE SITE	LEAD	COPPER
	(ascending)	No Tier	ID	SAMPLED	(mg/l)	(mg/l)
	1 2 3 4 5 6 7 8 9 10	2 5 7 3 10 8 1 4 9 6	108387 108390 108392 108388 108395 108393 108386 108389 108394 108391	08/05/99 08/05/99 08/05/99 08/05/99 08/05/99 08/05/99 08/05/99 08/05/99 08/05/99	BDL 0.001 0.002 0.002 0.003 0.004 0.006 0.006 0.020	

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample recieved. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE

NAME (Please Print)

Bruce Cummings

TITLE and DATE

Laboratory Director, 10/05/99

ø.

Public Water System Reporting Format for the Analysis of Lead or Copper Tap Samples

PARAMETER-ID is:	<u> 1030 - Lead</u>	1030 (Lead) or 1022 (Copper) (Must pick one only)
ANALYTICAL METHOD is:	<u>SM3113B</u>	
DETECTION LIMIT is:	0.001 mg/L	PWS ID: <u>6530408</u>
ANALYSIS DATE is:	<u>08/23/99</u>	PWS NAME: <u>Park Water Company</u>

This summary of analytical results should be submitted to the Public Water System in this format. This format is only for reporting analytical results for "first draw" lead or copper tap samples. Laboratories wishing to submit data on individual pages may do so using the standard inorganic reporting format. This data must be attached to the Format 62-551.950(10) cover page. Laboratories should report analytical results on separate sheets for each analyte if analytical methods, detection limits, or analysis dates changes.

LAB SAMPLE ID.	RESULTS (mg/L)	TAP SAMPLE LOCATION (OPTIONAL)
1. 108386	0.004	103 N. Lakeshore Drive
2. 108387	BDL	4622 Lincoln
3. 108388	0.002	5035 Avon
4. 108389	0.006	5035 Wales
5. 108390	0.001	311 Sunshine
6. 108391	0.020	4916 Washington
7. 108392	0.001	329 Jefferson
8. 108393	0.003	4852 MacDonald
9. 108394	0.006	4742 Avon
10. 108395	0.002	4940 Wales

Exhibit 3



Department of Environmental Protection

thly Operation Report for Public Water Systems that Use Ground Water and Ν. for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND V	NATER TREATMEN	T PLANT INFORMA	TION FOR THE MONTHIYEAR OF
JANUARY 1995			
Water System Information System Name: <u>PARK LOFTER</u> System Owner	Company		PWS Identification No.: 6530408
Name: PARK WATER COMI Address: Dr First AVE. N	Telephone No.: <u>941-638-1285</u>		
City: LAKE WALES			State: <u>F1.</u> Zip Code: <u>33853</u>
System Type: O community: G non-trans	sient non-community;	G non-community;	G consecutive
No. of Service Connections at End of Mo	onth: 739	Total Population	Served at End of Month: 1, 900
Nater Treatment Plant Information Treatment Plant Name: PARIC WOTER Cor Address: 25 Figst OVE . A			Telephone No.: 941-638-1285
City: LAKE WALES		· · · · · · · · · · · · · · · · · · ·	State: 7 1, Zip Code: 33253
Permitted Maximum Day Capacity of Pla	nt 315.000	gpd	
Plant Category and Class per Rule 62-69 _ead/Chief Plant Operator:			
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s)/Worked
ZUIN J. EGAN	7426	C	6 visits) week
Other Certified Plant Operators (attach a	dditional sheets if neo	cessary):	
			Day(s)/Shift(s)Worked
EVERETT E. BARRETT	4345	C	6 UISHS / WEEK
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
IL STATEMENT BY LEAD/CHIEF WAT			
ne enserimente estativouide AAVI	EN TREATMENT PL	ANT OPERATOR	OK THE MONTHMEAK OF THE STORE

1985 JANUARY

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of ny knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following dditional operations records for the plant listed in Part I of this form were prepared each day that a certified operator taffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed ates; and if applicable, appropriate treatment process performance records.

urthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them vailable for review upon request.

re and Date

<u>Name and Certificate Number (please type or print)</u>

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water System PWS Identification Number:

....

6530408

Trea

Int Plant Name: PORK WATER COMPAN

IL SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF

TANGONY 1989

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all be and all another any state of the strate and a president or more of the life or second block the

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Dally Water Treatment Data for Month:

			Lowest Residual	Residual	Disinfectant In Distribui	on System	Reported
Day of the Month	Hours Plant In Operation	Quantity of Finished Water Produced by Plant (gailons)	Disinfectant Concentration at Entry to Distribution: System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken Sampling, Points	Sampling Points	Emergency.or Abnomation Operating? Conditions
<u> </u>	24	212,000	1.0	3	2	.9	•
2		187,000	. 8	. 6	2	. 6	
3		250,000	1.0	. 8	. 2	, 8	
4		248,000	1.1	5.	2:	,5	
5		232,000	1.0	.7	2	.7	
5		244,000	.9		2	.6	
7	<u> </u>	225,000	. 8	. 6	2	.6	
8							
0		1529,000	. 9	.7	2	、フ	
┝- ┥		214,000	1.0	. 7	3	.7	
11		255,000	1.0	6	2	.6	
12		240,000	1.2	Š	2	9	
13		238,000	1.0	. 3	4	.8	
14		274.000	1.0		· A		
15		280,000	/. 0		<u> </u>	. 8	
16		276,000	8	. (-	<i>A</i>	.6	
17	i 1 - i	250/000		<u> </u>	3	.प	•
	·	287,000	.8	J.	2	.6	
19	<u>i 1 i</u>	270,000	.8	.5	6	.5	
20		238,000	.8	.5	2	.5	
21		248,000	1. 9	.7	3		
22		248,000		· (ç.	2	.6	
23		232,000	1.0	.7	2	.7	
24		197,000	. 8	्रम	2	.4	
25		225,000	.6	. 2	. 2	.2	
26		249,000	.7	.5	2	. 5	
27		234,000		.2	2	.2-	
28		211,000	.4	. 2	2	.2	
29		2421000	5	3	a	,3	
30	V	280,000	1.0	. 3	2	<u>\</u> 8	
31	24	193,000	1,0	.7	5	.7	
Total		7,512,000			. 60	State State States	
Av	SA SIL	242,000		MAN SHOW SHE			
Ma	ALL STOLEN AND	280,000	In the second second second second	CONTRACTOR OF A		CALCONTRACTOR STREET	STOLEN STOLEN



Department of Environmental Protection

M http://operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND W	VATER TREATMEN	IT PLANT INFORM	ATION FOR THE MONTH/YEAR OF	
FEBRYANY 1999				
Water System Information System Name: <u>PARK</u> WATER System Owner		PWS Identification No.: <u>6530408</u> _ Telephone No.: <u>941-638-1285</u>		
Name: PARK WATER CON Address: <u>AS FIRST AUR</u> .	,,, _,, _,, _,, _,, _,, _,, _,, _,, _			
City: LASKE WALKS			State: F(1 Zip Code: 33853	
System Type: <u>Community</u> , G non-trans No. of Service Connections at End of Mo	nth: <u>739</u>	'; G non-community; Total Population	G consecutive Served at End of Month: _/, 900	
Water Treatment Plant Information Treatment Plant Name: <u>PARK WATER</u> CC Address: <u>25 First our</u>			Telephone No.: <u>941-638-1285</u>	
City: <u>LAKE</u> Wack S Permitted Maximum Day Capacity of Plan Plant Category and Class per Rule 62-69 Lead/Chief Plant Operator:	nt: 315,000	gpd 5 C	State: <u>//</u> . Zip Code: <u>338.53</u>	
Name Name	Certificate Number	Class (A. B. C. or D):	Daý(s)/Shift(s)/Worked	
EVIN J. EGAN	7426	C	6 UISINS JUREIL	
Other Certified Plant Operators (attach ac	Iditional sheets if ne	cessary):		
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked	
RUERETT E. BARRETT	4349	С	6 UISI+S / WEEK	
	······································			
		· · · · · · · · · · · · · · · · · · ·		
II. STATEMENT BY LEAD/CHIEF WAT	R TREATMENT P			

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and bellef, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

09-95 Signature and Date

KEVIN J. EGAN C-7426

Name and Certificate Number (please type or print)

. ¹.

DEP Form 62-555.900(3) Mective December 10, 1995 Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water.

1999

*

System PWS Identification Number:

6530408

Treatment Plant Name: PARIC WATER COMPANY

IL SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF FEBRYARY

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: <u>free chlorine</u>? combined chlorine (chloramine); chlorine dioxide

Summary of Dally Water Treatment Data for Month:

			Lowest Residual	Residual	Disinfectant in Distributi	on System.	Reconted
Day of the Month	Hours Plant In Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant Concentration at Entry to Distribution: System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of instances Where Residual	Lowest Residual Disinfectant Concentration at Total Collform Sampling Points	Émergéncycor Abnormal & Operating Conditions
	29	277,000	1.0	.7	2	.7	•
2		237,000	1.0	. 8	2	. ?	
3		199,000	1.2	. 9	· À	, \$, \$	•
4		212,000	1.0		>∻	17	
5		264,000	1,0	. 8	2	18	
6		t as a second se		• •• • • •			•
7		1486,000	1,2	.7	2	.7	
8		256,000	1.0	, স্ব	2	.8	
9		290,000	1,0	. 7	<u> </u>	.7	
10		266,000	1.0	. 6	2	.6	
1		256/000	.4	. 2	2	.2	
12		248,000	· . 8	. 6	X	.6	
13		.189,000	1.0	.7	2	.5	
14		197,000	1.0	d,	A	.6	
15		227,000	1.0	.7	7	.7	
15		269,000	1.0	.6	2	Q,	
17		236,000	1.0	.7	á	.7	•
61	!	223,000),0	. 6	у Л	.6	
19		268,000	.0		2		
20		264,000	. 9			.7	
21		193,000	1.0	. 6	ά	ى .	
22		250,000	· <u> </u>		2		
23		263,000	. প		6	<u></u>	······································
24		254,000	<u> </u>	. 9	<u>a</u>		
25		289,000	1,0	.7	<u> </u>	<u> </u>	
26	·	311,000	1,0	.8	2		
27		\					
28	24	2443,000		. 6	2	.6	
29						·	
30			· · · · · · · · · · · · · · · · · · ·				
31			Constant of the second states and the	ANTHE FRANK STRAND	63	and the second second	NEW TOTAL
Total		6,867,000			52		
Avg.		245,000					
L'' <u>·</u>	民業業務	311,000	新闻的资源 和1996年1996年1996年1996年1996年1996年1996年1996			NSS STREET	A



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

MARCH 1957							
Water System Information							
System Name: Park Water Company		PWS Iden	PWS Identification No.: 6530408				
System Owner							
Name: Park Water Company Incorpo	rated	Telephon	Telephone No. (941)-638-1285				
Address: 25 First Avenue North							
City: Lake Wales			State: FL Zip Code: <u>33853</u>				
stem Type: Community; G non-trar	isient non-community	; G non-community	G consecutive				
No. of Service Connections at End of M	onth:1 ota	a Population Served	at End of Month:				
Water Treatment Plant Information							
Treatment Plant		·					
Name: Park Water Company		Teleph	Telephone No. (941)-638-1285				
Address: 25 First Avenue North							
City: Lake WalesState: FL_Zip Code: 33853							
Permitted Maximum Day Capacity of Pi	ant: 315,000 gpd.						
Vant Category and Class per Rule 62-6		<u>SC</u>					
Lead/Chief Plant Operator:							
NETO	eratificate Number 28	Class (A, B, C, or D) a	DIVO/ShiftOlVOTOG				
Kevin J. Egan	7426	С	6 Visits/Week				
Other Certified Plant Operators (attach	additional sheets if n	ecessary):					
		Class (8 B . C. or D)	A CONTRACTOR OF THE OWNER OF THE				
Everett E. Barrett	4349	<u> </u>	6 Visits/Week				
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II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

MARCH 1995

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

-3-77 Signature and Date

Kevin J. Egan C-7426 Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1998

Page 1

nthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water ystems that Treat Their Water

tem PWS Identification Number:

Fn0<u>408</u>

L.

ant Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

MARCH 1999

be of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine combined chlorine (chloramine); G chlorine dioxide mmary of Daily Water Treatment Data for Month:

Residual Disinfectant in Distribution System Circonod Emercency Actornal Operation Lowest Realdual Contractions Concentrations Enry to Distribution System (mo/c) 25 Hours Plant Departments (Control of Engine Write Produced by Plant Operation Number of Instances - unwest Residual iy of Disclaction Disclacting Concentration at total Colifornia Sampling Pointa Mill (mp/1)/41/2 owest Residual Where Residual Disinfectant he Disinfectant onth (arrive) free Concentration at Measurementa Takan Mat Total Coliform S Remote Point. (mg/L) 1.1 Sampling Police 5 6 6 24 280,000 9 24 6 2 6 246,000 3 24 200,000 격 6 2 24 207,000 4 9 5 279,000 24 0 \mathcal{D} 258,000 5 6 24 . ວ 7 24 0 6 \hat{a} 300,000 2 24 8 315,000 O S 5 24 9 246,000 ລ 286,000 24 6 O -8 24 2 256,000 1.1 24 3,66,000 7 \supset 12 8 2 2 24 13 235,000 C 6 2 14 24 72,000 8 \circ 24 15 240,000 0 348,000 9 2 6 16 24 6 258,000 17 24 2 251,000 6 5 24 18 0 \square 4.1 24 370,000 \sim 8 6 24 275,000 21 24 2 229.000 0 5 6 24 6 9 22 321,000 23 24 Э. 27 51000 \circ 2 235,000 6 24 \supset 24 -299,000 8 25 24 S 2 S し 2 6 26 24 281,000 Ó 5 24 256,000 C 24 264,000 28 6 Э S 24 312,000 \mathfrak{a} \mathbf{D} 29 2 2 3 24 2 30 312,000 31 24 277,000 0 \mathbf{T} 8,453,000 **Fotal** 273,000 ۹vg. 370,000 vlax.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

Water System Information System Name: Park Water			PWS k	dentification No.: <u>6530408</u>
System Owner				
Name: Park Water Com	any Incoroor	rated	Teleol	hone No. (941)-638-1285
Address: 25 First Avenu				<u></u>
City: Lake Wales			State:	FL Zip Code: <u>33853</u>
Sy m Type: G communit	y; G non-tran	slent non-communi	y; G non-commun	nity: G consecutive
No. Jf Service Connections	s at End of M	onth <u>; 739</u> To	tal Population Ser	ved at End of Month:
		4.7 × 6		
Water Treatment Plant Info	omation			
Treatment Plant			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Name: Park Water Comr			Tele	phone No. <u>(941)-638-1285</u>
Address: 25 First Avenue	<u>e North</u>			
City: Lake Wales			State:	EL_ Zip Code: <u>33853</u>
Permitted Maximum Day C				
Pir-+ Category and Class p	per Rule 62-6	99.310(4), F.A.C.:_	<u>5C</u>	
Le . Chief Plant Operator:				
<u>Nemo</u>		Certificate Number	Class (A B C) or I)) Day()/Shift() Worked a
Kevin J. Egan		7426	C	6 Visits/Week
Other Certified Plant Oper				
NGTO /		of the toxy of the toxy	Colorsva By Group). (Interview Content of the Content
Everett E. Barrett		4349	С	6 Visits/Week
			New Street	
,				

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

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Signature and Date

Kevin J. Egan C-7426

Name and Certificate Number (please type or print)

)EP Form 62-555.900(3) Stactive December 10, 1998

they Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water /stems that Treat Their Water em PWS Identification Number:

530408

t Plant Name: Park Water Company าน

PPRIL SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

1999

e of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine combined chlorine (chloramine); G chlorine dioxide

nmary of Daily Water Treatment Data for Month:

minary				CONTRACTOR OF THE OWNER OF THE OWNER OF	ALCONTRACTOR AND A CONTRACTOR	1997 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 -	E des total en restances
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	atten filmen and a start and	and a state of a state ball to be some ball the			and a second		ાસભાગમાં જે. ગુરુભાગમાં જે
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rine 🔛		្រ ដំណើរក្រកស្រី ខ្លាំណើរ	apity/ite . Dimite file files.	S. Disinfectant	ອີດທີ່ເອດທີ່ສະເຫັດ	a concentration of	(0) 0 10 10 10 10 10 10 10 10 10 10 10 10 1
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4 24	•	247,000	1.0	.8	2	.8	
5 24	<u>ا </u>	305,000	. 9	.6	2		
6 24	4	450,000	. 9	.6	2	.6	
7 24		377,000	1,0		22		
8 24		360,000	1.0	. 3	2	.8	1
9 24		406,000	1.9	.7	2	.7	
10 74		420,000	1,0	. 8	2	,8	
1 ,24		216,000	5	.7	2	.2	
12 24		422,000	1,2	. 8	2	. 8	
3 24		234,000	9	.6	2	.6	
4 24		386,000	1.2		2	Š	
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29 24		352,000	1.0	٩	96	<u> </u>	
30 24		268,000	<u>, o</u>	7	y V	. 7	
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otal		10,283,000	<i>\////////////////////////////////////</i>		58		
vg. //		343,000	<i>\////////////////////////////////////</i>				
ax.		573,000	<i>\////////////////////////////////////</i>				
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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF Image: Park Water Company PWS Identification No.: 6530408 System Name: Park Water Company PWS Identification No.: 6530408 System Owner Telephone No. (941)-638-1285 Name: Park Water Company Incorporated Telephone No. (941)-638-1285 Address; 25 First Avenue North State: FLZip Code: 33853 City: Lake Wales State: FLZip Code: 33853 Sy m Type: G community; G non-transient non-community; G non-community; G consecutive Vo/ Service Connections at End of Month: Mater Treatment Plant Information Telephone No. (941)-638-1285 Address; 25 First Avenue North State: FLZip Code: 33853 City: Lake Wales State: Company Category and Class per Rule 62-699.310(4), F.A.C.: _5C State: FLZip Code: 33853 6 Chief Plant Operator: Category Company Name Certificate Number Class (A, B, C, or D) Day(s/Shif(s) Worked
Water System Information PWS Identification No.: 6530408 System Name: Park Water Company Incorporated Telephone No. (941)-638-1285 Address; 25 First Ayenue North State: FL Zip Code: 33853 Gy m Type: G community; G non-transient non-community; G non-community; G consecutive No. √r Service Connections at End of Month: Total Population Served at End of Month: Water Treatment Plant Information Trelephone No. (941)-638-1285 Address; 25 First Avenue North Water Treatment Plant Telephone No. (941)-638-1285 Address; 25 First Avenue North Telephone No. (941)-638-1285 Vater Treatment Plant Total Population Served at End of Month: Name: Park Water Company Telephone No. (941)-638-1285 Address; 25 First Avenue North State: FL_Zip Code: 33853 Dity: Lake Wales State: FL_Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315,000 gpd. State: FL_Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315,000 gpd. Day(s)/Shift(s) Worked Per Category and Class per Rule 62-699.310(4), F.A.C.: _5C C Category and Class per Rule 62-699.310(4), F.A.C.: _5C C Category and Class per Rule 62-699.310(4), F.A.C.: _5C C Category and Class per Rule 62-699.310(4), F.A.C.: _5C C
System Name: Park Water Company PWS Identification No.: 6530408 System Owner Telephone No. (941)-638-1285 Name: Park Water Company Incorporated Telephone No. (941)-638-1285 Address; 25 First Avenue North State: FL Zip Code: 33853 Gives Lake Wales State: Telephone No. (941)-638-1285 State: FL Zip Code: 33853 Gives Lake Wales State: Telephone No. (941)-638-1285 State: FL State: FL Zip Code: 33853 Gives Lake Wales Total Population Served at End of Month: Total Population Served at End of Month: Name: Park Water Company Telephone No. (941)-638-1285 Address; 25 First Avenue North Telephone No. (941)-638-1285 Address; 25 First Avenue North State: FL Zip Code: 33853 City: Lake Wales State: FL Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315,000 gpd. State: FL Zip Code: 33853 Plant: Other Certified Plant Operator: Day(syshift(s) Worked State: FL Zip Code: 33853 Name Certificate Number Class (A, B, C, or D) Day(syshift(s) Worked Day(syshift(s) Worked Name Certificate
System Owner Telephone No. (941)-638-1285 Name: Park Water Company Incorporated Telephone No. (941)-638-1285 Address; 25 First Avenue North State: FL Zip Code: 33853 City: Lake Wales State: FL Zip Code: 33853 Sy m Type: G community; G non-translent non-community; G non-community; G consecutive Nor Service Connections at End of Month: Vater Treatment Plant Information Total Population Served at End of Month: Name: Park Water Company Telephone No. (941)-638-1285 Address; 25 First Avenue North Dity: Lake Wales Dity: Lake Wales State: FL Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315.000 gpd. State: FL Zip Code: 33853 Plant Collegrator: State: FL Zip Code: 33853 State: 33853 Certificate Number Class (A, B, C or D) Day(s/Shift(s) Worked Day(s/Shift(s) Worked Kevin J. Egan 7426 C 6 Visits/Week Day(s/Shift(s) Worked Other Certified Plant Operators (attach additional sheets if necessary): Day(s/Shift(s) Worked Day(s/Shift(s) Worked
Name: Park Water Company Incorporated Telephone No. (941)-638-1285 Address; 25 First Avenue North State: FL Zip Code: 33853 Gity: Lake Wales State: FL Zip Code: 33853 Gy m Type: G community; G non-transient non-community; G non-community; G consecutive Non-transient non-community; G non-community; G consecutive No. of Service Connections at End of Month:
Address: 25 First Avenue North City: Lake Wales Sy m Type: G community; G non-transient non-community; G non-community; G consecutive No. of Service Connections at End of Month: Mater Treatment Plant Information Total Population Served at End of Month: Mater Treatment Plant Information Telephone No. (941)-638-1285 Address: 25 First Avenue North City: Lake Wales State: FL Zip Code: 33853 Address: 25 First Avenue North City: Lake Wales State: FL Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315,000 gpd. City: Lake Wales State: FL Zip Code: State: FL Zip Code: Category and Class per Rule 62-699.310(4), F.A.C.: 5C Certificate Number Class (A, B, C, or D) Day(s)/Shif(s) Worked Kevin J. Egan 7426 C 6 Visits/Week Other Certified Plant Operators (attach additional sheets if necessary): Day(s)/Shif(s) Worked
City: Lake Wales State: FL Zip Code: 33853 Sy m Type: G community; G non-transient non-community; G non-community; G consecutive Nor Service Connections at End of Month:
Sy m Type: G community; G non-transient non-community; G non-community; G consecutive Nor Service Connections at End of Month:
Nor Service Connections at End of Month:Total Population Served at End of Month: <u>Nater Treatment Plant Information</u> <u>Ireatment Plant</u> Name: <u>Park Water Company</u> Address: <u>25 First Avenue North</u> City: <u>Lake Wales</u> Permitted Maximum Day Capacity of Plant: <u>315,000</u> gpd. Pler+ Category and Class per Rule 62-699.310(4), F.A.C.: <u>5C</u> <u>6 Chief Plant Operator:</u> <u>Name</u> <u>Certificate Number</u> <u>Certificate Number</u> <u>Certificate Number</u> <u>Certificate Number</u> <u>Class (A, B, C, or D)</u> <u>Day(s)/Shift(s) Worked</u> <u>Day(s)/Shift(s) Worked</u>
Mater Treatment Plant Information Ireatment Plant Name: Park Water Company Telephone No. (941)-638-1285 Address: 25 First Avenue North City: Lake Wales State: FL_Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315,000_gpd. Plp ← Category and Class per Rule 62-699.310(4), F.A.C.: 5C State Plant Operator: Name Certificate Number Kevin J. Egan 7426 Other Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (a, B, C, or D) Day(s)/Shift(s) Worked
Ireatment Plant Telephone No. (941)-638-1285 Address: 25 First Avenue North State: FL_Zip Code: 33853 City: Lake Wales State: FL_Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315,000 gpd. State: FL_Zip Code: 33853 Ple→ Category and Class per Rule 62-699.310(4), F.A.C.: 5C State: FL_Zip Code: 33853 Address: Category and Class per Rule 62-699.310(4), F.A.C.: 5C Day(s)/Shift(s) Worked Name Certificate Number Class (A, B, C, or D) Day(s)/Shift(s) Worked Kevin J. Egan 7426 C 6 Visits/Week Other Certified Plant Operators (attach additional sheets if necessary): Day(s)/Shift(s) Worked
Ireatment Plant Name: Park Water Company Telephone No. (941)-638-1285 Address: 25 First Avenue North State: FL_Zip Code: 33853 City: Lake Wales State: FL_Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315.000 gpd. State: 5C Ple→ Category and Class per Rule 62-699.310(4), F.A.C.: 5C 5C Chief Plant Operator: Name Certificate Number Class (A, B, C, or D) Name 7426 C 6 Visits/Week Other Certified Plant Operators (attach additional sheets if necessary): Day(s)/Shift(s) Worked
Name: Park Water Company Telephone No. (941)-638-1285 Address: 25 First Avenue North State: FL Zip Code: 33853 City: Lake Wales State: FL Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315,000 gpd. State: 5C Category and Class per Rule 62-699.310(4), F.A.C.: 5C State: 5C Address: Category and Class per Rule 62-699.310(4), F.A.C.: 5C 5C Address: Category and Class per Rule 62-699.310(4), F.A.C.: 5C 5C Address: Category and Class per Rule 62-699.310(4), F.A.C.: 5C 5C Address: Category and Class per Rule 62-699.310(4), F.A.C.: 5C 5C Address: Category and Class per Rule 62-699.310(4), F.A.C.: 5C 5C Address: Category and Class per Rule 62-699.310(4), F.A.C.: 5C 5C Address: Category and Class per Rule 62-699.310(4), F.A.C.: 5C 5C Address: Category and Class per Rule 62-699.310(4), F.A.C.: 5C 5C Kevin J. Egan 7426 C 6 Visits/Week 6 Other Certified Plant Operators
Address: 25 First Avenue North City: Lake Wales
City: Lake Wales State: FL Zip Code: 33853 Permitted Maximum Day Capacity of Plant: 315,000 gpd. Plant: 315,000 gpd. Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C State: FL Zip Code: 33853 Asset Category and Class per Rule 62-699.310(4), F.A.C.: 5C State: FL Zip Code: 33853 Name Certificate Number Class (A, B, C, or D) Day(s)/Shift(s) Worked Kevin J. Egan 7426 C 6 Visits/Week Other Certified Plant Operators (attach additional sheets if necessary): Day(s)/Shift(s) Worked
Permitted Maximum Day Capacity of Plant: 315,000 gpd. Ple → Category and Class per Rule 62-699.310(4), F.A.C.: 5C .c. Chief Plant Operator: Name Certificate Number Class (A, B, C, or D) Day(s)/Shift(s) Worked Kevin J. Egan 7426 C 6 Visits/Week Other Certified Plant Operators (attach additional sheets if necessary): Day(s)/Shift(s) Worked
Ple → Category and Class per Rule 62-699.310(4), F.A.C.: <u>5C</u> is Certificate Number Class (A, B, C, or D) Day(s)/Shift(s) Worked Kevin J. Egan 7426 C 6 Visits/Week Other Certified Plant Operators (attach additional sheets if necessary): Day(s)/Shift(s) Worked Name Certificate Number Class (a, B, C, or D) Day(s)/Shift(s) Worked
Chief Plant Operator: Certificate Number Class (A, B, C, or D) Day(s)/Shift(s) Worked Kevin J. Egan 7426 C 6 Visits/Week Other Certified Plant Operators (attach additional sheets if necessary): Day(s)/Shift(s) Worked Name Certificate Number Class (a, B, C, or D) Day(s)/Shift(s) Worked
Name Certificate Number Class (A, B, C, or D) Day(s/Shift(s) Worked Kevin J. Egan 7426 C 6 Visits/Week Other Certified Plant Operators (attach additional sheets if necessary): Day(s)/Shift(s) Worked Name Certificate Number Class (a, B, C, or D) Day(s)/Shift(s) Worked
Kevin J. Egan 7426 C 6 Visits/Week Other Certified Plant Operators (attach additional sheets if necessary): Day(s)/Shift(s) Worked
Other Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (a, B, C, or D) Day(a)/Shift(s) Worked
Name Certificate Number Class (s. B. C. or D). Day(s)/Shift(s) Worked
Everett E. Barrett 4349 C 6 Visits/Week

MAY 1995

I, use undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them avrilable for review upon request.

6-02-89 Signature and Date

Signatore and Date

EP Form 62-555.900(3) flective December 10, 1996 Kevin J. Egan C-7426 Name and Certificate Number (please type or print)

onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

stem PWS Identification Number:

<u>6530408</u>

er ont Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHYEAR OF

MAY 1995

ype of Residual Disinfectant Maintained in Distribution System Served by Plant: <u>G free chlorine</u> G combined chlorine (chloramine); G chlorine dioxide ummary of Daily Water Treatment Data for Month:

				Residual	Disinfectant in Distributi	mSMen	
		ייייייייייייייייייייייייייייייייייייי	A CONTRACTOR CONTRACTOR		and the second	and the second	i areconces Anticonces
	Hourseland	Curristanting	ារដែលដែល ដែល សារ សំពុះសារ សារសារសារសារ	owesl Residual.	Number of Instances Where Residual	Distrifecture	35. 7. 10 (10 4) (11
ier n		Contraction of the second s	Barykrale The film	Concentration at	Disinfectant set	seconcentrations it	1.11117710) (11111710) (1111170)
			ST. CIM (molla)	Permote Point	Measurements Taken at Total Coliform Ve	Sampling Points	
5-64-5				(mg/L)	A Sampling Points	/((70))	
1	24	246,000	,7	₹. (2	,5	I
:	24	273,000	.8	. 6	2	1,6	
3	24	365,000	1.0	.7	3	.7	
4	24	393,000	1.2	.3	<u> </u>		<u> </u>
5	24	340,000	1.0	. 6	2	.6	<u> </u>
6	24	322,000	1.2	<u>`</u> 8	<u> </u>	, 3	<u></u>
7	24	310,000	1.0	, (₆	2	, (<u> </u>	
8	24	270,000	. 9	. ~	6	.8	
9	24	223,000			9		<u> </u>
10	24	223,000		.6	4	.6	<u> </u>
1	24	271,000	.7	.5	d	<u></u>	ļ
12	24	209,000	.6	.4	a	.4	<u> </u>
13	24	321,000	1.0	, 6	2	.6	
14	24	560,000	1.2	.7	4		
15	24	217,000	1.0	.6	2	.6	ļ
16	24	215,000			2		<u> </u>
17	24	273,000	1.0	. 6	à	.6	<u> </u>
18	24	290,000		. 5	৯	<u>, 5</u>	
19	24	217,000	1.0	.?	3	<u>,2</u>	<u> </u>
x	24	265,000	. 9	<u>, (</u>	5	.6	<u> </u>
21	24	305 000	1.0	.5	2	.5	
22	24	<u></u>	<u>`.</u> Ş		2	<u> </u>	
23	24	241,000	1.0		ð	.7	
24	24	375,000	<u> </u>	<u> </u>	· 2	.6	
25	24	282,000	<u> </u>	.2	5	<u> </u>	ļ
26	24	390,000	1.2	. "0	<u> </u>	.8	
27	24	452,000	.0		<u>a</u>	<u> </u>	
	24	230,000	1.2		<u>a</u>		ļ
29	24	260,000	1.0	<u>, 6</u>	<u> </u>	.6	·
30	24	186,000	1.2		3	.8	
31	24	241,000		. 6	2	Comin Com	
otal		8,977,000			62		
vg.		289,000					
lax.	<i>\////////////////////////////////////</i>	560,000					X/////////////////////////////////////



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF 1999 JUNE

Water System Information System Name: Park Water Company System Owner Name: Park Water Company Incorpo Address: 25 First Avenue North City: Lake Wales S' m Type: Community: G non-tran Nu. of Service Connections at End of M	nslent non-communit	Telephor State: FL y; G non-community		
Water Treatment Plant Information <u>Treatment Plant</u> Name: <u>Park Water Company</u> Address: <u>25 First Avenue North</u> City: <u>Lake Wales</u> Permitted Maximum Day Capacity of Pl Pl Category and Class per Rule 62-6	ant: <u>315.000</u> gpd. 399.310(4), F.A.C.: _	State: FL	none No. <u>(941)-638-1285</u> Zip Code: <u>33853</u>	
Lt Chief Plant Operator:	Certificate Number	Class (A, B, C, or D)	Day(G)/Shift(G) Worked	3
Kevin J. Egan	7426	C a c	6 Visits/Week	
Other Certified Plant Operators (attach				
Name		Class (a. B. C. or D)		
Everett E. Barrett	4349	C	6 Visits/Week	
		· ·		
				_
				_
		ing and the second s	· · · · · · · · · · · · · · · · · · ·	
L	· · · · · · · · · · · · · · · · · · ·			

_EAD/CHIEF REATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF JUNE

59

t, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them ilable for review upon request.

*5*7-99 Signature and Date

Kevin J. Egan C-7426

Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1996

onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

ystem PWS Identification Number:

<u>6530408</u>

eat It Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

J42 1999

ŝ,

ype of Residual Disinfectant Maintained in Distribution System Served by Plant: Gree chlorine; G combined chlorine (chloramine); G chlorine dioxide summary of Daily Water Treatment Data for Month:

umma		Water Treatment Dat		Sector States	a se	e ser kard ka	and the second second
المجرادة (ما المجرادة من المور المجرادة المحرور	a secondaria	a start of the second	and the second se	Residual	Disinfectant in Distributio	on System 🛼 💡	
<u>الم</u>	THE REAL PROPERTY		Lowest Residual.		Number of Instances	Lowest Residual	Reported Emergency o
Day of	Hours Rlant	CURPER CONTRACTOR	Moneen in the state	Lowest Residual	Where Residual	Districtan	
Month	Operation	Producerchov/Slam	ເສັງທາດເອົາສາທິດເອົາສາງ ເອົາກາດເຫັນອີງ	Concentration at	Disinfectant & Ge	Concentration at	
100			Constant and the second s	Remote Point	Measurements Taken: al Total Collform	Total Coliform Sampling Points	
				ር (ጠር/ ር.)	Sampling Points	s.a. (mol.)	
1	24	269,000). 0	. 6	4	.6	
2	-4	222,000	. 8	5	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	
3	24	223,000	.7	. (2	.6	
4	24	240,000	1.0		2	.6	
5	24	186,000	. 9	.5	2		ļ
6	24	150,000	.3	<u> </u>	2	···/t	
	24	197,000	<u> </u>	<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>	·
8	24	198,000	1, 0	<u>, Ş</u>	9		<u>}</u>
	24	164,000		· · · ·	- dí	<u>, , , , , , , , , , , , , , , , , , , </u>	
10	<u>4</u>	204,000	.8		2		[
11	-4	243,000		.5		<u>, S</u>	<u> </u>
	24	226,000	. 8	. 4	<u> </u>		
	24	153,000	<u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.4	à	<u> </u>	
	24	203,000	1.0	.6	3	.6	······
15	24	200,000), 0	.5	<u> </u>	5	
	24	200,000). 0		<u> </u>	.6	
	24	153,000	1.0	.7	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	24	154,000	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
19	°4	206,000	1,0	·	N/V	·····	
20	-4	168,000	<u> </u>	<u> </u>	9	- 15	
21	24	223.000	1.0	· · /	<u> </u>	<u> </u>	
22	24	184,000	· · · · ·	<u> </u>	20	<u> </u>	
	24 24	236,000		·····			
	24	195,000	1.0		ð	.6	
	24	148,000	1,0	.6	<u> </u>	····	
27	1	175,000	1.1	.5	5	<u>ح</u>	[
	24	200,000	1.2	. 8		. 2	
	24	179,000	1, 0	.6			
	24	168,000	1.2	.7	3		
10.0	24	100,000		·Z_			
Total		5,914 000			60		
Avg.		197,000					
Max.		269,000					



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF 1955 J464

Water System Information			
System Name: Park Water Company		PWS Ider	ntification No.: <u>6530408</u>
System Owner	•		<u> </u>
Name: Park Water Company Incorpor	rated	Telephor	ne No. <u>(941)-638-1285</u>
Address: 25 First Avenue North			
Citv: Lake Wales		State: FL	Zip Code: <u>33853</u>
Sys Type:-G-community; G non-tran	sient non-communit	y; G non-community	r: G consecutive
No. or Service Connections at End of M	onth: <u>739</u> Tol	al Population Serve	d at End of Month: 1, 900
	•	•	,
Water Treatment Plant Information			
Treatment Plant	· '	1	
Name: Park Water Company		Teleph	none No. <u>(941)-638-1285</u>
Address: 25 First Avenue North			
City: Lake Wales		State: <u>FL</u>	_ Zip Code: <u>33853</u>
Permitted Maximum Day Capacity of Pla			
Plar ` `ategory and Class per Rule 62-6	99.310(4), F.A.C.: _	<u>5C</u>	
Leau Unlef Plant Operator:			
NETTC1	Certificate Number	Class (A) B) C, or D)	
Kevin J. Egan	7428	С	6 Visits/Week
Other Certified Plant Operators (attach			
Name Manager States	MAGE THIS ELEMENT OF THE PARTY OF	Class (a. B. C. or D)	
Everett E. Barrett	4349	C	6 Visits/Week
		•	
	`		
	• Carlos de la compañía		

LEAD/CHIEF WAT OPERATOR FOR THE MONTH/YEAR O STATEMENT

1999 JULY

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them Ne for review upon request.

8-05-99 Signature and Date

Kevin J. Egan C-7426

Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1996

onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

ystem PWS Identification Number:

<u>65?^408</u>

ea. nt Plant Name: Park Water Company

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

5444 1999

ype of Residual Disinfectant Maintained in Distribution System Served by Plant: Garee chlorine, G combined chlorine (chloramine); G chlorine dioxide ummary of Daily Water Treatment Data for Month:

amma	ity of Dally	water rreatment Data		TANKA STATISTICS STATISTICS AND			A MARKAGE AND
19		an and share the state of the second					
			a and a sea guilt of	Residual	Disinfectantin Distriction	on System	
			Lowest Residual			1.5.1.3.5.45.3.1.1.5	Reported
Day of	Hours Plan	enariya danaha Wata	ទៅក្នុងស្ថិត ស្រុកស្រុកក្រុងស្រុក ស្រុកស្រុកស្រុកស្រុកស្រុក ស្រុកស្រុកស្រុកស្រុកស្រុកស្រុក	Lowest Residual	Number of Instances	Lowest Residual	
the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Us Disinfectant	Where Residual Disinfectant	District opt Governmenteren	ermint.
Month	Operation	וזרום אלואיביואובן (בוטורט)	Sv: On Mile	Concentration at	Measurements Taken	Thatesolicom	orreinra (
	2000 - 100 -			Remote Point	at Total Collform Sa	semelliouRomer	
Jugas				S.c. (mg/L)	Sampling Points	(molt) + 1+	
1	?4	171,000	7.0	.7	2	.7	
2	124	200,000	1.2	8,	2	.8	
3	24	210,000).0	.6	2	.6	
4	24	190,000	1.0	.7	2	.7	
5	24	227,000		. (.	6	.6	
6	24	218,000	1.0	.6	A	.6	
7	24	224,000			ind	.5	
	24	216,000		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	5	
9	24	238,000	1.2	<u>`</u>	3	.5	
	24			,5	3	, 5	
<u>10</u>		220/000			2		1
11	24	286,000	1.2	بو		<u> </u>	
12	24	218,000	<u> </u>			<u> </u>	
13	24	220,000		<u> </u>	eL	<u>, %</u>	
14	24	194,000	1.0		<u> </u>	<u> </u>	
15	24	178,000	1.2	· /	<u>&</u>	<u></u>	
16	24	200,000	1.0	.8	3	.8	
17	24	220,002				7	
18	24	210,000	1,4	.6	2	<u> </u>	
19	24	224,000	1.6	<u>`</u> 2	6	-8	
26	24	225,000	1.2	. 7	<u>à</u>	<u> </u>	
21	24	245,000),0	, (s	5	. 6	
22	24	160,000	1.1	۲.	6	.7	
23	24	200,000		در)	5	.8	
24	24	210,000	1.0	. 6	2	, 6	
25	24	160,000	1.2	, 7	4	、 フ	
26	24	208,000	7. 0	ى`	- -	<u>ر</u>	
2.	24	208,000	1.2	. 6	<u>ک</u>	.6	
28	24	257,000	1.0	.5	5	- ۲ ,	
29	24	231,000	1. 2	. 7	2	$\overline{2}$	
30	24	310,000		.6	2	.6	
31	24	275,000	1.0	. 5	2	ک (
Total		6,756,000		mmmm	1.2		
		348			anniantanna	XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Avg.						XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	SUITITI STATE
Max.	<i>\////////////////////////////////////</i>	310,000				<u>x////////////////////////////////////</u>	<u>x////////////////////////////////////</u>



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

NSTRUCTIONS: See Page 4.

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

Nater System Information						
System Name: Park Water Company		PWS Identification No.: 6530408				
System Owner		·····				
Name: Park Water Company Incon	porated	Telephor	ne No. <u>(941)-638-1285</u>			
Address: 25 First Avenue North						
City: Lake Wales		State: FL	Zip Code: <u>33853</u>			
System Type: G community: G non-tr No. of Service Connections at End of	ansient non-communi Month: <u>フ3う</u> To	ty; G non-community tal Population Serve	y: G consecutive d at End of Month: リ, うっつ			
Nater Treatment Plant Information	· ·					
Freatment Plant			-			
Name: Park Water Company	· · · · · · · · · · · · · · · · · · ·	Teleph	none No. <u>(941)-638-1285</u>			
Address: 25 First Avenue North						
City: Lake Wales		State: FL	_ Zip Code: <u>33853</u>			
Permitted Maximum Day Capacity of		· · · · · · · · · · · · · · · · · · ·	— · · · · · ·			
Plant Category and Class per Rule 62	2-699.310(4), F.A.C.: _	<u>5C</u>				
erd/Chief Plant Operator:						
Here have Name	Certificate Number	Class (A, B, C, or D) a	Day(s)/Shift(s) Worked Steeler			
Kevin J. Egan	7426	C	6 Visits/Week			
Other Certified Plant Operators (attac	ch additional sheets if	necessary):				
Name	Certificate Number	Class (a) B. C. or D)	Day(s)/Shift(s) Worked eventseting			
Everett E. Barrett	4349	С	6 Visits/Week			
			[· · · · · · · · · · · · · · · · · · ·			
	and the second					

I. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF $\theta = \theta + \frac{1895}{1895}$

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of ny knowledge and bellef, the information provided in this report is true and accurate. Also, I certify that the following idditional operations records for the plant listed in Part I of this form were prepared each day that a certified operator taffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

urthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them vailable for review upon request.

02-99 ignature and Date

Kevin J. Egan C-7426

Name and Certificate Number (please type or print)

EP Form 62-555.900(3) fective December 10, 1998

Aonthiy Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: Park Water Company

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF ANGUST

45T 1999

CONCRETE STATES

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chloribe; G combined chlorine (chloramine); G chlorine dioxide

Summary of Daily Water Treatment Data for Month:

				ante (Résidual)	Diaintectantin Distributi	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Day of	Hours Plant	ດທີ່ກາງມີກາດແລງທີ່ອາກວາກການ	(ຄາງປະຊາຊາຍເຊັ່ນ ການການການເຊັ່ນ (ການນັ້ນການການເຊັ່ນ	Lowest Residual	Number of Instances	Lowest Residual	Reported Emergency or
Month	2 m D 3 4	Set Produced by Rinness	្រី ជាក្រុស (សុខ) ភៅភាពក្	DISINGCIANTS &	Where Residuals Disinfectant	Disinfectant in Concentration at	Apportation (
and the second	Operation	ີຍາສາວວາຍທາລາດ ທີ່ມີການສາດ	System (molis)	Concentration at Remote Roint 8	Measurements Taken	Total Collform	Conditional®
	1.1			(mg/b) - 66	at Total Coliform Sampling Pointes	Sampling Points	
1	24	267,000	1.2	. 7	2	. 7	
2	24	225,000	1.	.6	2	.6	
3	24	257,000).0	.7	2	, >	
4	24	188,000	1.2	,7	2	.7	
5	24	193,000).0	,6	2	.6	
6	24	270,000	1.2	.7	2	,7	
7	24	280,000	1.1	, 6.	2	<u></u>	· •
8	24	202,000	1.0	,5	2	<u>, S</u>	
9	24	262,000	1, 1	.6	2	. 6	
10	24	239 000	. 8	5	<u> </u>	<u>, 2</u>	
	24	242,000	1.2	.6	2	.6	
1.	24	190,000	1,0	<u>, S</u>	<u>л</u>	, 5	
13	24	240,000	. 9		2	.4	
14	24	235,000	. 3	Ý	<u> </u>	्भ	
15	24	211,000	<u>, S</u>	<u>, s</u>	ん	۲,	
16	24	277,000	1.0	. 6	2	,6	
17	24	241,000	3	. 5	2	.5	
18	24	513,000		. 5	2	<u>,</u> 2	
19	24	191,000	,7	、५	2	्५	
20	24	23'0,000	<u> </u>	.6	2	. 6	
	24	204,000	1.1		2	_,2	
	24	172,000	.0	.7	2		
-	24	232,000	1.0	, 6	2	_,6]	
	24	576.000),0	. 7	2	.7	
	24	195,000	.0	्ठ	2	.8	
	24	227,000	1.2	. 6	2	.6	
	24	240,000	1,0	?	2	.7_	
	24	231,000	1	.?	2	.?	
	24	308,000	1,0	、6	2	. 6	
	24	261,000	1,1	. 7	2	.7	•
31	24	217,000	1.2		. 2	<u>, 7 </u>	
Total		7,820,000	///////////////////////////////////////		62		
Avg.		576,000		///////////////////////////////////////			
Max.		252,000					



...onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND	WATER TREATMEN	NT PLANT INFOR	MATION FOR THE MONTH/YEAR OF
september 1995			
Water System Information		. 1-	
System Name: Park Water Company	entification No.: <u>6530408</u>		
System Owner			
Name: Park Water Company Incorpo	orated	Teleph	one No. <u>(941)-638-1285</u>
Address: 25 First Avenue North		O 1 1 1 1	
City: Lake Wales System Type: G community; G non-tra	aciont non community		<u>L</u> Zip Code: <u>33853</u>
No. of Service Connections at End of M	Anth: 525 Tet	y; G non-communi	ty; G consecutive
no. of octrice connections at End of h		ai Population Serv	ed at End of Month: 1, 700
Water Treatment Plant Information			
Treatment Plant			
Name: Park Water Company		Teler	ohone No. <u>(941)-638-1285</u>
Address: 25 First Avenue North		·	· · · · · · · · · · · · · · · · · · ·
City: Lake Wales		State: F	L_Zip Code: <u>33853</u>
Permitted Maximum Day Capacity of P			
Plant Category and Class per Rule 62-	699.310(4), F.A.C.: _{	<u>5C</u>	
Lead/Chief Plant Operator:	S. RUNYARAN COMMANDARING CONSIGNATION		anna meantaran dikana menerangkan di karangkan di kumangkan di kurangkan di kang kang ang di kurang karang kang
			Day(s)/Shift(s).Worked
Lavin J. Egan	7426	<u> </u>	6 Visits/Week
Other Certified Plant Operators (attack			
		وجاببية بالمستعمل والمتحد	Day(s)/Shift(s) Worked ###With the
Everett E. Barrett	4349	C	6 Visits/Week
		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
	<u> </u>	······································	
		······································	
		······································	

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF September 1999

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and bellef, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

10-05-99 .ature and Bale

Kevin J. Egan C-7426 Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1998

onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water /stem PWS Identification Number:

6530408 eatment Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

September 1999

ype of Residual Disinfectant Maintained in Distribution System Served by Plant: <u>Gree chlorine</u>; G combined chlorine (chloramine); G chlorine dloxide ummary of Daily Water Treatment Data for Month:

т 16 16 . . . Residual Disintectant in Distribution System? Reported owest Residual Lowest Residual Emerodiction (Disinfectant & Abituma) Concentration at Concentration Total Collforms Concellione Lowest Residual Disinfectant Number of fortances de contra Danceants Day of Hours Plan Quantity of John (not Wy for action of the second states of t Lowesi Residual S Disinfectant & Where Residual Concentration at Ramole Doint (molt) assess S Sampling Pointe & S Sampling Pointe & ាក់តាំពាល់ ទោលសារនៅទាំពីសារក the Month Operation SV: CON (OOV) See.2 Samoling Ebinia (mg/l-) 6 じ 6 221,000 1 24 2 2 24 214,000 · 1 9 5 8 3 24 ð 3 310,000 300,000 3 4 24 0 صا 6 2 5 24 i 332,000 24 6 2 7 24 261,000 Э 284,000 8 8 24 a Э Š 9 24 295,000 10 24 \square c7 24 254,000 11 7 223,000 2 3 8 12 2 ١ 234,000 13 ລ 24 204,000 6 14 24 \sim 15 24 Э 323,000 2 16 24 C 17 208,000 24 2 18 24 223,000 Ç く 19 24 Э 265,000 204,000 20 24 り C 21 248,000 24 2 7 229,000 5 22 24 23 219,000 24 0 <u>2</u> 240,000 8 24 24 2 с, 235,000 25 24 ð X 226,000 3 26 24 Ċ, 2241,000 27 24 Э 24 28 227,000 235,000 24 29 6 0 2 193,000 30 24 2 7 31 24 7,314,000 60 otal 244,000 vg. 310,000 Aax.

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monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

,	· · · · · · · · · · · · · · · · · · ·					
	PWS Ider	ntification No.: <u>6530408</u>				
orated	Telephor	1e No. <u>(941)-638-1285</u>				
		<u> </u>				
State: FL Zip Code: <u>33853</u>						
nsient non-communit	y; G non-community	r; G consecutive d at End of Month: リッうっち				
	al Population Serve	a at End of Month: 1, 1000				
	•					
	Teleph	ione No. <u>(941)-638-1285</u>				
	State: FL	_ Zip Code: <u>33853</u>				
iant: 315,000 gpd.						
	<u>5C</u>					
Certificate Number	Class (A, B, C, C, D) (
7426	C	6 Visits/Week				
4349	<u> </u>	6 Visits/Week				
		· · · · · · · · · · · · · · · · · · ·				
		I				
	Aonth: <u>74</u> Tot iant: <u>315,000 gpd</u> . 699.310(4), F.A.C.: _ Certricate Number 7426 additional sheets if r	Drated				

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

OCTOBER 1995

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

1-02-99 .gnature and Date

Kevin J. Egan C-7426

Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1998

nthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water systems that Treat Their Water stem PWS Identification Number: 3530408

atment Plant Name: Park Water Company

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SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

CCTOBER 1559

pe of Residual Disinfectant Maintained in Distribution System Served by Plant: Gfree chlorine; 3 combined chlorine (chloramine); G chlorine dloxide

immary of Daily Water Treatment Data for Month:

mm	ary of Daily	Water Treatment Dat	a for Monin:	EX2030 (FEATONOAD NO.12/AD N. 03/22)	15	NAMES FOR SCALE SAMPLES	ANA CARACTERINA
	-140		Loventersion		ေနာက်ဆုံးကို စိုးမျက်ရှိ		12000100
ay of the	Hours Plant	ອີກັດກຳລັງຂອງເສັດເອັດຈະເຈົ້າໃນ ອີກັດກາວຈະມີລາງເວົ້າການ ລາວ ດີດເປັດກາງ	िण्जित्वनगर्ग अन्तरनगराग्तिमनी	-owes. Residual	Number of Instances Where Residual	Seale of the second	
onth Y	Coertion	(GELOTE)	STERME (INC.)	Concentration at	Disinfectant Measurementa Taken	Concentration: at Trotal (-tollform)	৾৾৽ঢ়৾৾৽ঢ়ৗঢ়৾৽৾
				Remote Points	Measurements Taken at Total collorm Sampling Polities		
1	24	240,000		. 8	2	.3	<u> </u>
2	24	220,000	1.0	. 6	<u> </u>	.6	
3	24	160,000	<u>), </u>		2	.7	<u></u>
4	24	245,000	1.2	(a	<u> </u>	. 6	<u> </u>
5	24	213,000	1.1		<u>a</u>	7	
6	24	217,000	1.0	<u>.</u>	<u> </u>	.6	
7	24	180,000	<u> </u>	.7	<u> </u>	<u> </u>	
8	24	170,000	1.1	. 6	<u> </u>	<u> </u>	
9	24	220,000	<u> </u>	. (oʻ	<u> </u>		ļ
10	24	175,000	1.2		<u> </u>		I
11	24	213,000	[.]	. 6	2	.6	
1:	4	193,000	1.0	. 5	<u> </u>	<u>.s</u>	
13	24	195,000	1.1	ى .	<u> </u>	<u> </u>	[
14	24	181,000	1.2	.7	ふ		
15	24	190,000	<u>j.</u>]	6	2	.6	<u></u>
16	24	210,000	1,0	.7	<u> </u>	<u> </u>	
17	24	182,000	1.1	.5	2	5	
18	24	283.000	1.2	. 6	<u> </u>	.6	
19	24	24,000	1.1	.6	<u> </u>	.6	
20	24	227,000	1.0	, 5	2	.5	
21	24	205,000	1.1	.6	2	.6	
22	24	260,000	1.2	.7	2	.7	
23	24	240,000	1.0	J,	2	. (.,	
24	24	263,000	1.1	,)	``	.7	
25	24	206,000	1.2	.7		.7	
26	24	262,000],]	. 6	2	.6	
27	24	271,000	.0		2	.5	<u> </u>
28	24	263,000	1.1	.6	<u> </u>	.6	{
29	24	300,000	1.2		2	7	
30	24	230,000	1.0	. 6	2	.6	
31	24	267,000	1.1	.6	2	6	
otal		6,965,000	V/////////////////////////////////////		62	<i>\////////////////////////////////////</i>	
vg.	<i>\////////////////////////////////////</i>	225,000					
ax.	VIIIIII	300,000				X/////////////////////////////////////	X/////////////////////////////////////

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Ionthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

Water System Information			
System Name: Park Water Company		PWS Iden	tification No.: <u>6530408</u>
System Owner			
Name: Park Water Company Incorpo	rated	Telephon	ie No. <u>(941)-638-1285</u>
Address: 25 First Avenue North			
City: Lake Wales		State: <u>FL</u>	Zip Code: <u>33853</u>
System Type: G community; G non-tran	nsient non-communit	y; G non-community	G consecutive
No. of Service Connections at End of M	Ionth: 742 To	tal Population Server	at End of Month: 1,906
	*		
Water Treatment Plant Information			
Treatment Plant		· ·	
Name: Park Water Company		Teleph	one No. <u>(941)-638-1285</u>
Address: 25 First Avenue North			
City: Lake Wales		State: FL	_ Zip Code: <u>33853</u>
Permitted Maximum Day Capacity of Pl	ant: 315,000 gpd.		
Plant Category and Class per Rule 62-6	399.310(4), F.A.C.:	5 <u>C</u>	
Lead/Chief Plant Operator:			
Lead/Chief Plant Operator:	Certificate Number		DayoyShift() Vorce
Non Association (Non Association)	7428		6 Visits/Week
vin J. Egan	7426	Class (ANB C) or D) N C	Cay(s)/Shift(s) Worked 6 Visits/Week
vin J. Egan Other Certified Plant Operators (attach	7426 additional sheets if (Class (A/B, C/or D)) C necessary):	6 Visits/Week
Vin J. Egan Other Certified Plant Operators (attach	7426 additional sheets if in the certificate Numbers	Class (A/B, C/or D)) C necessary):	6 Visits/Week
vin J. Egan Other Certified Plant Operators (attach	7426 additional sheets if (Class (A, B, C, or D) M C necessary): Class (A, B, C, or D)	6 Visits/Week
Vin J. Egan Other Certified Plant Operators (attach	7426 additional sheets if in the certificate Numbers	Class (A, B, C, or D) M C necessary): Class (A, B, C, or D)	6 Visits/Week
Vin J. Egan Other Certified Plant Operators (attach	7426 additional sheets if in the certificate Numbers	Class (A, B, C, or D) M C necessary): Class (A, B, C, or D)	6 Visits/Week
Vin J. Egan Other Certified Plant Operators (attach	7426 additional sheets if in the certificate Numbers	Class (A, B, C, or D) M C necessary): Class (A, B, C, or D)	6 Visits/Week
Vin J. Egan Other Certified Plant Operators (attach	7426 additional sheets if in the certificate Numbers	Class (A, B, C, or D) M C necessary): Class (A, B, C, or D)	6 Visits/Week
Vin J. Egan Other Certified Plant Operators (attach	7426 additional sheets if in the certificate Numbers	Class (A, B, C, or D) M C necessary): Class (A, B, C, or D)	6 Visits/Week
Vin J. Egan Other Certified Plant Operators (attach	7426 additional sheets if in the certificate Numbers	Class (A, B, C, or D) M C necessary): Class (A, B, C, or D)	6 Visits/Week

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

i, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above;

records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

2-02-99 ture and Date

Kevin J. Egan C-7426

Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1998

atment Plant Name: Park Water Company

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

NOURMBRA 1955

A 897,857 9296 159 8000 358

pe of Residual Disinfectant Maintained in Distribution System Served by Plant: <u>G-free chlorine</u>; 3 combined chlorine (chloramine); G chlorine dioxide

immary of Daily Water Treatment Data for Month:

		The second se	IN ANY MUCH CONSIGN PROPERTY AND SHALL PROVIDED	COMPRESS INTERANCE POST AND ADDRESS AND ADDRESS ADDRES ADDRESS ADDRESS	815.305.805.0008.800.005.805. <u>885.2</u> .971	A STAR THE PERCENT AND A	19 19 26 28 19 19 28
				Feesuel	ອີເທດໂອສະບາດທີ່ເອົາໃນໃນທີ່ມ	ຈາະຈາງການກະ	
17	1.13.40	Sector and the sector and the sector sector	is the west Residuals.	Contraction of the second s			Reported
)ay of		Charles Charles Web	Dancan	Lowest Residual	Number of instances	Lowest Residual	
Aonth		Protocology Plant		C. Disinfectants	Where Residual Disinfectant	Disintectant sconcentration at	ഞ്ഞ്
	Operation	ອີກເກັບເອັດເອີດເອີດອີດອີດທີ່ ເອັດອີກອາຊີດອີດອີດອີດ ເອັດອີກອາຊີດອີດອີດອີດອີດອີດອີດອີດອີດອີດອີດອີດອີດອີ	System (mp/l+)	Concentration at	Usariacani Measurementa Taken Mattotal Collform Sampling Pointa Ka	Collectionation Total Collorma SamplingtPointer String/1-) Real	anti-ficit.
				(ma/L)	Mat Total Coliform 1	કાશાની ભૂગ રિનામક	
54 9 56					As Sampling Points is	100/51 BA	
1	24	287,000	1.2		2	<u> </u>	
2	24	215,000	1.	. 6	2	.6	<u></u>
3	24	236,000	1.0	.7	3		
4	24	229,000	1.0	.6	2	.6	ļ
5	24	290,000	1.2		6	.7	<u>_</u>
6	24	300,000	<u> </u>	. 6	2	.6	ļ
7	24	214,000	1.5	. 08	<u> </u>	, 8	
8	24	278,000	<u>j.4</u>		<u>a</u>	.2	
9	24	248,000	1.2	. 8	à	.7	
10	24	266,000	1.0		6	1.2	<u> </u>
11	24	271,000	1.2	. 8	2	.8	
1	24	287,000). [.7	2	.7	
1.	24	266,000	1.2	.8	<u> </u>	. 8	
14	24	241,000	1.0	<u></u>	2	.6	
15	24	271,000	1.2	. 7	2	.7	
16	24	266,000	1.1	.7	2		<u> </u>
17	24	267,000	1. 2		5	.7	l
18	24	313,000	1.0	.6	2	.6	
19	24	251,000	1.2	-7	2		
20	24	245,000),)	.7	2	.7	
21	24	236,000	1.2	. 8	à	.8	
22	24	282,000	1.1	.7	2	.7	
23	24	260,000	1.2	. 6	2	.6	
24	24	248,000	-1.1	.7	2		
25	24	260,000	1.2	.7		. >	
_	24	240,000	10	.6	2	.6	
	24	230,000).2	.8	2	.8	
28	24	241,000	1.4	. 5	2		
29	24	244,000	1.2	.8	<u> </u>	.8	
	24	216,000	1.0	.7	<u> </u>	.7	l
31	24						
Total		7,698,000			60		
Avg.		257,000					
	mmm	313,000	ammanna			X/////////////////////////////////////	<i>\////////////////////////////////////</i>

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nthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

Water System Information				
System Name: Park Water Company		PWS Ide	entification No.: 653040	<u>)8</u> :
System Owner	•			
Name: Park Water Company Incorporated		Telepho	one No. <u>(941)-638-128</u>	5
Address: 25 First Avenue North	· .			
City: Lake Wales		State: F	<u>L</u> Zip Code: <u>33853</u>	
System Type: G community; G non-translent i	non-communit	y; G non-communi	ty; G consecutive	
No. of Service Connections at End of Month:_	<u>'742</u> Tot	al Population Serve	ed at End of Month:	,506
Water Treatment Plant Information				
Treatment Plant	· · · ·			
Name: Park Water Company	·····	Telep	hone No. <u>(941)-638-1</u> ;	<u>285</u>
Address: 25 First Avenue North		·		1.1
City: Lake Wales		State: <u>F</u>	L_ Zip Code: <u>33853</u>	
Permitted Maximum Day Capacity of Plant: 3		· ·		
Plant Category and Class per Rule 62-699.31	0(4), F.A.C.: _	<u>5C</u>	•	
Lead/Chief Plant Operator:				
Cert	ficate Number	Class (A, B, C, or D)	Day(s)/Shift	(B) Worked a second second
(' <u>`n J. Egan</u>	7426	C	6 Visits/Week	
Omer Certified Plant Operators (attach addition				
Cert	ficate Number in	Class (a, B, C, or D)	Day(s)/Shift	(E) Worker Constant
Everett E. Barrett	4349	C	6 Visits/Week	· · · ·
		· .		
			·	
				······································
	× .			
				· · · · · · · · · · · · · · · · · · ·
				······································

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

05-00 ture and Date Sir

Kevin J. Egan C-7426

Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1995

Aonthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

reatment Plant Name: Park Water Company

IL SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

1999

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Type of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine;

G combined chlorine (chloramine); G chlorine dioxide Summary of Daily Water Treatment Data for Month:

G com	bined chio	rine (chloramine); G ch	for Month!	-			
Summar	y of Daily	Water Treatment Data	TOT MOTION		e a street of the set		
1497	1.55	Quarth offEinished Wale Mareroluced by filam and (palore) and (palore)		n∦mat∺ysi	ດແຜ່ຊາຍເລີຍ ທີ່ເກັດເວັ້ອງກາຍເ	nSystem	Recorded
			undwest Residual		Number of Instances Where Residual's Disinfectant Measurements Taken at Total Colliorm Sampling Reline	Contract Contract of Contract	Emergeneyat
-181-1		Contraction of the second s	Oldin Contractor		Number of Instances	Lowestictesidual	Abnormáli
Day et	Hours Plant	Quantity of Finished Waller	Concentration al A	Disinfectant	Where Residual	Corrent revionality	Operating
Lorb		ast Produced by Riants and	Entry to Disulbution	Concentration at	Massurements Taken	TotalCollorm	Conditional
13.478	Operation	a stratty (dallo(ta) a coverne	an System unverters	a Ramote Point P	al Total Collform XI	somolinguilation	
6.5.5	1012			57 - (mg/4)	Sampling Points	(mg/12)/08/	
2440 H	DEFENSION		. 2-	ر	2		
1	24	350,000	<u>+</u> e		æ		
2	24	212,000		, 3	2		
3	24	280,000	<u>_</u>	<u></u>	3		
4	24	275,000			3.		
5	24	255,000	1.0	~	2		
	24	257,000		6	2		·
7	24	245,000	1.2		2		
8	24	262,000	1.2		2		
9	24	300 000	<u></u>	.6	4		
10	24	1290,000	1.0		3		
11	24	310,000	1.1	<u> </u>	2		
12	24	251,000		.7	2		
	24	340,000	1.0		2		
14	24	301,000	1.2		1 2		
15	24	312,000	1.0		2		
18	24	246,000		4			
17	24	240,000	1.0		2		
18	24	200,000		. (2)	<u> </u>		
	24	179,000	1.0	.5	<u> </u>		
19	24	215,000	1.1	<u>, (s</u>	22		
20	and the second	233,000	1.0	.5	2	_ <u></u>	<u> </u>
21	24	263,000	1.1	<u> </u>	2		
22	24	179,000	1.0	.5	2		
23_	24	220,000	I.L	.6	2		
24	24	180,000	1.0	, (;)	2		
25	24	222,000	5	.5	<u>_</u>		1
26	24	246,000). つ	.6			
27		212,000	1.1		2		
28	24	240,000	1.0	.6	<u></u>		+
29	24	7/3 019	1.1	, 3	2		
30	24	263,000	1.0	. (2			hammin
31	24	275,000		77/////////////////////////////////////	A (;)	XIIIIIIIIIII	<u>SUIIIIIIIIII</u>
Total	X///////	7761,000	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	DSMMMMMMMMM	8//////////////////////////////////////	<u> </u>	×/////////////////////////////////////
Avg.	<u> </u>	250,000	XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	MANIMAN MAN	78/77/77/77/77/77/77/77/77/77/7	[]][][][[][[][[][[[[[[[[[[[[[[[[[[[[[[[<u> </u>
Max.	<i>\////////////////////////////////////</i>	340,000			<u> </u>		

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Monthly Operation Report for Public Water Systems that Use Ground Water and

for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND W	VATER TREATMEN	F PLANT INFORMA	TION FOR THE	MONTH/YEAR OF
JANUARY 1998				
Water System Information System Name: PAR UNTER System Owner Name: LOUIS STAIAND Address: SAS CHABHOUSE City: LAKE WALES System Type Community, G non-trans No. of Service Connections at End of Mo	es ,	G non-community;	Telephone No.: State: <u>F1.</u> 2 G consecutive	on No.: <u>6530408</u> : <u>941-676-7555</u> Zip Code: <u>33853</u> f Month: <u>1,850</u>
Water Treatment Plant Information Treatment Plant Name: PARK WATER CO Address: 25 FIRST AVENUM			Telephone No.:	941-633-1285
City: LAKE LINKES		gpd	State: FI, Z	Tip Code: 33353
it Category and Class per Rule 62-69 Lead/Chief Plant Operator:	99.310(4), F.A.C.:	<u><u>s</u><u>c</u></u>		
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
KEVIN J. EGAN	7426	C	6Uisits	week
Other Certified Plant Operators (attach a	dditional sheets if ne	cessary):		
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
EVERETT E. BARRETT	4349	C	6 Uisins	
			<u> </u>	1
	<u> </u>	╘┲╾┈╍╱╴┈╍╱╴╴╸╸╸╸╸╸╸╸		
	<u> </u>	<u>,</u>		
(<u> </u>			
	<u></u>			
				·····
			۱	
II. STATEMENT BY LEAD/CHIEF WAT	ER TREATMENT P	LANTOPERATOR	FOR THE MON	TH/YEAR OF

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates: and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them ible for review upon request.

-Sð Signature and Date

KEUN J. EGAN C-7426 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530403

Treatment Plant Name: PARK WATER CO

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

JANUARY 1958

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

			Lowest Residual	Residual	Disinfectant in Distributi	on System	Reported
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant Concentration at Entry to Distribution System (mg/L.)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions
1	24	247,000	.4	·>	2	R,	
2		200,000	.4	.>	2	.2	
3		189,000	4	.d	2	2	
4		202,000	.4	.2	à	·9	
5		191,000	.4	3	a	.2	
6		197,000	.4	<u>, </u>	۲ ۲	, 2	
7		172,000	.4	Ś,	្លែណ៍	. 6.	······································
8		163,000	.4	. 2	6		
9		2101000	.7	.4	5	<u>'4</u>	
10		204,000	.4	.2	λ λ	.2	
11		190,000	4	. >	3	. 2	
12		204,000	.4		2		
13		198,000	<u>.</u> 4	.2	2	.2	
14		177,000	.¥	.2	8	.2	
15		172,000	.6	<u> </u>	2	÷ q	
16		218,000	Ψ		â	.A	
17		198,000	.4	.2	2	.2	
18		139,000	<u>`</u> 4		2	.2	
19		218,000	-	. 2	2	.2	
20		194,000	-'u'	.2			
21		171,000	.6	$-\hat{u}$	<u>a</u>	·2	
22		183,000	<u> </u>	.2			
23.			+ 	,2		,2	
24		201,000		12	<u> </u>		
25		178,000	· <u>·</u> ·····	<u> </u>	2	<u> </u>	
26		196,000	<u>.</u>	╺──────────			
27		192,000	<u>'</u>	, <u>2</u>	<u> </u>	-2	
28		176,000	4		2	-2	
29	-1	198,000	4	- <u>^</u>	 	$\frac{1}{\sqrt{2}}$	
30	V	184,000	<u>'</u>	ia l		12	
	24	251,000	4	-5	<u>a</u>	1,5	
	SPACE OF				62		Sector States
		193,000					لارمان ومقدون المراجع ا المراجع المراجع
						والمحسبية والمستحمد وتبيد والمستجد	
Max.	E SALLING	251,000	e that the state of the	es de contra de la			and have been all al



...onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

I DULANNO 1110				
Water System Information System Name: PARK WATER System Owner Name: Loyis STAJAND Address: SJS CIUBHOUSE City: LAKE WALES System Type: Community: G non-trans No. of Service Connections at End of Mo	دی ient non-community;	; G non-community;	Telephone No. State: <u>F1.</u> G consecutive	ion No.: <u>6530408</u> .: <u>941-676-7555</u> Zip Code: <u>333553</u> of Month: <u>1, 900</u>
Water Treatment Plant Information				, , , , , , , , , , , , , , , , , , ,
Treatment Plant				
Name: PARK WATER CO.			Telephone No.	:941-638-1285
Address: 25 FIRST AUENIA N	01251-1	······································		········
City: LAKE WALKS			State: Fr.	Zip Code: <u>33853</u>
Permitted Maximum Day Capacity of Plan		gpd		
Plant Category and Class per Rule 62-69	9.310(4), F.A.C.:	<u>5C</u>		
Lead/Chief Plant Operator:	·			
Name	Certificate Number:	Class (A, B, C, or D)		(s)/Shift(s) Worked
KEVIN J. EGAN	7426	C	60:5:+5	I WREK
Other Certified Plant Operators (attach ac		وبجروبة الالتين وترابل المتحدي والمتحد المتحد المحدي والمتحد		
Name	Certificate Number			
EUGERTT E, BARRETT	4349	<u> </u>	60:5:75	/WEE12
	,			
			L	

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

i, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

ture and Dati

EUIN J, EGAN C-7426

Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1996

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

atment Plant Name: PARK Co . WATER

FEBRYARY III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: the chlorine, combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

				Lowest Residual	Residual	Disinfectant in Distribution	on System	Reported
Day of the Month	i	s Plant in ration	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Collform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions
1	a	$\left\{ \begin{array}{c} \\ \end{array} \right\}$	179,000	्रेष	.2	2	.2	
2			201,000	્પ	.2	2	.2	
3	1		200,000	્પ	.2	2	.2	
4			181,000	<u>,</u> 4	<i>.</i> ,	2	.2	
5			195,000	.4	.2	み	· 2	
6			194,000	.4	<u>ج</u> ,	d	.2	
7			208,000	.ุ่น	.2	2	Υ.	
8			165,000	୍ୟ	ŕ,	2	<i>.</i> ک	
9			203,000		.5	2	5	
10			193,000	.4	ŗ.	2		
11			187,000	.4	ħ.	6	ŗ.	
12			194,000	.Ч	ίų	6	'n	
13			190,000	,u	, M	y	ý	
14			205,000	,5	M	Y	.3	
15			158,000	.4	<i>.</i> , <i>7</i>	γ	, y	
16			191,000	.4	ý	6	, d	
17			192,000	.4	ę'	y (.2	
18			188,000	.4	, d	у	ý	
19			198,000	.4	<u>ج:</u>	у	. 2	
20			247,000	.4	, d	ð	ý	
21			163,000	.4	· >	2	· 7	
22			68,000	.,4	· 2-	A.	.7	
23			208,000	.4	<u>ح</u> ,	a	.2.	
24			187,000	.4	ý	ų	, ,	
25			184,000	.4	ý.	μ	, D	
26			177,000	.6	.4	る	· 2	
27			207,000	,4	ý	y V	.2	
28	2	F	172,000	.6	.4	2	.4	
29								
30								
31								
Total			5,339,000			56		
Avg.			191,000					
Max.			247,000					and a second

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nthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND V	VATER TREATMEN	T PLANT INFORMA	TION FOR THE MONTH/YEAR OF
MARCH 1998			
Water System Information			
System Name: PARK WATER	COMPAN 1		PWS Identification No.: 6530408
<u>System Owner</u>			
Name: Louis STAIANO		·····	Telephone No.: 941-676-7555
Address: 525 CLUBHOUSE	20.		
City LAKE WALES			State: F1, Zip Code: 33353
System Type: Geommunity; G non-trans	sient non-community		
No. of Service Connections at End of Mo	onth: <u>737</u>	Total Population	Served at End of Month: 1,900
Water Treatment Plant Information			
Treatment Plant			
Name: PARK WATER COMP	1970 Y		Telephone No.: 941-633-1385
Accress: 25 FIRST PUE NUE	NORTH		
City: LAKE WALKS			State: F1. Zip Code: 33853
Permitted Maximum Day Capacity of Pla	nt: <u>315,000</u>	gpd	
Plant Category and Class per Rule 62-69	99.310(4), F.A.C.:	5 C	
Lead/Chief Plant Operator:	·····	<u> </u>	
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
KKUIN J. EGAN	7426		60151+5 WERKL
Other Certified Plant Operators (attach a			
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
EVERETT E. BARRETT	4344	C	6 UISI+5 /WEEK
		· · · · · · · · · · · · · · · · · · ·	
······	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
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			۱ <u>ــــــــــــــــــــــــــــــــــــ</u>

IL STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates: and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

4-02-98 Signature and Date

KEUIN J. EGAN 9-7426

Name and Certificate Number (please type or print)

189 Form 62-555 900(3) Enem ve December 10, 1996

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: BARX WATER COMPANY

III, SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

MARCH 1598

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide Summary of Daily Water Treatment Data for Month:

- 1938 ्रे Residual Disinfectant in Distribution System Reported Lowest Residual Emergency or Disinfectant Number of Instances Lowest Residual Day of Lowest Residual Hours Plant Quantity of Finished Water Abnormal Concentration at the Where Residual Disinfectant Disinfectant Produced by Plant Operating in Entry to Distribution. Concentration at Month Disinfectant Concentration at (gallons) Conditions Operation System (mg/L) Measurements Taken Total Coliform **Remote Point** at Total Coliform Sampling Points (mg/L) Sampling Points (mg/L)2 .2 24 196,000 1 2 > 2 203,000 ч \geq > L 2 ·) 3 300,000 > 2 90,000 Ċ 3 2 4 4 2 5 2 2 200:000 255,000 Ĺ .Э 2 > 6 234,000 5 7 Ч \square 149:000 Ч 2 7 8 9 4 9 \sim 2 201,000 2 Ĉ 2 9 10 2 201,000 281,000 11 3 \supset Э ū 2 2 12 188/000 Ξ. Ĩ. 13 2 150,000 2 \supset 14 į Γ \supset 433,000 5 15 16 2 2 2321000 2 218,000 ٤ **`**> 17 <u>a</u> Ч - 3 225,000 2 5 2 90,000 Y 2 19 2 5 20 217,000 Ч 2 5 21 ٤. 184,000 2 5 2 4 22 2 154,000 . 2 2 È 4 \mathbf{a} 23 215,000 \geq ï, 2 24 217,000 2 2 C 25 . 2 > 226,000 C. 26 216,000 12 \supset 2 27 494,000 7 4 28 2 \mathbf{D} L 29 219,000 \supset 2 L 30 246,000 2 2 2 24 ζ, 31 2 252,000 60 ALCONTACT OF ALCON Total 6,599,000 ្រំ ខេត្តប្រ ស្ត្រី សត្វសម្តេច សត្ថា សត្វសម្តេច Avg. 213,000 281,000 Max,

Mc...thly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

APRIL 1358	ATER TREATMEN	T PLANT INFORMA	TION FOR THE MONTH/YEAR OF
Water System Information System Name: PARK WATER System Owner Name: Louis STAIANO Address: 525 CIUBHOUSE	·		PWS Identification No.: <u>6530403</u> Telephone No.: <u>94(~676-7555</u>
City: <u>LAKE</u> WALKS System Type: <u>Community</u> ; G non-trans No. of Service Connections at End of Mo	ient non-community;	; G non-community; Total Population	State: <u>F1.</u> Zip Code: <u>33853</u> G consecutive Served at End of Month: <u>1,700</u>
Water Treatment Plant Information Treatment Plant Name: YARK WATER Co Accress: DS FIRST AURINGE City: LAKE WALE Permitted Maximum Day Capacity of Plan	NORTH	gpd	Telephone No.: 941-638-1385 State: 151. Zip Code: 33853
Plant Category and Class per Rule 62-69 Lead/Chief Plant Operator:			
Name Name Jun J. EGAN Other Certified Plant Operators (attach at	Certificate Number	Class (A, B, C, or D)	Day(s)/Shifl(s) Worked 6 UIJI+5 JWEEK
Name ESERETT E. BARRETT	Certificate Number 4349	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

1558 April

1. the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part 1 of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates: and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

5-05-58

<u>KEUN J.EGAN</u> C-7426 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK LOATKA CO.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF APPLIC

L 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

unninai j	y <u>01 D</u>	any v	valer mealment Data i	OF IMOURIE				
				Lowest Residual	Residual	on System	Reported	
Day of the Month	Hours	Plant n ration	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant Concentration at Entry to Distribution. System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform	Lowest Residual Disinfectant Concentration at Total Collform Sampling Points	Emergency or Abnormal Operating Conditions
				2 29	(mg/L)	Sampling Points	(mg/L)	25
1	21		204,000	્રેમ્	,2	2	<i>`</i> 2	
2			200,000	.4	.2	2	、み	
3		2						
4		<u></u>	461,000	.4	, ?	2	<u>`</u>	
5			232,000	<u> </u>	• 2	<u>x</u>	.2	
6			253,000	<u>.</u> 4	<u> </u>	<u>></u>	.2	
7			258,000	્ય	. ~	<u> </u>		
8			233,000	्.भ	. 2	à	.2	
9			232,000	.4	<u>,</u> 2	2	12	
10		5						
11		C D	571,000	.4	j.	λ	.2	
12			203,000	.4	۲.	Y	<u>ح</u> ،	
13			309,000	,5	Ŕ,	20	.3	
14			3041000	.4	, d	24	` <i>ン</i>	
15			287,000	.5	¹ M	2	,3	
16			302,000	्भ	ć'	2	. 2	
17		5						
18	!		516,000	<u>,</u> 4	b	2	.2	
19			384,000	.4	ŗ.	3	.2]
20			230,000	્ય	.2	5	.2	
21			230,000	्भ	· 2	2	.2	
22			242,000	4	٢	2	2	
23			246,000	.4	. à.	2	.2	
24								
25			> 634,000	.5	3	2	,3	
26			255,000	.5.	. 3	2	.3	
27			320,000		<u>. </u>	2		
28			340,000	.4	.2	2	.2]
29	X		273,000	.5	.3	2	3	
30	24	·	208,000		<u> </u>		.>-	
31								
Total	をお		7,964,000			52-		Store Late
Avg.	1		265,466					
Max.	E Shirt		334,000	in the second second			1961 500 5065 50	



...onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND W	ATER TREATMEN	T PLANT INFORMA	TION FOR THE MONTH/YEAR OF
MAY 1998			
Water System Information System Name: PARK WATER	<u>Co</u> ,	I	PWS Identification No.: 6530403
Name: Louis STAIAND Address: 525 Clubhouse	Dr.		Telephone No.: 941-676-7555
City: LAIZE WALES	iest see community		State: <u>F1.</u> Zip Code: <u>33353</u>
System Type: O community: G non-trans No. of Service Connections at End of Mo			
Water Treatment Plant Information Treatment Plant Name: PARK WATER CON Address: 25 First AUENUK			Telephone No.: 941-638-1285
City: LAKE WALKS	juunin		State: <u>F1.</u> Zip Code: <u>33853</u>
Permitted Maximum Day Capacity of Plan Plant Category and Class per Rule 62-69 Lead/Chief Plant Operator:		gpd 5C	
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
KEUIN J. EGAN	7426	C	6 U'ISHS Week
Other Certified Plant Operators (attach ad	ditional sheets if ne	cessary):	
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
EVERETT É. BORRETT	<u>4349</u>	C	6 visins/week
	· · · · · · · · · · · · · · · · · · ·		
IL STATEMENT BY LEAD/CHIEF WAT	ERTREATMENTP	LANT OPERATOR	FOR THE MONTH/YEAR OF

MAY 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

6-02-58

KEVIN J. EGAN C-7426

Name and Certificate Number (please type or print)

Sⁱⁿnature and Date

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: SARK WAIKR COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

MAY ISSY

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

		Lowest Residual	Residual I	Reported			
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Collform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions
1	$\Box \Upsilon$				2		
2		507,000	,5	,3	2	.3	
3		287,000	.4	<u>د ,</u>	2	.2	
4		225,000	.4	.Z	2	.2	
5		280,000	4		2	,2	
6		246,000	.5	,3	2	.3	
7		248,000	्प	, 2	a	2	
8		341,000	.4	, A	2	. 2	
9				· · · · · · · · · · · · · · · · · · ·	2		
10		571,000	. 6	.4	a	्प	
11		323,000	.5	,3	â	,3	
12		363,000	S	.3	0	.3	
13		357,000	<u>ح</u>	.5	R	.5	
14		323,000	.5	.3	\$.3	
15					8		
16		765,000	.4	. 3-	ð	. Ъ	
17		321,000	. LF	, 2	2	.>	
18		344,000	.4	, 2 ,	đ	.2	
19		381,000	.4	· 5-	4		
20		327,000	<u> </u>	<i>. . .</i>	2	.>	
21		394,000	.5	.3	2	.3	
22		436,000		,d	6	. 2	
23					ß	.	
24		634,000	,5	् 3	0	. 3	
25		406,000	्भ	ζ.	2	ŕ	
26		342,000	Ϋ́	<i>.</i> ۶	γ	ŕ	
27		292,000	्,५	, ک	3	.2	
28		216,000	.Y	Υ.	6	y	
29		333,000	्भ	,α	3	٢	
30	V				6		
31	24	370,000	٠٦	٤,	2	Υ. Υ	
Total	を行うます	9,71(,000			62		
Avg.		33,000					
Max.		436,000					



athly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND	WATER TREATMEN	T PLANT INFORMA	TION FOR THE MONTH/YEAR OF
JUNE 1998			
Water System Information System Name: PARK WATER	Co .	···· .	PWS Identification No.: 6530408
Name: Leyis STAIANO Adaress: SAS CIUBHOUSE		· · · · · · · · · · · · · · · · · · ·	Telephone No.: <u>941-676-7555</u>
City: LAKE WALES			State: F1, Zip Code: 33853
System Type: G community; G non-tran	sient non-community	: G non-community:	
No. of Service Connections at End of M			
Water Treatment Plant Information Treatment Plant Name: PARK WATER CON Address: DI FIRST AUE			Telephone No.: 947-638-1285
City: LAKE WALES			State: F1. Zip Code: 33853
Permitted Maximum Day Capacity of Pla	ant 315,000	gpd	
Plant Category and Class per Rule 62-6	99.310(4), F.A.C.:	50	
Lead/Chief Plant Operator:			
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
EVIN J. EGAN	7426	C	6 visits / week
Other Certified Plant Operators (attach a	additional sheets if ne	cessary):	
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Everett E. BARRETT	4349	Ċ	6 UISITS/ Week
·			
		L	,L_,,
II. STATEMENT BY LEAD/CHIEF WA		EANT OF ENATOR	

JUNE 1998

t, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates: and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

7-02-53 iter: D.9 Signature and

<u>KEUIN J. EGAN C-7426</u> Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

COMPANY

System PWS Identification Number:

. .

Trantment Plant Name: PARK WATER

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

-4NE 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: tree chlorine; combined chlorine (chloramine); chlorine dioxide Summary of Daily Water Treatment Data for Month:

			Lowest Residual	Residual	Reported		
Day of the Month	in Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Colliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions
1	24	316,000	<u> </u>	.2	2	.2-	
2		303,000	.4	.5	2	.2	
3		291,000	,4	<u>, </u>	2	.2	
4		355,000	, 5	,>	2	<u> </u>	
5		336,000	.4		2	. 2	
6		2					
7		3670,000	.4		2	.2	
8		333,000	15	,3	ス	,3	
9		352,000	<u>، ج</u>	. à	2	. 2	
10		335,000	. 5	.3	ン	.3	
11		347,000	्भ	10	9	<i>,</i> λ	
12		424,000	, d	. 2	2	· 9	
13		2					
14		3-702,000	.2	. 2	2	· 9	
15		356,000	. 7	· >-	<u>у</u> ү У	ý.	
16		395,000	. 7		ý	.4	
17		381,000	<u>, s</u> , 4	.3	2	.3	
13		303,000	.4	5	2	.2	
19		2					
20		2756,000	.4	γ.	9	.2	
21		162,000	<u>,3</u> ,4	, λ	4	,2	
22		392,000	.4	· 2	л Л	, <i>S</i>	
23		359,000	,5	.3	4	,3	
24		285,000	.4	.2	3	.2	
25		252,000	.4		2	· 2	
26]					
27		1695,000	1,0	.4	2	4	
28		124,000		.4	<u> </u>]
29	-	350,000	.6	.4	<u></u>	. /	
30	<u>Zy</u>	299,000	.8	<u> </u>	2	16	
31							
Total		9,929,000			52-		And a set to any
Avg.		33 000	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
Max.	and stakes	424,000					





onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND V JULY 1998	VATER TREATMEN	T PLANT INFORMA	TION FOR THE MONTH/YEAR OF
Water System Information System Name: PARX WATER System Owner	· · · · ·		PWS Identification No.: 6530408
Name: Louis STALAN Address: 525 CIYBHOU.			Telephone No.: <u>941-676-7555</u>
City: <u>LAKE WALES</u> System Type: <u>Geommunity</u> G non-trans No. of Service Connections at End of Mo	sient non-community; onth: つろう		State: <u>F</u> /, Zip Code: <u>33853</u> G consecutive Served at End of Month: <u>1,900</u>
Water Treatment Plant Information Treatment Plant	· · · · · · · · · · · · · · · · · · ·		
Name: PARK WATER C Address: 25 FIRST AVENU	OMPANY E NORTH		Telephone No.: 941-638-1285
City: LAKE WALES Permitted Maximum Day Capacity of Pla	nt 315,000	apd	State: F1, Zip Code: <u>3385</u>
Permitted Maximum Day Capacity of Pla Plant Category and Class per Rule 62-69 Lead/Chief Plant Operator:	99.310(4), F.A.C.:	SC	
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
KEVIN J. EGAN	7426	C	6 Uisits / WERKL
Other Certified Plant Operators (attach a			
	Certificate Number		
HURBLIT E. BARRETT	4349	C	Guisits week
· · · · · · · · · · · · · · · · · · ·			-
			· · · · · · · · · · · · · · · · · · ·
II. STATEMENT BY LEAD/CHIEF WAT	ER IREATWENT P	LANT UPERATOR	FOR THE MONTH/YEAR OF
5464 1958			

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Z-10-98 Signature and Date

<u> パモリッ ブ、 EGAN C-7426</u> Name and Certificate Number (please type or print)

DEP Form 62-555.900(3) Effective December 10, 1996 Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408

Treatment Plant Name: PARK WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF JULY 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide Summary of Daily Water Treatment Data for Month:

4.44 States Residual Disinfectant in Distribution System Lowest Residual Recorted Day of Disinfectant-Emergency or Number of Instances Lowest Residual Hours Plant Quantity of Finished Water Lowest Residual the Concentration at Abnormal Where Residual Disinfectant Produced by Plant Disinfectant in Entry to Distribution Month ... Disinfectant Operating Concentration at Operation Concentration at (gallons) System (mg/L) Conditions Measurements Taken Total Coliform Remote Point Q. S. J. at Total Coliform Sampling Points (mg/L): Sampling Points 10 (mg/L) ЭŸ 236,000 2 1 8 62 2 310,000 L ā ĊΙ 3 2 294,000 Э -4 5 331,000 5 312,000 2 27 6 252,000 2 7 239,000 2 8 214,000 ລັ 9 202,000 2 10 484,000 11 Э 2 12 92,000 2 2 98',000 13 9 3 14 <u>93,000</u> 2 2 6 15 り 60:000 Э 16 72,000 ٤. 0 > 17 200,000 9 18 19 2 <u>388,000</u> 2 20 214,000 \supset 21 7,000 2 92,000 22 2 2 23 95,000 2 4 24 25 559,000 9 26 6 135/000 27 0 272,000 28 287,000 8 29 O 273,000 Э 30 04,000 29 31 ,5 , 5 SC Total 7,276,000 200 Avg. 235,000 12 6 8 3 ar 🖡 🖓 🖓 331 Max. ,000 1. 1

DEP Form 62-555.900(3) Effective December 10, 1996



onthly Operation Report for Public Water Systems that Use Ground Water and

for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND W AUGUST 1993	ATER TREATMENT	T PLANT INFORMA	TION FOR THE MONTH/YEAR OF
Water System Information System Name: <u>PARK</u> WATER System Owner	<u>C.c.</u>	F	PWS Identification No.: <u>(530408</u>
Name: LOUIS STAIND Address: SAS CLUBHOUS	SE DR:		Telephone No.: <u>941-676-7555</u>
City: LAILE WALES			State: F1, Zip Code: 33353
System Type: G community: G non-trans No. of Service Connections at End of Mo	ient non-community; nth: <u>つろう</u>	G non-community; Total Population \$	G consecutive Served at End of Month:Soo
Water Treatment Plant Information Treatment Plant			
Name: PARIC LOPTER CO	>17PAN'1		Telephone No.: 941-633-1235
Address: 25 FIRST AUF.	NORTH		Chata 61 75 Code 227 57
City: LAKE LOALES Permitted Maximum Day Capacity of Pla	nt SISCON	and	State: FI, Zip Code: <u>533 53</u>
Plant Category and Class per Rule 62-69	9.310(4), F.A.C.:	<u> </u>	
Lead/Chief Plant Operator:	·····		
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
KEULU J. EGAN	7426	C	6 Uisits WERK
uner Certified Plant Operators (attach a			·
Name	Certificate Number		Day(s)/Shift(s) Worked
EUERETT E. BARRETT	4349	<u> </u>	6 UISHS/WREK
· · · · · · · · · · · · · · · · · · ·			
II. STATEMENT BY LEAD/CHIEF WAT	IER TREATWENT P	LANT OPERATOR	FOR THE MONTH/YEAR OF
ALCHET 1998			

), the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

9-03-98 Plani Sel Signature and Date

<u>KIEVIN J. EGAN C-7426</u> Name and Certificate Number (please type or print)

DEP Form 62-555,900(3) Effective December 10, 1996 Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6530408

Treatment Plant Name: PORK WATER COMPINI

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF AUGUST 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine: combined chlorine (chloramine); chlorine dioxide Summary of Daily Water Treatment Data for Month:

Residual Disinfectant in Distribution System an san far (1997) 1997 - Starley Barry, 1 1997 - Starley Barry, 1 1 Lowest Residual Reported Day of Disinfectant Emergency or Number of Instances Lowest Residual Hours Plant Quantity of Finished Water Lowest Residual Concentration at the Abnormal Where Residual Disinfectant Produced by Plant Disinfectant in Month Entry to Distribution Operating Disinfectant Concentration at Operation Concentration at (gallons) System (mg/L) Conditions Measurements Taken Total Coliform Remote Point *.*. i at Total Coliform Sampling Points (mg/L); Sampling Points (mg/L)J Ω 1 291,000 6 3 2 212,000 3 0 3 212,000 2 Э 4 236,000 Э 0 S 000 5 214 し 2 .0 ø 5 6 207,000 R \supset 7 313,000 2 6 \mathfrak{D} 8 75,000 9 Э. 6 C 10 251000 \mathbf{c} ۵ 9 229,000 R 11 9 -12 BREIDOO c 13 8 260,000 С. 2 6 14 15 605.000 16 254,000 \$ 5 2 17 306,000 \leq 2 9 2 1 3 S 316,000 0 19 232,000 S \mathfrak{S} 20 3 221.000 5 2 \geq 21 497,000 22 2 \supset ${>}$ 23 61,000 \$ 9 277,000 24 3 9 25 247,000 5 3 5 26 2. 234,000 ς, ٤ 7 27 5 255,000 -28 29 536,000 B ψ 2 30 204,000 247,000 2 31 0 6 6, 55 4.200 Total 5 905,000 1.12 154 Avg. 255,000 2657 F 10 1.112 Max. 316,000 15 2.12



onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND	NATER TREATMEN	T PLANT INFORMA	TION FOR THE MONTH/YEAR OF		
September 1998					
Water System Information System Name: PORK DATER System Owner	<u>Cΰ</u>		PWS Identification No.: 6530408		
Name: Louis STAIANO			Telephone No.: 941-676-7555		
Address: 525 CIUBHOUSE	DR,				
City: LAKE WALKS			State: <u>F1</u> , Zip Code: <u>33853</u>		
System Type: Scommunity; G non-tran					
No. of Service Connections at End of M	onth: <u>739</u>	_ Total Population	Served at End of Month:900		
Water Treatment Plant Information					
Treatment Plant	a		Talashasa Na . Quér (29-109)		
Name: <u>PARK WATER CO</u> Address: <u>25 First AVE</u> ,	<u> </u>		Telephone No.: 941-638-1285		
City: LAKE WALES		·	State: F1, Zip Code: 33353		
Permitted Maximum Day Capacity of Pla	ant 315.000	gpd			
Plant Category and Class per Rule 62-6					
Lead/Chief Plant Operator:					
Name Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked		
KEVIN G. EGAN	7426	С	Coulsits / WEKK		
Other Certified Plant Operators (attach a	additional sheets if ne	cessary):			
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked		
KUERETT E. BARRETT	4349	C	6 visits/week		
			· · · · · · · · · · · · · · · · · · ·		
			[
	<u> </u>				
	<u> </u>				
	<u> </u>		<u> </u>		
			}		
	£	L	L		
IL STATEMENT BY LEADICHIEF WA	TER TREATMENT P	ANTOPERATOR	FOR THE MONTH/YEAR OF		
			Low The Monthultewer his		

September 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staifed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Her: 1 10-8-98 Signature and Date

KEUIN J-EGAN C-7426 Name and Certificate Number (please type or print)

22 Form 62-555.900(3) Effective December 10, 1996

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

1998

System PWS Identification Number: 653 04 08

Treatment Plant Name: _____

.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF Septem ber

Co.

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chloribe; combined chlorine (chloramine); chlorine dioxide

WATER

Summary of Daily Water Treatment Data for Month:

			Lowest Residual	Residual I	Disinfectant in Distributi	on System	Reported
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abriormal Operating Conditions
1	24	219,000	1,0	7	2	.7	
2	l l	222,000	. 8	. 4	a	.6	
3		205,000	.7	.5	2	.5	
4		231,000	.8	.6	2	<u>_</u>	
5		252,000	.7	5	5	.5	
6		203,000	ى	्रम	2	.4	
7		214,000	7	,5	ላ	.5	
8		244,000	.8	<u>ي</u>	4	e.	
9		220,000	.7	.5	6	,5	
10		249,000	.7	.5	ð	,5	
11							
12		547,000	.8	5	4	.2	
13		266,000	,0	.7	3	.7	
14		249,000	1.0	. 6	2	d,	
15		231,000	. 3	,5	6	.5	
16		304,000		्भ	2	.4	
17		286,000	1.0	, 78	γ	.8	
3							
19		467,000	1.0	.6	3	. 6	
20		187,000	1.0	.7	2	.7	
21		226,000	.8	.6	2	.6	
22		225,000	·	ۍ	Y	5	
23		198,000	.8	. 6	2	. له	
24		192,000	7	ۍ,	2	5	
25					· · · · · · · · · · · · · · · · · · ·		
26		449,000	.75	,5	3	, ج	
27		180,000	.7	. 4		्भ	
28		195,000	<i>8</i> ,	.5	<u> </u>	.5	
29	V.	247,000		.5	<u>></u>	.5	
30	24	205,000		. 4	2	<u>، ۲</u>	
31							
Total		6,917,000					
		231,000					
Max.		304,000					



Department of Environmental Protection

nthly Operation Report for Public Water Systems that Use Ground Water and Ν for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

Natar System Information			
Vater System Information System Name: PARK WATER (eo.	F	PWS Identification No.: 6530408
System Owner			
Name: Louis STAIRNO			Telephone No.: 941-676-7555
Address: 525 CIURNOUSE .	DR.		
City: LAKE WALKS			State: FI. Zip Code: 33853
system Type: 8 community G non-trar			
lo. of Service Connections at End of M	ionth:	_ Total Population \$	Served at End of Month:90 o
Vater Treatment Plant Information			
reatment Plant			
Name: PARK WATER COM	PONY		Telephone No.: 941-631-1285
Address: 25 FIRST AUE. A	JONAH	······	
City: LAKE WALKS			State: FI. Zip Code: 33853
ermitted Maximum Day Capacity of Pl		gpd	
loot Catagaa, and Clease had Dule 20.0			
	99.310(4), F.A.C.:	<u>></u>	
ead/Chief Plant Operator:			
ead/Chief Plant Operator:	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
ead/Chief Plant Operator: Name E J'N J- EGON	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s):Worked しいいによくしんをに
ead/Chief Plant Operator: Name ビル ひ- ビGのん ther Certified Plant Operators (attach a	Certificate Number 2 7426 additional sheets if neg	Class (A, B, C, or D)	6 Uisits / WEEK
ead/Chief Plant Operator: Name EUい ひ- EGの ther Certified Plant Operators (attach i Name	Certificate Number 7 Y 2 C additional sheets if new Certificate Number	Class (A, B, C, or D) Cessary): Class (A, B, C, or D)	しょうi+s / いたをk
ead/Chief Plant Operator: Name ビル ひ- ビGのん ther Certified Plant Operators (attach)	Certificate Number 2 7426 additional sheets if neg	Class (A, B, C, or D)	6 Uisits / WEEK
ead/Chief Plant Operator: Name EUい ひ- EGの ther Certified Plant Operators (attach i Name	Certificate Number 7 Y 2 C additional sheets if new Certificate Number	Class (A, B, C, or D) Cessary): Class (A, B, C, or D)	しょうi+s / いたをk
ead/Chief Plant Operator: Name EUい ひ- EGの ther Certified Plant Operators (attach i Name	Certificate Number 7 Y 2 C additional sheets if new Certificate Number	Class (A, B, C, or D) Cessary): Class (A, B, C, or D)	しょうi+s / いたをk
ead/Chief Plant Operator: Name ביא ס- בכמא ther Certified Plant Operators (attach a Name	Certificate Number 7 Y 2 C additional sheets if new Certificate Number	Class (A, B, C, or D) Cessary): Class (A, B, C, or D)	しょうi+s / いたをk
ead/Chief Plant Operator: Name EUい ひ- EGの ther Certified Plant Operators (attach i Name	Certificate Number 7 4 2 6 additional sheets if new Certificate Number	Class (A, B, C, or D) Cessary): Class (A, B, C, or D)	しょうi+s / いたをk
ead/Chief Plant Operator: Name E المال 5- الحومي ther Certified Plant Operators (attach in Name	Certificate Number 7 4 2 6 additional sheets if new Certificate Number	Class (A, B, C, or D) Cessary): Class (A, B, C, or D)	しょうi+s / いたをk
EVW J-EGAN Other Certified Plant Operators (attach a Name	Certificate Number 7 4 2 6 additional sheets if new Certificate Number	Class (A, B, C, or D) Cessary): Class (A, B, C, or D)	しょうi+s / いたをく Day(s)/Shift(s) Worked

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of ly knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following ditional operations records for the plant listed in Part I of this form were prepared each day that a certified operator affed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed ites; and if applicable, appropriate treatment process performance records.

urthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them /ailable for review upon request.

1-04-98 onature and Date

KEUIN J. EGON C-7426 Name and Certificate Number (please type or print)

Form 62-555.900(3) clive December 10, 1996 Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water. Systems that Treat Their Water

System PWS Identification Number:

۰,

Treatment Plant Name: PARIC WATER COMPONY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

OCTOBER 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chloride; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

			Lowest Residual	Residual	Disinfectant in Distributi	on System	Recorted
Day of the Month	in Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Colliform Sampling Points	Sampling Points	Emergency of Abnormal Operating Conditions
1	24	215,000].0		2	<u> </u>	•
2				·		 _	
3		532,000	 0		<u> </u>	. 6	
4		125,000	1.0	7	<u> </u>	.7	
5		230,000	. 78	6	2	6	
6		223,000			<u> </u>	.5	
7		237,000	.8	.6	<u> </u>	. 6	
8		224,000	8	.6	<u> </u>	.6	
9		278,000	. 8		<u> </u>	.5	
10		·			i		
11		619,000	1.8	1.0	2	1.0	
12		266,000	1.2	. 8	<u> </u>	. 8	
13		272,000	. ٦	.5	<u> </u>		
14		255,000		.5	<u> </u>	.5	
15		248,000		. ۲	6	<u> </u>	
16		270,000	. 8	. 6	2	.6	
17		261,000		.7	<u> </u>		
•8		263,000			<u> </u>	.5	
19		276,000		.4	<u> </u>	<u>. 4</u>	
20		269,000		.4	2		·
21		198,000	. 8	Ś	2	.5	
22		213,000	·7_		<u> </u>	.3	
23		245,000	5	3	<u> </u>	.3	
24							· · · · · · · · · · · · · · · · · · ·
25		\$ 487,000	1.0	. 8	<u> </u>	.8	
26		235,000	.8	.6	````````````````````````````````	.6	
27	 	287,000	7		<u>a</u>	.5	·····
28		255,000		7	<u> </u>	<u>7</u>	
29 30	-/	254,000					
30	34	663 000		. 5			
		553,000					Service and the service of the servi
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Max.	Service at	310,000				在4. 就是你想是	To the second second



Department of **Environmental Protection**

nthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND W	ATER TREATMENT	PLANT INFORMA	TION FOR THE MONTH/YEAR OF
NOUENBER 1998	<u> </u>		
Water System Information System Name: PARIC WATER C	on pony		PWS Identification No.: 6530408
Name: PARK WATER COMPA Address: 25 First AUR. N	Telephone No.: 941-638-1285		
City: LAKE WALKS	State: F1. Zip Code: 33853		
System Types Community G non-trans No. of Service Connections at End of Mo	ient non-community; nth: <u>735</u>	G non-community; Total Population	G consecutive Served at End of Month: 1, 200
Water Treatment Plant Information			
Address: 25 First ave. No			Telephone No.: 941-638-1285
City: LAKE WALKS	<u> </u>		State: F/. Zip Code: 33853
Permitted Maximum Day Capacity of Pla Plant Category and Class per Rule 62-69 Lead/Chief Plant Operator:	nt: <u>3/5,000</u> 19.310(4), F.A.C.: <u>5</u>		
Name	Certificate Number		Day(s)/Shift(s) Worked
EVIN J. EGAN	7426	<u> </u>	6 UISHS/WEEK
Diher Certified Plant Operators (attach a			I for show the contract of the strength of the
Name EURRETT E. BARKET	Certificate Number	Class (A, B, C, or D)	6 Uisits / Werked
			<u>. </u>
STATEMENT BY LEADICHIEF WAT	ER TREATMENT P	ANT OPERATOR	FOR THE MONTH/YEAR OF
I, the undersigned lead/chief operator of y knowledge and belief, the information iditional operations records for the plan affed or visited the plant during the mor	provided in this report t listed in Part I of this	ort is true and accura s form were prepare records of amounts	ed each day that a certified operator

rthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them ailable for review upon request.

12-08-58 insture and Date

Name and Certificate Number (please type or print)

Form 62-555,900(3) we December 10, 1995

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number.

6530408

Trantment Plant Name: Park WATER COMPANY

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

NOURMBER 1998

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Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

		20 - E. A	Lowest Residual	Residual	Disinfectant in Distribution	on System	Reported
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant '	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions
1	24	268,000	1.0	.7	2		
2		282,000	. 8	.6	2	6	
3		244,000	1.0	.7	<u> </u>		
4		206,000			<u>2</u> ;	.5	
5		192,000	1.0		2	7	
6							
7		510,000	1.0	.7	<u> </u>		
8		225,000	1.0	6	3	.6	
9		280,000	1.0	.7	2	<u> </u>	
10		246,000	. 8	. 6	2	.6	
11		303,000		.5	<u>a</u>	5	
12		227,000	. 8	6	2	.6	
13		280,000	.8	5	2	.5	
14		271,000	.7	<u> </u>	2	.4	
15		244,000	3	. (a	2	. 6	
16		253,000	.7	5	h	.5	
17		297,000	7	.4	2	.4	
િન્ક		257,000	. 8	. 6	6	. 6	
19		250,000	7	.5	d	.5	
20		310,000	. 8	. 6	2	.6	
21		298,000	1.0	.7	4	.7	
22		238,000	· . S	.5	and and	.5	
23		243,000	. 8	. 6	<u>>_</u>	.6	
24		216,000	. 8	. 6	2	. 6	
25		251,000		,ح	2	.5	
26		207,000	.7	.5	a	.5	
27		235,000	. 8		2	9.	
28		257,000		.5	γ	.5	
29	~	217,000	7	.5	γ	.5	
30	ନ୍ୟ	255,000	. 8	.6	<u>a</u>	<u>م)</u>	
31		-					
Total	格均等能	ومتحدث والمستعلية والمستعدين والمستعد والمستعد والمستعد والمستعد والمستعد والمستعد والمستعد والمستعد			58	biye electron of the second	NACOROSA D
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Department of Environmental Protection

nthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

NSTRUCTIONS: See Page 4.

	WATER TREATMEN	T PLANT INFORM	ATION FOR THE MONTH/YEAR OF
DECEMBER 1998			
Vater System Information System Name: PORX WATER	COMPANY		PWS Identification No.: 6530408
Name: <u>PARK WATER COM</u> Address: <u>25 First Ave.</u> No			Telephone No.: <u>941-638-1285</u>
City: LAKE WALKS			State: F1. Zip Code: 33153
system Type: G community; G non-tra	insient non-community	G non-community:	G consecutive
lo. of Service Connections at End of I			Served at End of Month: 1,900
	· · · · · · · · · · · · · · · · · · ·	_ ,	
Vater Treatment Plant Information reatment Plant			
Name: PARK WATER COP	PCALV		Telephone No.: 941-638-1285
Address: 25 First AVENUE		······································	
City: LAKE WALES			State: FI. Zip Code: 33853
ermitted Maximum Day Capacity of F	lant: 3/5/000	gpd	
lant Category and Class per Rule 62-			
ead/Chief Plant Operator:			
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shifl(s) Worked
JUIN J. EGAN	7426	C	6 UISITS JWERK
ther Certified Plant Operators (attach		cessary):	
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
EVERETT E. BARRETT	4349	C	6 LI Sits/WEEK
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
	<u> </u>		
······································		<u> </u>	
}			
L			
STATEMENT BY LEADICHIEF W. DECEMBER 1995	3		FOR THE MONTH/YEAR OF

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of y knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following iditional operations records for the plant listed in Part I of this form were prepared each day that a certified operator affed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed tes; and if applicable, appropriate treatment process performance records.

inthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them allable for review upon request.

anature and Date

KEVIN J. EGAN C-7426

Name and Certificate Number (please type or print)

ک

Form 62-555.900(3) sive December 10, 1995 Page 1

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number:

6530408 Totment Plant Name

iment Plant Name: PARK WATER COMPAN.

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF DECEMBER 1998

••

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: <u>free chlorine</u>; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

	1943		Lowest Residual	Residual	Disinfectani in Distribul	ion:System:	Reported
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Disinfectant	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Dielofoatant	Sampling Points	Emergency og Abnomial Operating: Conditions
1	24	272,000	. 8	. G	2	. 6	•
2		251,000	. 5	.6	2	. 6	
3		255,000	. 3	.6	2	. 6	
4		270,000		.5	2	.5	
5		260,000		6	2	.6	
6		255,000	.7	··· . Y	2	.4	•
7		257,000	.8	. 🤇	<u> </u>	.6	
8		243,000	1.0	.6	<u> </u>	.6	
9		274:000		<u> </u>	<u> </u>	.5	
10		292,000			<u> </u>	.4	
11		365,000		.4	<u> </u>	.4	
12		243,000		્ય	`_د	.4	
,3		257,000	. 6	.4	6	.4	
14		181,000	1.0	. 7	<u>`</u>	.7	
15		235,000	1.0	. 6	٢	.6	
15		236,000	. ٩		2	.7	
17	_	277,000	1.0	. 6	<u>a</u>	.6	·
•3		280,000		.7	d		
19		293,000	1.0	.6	24	.6	
20		194,000	.8	.5	2 _	.5	
21		271,000	<u> </u>	<u> </u>	2	<u></u>	
22 23		251,000	<u> </u>	.8			
23		288,000		. 6	<u>_</u>	<u>.</u>	
25		252,000	1.0		<u> </u>	····· > _	
	<u> </u>	258,000			<u>.</u>	.6	
26 27		211,000	<u> </u>		2		
27		209,000		.6	<u></u>	<u>· /•</u>	
29		243,000	<u> </u>		2		
30		201,000	1.0		2		
31	24	263,000			2	<u>-</u>	
Total		7,817,000			62		
	Carl 63.00			للآقة حدهق فالشنسيات وستالمرموص وكالتقريبونية واد			
٦X.	医含染紫色	365,000		家族教育学校			

Exhibit



Robert G. Brooks, M.D. Secretary

May 14, 1999

CS/Park Water Company PWS: Id. No. 6530408

Kevin Egan Park Water Company 25 First Avenue North Lake Wales, FL 33853

Jeb Bush

Governor

Dear Mr. Egan:

A recent survey of your water system conducted on May 13, 1999 indicates a number of items are not in compliance with *Chapter 62 Florida Administrative Code*.

Deficiencies are listed below:

- <u>Chapter 62-550.518(1)</u> requires all public water suppliers to have a current bacteriological sampling plan available for review and possible revision, on the occasion of a sanitary survey conducted by the Department. The plan should be representative of the entire water system and should indicate on a map or system overview, the address with specific sampling site locations, timing, frequency, and rotation periods of sites where total coliform samples are to be taken. Continue to collect the required number of samples, at each sample point, each month, as per your plan for all systems. Please forward a copy of the sampling plan for this system to this office.
- 2. There is no written auxiliary power plan on file. <u>Chapter 62-555.320(6)(e)</u> requires community water systems that serve 350 or more persons, or have 150 or more service connections, to maintain a written auxiliary power plan that details how it meets the requirements of Chapter 62-555.320(6). The plan shall be available for review by the Department during the time of a routine sanitary survey. Please forward a copy of the auxiliary power plan for this system to this office.
- 3. The auxiliary power source is not operated under load each month. <u>Chapter 62-555.320(6)(c)</u> requires the operation of the auxiliary power source at least once per month continuously for a minimum of four hours under load.
- 4. The chlorine facility has no chlorine warning signs as required by Chapter 62-555.320(5)(a)2.

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD Director

ENVIRONMENTAL ENGINEERING DIVISION 2090 East Clower Street, Bartow, Fl 33880 Phone (941) 533-3398 / SC 531-1501 / FAX (941) 534-7245 Lynne M. Sweeney, MD, MPH Assistant Director CS/Park Water Company page two

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) day period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at 941-533-3398, extension 114.

Sincerely,

H.T.

Henry Taghiof Engineer III

HT/adh

xc: File: CS/Park Water Company

Park Water Company 25 First Ave. North Lake Wales, FL 33853 Phone 941-638-1285

Polk County Public Health Unit Environmental Engineering Division 2090 E. Clower St. Bartow, FL 33830

RE: Response to your survey on May 13th 1999

To whom it may concern:

- 1. Please find attached a copy of our bacteriological sampling plan.
- 2. Please find attached a copy of our auxiliary power plan.
- 3. The auxiliary power is operated under load for four (4) hours each month as required. We have place log books with each unit to verify this.
- 4. There is now a warning sign on our chlorine room door.

If you have any questions, please contact me at 941-638-1285.

Sincerely,

Kevin J. Egan

Auxiliary Power Plan Park Water Company P.W.S I.D. 6530408

Facility Information

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The water system includes the following components:

1 - 60 H.P. Well Pump
1 - 30 H.P. Well Pump
1 - 305,000 Elevated Storage Tank
2 - 1 ¹/₂ H.P. Chlorine Booster Pumps

In the event of loss of power each well pump is equipped with a six-cylinder LP gas powered motor and right angle drive

A gasoline generator powers the chlorine booster pumps.

Both backup motors are operated under load for 4 hours per month, along with the chlorine booster pumps operating on the generator.

These backup systems are capable of pumping up to 1,200 GPM, which far exceeds our peak, flows.

Bacteriological Sampling Plan

P.W.S. Name - Park Water Company P.W.S. ID # 6530408

Sample Sites:

- A. 528 Sunshine Drive
- B. American Bank
- C. Church of God
- D. Lakeside Gardens Lot #28
- E. Genesis Pointe Office Building
- F. 356 Jefferson Street
- G. 502 Jackson Street
- H. 225 Lake BLVD
- I. 227 Caloosa Circle North
- J. 5144 Washington Street
- K. 4418 Carrillon Court
- L. Warner Southern College Student Services Building
- M. Raw Water Tap

Sample Site Rotation

January	A,L,M
February	B,K,M
March	C,J,M
April	D,I,M
May	E,H,M
June	F,G,M
July	A,K,M
August	B,J,M
September	C,I,M
October	D,H,M
November	E,G,M
December	F,L,M

PUBLIC DRINKING WATER SYSTEM INSPECTION FORM . DOH - POLK COUNTY HEALTH DEPARTMENT 2090 EAST CLOWER STREET, BARTOW, FL 33830 PHONE (941)533-3398

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(V) COMMUNITY		POSE TINE INSPECTION	COMPLIANCE / RESULTS
() NONCOMMUNITY		NSPECTION	() I-Significantly In
() NTNC	•••	PLAINT INVESTIGA	
System: <u>PARK WATER</u> Mail Addr: <u>25 First A</u> City: <u>LAKE WALES</u> State, Zip: <u>FL</u> Contact:		Location: City: Phone No: [9]	5.30 408 5 First AVE NORTH LAKE WALLS 41) 638 1285 VIN E9AN
WELL DATA	· · · · · · · · · · · · · · · · · · ·		SYSTEM DATA
 1. Well sizeCasing T Height Above Grade	alve	15. Gauge, PSI 16. Sight Glass 17. Dist. Pipe Siz 18. Flow Measur Elapsed Hour	ing Device: Flowmeter 🗹 Meter 🗆 stection/Cross Connections
CHLORINATION I	DATA		FILE DATA
 7. Chlorine Test Kit, DPD 8. Gas Hypo 9. Chlorinator, Capacity/Make 10. Chlorine Residual 11. Injection Point 12. Gas, Flow Rate 3. Scales/Door/Fan/Light/Amn Apparatus/Chain/Wrench/All Switch-over/Ventilation 	<u>/DA</u> / nonia/Breathing	25. Certified Ope 26. Chemical An Delinquent M 27. Bacteriologic Delinquent M	tions ration Reports/No. Visits rator/Class <u>C</u> alyses: MCL Violation donitoring als: MCL Violation donitoring ervice Connections 720
Items checked with an (X) COMMENTS: $\underline{IP} = A IRR$			its below for details.
		· · · · · · · · · · · · · · · · · · ·	
Inspected by: <u>Henny</u> Received by: <u>Kane</u> PWSI FORM/97	TACOHIOL I	Date <u>1/9 /97</u> Pho Titl	one <u>5333398</u> Ext. <u>114</u> e: <u>Englie</u>



Jeb Bush Governor

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Ropbert G. Brooks, M.D. Secretary

PUBLIC WATER SYSTEM CONSTRUCTION PERMIT

PERMITTEE:

Anthony Staiano 25 First Ave. North Lake Wales, FL 33853

PERMIT DATA:

Project Name: Approval Number:	Park Water Co. C.R. 640 Extension 5399-0408-A7
Water System Name:	Park Water Company
PWS I.D. Number:	6530408
Project Number:	133318-005
Date of Issue:	September 3, 1999
Date of Expiration:	September 2, 2000
County:	Polk
Township:	30 S
Section	26
Range:	27E

This permit is issued under the provisions of *Chapter 403, Florida Statutes and Florida Administrative Code Rules 62-4, 62-602, 62-550, 62-555 and 62-560.* The above named permittee is hereby authorized to perform the work on the facility shown on the application and approved drawings, plans, and other documents, attached hereto or on file with the Department and made a part here of and described as follows: The project consist of installation of 1,900 lf of 8" pvc water main and 1 fire hydrant assembly.

General conditions are as required under Chapter 62-4.160 of the Florida Administrative Code.

EJJ/adh

xc: James Madden, P.E. File Copy - Park Water Company

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD Director

ENVIRONMENTAL ENGINEERING DIVISION 2090 East Clower Street, Bartow, Fl 33830 Phone (941) 533-3398 / SC 531-1501 / FAX (941) 534-0245 Lynne M. Sweeney, MD, MPH Assistant Director Permit - Park Water Co. C.R. 640 Extension File Ref. - Park Water Company page two

SPECIFIC CONDITIONS:

- 1. Construction of this project must be completed within one (1) year from the date of this approval. Reapproval of expired permits will be considered by this Department upon written request prior to the expiration date accompanied by the current application fee. The engineer of record in this application is responsible for supervision of the construction of this project and upon completion shall inspect for complete conformity to the plans and specifications as approved. A report of such inspection in writing and signed by the engineer shall be rendered to the DOH Polk County Health Department. Major deviations from the original plan will require a complete resubmittal of the project to this Department.
- 2. This approval is given with the understanding that upon the installation of such works, its operations shall be placed under the care of a competent person, whose qualifications are approved by the Department and the operation shall be carried out according to best accepted practice and in accordance with the requirements of the rules and regulations of the Department. This includes not only the provision of continuing essential funds for operation and maintenance of chemical supplies for plant operation; but also the funds for maintenance of this water treatment facility and distribution system.
- 3. Water supply facilities including mains shall be installed, cleaned, disinfected, and bacteriologically cleared for service, in accordance with the latest applicable AWWA Standards and Department rules and regulations.
- 4. Copy of the pressure test conducted on the water system to be cleared or statement of the engineer that the test was done and met the AWWA requirements.
- 5. An as-built review fee of \$75.00 made payable to Polk County Health Department must be included with this package before a clearance can be issued.
- 6. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either cast iron pipe or concrete encased vitrified clay pipe, centered on the point of crossing. When a water main parallels a sewer main, a separation of at least 10' should be maintained where practical.
- 7. Satisfactory bacteriological main clearance samples must be submitted for two (2) consecutive days from the three (3) sampling points as shown on the plans.



Jeb Bush Governor Ropbert G. Brooks, M.D. Secretary

Permit - Park Water Co. C.R. 640 Extension File Ref. - Park Water Company page three

Issued This 3rd day of September, 1999.

Eugene V. Jeffers, P.E. Administrator Environmental Engineering

CERTIFICATE OF SERVICE

This is to certify that this permit and all copies were mailed before the close of business on

9 - 7 - 99 to the listed persons.

FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to Chapter 120.52(10), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

<u>yues</u> <u>9-7-99</u> Date

xc: James Madden, P.E. File Copy - Park Water Company

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD Director

ENVIRONMENTAL ENGINEERING DIVISION 2090 East Clower Street, Bartow, Fl 33830 Phone (941) 533-3398 / SC 531-1501 / FAX (941) 534-0245 Lynne M. Sweeney, MD, MPH Assistant Director Jeb Bush Governor



Ropbert G. Brooks, M.D. Secretary

NOTICE OF PERMIT ISSUANCE

Park Water Co. C.R. 640 Extension

Anthony Staiano 25 First Ave. North Lake Wales, FL 33853

Dear Mr. Staiano:

This will acknowledge receipt of plans and related documents pertaining to the above referenced water supply project. Effective September 3, 1999 the above referenced project plans and documents are approved under Serial Number 5399-0408-A7 for Park Water Co. C.R. 640 Extension. A copy of the permit is attached stating the general and specific conditions which must be complied with.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) accordance with *Section 120.57*, *Florida Statutes*. The petition must contain the information set forth below and must be filed (received) in the office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under *Section 120.57*, *Florida Statutes*.

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed action;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD Director

ENVIRONMENTAL ENGINEERING DIVISION 2090 East Clower Street, Bartow, Fl 33830 Phone (941) 533-3398 / SC 531-1501 / FAX (941) 534-0245 Lynne M. Sweeney, MD, MPH Assistant Director Park Water Co. C.R. 640 Extension File Ref. -- Park Water Company Page two

2

- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by Petitioner, if any;
- (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under *Section 120.57*, *Florida Statutes*, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to *Rule 28-5.207*, *Florida Administrative Code*.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to *Rule 62-103.070*, *Florida Administrative Code*. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further order of the Department.

Park Water Co. C.R. 640 Extension File Ref. -- Park Water Company Page three

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to *Section 120.68, Florida Statutes*, by the filing of a Notice of Appeal pursuant to *Rule 9.110, Florida Rules* of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

This approval pertains only to the water utilities serving this development and is not to be construed as approval of any other utility aspects. All concerned are reminded that sewerage facilities must be cleared separately through the appropriate Department of Environmental Protection District/Subdistrict office.

By copy of this letter to the owner we are advising that approval is given to functional aspects of this project on the basis of representations to and data furnished this department.

The engineer's certification as to construction of this project in accordance with approved plans together with satisfactory bacteriological analyses for two (2) consecutive days from the locations listed on the permit, shall be provided and a letter of clearance obtained from this Agency before placing these facilities in service. Enclosed please find our form for certification of project construction to be completed and returned upon project completion.

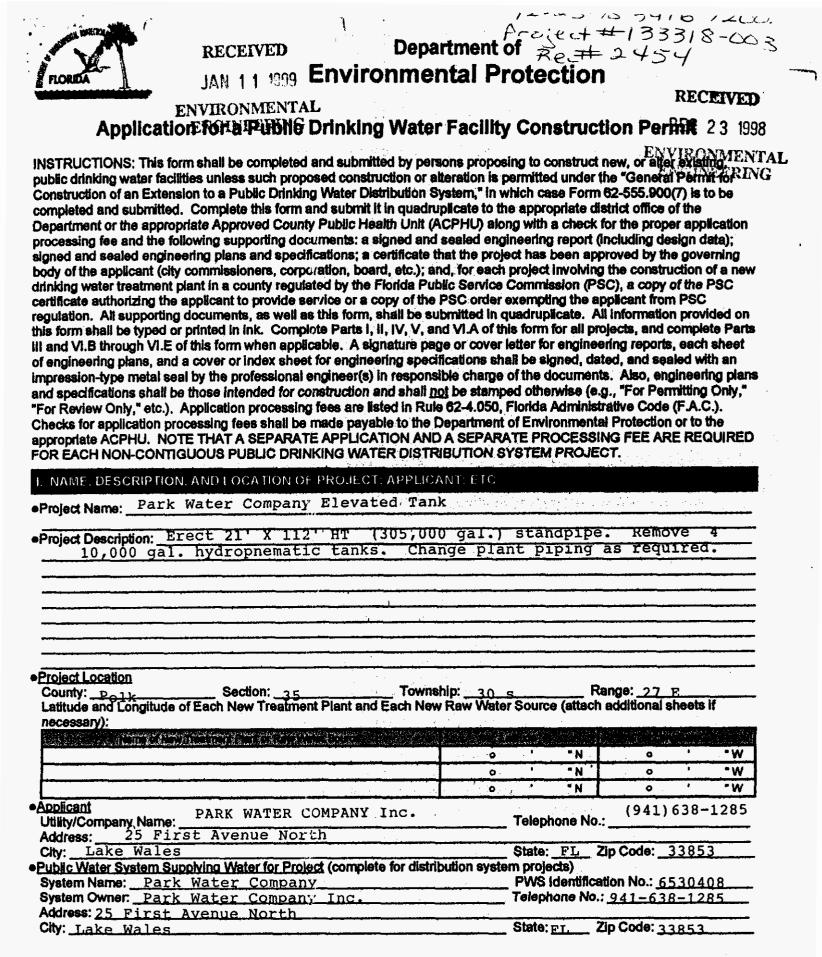
There may be county, municipal or other local regulations or restrictions to be complied with by the owner prior to construction of the facilities presented by the plans referred to above, and we, therefore, recommend that appropriate local agencies be consulted before starting construction.

Sincerely,

Administrator Environmental Engineering

EJJ/adh

xc: James Madden, P.E. File Copy -- Park Water Company



Application for a l	Public Drinking	y Water Facility	Construction	Permit
---------------------	-----------------	------------------	--------------	--------

Project Na	me: <u>Pa</u>	<u>ark W</u>	<u>later</u>	Compa	<u>any E</u>	levated	Tower
Applicant:	Park	Wate	r Cor	npany	Inc.		

•Owner/Operator of Project After it is Placed into Service

Utility/Company Name: Park Water Company Inc.	_ Telephone No.: <u>941-638-1285</u>
Address: 25 First Avenue North	
City: Lake Wales	State; FL. Zip Code: 33853
Professional Engineer in Responsible Charge of Designing Project	· · · · · · · · · · · · · · · · · · ·
Name of Engineer: James. W. Madden	
Firm Name: Colf Employed	Telephone No.: 941-676-0914
Firm Name: <u>Solf Employed</u> Address: 2705 Club House Drive	
City: Lake Wales	State: FL Zip Code: 33853

II. STATEMENT BY APPLICANT

Park Water Company Inc. I, the undersigned owner or authorized representative* of

certify that all components that will be installed under this project and that will come into contact with drinking water or drinking water treatment chemicals (except components that will come into contact with raw water prior to its treatment by reverse osmosis) conform, or will conform, with American National Standards Institute/NSF International (ANSI/NSF) Standard 61. Also, I certify that all drinking water treatment chemicals that will be supplied under this project except fluoridation chemicals conform, or will conform, with ANSI/NSF Standard 60 and that all fluoridation chemicals that will be supplied under this project conform, or will conform, with ANSI and American Water Works Association Standard B701. B702. or B703 as applicable.

I agree that we will require the contractor to furnish us with record drawings for this project. Also, I agree that we will retain a professional engineer registered in Florida to inspect construction of this project for the purpose of determining if work proceeds in compliance with the construction permit and approved engineering plans and specifications.

I am fully aware that we must obtain a letter of clearance from the Department before we place this project into service for any purpose other than disinfection, testing for leaks, or testing equipment operation. Also, I am fully aware that, if we sell or legally transfer ownership of this project before obtaining a letter of clearance from the Department, we must submit to the Department an "Application for Transfer of a Public Water System Construction Permit" within 30 days after such sale or legal transfer of ownership.

เสม Signature and Date * Attach a letter of authorization.

President Louis Staiano

Name and Title (please type or print)

STATEMENT BY PUBLIC WATER SYSTEM SUPPLYING WATER FOR PROJECT (complete for distribution ш system projects)

I, the undersigned owner or authorized representative" of _____ Nater Company certify that we will provide the potable water supply required by this project. As indicated below, the water treatment plant to which this project will be connected has the capacity to provide the potable water supply required by this project, and I certify that said plant is in compliance with the standards and criteria set forth in Chapters 62-550, 62-555, and 62-560, F.A.C. Also, said plant was constructed under one or more valid Department construction permits as indicated below, and I certify that connection of this project to said plant will not be a violation of any condition of this (these) construction permit(s).

•Name of Water Treatment Plant to Which this Project Will Be Connected; Park Water Company Inc.

•Construction Permit Number(s) for Plant and Date(s) Permit(s) Issued: N/A

•Permitted Maximum Day Capacity of Plant: 315.000 gpd. Maximuth Day Flow at Blant as Recorded on Monthly Operating Reports During Past 12 Months: 436.000 12-6-98-Louis Staiano, President Jours

Signature and Date

* Attach a letter of authorization. Toris Striant

Name and Title (please type or print)

DEP Form 62-555.900(1) Effective December 10, 1996

Page 2 of 10

Project Name:	Pari	(water	c Company	Elevated	Tower	
Applicant:	Park	Water	Company	Inc.	· · · · · · · · · · · · · · · · · · ·	
•••			· · · · ·			
			en e			

IV. STATEMENT BY OWNER/OPERATOR OF PROJECT AFTER IT IS PLACED INTO SERVICE

I, the undersigned owner or authorized representative* of <u>Park Water Company Inc.</u> certify that we will be the owner/operator of this project after it is placed into service. I agree that we will operate and maintain this project in a manner that will comply with Chapters 62-550, 62-555, 62-560, and 62-699, F.A.C.; and I certify that all drinking water treatment chemicals that we will use except fluoridation chemicals conform, or will conform, with American National Standards Institute/NSF International (ANSI/NSF) Standard 60 and that all fluoridation chemicals that we will use conform, or will conform, with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable, Also, I agree that we will promptly notify the Department if we sell or legally transfer ownership of this project.

ouis Signature and Date

Louis Staiano, President

ALANY

Name and Title (please type or print)

* Attach a letter of authorization.

V. STATEMENT BY PROFESSIONAL ENGINEER IN RESPONSIBLE CHARGE OF DESIGNING PROJECT

I, the undersigned professional engineer registered in Florida, certify that I am in responsible charge of the preparation and production of engineering documents for this project; that I have expertise in the design of water treatment, storage, and distribution facilities; and that, to the best of my knowledge and belief, the engineering design for this project complies with Chapter 62-555, F.A.C., and provides reasonable assurance of compliance with Chapter 62-550, F.A.C.

Jano

The plans and specifications for this project require that all new and relocated project components that will come into contact with drinking water or drinking water treatment chemicals (except components that will come into contact with raw water prior to its treatment by reverse osmosis) be in conformance with American National Standards Institute/NSF International (ANSI/NSF) Standard 61. Also, the plans and specifications for this project require that all drinking water treatment chemicals be in conformance with American National Standards Institute/NSF international (ANSI/NSF) Standard 61. Also, the plans and specifications for this project require that all drinking water treatment chemicals supplied under this project except fluoridation chemicals be in conformance with ANSI/NSF Standard 60 and that all fluoridation chemicals supplied under this project be in conformance with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable.

Mardo

J.W. Madden PE# 30351 Name and License Number (please type or print)

VI. SUMMARY OF DESIGN DATA FOR PROJECT

A. General

System PWS Identification Number, Name, Owner, and Type

- 1. System PWS Identification Number (if existing system): 6530408
- 2. System Name: Park Water Company Inc.
- 3. System Owner: Park Water Company Inc.
- 4. System Type:
 Community;
 Consecutive non-community;
 Consecutive

System Service Area

5. Nature and Extent of Existing Service Area and Design/Projected Service Area: _

<u>Sections 23, 26, 27, 28, 29, 32, 33, 34, 35, 36 of 30S 27E</u>

DEP Form 82-555 900(1)

Project Name: _____ Water Company Elevated Tower___

Applicant: Park Water Company Inc.

- 6. Number of Existing Service Connections: 739
- 7. Existing Significant Industrial Water Users (industries with an average or maximum daily water demand that is > 1% of the total average or maximum daily water demand on the system) (attach additional sheets if necessary):

		(a) and (b) Annual and (c) provide the provide the top (p) the basis of the control providence of the providence of t
None	· · · · · · · · · · · · · · · · · · ·	

8. Regulated Consecutive Public Water Systems Presently Connected to this System (attach additional sheets if necessary): and the second second

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* IF YES, PROVIDE ON AN ATTACHMENT THE NAMES OF THE USERS AND THEIR PRESENT AVERAGE AND MAXIMUM DAILY WATER DEMANDS.

- Present Population Served by System and Present Water Demand 9. Present Population Served Directly (excluding all regulated consecutive public water systems): <u>1900</u>
- 10. Present Total Population Served (including all consecutive public water systems): 1900
- 11. Present Annual Average Day Water Demand: 251,000
- 12. Present Per Capita Annual Average Day Water Demand: 132
- 13. Present Maximum Day Water Demand:
 436,000

 14. Present Maximum Hour Water Demand:
 36,000

Design Population and Water Demand for System

- 15. Design Year and Estimated Total Population to Be Served in Design Year: No Change
- 16. Projected Annual Average Day Water Demand in Design Year and Basis of Projection: No change

17. Projected Maximum Day Water Demand in Design Year and Basis of Projection: ____No_Change

18. Projected Maximum Hour Water Demand in Design Year and Basis of Projection: No Change

19. Design Fire Demand (flow rate and duration) and Basis of Design:

700 gpm Field Test

System Raw Water Sources and Collection Facilities 20. Existing Ground Water Sources and Wells (attach additional sheets if necessary):

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Park Water Company	Floridian	and the second	2	4000qpm	1500 gpm

Project Name: Park Water Company Elevated Tower

Applicant: PArk Water Company Inc.

21, Existing Surface Water Sources and Raw Surface Water Pumps (attach additional sheets if necessary):

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		· · · · · · · · · · · · · · · · · · ·
N/A		

22. Existing Purchased Water Sources (attach additional sheets if necessary):

23. Will existing raw water sources and collection facilities (including raw water pumping facilities) be altered under this project, or are new raw water sources or collection facilities (including raw water pumping facilities) proposed under IF YES, COMPLETE PART VI.B BELOW. this project?

N/A

System Treatment Facilities 24. Existing Treatment Plants (attach additional sheets if necessary):

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Park Water Company	315,000	36,000	Storage	Chlorination
		and the second second	the second s	
		and the second second		

* Provide this only when increased treatment and/or finished water pumping capacity is provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands.

25. Will existing treatment facilities (including in-plant and finished water pumping facilities) be altered under this project, or are new treatment facilities (including in-plant and finished water pumping facilities) proposed under this project? IF YES, COMPLETE PART VI.C BELOW. NO

System Finished Water Storage Facilities 26. Existing Plant and Distribution System Finished Water Storage Facilities (attach additional sheets if necessary):

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Park Water Company	Hydppneumatic	30,000

27. Will existing plant or distribution system finished water storage facilities be altered under this project, or are new plant or distribution system finished water storage facilities proposed under this project? Yes IF YES, COMPLETE PART VI.D BELOW.

System Distribution Facilities 28. Will existing distribution facilities (including booster pumping facilities) be altered or extended under this project, or are new distribution facilities (including booster pumping facilities) proposed under this project? _____ IF YES, COMPLETE PART VI.E BELOW.

Interconnections with Other Public Water Systems that Have Separate Water Supply Sources 29. Names of Existing Interconnected Public Water Systems and Purpose of Each Existing Interconnection: __

None



Project Name: Park Water Company Elevated Tower Applicant: Park Water Company Inc.

B. Proposed Altered/New Raw Water Sources and Collection Facilities (including raw water pumping facilities) N/A

Ground Water Sources

1. Name of Treatment Plant to Be Supplied with Raw Water from Proposed Altered/New Wells:

- 2. Name of Aquifer from Which Raw Water Will Be Withdrawn by Proposed Altered/New Wells:
- 3. Existing and Proposed Altered/New Wellz Supplying Raw Water to the Treatment Plant Named in Part VI.8.1 Above (attach additional sheets if necessary): · · · · · ·

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None						
				:		
otal Capacity of Existing and Proposed	Altered/New Wells (all w	elis in service):			
otal Capacity of Existing and Proposed	Altered/New Wells Whe	n Largest We	I Is Out of Se	rvice:		

Provide this only for proposed altered/new wells.

ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTEREDNEW WELLS.

- 4. Water Management District Construction Permit Number(s) (if applicable) for Proposed Altered/New Well(s) and Date(s) Permit(s) Issued: ____
- 5. ATTACH & COPY OF THE LOG COMPLETION REPORT (if applicable) FOR EACH PROPOSED ALTERED/NEW WELL.
- 6. ATTACH A MAP OF THE AREA WITHIN 500 FEET OF EACH PROPOSED ALTERED/NEW WELL INDICATING SANITARY HAZARDS.
- 7. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FROM NEW GROUND WATER SOURCES (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C., and for new sources in delineated areas, analyses shall be conducted pursuant to Rule 62-524.600, F.A.C.).
- 8. Standby Power Source for Well Pumps: _ Well Pumps Connected, or Proposed to Be Connected, to Standby Power:
- 9. 100-Year, or Highest Known, Flood Elevation in Area of Wells:

Surface Water Sources 10. Name of Treatment Plant to Be Supplied with Raw Water from Proposed Altered/New Facilities: ____

- 11. Name of Surface Water from Which Raw Water Will Be Withdrawn by Proposed Altered/New Facilities:
- 12. Estimated Dry-Weather Flow at Surface Water Intake and Basis of Estimate:
- 13. Description of Existing and Proposed Altered/New Diverting Dams, Impounding Reservoirs, Intake Structures, and/or infitration Galleries (attach additional sheets if necessary):

Project Name: Park Water Company Elevated Tower

Applicant Park Water Company Inc.

- 15. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FROM NEW SURFACE WATER SOURCES (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C.).
- 16. Existing and Proposed Altered/New Raw Surface Water Pumps for the Treatment Plant Named in Part VI.B.9 Above (attach additional sheets if necessary):

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Total Capacity of Existing and Proposed A	Jered/New Pumps When Largest Pump is Out of S	ervice:

ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTEREDINEW PUMPS.

17. Standby Power Source for Raw Surface Water Pumps: Raw Surface Water Pumps Connected, or Proposed to Be Connected, to Standby Power:

18. 100-Year, or Highest Known, Flood Elevation in Area of Intake:

- C. Proposed Altered/New Treatment Facilities (including in-plant and finished water pumping facilities) N/A
 - 1. Name of Proposed Altered/New Treatment Plant: _
 - 2. Previous Construction Permit Number(s) for Plant and Date(s) Permit(s) Issued: ____

3. Design/Projected Annual Average Day Water Demand for Plant and Basis of Design/Projection: ____

4. Design/Projected Maximum Day Water Demand for Plant and Basis of Design/Projection; ____

- 5. Design/Projected Maximum Hour Water Demand and Design/Projected Fire Demand Plus Coincident Draft for Plant and Basis of Design/Projections (provide this only when increased treatment and/or finished water pumping capacity will be provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands):
- 6. Design Daily Operating Period for Plant:
- Design Daily Operating Period for Finished Water Pumping Facilities:
- 7. Design Peak Sustained Operating Flow Rate Through Plant:
- 8. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FOR THE PLANT (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C.).
- 9. ATTACH A FLOW DIAGRAM SHOWING ALL EXISTING AND PROPOSED ALTERED/NEW TREATMENT PROCESSES (including waste handling processes), CHEMICAL APPLICATION POINTS, PUMPING FACILITIES, AND TREATMENT BYPASS ARRANGEMENTS FOR THE PLANT.
- 10. ATTACH A SUMMARY OF DESIGN CRITERIA FOR EACH EXISTING OR PROPOSED ALTERED/NEW TREATMENT PROCESS (including waste handling processes) AND FOR EACH EXISTING OR PROPOSED ALTERED/NEW CHEMICAL TO BE APPILIED AT THE PLANT (design criteria should include basin capacities, retention times, unit loadings, surface loading rates, backwash rates, feeder capacities and ranges, etc.).

Project Name: <u>Park Water Company Elevated Tower</u> Applicant: <u>Park Water Company Inc.</u>

11. Existing and Proposed Altered/New In-Plant and Finished Water Pumps (attach additional sheets if necessary):

Pump Function/Flow Stream Pumped:			
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Total Capacity of Existing and Proposed /	Manad/New Pumps When Largest Pu	mp is Out of Service:	

Pump Function/Flow Stream Pumped:		<u></u>	alter i		diana di si	· · · · · · · · · · · · · · · · · · ·	
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Pump Function/Flow Stream Pumped:			
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Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump Is Out of Service: * ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW PUMPS.

12. Method of Disposal of Plant Wastes (Aluminum/Iron Coagulant or Lime Softening Sludge from Clarification, Waste Backwash Water from Filtration, and/or Waste Brine from Ion Exchange or Membrane Processes):

- 13. Standby Power Source for Plant: ______ Plant Equipment Connected, or Proposed to Be Connected, to Standby Power: ______
- 14. 100-Year, or Highest Known, Flood Elevation in Area of Plant: _

D. Proposed Altered/New Plant and Distribution System Finished Water Storage Facilities

1. Existing and Proposed Altered/New Plant and Distribution System Finished Water Storage Facilities (attach additional sheets if necessary):

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Park Water Company		Stand Pipe	305,000	305,000
	19			

toplication for a Public Drinking	g Water Facilit	y Construction	Permit
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Project Name:	Park	Water	Company	Elevated	Tower	
Applicant:	Park	Water	Company	Inc.		

E. Proposed Altered/New Distribution Facilities (including booster pumping facilities)

Distribution Facilities No Change 1. Design/Projected Annual Average and Maximum Day Water Demands for Proposed Altered/New Distribution Facilities (i.e., water mains) Under this Project:

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Commercial, Institutional, or Industrial Facility*						
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These Facilities:						
Explanation of Method Us	sed to Estimate M	eximum Dey Weter	• Demand:			
and Basis of Design/P Design/Projected Fire Altered/New Distributio	Demand Plus					
Operating Pressure Re	inge for Propo	sed Altered/Ne	w Distribution F	acilities Under t	his Project:	
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Will any proposed alter systems that have sep proposed to be interco	ed/new distrib arate water su	ution facilities u	inder this projec	t connect previo	ously separate pub	lic water

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·			Company					
public [.] docum	water syste ent that the	em that ha e system l	is a service a has a routine	ea also served	by a reclaime on control plan	d water system , including a v	mmunity water m? <u>NO</u> vritten plan, in a	_ If yes,
	mpina Fec			- Daastas Dum	Jan Otalian:	N / A		
/. Name/		r Propose	d Attered/Nev	Booster Pump	ang station: _			·····
Bernesser	/Projected	Annual A	verage and N	aximum Day M	later Demand	for Booster I	Pumping Statio	n:
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						DI (1/200		

12. 100-Year, or Highest Known, Flood Elevation in Area of Booster Pumping Station:



2-10-44 5446 450. Project # 133318-000 Rect 2451 RECEIVED

Department of Environmental Protection

FEB 1 0 1999

ENVIRONMENTAL

Notification for Use of the General Permit for Construction of an Extension to a Public Drinking Water Distribution System

INSTRUCTIONS: This form shall be completed and submitted by persons proposing to construct projects permitted under the "General Permit for Construction of an Extension to a Public Drinking Water Distribution System" pursuant to Rule 62-555.540, Florida Administrative Code (F.A.C.). AT LEAST 30 DAYS BEFORE BEGINNING THE PROPOSED CONSTRUCTION, complete this form and submit it in quadruplicate to the appropriate district office of the Department or the appropriate Approved County Public Health Unit (ACPHU) along with a check for the proper permit processing fee and the following supporting documents: signed and sealed engineering design data, plans, and specifications and a certificate that the project has been approved by the governing body of the permittee (city commissioners, corporation, board, etc.). All supporting documents, as well as this form, shall be submitted in quadruplicate. All information provided on this form shall be typed or printed in ink. A signature page or cover letter for engineering design data, each sheet of engineering plans, and a cover or index sheet for engineering specifications shall be signed, dated, and sealed with an impression-type metal seal by the professional engineer(s) in responsible charge of the documents. Also, engineering plans and specifications shall be those intended for construction and shall <u>not</u> be stamped otherwise (e.g., "For Permitting Only," "For Review Only," etc.). Permit processing fees are listed in Rule 62-4.050, F.A.C. Checks for permit processing fees shall be made payable to the Department of Environmental Protection or the appropriate ACPHU. NOTE THAT A SEPARATE NOTIFICATION AND A SEPARATE PERMIT PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PROJECT.

I. NAME, DESCRIPTION, AND LOCATION OF PROJECT; PERMITTEE; ETC.

• Project Name: _____ Church Extension and Home Missions

 Project Description: 	Water	supply	services	for	an	Assisted	Care	Living	Facility	
						·				

Range:27E
e No.: <u>941-638-1285</u>
L Zip Code: 33853
ntification No.: 6530408
e No.: 941-638-1285
L Zip Code: 33853
e No.: 941-638-1285
T. Zip Code: 33853
e No.: 941-533-9095
L Zip Code:33830

Notification for I	Use of the General Permit for Construction of an Extension to a Public Drinking Water Distribution
System	
Project Name:	Church Extension and Home Missions

Permittee: Park Water Company

II. STATEMENT BY PERMITTEE

I, the undersigned owner or authorized representative* of <u>Park Water Company</u> certify that all water main pipe, fittings, valves, fire hydrants, and related products that will be installed under this project and that will come into contact with drinking water conform, or will conform, with American National Standards Institute/NSF International Standard 61.

I agree that we will require the contractor to furnish us with record drawings for this project. Also, I agree that we will retain a professional engineer registered in Florida to inspect construction of this project for the purpose of determining if work proceeds in accordance with the construction permit and approved engineering plans and specifications.

I am fully aware that we must obtain a letter of clearance from the Department before we place this project into service for any purpose other than disinfection or testing for leaks. Also, I am fully aware that, if we sell or legally transfer ownership of this project before obtaining a letter of clearance from the Department, we must submit to the Department an "Application for Transfer of a Public Water System Construction Permit" within 30 days after such sale or legal transfer of ownership.

Signature and Date 1-30-93

Kevin Egan, Vice President Name and Tille (please type or print)

* Attach a letter of authorization.

III. STATEMENT BY PUBLIC WATER SYSTEM SUPPLYING WATER FOR PROJECT

I, the undersigned owner or authorized representative* of _____Park Water Company

certify that we will provide the potable water supply required by this project. As indicated below, the water treatment plant to which this project will be connected has the capacity to provide the potable water supply required by this project, and I certify that said plant is in compliance with the standards and criteria set forth in Chapters 62-550, 62-555, and 62-560, F.A.C. Also, said plant was constructed under one or more valid Department construction permits as indicated below, and I certify that connection of this project to said plant will <u>not</u> be a violation of any condition of this(these) construction permit(s).

Name of Water Treatment Plant to Which this Project Will Be Connected: Park Water Company

Permitted Maximum Day Capacity of Plant:

Nen: 0 5 Signature and Date

Name and Title (please type or print)

* Attach a letter of authorization.

IV.. STATEMENT BY OWNER/OPERATOR OF PROJECT AFTER IT IS PLACED INTO SERVICE

I, the undersigned owner or authorized representative' of <u>Park Water Company</u> certify that we will be the owner/operator of this project after it is placed into service. I agree that we will operate and maintain this project in a manner that will comply with Chapters 62-550, 62-555, 62-560, and 62-699, F.A.C. Also, I agree that we will promptly notify the Department if we sell or legally transfer ownership of this project.

Signature and Date

Kevin Egan, Vice President

Name and Title (please type or print)

* Attach a letter of authorization.

V. STATEMENT BY PROFESSIONAL ENGINEER IN RESPONSIBLE CHARGE OF DESIGNING PROJECT

I, the undersigned professional engineer registered in Florida, certify that I am in responsible charge of the preparation and production of engineering documents for this project; that I have expertise in the design of water distribution systems;

No ification for	Use of the General Permit for Construction of an Extension to a Public Drinking Water Distribution
System	Church Extension and Home Missions

Project Name: _	Church Excension and nome missions	
Permittee:	Park Water Company	

and that, to the best of my knowledge and belief, the engineering design for this project complies with Chapter 82-555, F.A.C.

The plans and specifications for this project require that all new and relocated water main pipe, fittings, valves, fire hydrants, and related products that will come into contact with drinking water be in conformance with American National Standards Institute/NSF International Standard 61. Also, the plans and specifications for this project comply with the following requirements preceded by a "<," and the following requirements preceded by an "NA" are not applicable to this project.

- (1) The location and size of existing water mains, reclaimed water lines; force mains, sanitary sewers, storm sewers, and other utilities, as well as the location and size of new and relocated water mains, are shown on the plans.
- (2) The plans or specifications include procedures for keeping existing water mains in service or for minimizing interruption of existing water service during construction.
- X (3) It is required that all new and relocated water main pipe, fittings, valves, and fire hydrants be in conformance with applicable American Water Works Association (AWWA) standards, that all new and relocated water main pipe and fittings contain no more than eight percent lead, and that all packing and jointing materials used in the joints of new or relocated water main pipe be in conformance with applicable AWWA standards.
- X (4) To the best of the professional engineer's knowledge, this project does <u>not</u> include installation of any new or relocated water mains in areas of ground water for which there is existing publicly accessible documentation of the presence of low-molecular-weight petroleum products or organic solvents at concentrations exceeding ground water standards. (A specific construction permit is required for installation of water mains in areas of ground water that are known to be contaminated by low-molecular-weight petroleum products or organic solvents.)
- X (5) Based upon current and expected water system operating conditions, all new and relocated water mains are sized to maintain a minimum pressure of 20 psig at ground level under all design flow conditions listed in Part VI of this form.
- (6) If there are any new or relocated water mains that serve fire hydrants, such water mains and all hydrant leads leads are no smaller than six inches in diameter, and auxiliary valves are provided in all hydrant leads.
- X (7) Dead-ends in new and relocated water mains are minimized by making appropriate tie-ins where practical, and if dead-ends do occur in new or relocated water mains, fire hydrants, flushing hydrants, or blow-offs are provided for flushing purposes.
- X (8) Sufficient valves are provided in new and relocated water mains so that inconvenience and sanitary hazards will be minimized during repairs. (It is recommended that valves be placed at not more than 500-foot intervals in commercial districts and at not more than one-block or 800-foot intervals in other districts.)
- (9) If there are high points where air can accumulate in new or relocated water mains during design operating conditions, hydrants or air release valves are provided at such high points to remove the air.
- (10) If there are any automatic air release valves on new or relocated water mains, such valves are not located where the valve manhole or chamber could be flooded by surface runoff or by the 100-year flood or the highest recorded flood, whichever is higher, and the open end of the air release pipe from such valves is extended to at least one foot above grade and is provided with a screened downward-facing elbow.
- (11) If there are any hydrant drains, flushing devices, air release valves, or chambers or manholes containing valves, blow-offs, meters, or other such appurtenances provided in conjunction with new or relocated water mains, they are <u>not</u> connected directly to any sanitary or storm sewers.
- (12) It is required that new and relocated water mains and appurtenances be installed in accordance with applicable AWWA standards and/or the manufacturer's recommended procedures.

System Project Name	Church Extension and Home Missions
Permittee:	Park Water Company
<u> </u>	It is required that rock and unsuitably sized stones (as described in applicable AWWA standards and/or the pipe manufacturer's recommended installation procedures) found in trenches for new and relocated water main pipe be removed to a depth of at least six inches below the bottom of the pipe, that continuous and uniform bedding be provided in trenches for new and relocated water main pipe, and that backfill material be tamped in layers around new and relocated water main pipe and to a sufficient height above such pipe to adequately support and protect the pipe.
<u>x</u> (14)	All tees, bends, plugs, and hydrants in new and relocated water mains are provided with reaction blocking or restrained joints to prevent movement.
<u>x</u> (15)	It is required that all new and relocated water mains be pressure tested and leakage tested in accordance with AWWA Standard C600.
	It is required that all new and relocated water mains be disinfected in accordance with AWWA Standard C651 and Rule 62-555.345, F.A.C.
	All new and relocated water mains are located at least ten feet horizontally from all sanitary sewers, storm sewers, force mains, and reclaimed water lines carrying reclaimed water for restricted public access areas and at least three feet horizontally from all reclaimed water lines carrying reclaimed water for public access areas; <u>or</u> data justifying an exception to these separation requirements are attached in accordance with Rule 62-555.314(1) or (4), F.A.C. (All distances are measured from outside pipe edge to outside pipe edge.)
	If there are any new or relocated water mains that cross any sanitary sewers, storm sewers, force mains, or reclaimed water mains, a profile view of each such crossing or the functional equivalent of a profile view of each crossing is provided.
	If there are any new or relocated water mains that cross any sanitary sewers, storm sewers, force mains, or reclaimed water lines, the water mains cross <u>above</u> such pipelines with a minimum vertical distance of 18 inches between the outside of the water mains and the outside of such pipelines, or such crossings are arranged so that all pipe joints are equidistant from the point of crossing with no less than ten feet between any two joints (or, alternatively, the sanitary sewers, storm sewers, force mains, and reclaimed water lines at such crossings are placed in sleeves or encased in concrete to obtain the equivalent of the ten-foot separation between joints); <u>or</u> data justifying an exception to these separation requirements is attached in accordance with Rule 62-555.314(4), F.A.C.
	If there are any new or relocated water mains that cross over or under surface water, a profile view of each surface water crossing showing the elevation of the bottom of the surface water and the normal and extreme high and low water levels is provided.
	If there are any new or relocated water mains that cross over any surface water, the water main pipe at each surface water crossing is adequately supported and anchored, protected from damage and freezing, and accessible for repair and replacement.
	If there are any new or relocated water mains that cross under any surface water, a minimum cover of two feet is provided over the water main pipe at each such surface water crossing, and if the surface water is greater than 15 feet in width, the following features are provided: (a) flexible watertight joints for the water main pipe at the crossing, (b) easily accessible valves located at both ends of the crossing with neither valve subject to flooding by surface runoff or by the 100-year flood or the highest recorded flood, whichever is higher, and with the valve closest to the supply source located in a manhole, and (c) permanent taps on each side of the valve within the manhole to allow for sampling and insertion of a small meter to determine leakage.
i	Proper backflow-prevention assemblies/devices are provided in accordance with Rule 62-555.360, F.A.C., and the AWWA's Manual M14, <i>Recommended Practice for Backflow Prevention and Cross-Connection</i> Control.
	This project does <u>not</u> include any interconnection between previously separate public water systems that have separate water supply sources. (A specific construction permit is required for such an interconnection.)

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Notification for System	Use of the General Permit for Construction of an Extension to a Public Drinking Water Distribution
Project Name:	Church Extension and Home Missions
Permittee:	Park Water Company

X (25) It is required that all new and relocated water services be in conformance with the State plumbing code, that all pipe and pipe fittings for new and relocated water services contain no more than eight percent lead, and that all solders and flux for new and relocated water services contain no more than 0.2 percent lead.

-2/10/99

Vincent B. Pickett, P.E. 4696

Name and License Number (please type or print)

Signature, Date, and Seal

VI. SUMMARY OF DESIGN DATA FOR PROJECT

1. Design/Projected Annual Average and Maximum Day Water Demands for Proposed Altered/New Distribution Facilities (i.e., water mains) Under this Project:

A = Type of Unit	B = Number of Units	C = Population per Unit	D = Total Population (Columns 8 x C)	E = Per Capita Average Day Water Demand	F = Total Average Day Water Demand (Columns D x E)	G = Total Maximum Day Water Demand
Single-Family Home						
Mobile Home		· · · · · · · · · · · · · · · · · · ·		1		
Apariment						
Commercial, Institutional, or Industrial Facility*	1				5,400	8,100
Total	1	<i>\////////////////////////////////////</i>	1		5,400	8,100

- ' Explanation of Method Used to Estimate Maximum Day Water Demand; Maximum day 150 percent of average day
- 2. Design/Projected Maximum Hour Water Demand for Proposed Altered/New Distribution Facilities Under this Project and Basis of Design/Projection: <u>900 Gallons per hour based on maximum hour = 400% average hour</u>

Design/Projected Fire Demand Plus Coincident Draft (usually maximum day water demand) for Proposed Altered/New Distribution Facilities Under this Project and Basis of Design/Projection: 1006 GPM Fire Flow 1000 GPM + Maximum Day Rate

- 3. Operating Pressure Range for Proposed Altered/New Distribution Facilities Under this Project: 35 to 50 psi Normal
- 4. Will the proposed altered/new distribution facilities under this project be part of a community water system or a public water system that has a service area also served by a reclaimed water system? <u>No</u> If yes, document that the system has a routine cross-connection control plan, including a written plan, in accordance with Rule 62-555.360, F.A.C.:

JEP Form 62-555.900(7) Effective December 10, 1996



Department of Environmental Protection

Application for a Public Drinking Water Facility Construction Permit

INSTRUCTIONS: This form shall be completed and submitted by persons proposing to construct new, or alter existing, public drinking water facilities unless such proposed construction or alteration is permitted under the "General Permit for Construction of an Extension to a Public Drinking Water Distribution System," in which case Form 62-555.900(7) is to be completed and submitted. Complete this form and submit it in guadruplicate to the appropriate district office of the Department or the appropriate Approved County Public Health Unit (ACPHU) along with a check for the proper application processing fee and the following supporting documents: a signed and sealed engineering report (including design data); signed and sealed engineering plans and specifications; a certificate that the project has been approved by the governing body of the applicant (city commissioners, corporation, board, etc.); and, for each project involving the construction of a new drinking water treatment plant in a county regulated by the Florida Public Service Commission (PSC), a copy of the PSC certificate authorizing the applicant to provide service or a copy of the PSC order exempting the applicant from PSC regulation. All supporting documents, as well as this form, shall be submitted in quadruplicate. All information provided on this form shall be typed or printed in ink. Complete Parts I, II, IV, V, and VI.A of this form for all projects, and complete Parts III and VI.B through VI.E of this form when applicable. A signature page or cover letter for engineering reports, each sheet of engineering plans, and a cover or index sheet for engineering specifications shall be signed, dated, and sealed with an impression-type metal seal by the professional engineer(s) in responsible charge of the documents. Also, engineering plans and specifications shall be those intended for construction and shall not be stamped otherwise (e.g., "For Permitting Only," "For Review Only," etc.). Application processing fees are listed in Rule 62-4.050, Florida Administrative Code (F.A.C.). Checks for application processing fees shall be made payable to the Department of Environmental Protection or to the appropriate ACPHU. NOTE THAT A SEPARATE APPLICATION AND A SEPARATE PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PUBLIC DRINKING WATER DISTRIBUTION SYSTEM PROJECT.

I. NAME, DESCRIPTION, AND LOCATION OF PROJECT; APPLICANT; ETC.

Project Name: Park Water Company U.S. 27 Extension

Project Description: Extend the existing 8" PVC water line on the West side of U.S. 27 10,800 L.F. to the Northern boundary of Park Water Company Service Area.

Project Location

County: Polk	Section: 23 & 26	Township: 305	Range: 27E
Latitude and Longitude of E	Each New Treatment Plan	t and Each New Raw Wa	ter Source (attach additional sheets if
necessary):			

Name of New Treatment Plant or Raw Water Source		Latitude	1. 2. 6 16 1	Lo	ngitude	
	H	•	" N	*	•	" W
		•	" N		•	" W
	#	•	" N	м	•	" W

Applicant

Utility/Company Name: Park Water Company Address: 25 First Avenue North	Telephone No.: 941-638-1285
City: Lake Wales	State: FL Zip Code: 33853
Public Water System Supplying Water for Project (comple	ete for distribution system projects)
System Name: Park Water Company	PWS Identification No.:
System Owner: Park Water Company Inc	Telephone No.: 941-638-1285
Address: 25 First Avenue North	······································
City: Lake Wales	State: FL Zip Code: 33853

Owner/Operator of Project After It Is Placed into Service Utility/Company Name: Park Water Company	Telephone No.: 941-638-1285
Address: 25 First Ave. North City: Lake Wales	_ State: FL_ Zip Code: 33853
Professional Engineer in Responsible Charge of Designing Project Name of Engineer: James W. Madden	
Firm Name: James W. Madden, P.E Address: 2705 Clubhouse Drive	Telephone No.: 941-676-9601
City: Lake Wales	State: FL Zip Code: 33853

II. STATEMENT BY APPLICANT

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I, the undersigned owner or authorized representative* of <u>Park Water Company</u>, certify that all components that will be installed under this project and that will come into contact with drinking water or drinking water treatment chemicals (except components that will come into contact with raw water prior to its treatment by reverse osmosis) conform, or will conform, with American National Standards Institute/NSF International (ANSI/NSF) Standard 61. Also, I certify that all drinking water treatment chemicals that will be supplied under this project except fluoridation chemicals conform, or will conform, with ANSI/NSF Standard 60 and that all fluoridation chemicals that will be supplied under this project conform, or will conform, with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable.

I agree that we will require the contractor to furnish us with record drawings for this project. Also, I agree that we will retain a professional engineer registered in Florida to inspect construction of this project for the purpose of determining if work proceeds in compliance with the construction permit and approved engineering plans and specifications.

I am fully aware that we must obtain a letter of clearance from the Department before we place this project into service for any purpose other than disinfection, testing for leaks, or testing equipment operation. Also, I am fully aware that, if we sell or legally transfer ownership of this project before obtaining a letter of clearance from the Department, we must submit to the Department an "Application for Transfer of a Public Water System Construction Permit" within 30 days after such sale or legal transfer of ownership.

Signature and Date

Anthony Staiano, President Name and Title (please type or print)

* Attach a letter of authorization.

III. STATEMENT BY PUBLIC WATER SYSTEM SUPPLYING WATER FOR PROJECT (complete for distribution system projects)

I, the undersigned owner or authorized representative* of <u>Park Water Company</u> certify that we will provide the potable water supply required by this project. As indicated below, the water treatment plant to which this project will be connected has the capacity to provide the potable water supply required by this project, and I certify that said plant is in compliance with the standards and criteria set forth in Chapters 62-550, 62-555, and 62-560, F.A.C. Also, said plant was constructed under one or more valid Department construction permits as indicated below, and I certify that connection of this project to said plant will <u>not</u> be a violation of any condition of this(these) construction permit(s).

Name of Water Treatment Plant to Which this Project Will Be Connected: Park Water Company

Construction Permit Number(s) for Plant and Date(s) Permit(s) Issued: 204005.02 2/12/90

Permitted Maximum Day Capacity of Plant: <u>627,000 gpd</u> Maximum Day Flow at Plant as Recorded on Monthly Operating Reports During Past 12 Months: <u>436,000</u>

Signature and Date

Anthony Staiano, President Name and Title (please type or print)

* Attach a letter of authorization.

DEP Form 82-555 900(1) Effective December 10, 1998 Page 2 of 10

Application for a Public Drinking Water Facility Construction Permit Project Name: Park Water Company U.S. 27 Extention Applicant: Park Water Company

IV. STATEMENT BY OWNER/OPERATOR OF PROJECT AFTER IT IS PLACED INTO SERVICE

I, the undersigned owner or authorized representative* of Park Water Company

certify that we will be the owner/operator of this project after it is placed into service. I agree that we will operate and maintain this project in a manner that will comply with Chapters 62-550, 62-555, 62-560, and 62-699, F.A.C.; and I certify that all drinking water treatment chemicals that we will use except fluoridation chemicals conform, or will conform, with American National Standards Institute/NSF International (ANSI/NSF) Standard 60 and that all fluoridation chemicals that we will use conform, or will conform, with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable. Also, I agree that we will promptly notify the Department if we sell or legally transfer ownership of this project.

Signature and Date

Anthony Staiano. President Name and Title (please type or print)

* Attach a letter of authorization.

V. STATEMENT BY PROFESSIONAL ENGINEER IN RESPONSIBLE CHARGE OF DESIGNING PROJECT

I, the undersigned professional engineer registered in Florida, certify that I am in responsible charge of the preparation and production of engineering documents for this project; that I have expertise in the design of water treatment, storage, and distribution facilities; and that, to the best of my knowledge and belief, the engineering design for this project complies with Chapter 62-555, F.A.C., and provides reasonable assurance of compliance with Chapter 62-550, F.A.C.

The plans and specifications for this project require that all new and relocated project components that will come into contact with drinking water or drinking water treatment chemicals (except components that will come into contact with raw water prior to its treatment by reverse osmosis) be in conformance with American National Standards Institute/NSF International (ANSI/NSF) Standard 61. Also, the plans and specifications for this project require that all drinking water treatment chemicals supplied under this project except fluoridation chemicals be in conformance with ANSI/NSF Standard 60 and that all fluoridation chemicals supplied under this project be in conformance with ANSI and American Water Works Association Standard B701, B702, or B703 as applicable.

Signature, Date, and Seal

James W. Madden, P.E. # 30351 Name and License Number (please type or print)

VI. SUMMARY OF DESIGN DATA FOR PROJECT

A. General

System PWS Identification Number, Name, Owner, and Type

- 1. System PWS Identification Number (if existing system): 6530408
- 2. System Name: Park Water Company
- 3. System Owner: Park Water Company, Inc.
- 4. System Type: G community; G non-transient non-community; G non-community; G consecutive

System Service Area

5. Nature and Extent of Existing Service Area and Design/Projected Service Area: Sections 23, 26, 27, 28, 29, 32, 33, 34, 35, 36, of 30 S, 27 E

LEP Form 62-555 900(1) Effective December 10, 1996

Page 3 of 10

Application for a Public Drinking Water Facility Construction Permit Project Name: Park Water Company U.S. 27 Extension

Applicant: Park Water Company

- 6. Number of Existing Service Connections: 734
- Existing Significant Industrial Water Users (industries with an average or maximum daily water demand that is 1% of the total average or maximum daily water demand on the system) (attach additional sheets if necessary):

None			
Name of Facility	Type of Facility	Average	Maximum
		Present Daily	Nater Demand

 Regulated Consecutive Public Water Systems Presently Connected to this System (attach additional sheets if necessary):

Name of System	Type of System	Any Existing Significant Industrial Water Users?*
None		

IF YES, PROVIDE ON AN ATTACHMENT THE NAMES OF THE USERS AND THEIR PRESENT AVERAGE AND MAXIMUM DAILY WATER DEMANDS.

Present Population Served by System and Present Water Demand

- 9. Present Population Served Directly (excluding all regulated consecutive public water systems): 1907
- 10. Present Total Population Served (including all consecutive public water systems): 1907
- 11. Present Annual Average Day Water Demand: 251,000
- 12. Present Per Capita Annual Average Day Water Demand: 132
- 13. Present Maximum Day Water Demand: 436.000
- 14. Present Maximum Hour Water Demand: 36,000

Design Population and Water Demand for System

15. Design Year and Estimated Total Population to Be Served in Design Year: 2000, 2474 Persons

- 16. Projected Annual Average Day Water Demand in Design Year and Basis of Projection: 2474 X 115 gpd = 284,500 (514 Persons of new population are in RV Parks averaging 50 gpdpc.
- 17. Projected Maximum Day Water Demand in Design Year and Basis of Projection: 493,000 by extrapolation
- 18. Projected Maximum Hour Water Demand in Design Year and Basis of Projection: 40,700 by Extrapolation
- 19. Design Fire Demand (flow rate and duration) and Basis of Design: 700 gpm by Field Test

System Raw Water Sources and Collection Facilities

20. Existing Ground Water Sources and Wells (attach additional sheets if necessary):

Name of Treatment Plant Supplied	Name of Aquiler from Which Raw Water is Withdrawn	Number of Existing Wells	「たいならない」がいていた。 ビービー・ションス かんしき からうかいろ	Total Capacity of Existing Wells When Largest Well Is Out of Service
Park Water Company	Floridian	2	4000 gpm	1500 gpm
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Project Name: Park Water Company US 27

Applicant: Park Water Company Inc.

21. Existing Surface Water Sources and Raw Surface Water Pumps (attach additional sheets if necessary):

Name of Treatment Plant Supplied	Name of Surface Water from Which Raw Water Is Withdrawn		Total Capacity of Existing Pumps When Largest Pump Is Out of Service
N/A			
2 Existing Purchased Water Sour	es (attach additional sheets if necessary)	<u>.</u>	

	Name of Prim	ary Water System	Supplying Wa	ter	
 		N/A			 <u> </u>

23. Will existing raw water sources and collection facilities (including raw water pumping facilities) be altered under this project, or are new raw water sources or collection facilities (including raw water pumping facilities) proposed under this project? <u>NO</u>_____ IF YES, COMPLETE PART VI.B BELOW.

System Treatment Facilities

24. Existing Treatment Plants (attach additional sheets if necessary):

Plant Name	Edating Permitted Maximum Day Capacity of Plant	Existing Maximum Hour Capacity of Plant*	Component That Limits Existing Capacity of Plant	Existing Type of Treatment at Plant
Park Water Company	627,000	N/A	Permit	Chiorination

 Provide this only when increased treatment and/or finished water pumping capacity is provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands.

25. Will existing treatment facilities (including in-plant and finished water pumping facilities) be altered under this project, or are new treatment facilities (including in-plant and finished water pumping facilities) proposed under this project? NO_ IF YES, COMPLETE PART VI.C BELOW.

System Finished Water Storage Facilities

26. Existing Plant and Distribution System Finished Water Storage Facilities (attach additional sheets if necessary):

	Storage Facility Name/Location	Type of Storage Facility (clearwell, hydropneumatic tank, ground-level reservoir, standpipe, eleveled tank, etc.)	Existing Useful Volume of Storage Facility
Park Water Company		Standpipe	305,000
<u></u>			
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27. Will existing plant or distribution system finished water storage facilities be altered under this project, or are new plant or distribution system finished water storage facilities proposed under this project? <u>NO</u>_IFYES, COMPLETE PART VI.D BELOW.

System Distribution Facilities

28. Will existing distribution facilities (including booster pumping facilities) be altered or extended under this project, or are new distribution facilities (including booster pumping facilities) proposed under this project? <u>YES</u> IF YES, COMPLETE PART VI.E BELOW.

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Interconnections with Other Public Water Systems that Have Separate Water Supply Sources

29. Names of Existing Interconnected Public Water Systems and Purpose of Each Existing Interconnection: NONE Applicant: Park Water Company Inc.

<u>N/A</u>

B. Proposed Altered/New Raw Water Sources and Collection Facilities (including raw water pumping facilities)

Ground Water Sources

- 1. Name of Treatment Plant to Be Supplied with Raw Water from Proposed Altered/New Wells:
- 2. Name of Aquifer from Which Raw Water Will Be Withdrawn by Proposed Altered/New Wells:
- Existing and Proposed Altered/New Wells Supplying Raw Water to the Treatment Plant Named in Part VI.B.1 Above (attach additional sheets if necessary):

Well Location/Name/Number	Well Status (existing [not to be altered], proposed altered, or proposed new)	Elevation of Top of Well Casing*	Pumping Water Level*	Type of Well Pump	Well Pump Capecity and Total Dynamic Head ^H
				······	
Total Capacity of Existing and Proposed Ai Total Capacity of Existing and Proposed Ai			 Nice:		

Provide this only for proposed altered/new wells.

^H ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW WELLS.

- 4. Water Management District Construction Permit Number(s) (if applicable) for Proposed Altered/New Well(s) and Date(s) Permit(s) Issued:
- 5. ATTACH A COPY OF THE LOG COMPLETION REPORT (if applicable) FOR EACH PROPOSED ALTERED/NEW WELL.
- 6. ATTACH A MAP OF THE AREA WITHIN 500 FEET OF EACH PROPOSED ALTERED/NEW WELL INDICATING SANITARY HAZARDS.
- ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FROM NEW GROUND WATER SOURCES (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C., and for new sources in delineated areas, analyses shall be conducted pursuant to Rule 62-524.600, F.A.C.).
- Standby Power Source for Well Pumps: Well Pumps Connected, or Proposed to Be Connected, to Standby Power:
- 9. 100-Year, or Highest Known, Flood Elevation in Area of Wells:

Surface Water Sources

- 10. Name of Treatment Plant to Be Supplied with Raw Water from Proposed Altered/New Facilities:
- 11. Name of Surface Water from Which Raw Water Will Be Withdrawn by Proposed Altered/New Facilities:
- 12. Estimated Dry-Weather Flow at Surface Water Intake and Basis of Estimate:
- 13. Description of Existing and Proposed Altered/New Diverting Dams, Impounding Reservoirs, Intake Structures, and/or Infiltration Galleries (attach additional sheets if necessary):
- 14. FOR A PROPOSED NEW OR RELOCATED SURFACE WATER INTAKE, ATTACH A DESCRIPTION AND MAP OF THE WATERSHED AREA ABOVE THE INTAKE INDICATING SANITARY HAZARDS.

- 15. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FROM NEW SURFACE WATER SOURCES (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C.).
- 16. Existing and Proposed Altered/New Raw Surface Water Pumps for the Treatment Plant Named in Part VI.B.9 Above (attach additional sheets if necessary):

Pump Name(s)/Number(s)	Pump Status (existing [not to be altered], proposed altered, or proposed new)	Type of Pump	Capacity and Total Dynamic Head for Each Pump*
Total Conscience Existing and Dranges	Attered/New Pumps When Largest Pump Is	· Out of Service:	

ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTEREDINEW PUMPS.

- 18. 100-Year, or Highest Known, Flood Elevation in Area of Intake: _
- 2. Proposed Altered/New Treatment Facilities (including in-plant and finished water pumping facilities) N/A
 - 1. Name of Proposed Altered/New Treatment Plant:
 - 2. Previous Construction Permit Number(s) for Plant and Date(s) Permit(s) Issued:
 - 3. Design/Projected Annual Average Day Water Demand for Plant and Basis of Design/Projection:
 - 4 Design/Projected Maximum Day Water Demand for Plant and Basis of Design/Projection:
 - Design/Projected Maximum Hour Water Demand and Design/Projected Fire Demand Plus Coincident Draft for Plant and Basis of Design/Projections (provide this only when increased treatment and/or finished water pumping capacity will be provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands):
 - 6. Design Daily Operating Period for Plant:

Design Daily Operating Period for Finished Water Pumping Facilities:

- 7. Design Peak Sustained Operating Flow Rate Through Plant:
- 8. ATTACH RESULTS OF LABORATORY ANALYSES OF RAW WATER FOR THE PLANT (analyses shall be conducted for each applicable water quality standard in Part III of Chapter 62-550, F.A.C.).
- 9. ATTACH A FLOW DIAGRAM SHOWING ALL EXISTING AND PROPOSED ALTERED/NEW TREATMENT PROCESSES (including waste handling processes), CHEMICAL APPLICATION POINTS, PUMPING FACILITIES, AND TREATMENT BYPASS ARRANGEMENTS FOR THE PLANT.
- 10. ATTACH A SUMMARY OF DESIGN CRITERIA FOR EACH EXISTING OR PROPOSED ALTERED/NEW TREATMENT PROCESS (including waste handling processes) AND FOR EACH EXISTING OR PROPOSED ALTERED/NEW CHEMICAL TO BE APPLIED AT THE PLANT (design criteria should include basin capacities, retention times, unit loadings, surface loading rates, backwash rates, feeder capacities and ranges, etc.).

Application for a Public Drinking Water Facility Construction Permit Project Name: Park Water Company US 27 Extension Applicant: Park Water Company Inc.

11. Existing and Proposed Altered/New In-Plant and Finished Water Pumps (attach additional sheets if necessary):

Fump / undulum ion oreant rumped.			
Pump Name(s)/Number(s)	Pump Status (existing [not to be altered], proposed altered, or proposed new)	Type of Pump	Capacity and Total Dynamic Head for Each Pump*
Tetal Canadity of Eviating and Bronged	Attered/New Pumpe \A/ben 1 argest Pump 1	s Out of Service:	

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump Is Out of Service:

Pump Function/Flow Stream Pumped:			
Pump Name(s)/Number(s)	Pump Status (existing [not to be altered], proposed altered, or proposed new)	Type of Pump	Capacity and Total Dynamic Head for Each Pump*
Total Capacity of Existing and Proposed	Attered/New Pumps When Largest Pump I	s Out of Service:	

 Pump Function/Flow Stream Pumped:
 Pump Status (existing [not to be altered], proposed altered, or proposed new)
 Type of Pump
 Capacity and Total Dynamic Head for Each Pump*

 Pump Name(s)/Number(s)
 Pump Status (existing [not to be altered], or proposed new)
 Type of Pump
 Capacity and Total Dynamic Head for Each Pump*

 Image: Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump Is Out of Service:
 Image: Total Capacity of Service:

ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW PUMPS.

12. Method of Disposal of Plant Wastes (Aluminum/Iron Coagulant or Lime Softening Sludge from Clarification, Waste Backwash Water from Filtration, and/or Waste Brine from Ion Exchange or Membrane Processes):

13. Standby Power Source for Plant:

Plant Equipment Connected, or Proposed to Be Connected, to Standby Power:

- 14. 100-Year, or Highest Known, Flood Elevation in Area of Plant:
- D. Proposed Altered/New Plant and Distribution System Finished Water Storage Facilities
 - Existing and Proposed Altered/New Plant and Distribution System Finished Water Storage Facilities (attach additional sheets if necessary):

Storage Facility Name/Location	Status (existing (not to be altered), proposed altered, or proposed new)	Type of Storage Facility (clearwell, hydropneumatic tank, ground-level reservoir, standpipe, elevated tank, etc.)	Gross Volume of Storage Facility	Useful Volume of Storage Facility
Park Water Company	Existing	Standpipe	305,000	305,000
		<u></u>		

Project Name: Park Water Company US 27 Extension Applicant: Park Water Company Inc.

E. Proposed Altered/New Distribution Facilities (including booster pumping facilities)

Distribution Facilities

1. Design/Projected Annual Average and Maximum Day Water Demands for Proposed Altered/New Distribution Facilities (i.e., water mains) Under this Project:

A = Type of Unit	B = Number of Units	C = Population per Unit	D = Total Population (Columns B x C)	E = Per Capita Average Day Water Demand	F = Total Average Day Water Demand (Columne D x E)	G = Total Maximum Day Water Demand ^H
Single-Family Home	726	2.7	1960		190,650	330,400
Mobile Home						
RV Parks	257	2.0	514	50	25,700	61,600
Commercial, Institutional,	8				68,150	100,960
Total					284,500	493,000

Description of Commercial, Institutional, and Industrial Facilities and Explanation of Method Used to Estimate Average Day Water Demand for These Facilities: Church Administration Offices, Restaurant, Two Mobile Home Parks, Warner Southern College, Building Manufacture Plant, Condominium Association. 1998 Actual Records

н Explenation of Method Used to Estimate Maximum Day Water Demand: ____

1998 Actual Records

Design/Projected Maximum Hour Water Demand for Proposed Altered/New Distribution Facilities Under this 2. Project and Basis of Design/Projection: 40,700 by extrapolation from existing records

Design/Projected Fire Demand Plus Coincident Draft (usually maximum day water demand) for Proposed Altered/New Distribution Facilities Under this Project and Basis of Design/Projection: 700 gpm- 2hr Field Test by Caloosa Lake F.D.

- Operating Pressure Range for Proposed Altered/New Distribution Facilities Under this Project: 45-75 psi. 3
- Will any proposed altered/new distribution facilities under this project be installed in areas of ground water for 4. which there is existing documentation of the presence of low-molecular-weight petroleum products or organic solvents at concentrations exceeding ground water standards? NO If yes, describe the nature and extent of such areas:

Will any proposed altered/new distribution facilities under this project connect previously separate public water 5. systems that have separate water supply sources? NO_____ If yes, provide the names of the systems proposed to be interconnected and explain the purpose of each proposed interconnection:

Project Name: Park Water Company US 27 Extension Applicant: Park Water Company Inc.

6. Will the proposed altered/new distribution facilities under this project be part of a community water system or a public water system that has a service area also served by a reclaimed water system? _______ If yes, document that the system has a routine cross-connection control plan, including a written plan, in accordance with Rule 62-555.360, F.A.C.:

Booster Pumping Facilities (N/A)

7. Name/Location of Proposed Altered/New Booster Pumping Station:

A = Type of Unit	B = Number of Units	C * Population per Unit	D = Total Population (Columns B x C)	E = Per Capita Average Day Water Demand	F = Total Average Day Water Demand (Columns D x E)	G = Total Maximum Day Water DemandH
Single-Family Home						
Mobile Home						
Apartment						
Commercial, Institutional, or Industrial Facility*						
Totai						

H Explanation of Method Used to Estimate Maximum Day Water Demand:

9. Design/Projected Maximum Hour Water Demand and Design/Projected Fire Demand Plus Coincident Draft (usually maximum day water demand) for Booster Pumping Station and Basis of Design/Projections (provide this only when increased pumping capacity will be provided in lieu of sufficient downstream/distribution storage volume to meet peak water demands):

Pump Name(s)/Number(s)	Pump Status (existing [not to be altered], proposed altered, or proposed new)	Type of Pump	Capacity and Total Dynamic Head for Each Pump*
	proposed awared, or proposed new)		
······			

Total Capacity of Existing and Proposed Altered/New Pumps When Largest Pump Is Out of Service:

ATTACH PUMP AND SYSTEM HEAD CURVES FOR PROPOSED ALTERED/NEW PUMPS.

11. Standby Power Source for Booster Pumping Station:

Pumps Connected, or Proposed to Be Connected, to Standby Power:

12. 100-Year, or Highest Known, Flood Elevation in Area of Booster Pumping Station:

T. M. CUMBIE, PH.G., VICE PRESIDENT QUINCY

F. P. MEYER, D.D.S., MEMBER ST. PETERSBURG CHARLES J. COLLINS, M.D., PRESIDENT

SULLIVAN G. BEDELL, M.D., MEMBER JACKSONVILLE JOHN D. MILTON, M.D., MEMBER MÉMI



Florida State Board of Health

WILSON T. SOWDER, M.D., M.P.H., STATE HEALTH OFFICER

JACKSONVILLE 1

TELEPHONE ELGIN 4-0161

POST OFFICE BOX 210

BUREAU OF SANITARY ENGINEERING DAVID B. LEE, M.S. IN ENG. DIRECTOR November 20, 1957

Polk County N REPLY PLEASE REFER TO WSW Lake Wales (Crooked Lake Park) /52

Mr. John D. Spivey Lake Wales, Florida /

Dear Sirs:

Issued to you herein is permit for well construction per your application dated October 12, 1957. Kindly submit well log to this office and the cuttings samples to Florida Geological Survey, Drawer 631, Tellahassee, as required by State Samitary Code. No doubt you already know that the Geological Survey furnishes sample bags upon request.

PERMIT TO CONSTRU	JCT WATER SUPPLY WELL
GRANTED TO: Hr. Jo	hn D. Spivey No. 1504
North Lake Shore Development Corp.	Rm. 1, Alcoma Arcade, Lake Wales, Florida
(OWNER OF PROPOSED WELL) WELL LOCATION: Lake Vales, Florida	(OWNER'S ADDRESS)
(CITY, TOWN OR OTHER LOCATION)	(COUNTY)
PURPOSE OR USE OF PROPOSED WELL:	dng water.
(NOTE: Permission is not hereby granted for actual use of w physical and chemical qualities of the water as indicated b INSPECTION HAS BEEN MADE OF THIS PROPOSED X FLORIDA STATE BOARD OF HEALTH, AND PERMISSI CORDANCE WITH ALL PROVISIONS OF CHAPTER XX	ater from the well as such permission will depend upon bacteriological, by proper laboratory analyses of samples from the completed well.) WATER WELL SITE BY A DULY AUTHORIZED OFFICER OF THE ION IS GRANTED FOR CONSTRUCTION OF THIS WELL IN AC- XII OF THE FLORIDA STATE SANITARY CODE, PURSUANT TO 81.291 INCL. & 381.411) FLORIDA STATUTES 1955 AND AMEND-
Granted this 2011 Day of	NOVEMBER 19 57 .
Issued by: BUREAU OF SANITARY ENGINEERING	Approved; Wilson T. Souder, m.D. STATE HEALTH OFFICER

In addition to the provisions of the above permit, the construction of the proposed well must be in accordance with engineering plans and specifications approved by this agency under Serial No. 2049 dated October 8, 1956.

Very truly yours,

J. S. Miller, Chief Water Supply & Treatment Section

DMS:et

an: Morida Goological Survey

co: Polk CHD 📈

cc: No. Bake Shore Dev. Corp.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT (SWFWMD) GENERAL WATER USE PERMIT

PERMIT GRANTED TO: Crooked Lake Park Water Co. Inc. 25 First Avenue N. Lake Wales, FL 33853 PERMIT NO.:204005.02DATE PERMIT GRANTED:February 12, 1990DATE PERMIT APPLICATIONFILED:November 3, 1989PERMIT EXPIRES ON:February 12, 2000SOURCE CLASSIFICATION:GroundwaterUSE CLASSIFICATION:Public SupplyCOUNTY:Polk

(Legal Name and Address)

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

- 1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
- 2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
- 3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

This Permit authorizes the applicant named above to make a combined peak monthly withdrawal of 627,000 gallons of water per day, a combined average annual withdrawal of 456,000 gallons of water per day, and a maximum combined withdrawal rate of Non Applicable gallons per day. Withdrawals are authorized as shown in the table below.

USER	DIST	. WITH	DRAWAL POINT	GALLONS PER D	AY
<u>I,D.</u>	<u>I.D.</u>	<u>SEC-TWN-RGE</u>	LATITUDE LONGITUDE	E PEAK MONTHLY AVERAGE	<u>MAXIMUM</u>
1	1	S35,T30S,R27E	27 49 59 81 35 1	9 313,500 228,000	N/A
2	2	S35,T30S,R27E	27 49 59 81 35 2	0 313,500 228,000	N/A

STATE OF FLORIDA DISTRICT FOURTEEN DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES POLK COUNTY PUBLIC HEALTH UNIT Daniel O. Haight, M.D., Director

September 11, 1996

CS/Crooked Lake PWS ID #6530408

Crooked Lake Water Company 25 First Avenue Lake Wales, FL 33853

Dear Public Water Owner/Operator:

Recent Volatile Organic Contaminents (VOCs) sample results for the above referenced public water system have been evaluated by this Department according to the provisions of *Chapter 62-550.515 F.A.C.*

Since contaminents were detected in these analyses results, quarterly monitoring for the following parameters is required for this system beginning with the October-December 1996 quarter:

Parameter ID #2964 - Dichloromethane Parameter ID #2991 - Toluene

If you have any questions, please contact me at (941) 533-3398 extension 151.

Sincerely,

Lewis Taylor // Environmental Specialist

cc: file/Crooked Lake Water Company

ED FRAVER, SECRETARY