

DATE:	December 16, 2011
TO:	Ann Cole, Commission Clerk, Office of Commission Clerk
FROM:	Robert Simpson, Engineering Specialist II, Division of Economic Regulation
RE:	Docket No. 110238-WU; Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Attached are responses from the Utility regarding the September 1, 2011 letter which requested engineering information from Sunrise Utilities, LLC. Please place the attached documents in the docket file.

Should you have any questions, regarding this matter, please contact me.

Attachments



To: Robert Simpson

From; Mike Smallridge

RE: Docket # 110238-W Sunrise Utilities in Polk County.

Dear Mr. Simpson:

Enclosed please find requested information from your letter of September 1

- 1. Enclosed
- 2. Enclosed
- 3. There are no calibration reports for the last 3 years.
- 4. Enclosed
- 5. Enclosed
- 6. Other than complaints filed with the Commission, the utility has no complaints on file.
- 7. Sunrise Utilities, LLC is a class "c" water only utility which owns the land for which the well site is located. 1 primary 6" well and one 4" back up well. Two hydro tanks and the system is treated with chlorine.
- 8. Not currently available. I will forward copy to you. I believe you have a copy of the map from the 2009 rate case on file. Nothing has changed since then.
- 9. No future expansion.
- 10. Sunrise Utilities have installed 56 new meters at a cost of \$2136.34 and \$1960 for labor to install. Sunrise also replaced main well pump because it was hit by lightning.
- 11. Have not completed bid process.
- 12. Enclosed.

RECEIVED-FPSC 11 DEC 16 AM 9:46 COMMISSION CLERK

11 NOV 18 AM 9: 441 THERE REGULATION

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Customer History

SUNRISE SENERAL Service CENERAL Store : CUSTOMER CONVENIENCE Store :

Service Adr: 2581 SUN ACRES BLVD

Service Type: General Services

~		-	~								
Туре	Date	Memo	Start	End	Usage Es	t Amoun	t Other Charges	Amount	Taxes	Period Total	Balance
1	12/12/2008	bal. Fwd			E	\$11.11		\$0.00 \$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$11.11	\$11.11
Ρ	12/15/2008	check#2187				(\$11.11)		\$0.00	\$0.00 \$0.00 \$0.00	\$0.00	ΦΠ.Π
								\$0.00	\$0.00	(\$11.11)	\$0.00
1	1/2/2009) UtilBill	1049660	1043310	-6350	\$10.10		\$0.00 \$0.00 \$0.00	\$0.00 \$1.01 \$0.00	\$0.00 \$11.11	\$11.11
Ρ	1/15/2009	check#2212] (\$11.11)	1	AQQQ	\$0.00 \$0.00	\$0.00	0 0.00
1	2/2/2009) UtilBill	1043310	1047340	4030 [\$16.71		\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$1.67 \$0.00	(\$11.11) \$0.00 \$18.38	\$0.00 \$18.38
Ρ	2/13/2009	check#2234			E	(\$18.38		\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 (\$18.38)	\$0.00
T	3/1/2009	UtilBill	1047340	1053640	6300	\$21.50		\$0.00 \$0.00 \$0.00	\$0.00 \$2.15 \$0.00	\$0.00 \$23.65	\$23.65
Ρ	3/12/2009	check#2255			E	(\$23.65)	\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 (\$23.65)	\$0.00

Tuesday, November 15, 2011

Service Adr: 2581 SUN ACRES BLVD

Service Type: General Services

Туре	Date	Memo	Start	End	Usage	Fet	Amount	Other Charges	Amount	Taxes	Late Fee Period Total	Balance
турс					e			Other Charges			····	Datatice
1	4/1/2009		1053640	1057810	4170		\$16.94		\$0.00	. \$0.00	\$0.00	
		UtilBill							\$0.00	\$1.69		
									\$0.00	\$0.00	\$18.63	\$18.63
Р	4/9/2009						(\$18.63)			\$0.00	\$0.00	
		check#2276								\$0.00		
									\$0.00	\$0.00	(\$18.63)	\$0.00
I .	5/1/2009	I.	1057810	1060530	2720		\$14.56		\$0.00	\$0.00	\$0.00	
		UtilBill							\$0.00	\$1.46		
									\$0.00	\$0.00	\$16.02	\$16.02
Р	5/15/2009	I.					(\$16.02)			\$0.00	\$0.00	
		check#2302								\$0.00		
									\$0.00	\$0.00	(\$16.02)	\$0.00
1	6/1/2009		1060530	1065570	5040		\$18.40		\$0.00	\$0.00	\$0.00	
		UtilBill							\$0.00	\$1.84		
									\$0.00	\$0.00	\$20.24	\$20.24
Р	6/12/2009	<u>-</u>				\Box	(\$20.24)			\$0.00	\$0.00	
		check#2324					,			\$0.00		
									\$0.00	\$0.00	(\$20.24)	\$0.00
1	7/1/2009	1	1065570	1068910	3340	Π	\$15.58		\$0.00	\$0.00	\$0.00	
•		UtilBill				لين	•••••		\$0.00	\$1.56	••••	
									\$0.00	\$0.00	\$17.14	\$17.14
Р	7/13/2009					ب ت	(\$17.14)			\$0.00	\$0.00	
	1113/2003	check#2347					(\\11.14)			\$0.00	φ0.00	
		01000720-77							\$0.00	\$0.00	(\$17.14)	\$0.00
	8/3/2009		1068910	1073240	4330	Ŀ,	\$17.20		\$0.00	\$0.00	\$0.00	
I	0/3/2009	UtilBill	1000910	10/3240	4550	لسا	φ17.2U		\$0.00	\$0.00 \$1.72	40.00	
		UUDIII							\$0.00 \$0.00	\$0.00	\$18.92	\$18.92
									40.00	φ0.00	\$10.9Z	φ10.9Z
1. 1		er 15, 2011							والمراجع والمراجع والمراجع			

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Meter ID / Account Nbr: 2581SA

Service Adr: 2581 SUN ACRES BLVD

Service Type: General Services

											Late Fee	
Туре	Date	Memo	Start	End	Usage	Est	Amount	Other Charges	Amount	Taxes	Period Total	Balance
Ρ	8/10/2009	check#2375					(\$18.92)		4 0.00	\$0.00 \$0.00	\$0.00	
I	9/1/2009	UtilBill	1073240	1080130	6890	0	\$22.95		\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$2.30	(\$18.92) \$0.00	\$0.00
P	9/10/2009	check#2428					(\$25.95)		\$0.00	\$0.00 \$0.00 \$0.00	\$25.25 \$0.00	\$25.25
I	10/1/2009		1080130	1083510	3380	• 🗆	\$15.64		\$0.00 \$0.00	\$0.00 \$0.00	(\$25.95) \$0.00	(\$0.70)
P	10/8/2009	UtilBill					(\$16.50)		\$0.00 \$0.00	\$1.56 \$0.00 \$0.00	\$0.00	\$16.50
1	11/2/2009	check#2476	1083510	1093380	9870		\$30.28		\$0.00 \$0.00	\$0.00 \$0.00 \$0.00	(\$16.50) \$0.00	\$0.00
I	11/2/2009	UtilBill	1063310	1093360	9070	, []			\$0.00 \$0.00 \$0.00	\$3.03 \$0.00	\$33.31	\$33.31
P	11/12/2009	cehck#2533					(\$33.31)		\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 (\$33.31)	\$0.00
I	12/2/2009	UtilBill	1093380	1098150	4770) []	\$17.92		\$0.00 \$0.00	\$0.00 \$1.79	\$0.00	\$19.71
P	12/10/2009	cehck#2580					(\$19.71)		\$0.00	\$0.00 \$0.00 \$0.00	\$19.71 \$0.00	519.71
									\$0.00	\$0.00	(\$19.71)	\$0.00

Tuesday, November 15, 2011

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Meter ID / Account Nbr: 2581SA

Service Adr: 2581 SUN ACRES BLVD

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Service Type: General Services

Type Date 1/1/2010 1/7/2010 2/3/2010 2/3/2010 3/4/2010 3/9/2010 4/1/2010 4/1/2010	UtilBill cehck#2622 UtilBill check#2678	Start 1098150 1103550	End 1103550 1110710		Est	Amount \$19.28 (\$21.21) \$28.07 (\$30.88)	Other Charges	Amount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Taxes \$0.00 \$1.93 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$2.81 \$0.00	Period Te \$0.00 \$21. \$0.00 (\$21. \$0.00	21	Balance \$21.21 \$0.00
 1/7/2010 2/3/2010 2/10/2010 3/4/2010 3/9/2010 4/1/2010 	UtilBill cehck#2622 UtilBill check#2678	1103550				(\$21.21) \$28.07		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$1.93 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$2.81	\$21. \$0.00 (\$21. \$0.00		
 2/3/2010 2/10/2010 3/4/2010 3/9/2010 4/1/2010 	0 cehck#2622 0 UtilBill 0 check#2678		1110710	716		\$28.07		\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$2.81	\$0.00 (\$21. \$0.00		
 2/3/2010 2/10/2010 3/4/2010 3/9/2010 4/1/2010 	cehck#2622 0 UtilBill 0 check#2678		1110710	716		\$28.07		\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$2.81	\$0.00 (\$21. \$0.00		
 2/3/2010 2/10/2010 3/4/2010 3/9/2010 4/1/2010 	cehck#2622 0 UtilBill 0 check#2678		1110710	716		\$28.07		\$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$2.81	(\$21. \$0.00	21)	\$0.00
 2/10/2010 3/4/2010 3/9/2010 4/1/2010 	0 UtilBill 0 check#2678		1110710	716	•			\$0.00 \$0.00	\$0.00 \$0.00 \$2.81	\$0.00	21)	\$0.00
 2/10/2010 3/4/2010 3/9/2010 4/1/2010 	UtilBill 0 check#2678		1110710	716				\$0.00 \$0.00	\$0.00 \$2.81	\$0.00	21)	\$0.00
 2/10/2010 3/4/2010 3/9/2010 4/1/2010 	UtilBill 0 check#2678		1110710	716				\$0.00	\$2.81	·		
3/4/2010 P 3/9/2010 4/1/2010	0 check#2678					(\$30.88)						
3/4/2010 P 3/9/2010 4/1/2010	check#2678					(\$30.88)		\$0.00	\$0.00			
3/4/2010 P 3/9/2010 4/1/2010	check#2678	1110710				(\$30.88)			40.00	\$30.	88	\$30.88
P 3/9/2010 4/1/2010		4440-44				(400.00)			\$0.00	\$0.00		
P 3/9/2010 4/1/2010	 C	4440-140							\$0.00			
P 3/9/2010 4/1/2010)	4440740						\$0.00	\$0.00	(\$30.	88)	\$0.00
4/1/201		1110710	1129694	18984	4 🗖	\$57.75	 .	\$0.00	\$0.00	\$0.00		
4/1/201	UtilBill							\$0.00	\$5.78			
4/1/201								\$0.00	\$0.00	\$63.	53	\$63.53
	0		÷			(\$63.53)			\$0.00	\$0.00		
	check#2727								\$0.00			
								\$0.00	\$0.00	(\$63.	53)	\$0.00
	0	1129694	1144020	14320	6 🗌	\$46.06		\$0.00	\$0.00	\$0.00		
P 4/7/2010	UtilBill							\$0.00	\$4.61			
P 4/7/2010								\$0.00	\$0.00	\$50.	67	\$50.67
	0					(\$50.67)			\$0.00	\$0.00		
	check#2781								\$0.00			
								\$0.00	\$0.00	(\$50.	67)	\$0.00
5/1/201	0	1144020	1149850	583	0 🗆	\$24.73		\$0.00	\$0.00	\$0.00		
	UtilBill							\$0.00	\$2.47			
							· · · · · ·	\$0.00	\$0.00	\$27.	20	\$27.20
uesday, Novemi								· · · · · · · · · ·	سيابيه منارعتهم والارار الأراد و			Page 4 of 9

Meter ID / Account Nbr: 2581SA

Service Adr: 2581 SUN ACRES BLVD

Service Type: General Services

Туре	Date	Мето	Start	End	Usage	Est	Amount	Other Charges	Amount	Taxes	Late Fee Per	: iod Total	Balance
Ρ	5/9/2010) check#2834					(\$27.20)	·····		\$0.00 \$0.00	\$0.00		
		CHCOR#2004							\$0.00	\$0.00 \$0.00		(\$27.20)	\$0.00
1	6/2/2010)	1149850	1156840	6990		\$27.64		\$0.00	\$0.00	\$0.00	(+=: !==;)	••••••
		UtilBill				L]	•-· • •		\$0.00	\$2.76	40.00		
									\$0.00	\$0.00		\$30.40	\$30.40
Р	6/10/2010)					(\$27.64)			\$0.00	\$0.00		
		check#2888								\$0.00			
									\$0.00	\$0.00		(\$27.64)	\$2.76
l I	7/1/2010)	1156840	1161320	4480	\square	\$21.34		\$0.00	\$0.00	\$5.00		
		UtilBill							\$0.00	\$2.13			
									\$0.00	\$0.00		\$28.47	\$31.23
Р	7/12/2010)					(\$21.34)			\$0.00	\$0.00		
		check#2941								\$0.00			
									\$0.00	\$0.00		(\$21.34)	\$9.89
I	8/2/2010		1161320	1166370	5050		\$22.78		\$0.00	\$0.00	\$5.00		
		UtilBill							\$0.00	\$2.28			
									\$0.00	\$0.00		\$30.06	\$39.95
Р	8/8/2010						(\$39.95)			\$0.00	\$0.00		
		check#2995								\$0.00			
									\$0.00	\$0.00		(\$39.95)	\$0.00
1	9/2/2010		1166370	1170510	4140		\$20.49		\$0.00	\$0.00	\$0.00		
		UtilBill							\$0.00	\$2.05			
									\$0.00	\$0.00		\$22.54	\$22.54
Р	9/9/2010						(\$22.54)			\$0.00	\$0.00		
		check#3049								\$0.00			
									\$0.00	\$0.00		(\$22.54)	\$0.00

Tuesday, November 15, 2011

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Meter ID / Account Nbr: 2581SA

Service Adr: 2581 SUN ACRES BLVD

Service Type: General Services

_											Late Fee		
Туре	Date	Memo	Start	End	Usage	Est	Amount	Other Charges	Amount	Taxes	Peri	od Total	Balance
I	10/1/2010		1170510	1176210	5700		\$24.41		\$0.00	\$0 .00	\$0.00		
		UtilBill							\$0.00	\$2.44			
									\$0.00	\$0.00		\$26.85	\$26.85
Р	1 0/ 11/2010	I				\square	(\$26.85)	-		\$0.00	\$0.00		
		check#3107								\$0.00			
									\$0.00	\$0.00		(\$26.85)	\$0.00
I	11/4/2010		10	650	640		\$11.71		\$0.00	\$0.00	\$0.00		
		UtilBill							\$0.00	\$1 .17			
									\$0.00	\$0.00		\$12.88	\$12.88
Р	11/17/2010						(\$12.88)			\$0.00	\$0.00		
		check#3167								\$0.00			
									\$0.00	\$0.00		(\$12.88)	\$0.00
F	12/1/2010	· ··	650	4390	3740	\square	\$19.49	··· -	\$0.00	\$0.00	\$0.00		
		UtilBill				L.,			\$0.00	\$1.95			
									\$0.00	\$0.00		\$21.44	\$21.44
Р	12/20/2010					\Box	(\$21.44)			\$0.00	\$0.00		
		check#3229				<u> </u>	. ,			\$0.00	-		
									\$0.00	\$0.00		(\$21.44)	\$0.00
I	1/2/2011		4390	9360	4970	Π	\$22.57		\$0.00	\$0.00	\$0.00		
		UtilBill							\$0.00	\$2.26			
									\$0.00	\$0.00		\$24.83	\$24.83
Р	1/20/2011					Ė	(\$24.83)			\$0.00	\$0.00		
		check#3263								\$0.00			
									\$0.00	\$0.00		(\$24.83)	\$0.00
1	2/1/2011		9360	13950	4590	[]	\$21.62		\$0.00	\$0.00	\$0.00		
		UtilBill							\$0.00	\$2.16			
									\$0.00	\$0.00		\$23.78	\$23.78

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Meter ID / Account Nbr: 2581SA

Service Adr: 2581 SUN ACRES BLVD

Service Type: General Services

Туре	Date	Memo	Start	End	Usage	Est	Amount	Other Charges	Amount	Taxes	Late Fee Peri	od Total	Balance
P	2/15/2011	1 check#3304					(\$23.78)			\$0.00 \$0.00	\$0.00		. <u></u>
									\$0.00	\$0.00		(\$23.78)	\$0.00
1	3/1/2011	1	13950	18280	4330		\$20.97		\$0.00	\$0.00	\$0.00		
		UtilBill							\$0.00	\$2.10			
									\$0.00	\$0.00		\$23.07	\$23.07
Р	3/18/2011	1					(\$23.07)			\$0.00	\$0.00		
		ck 3365								\$0.00			
									\$0.00	\$0.00		(\$23.07)	\$0.00
I I	3/31/2011	1	18280	23280	5000		\$22.65		\$0.00	\$0.00	\$0.00		
		UtilBill							\$0.00	\$2.27			
									\$0.00	\$0.00		\$24.92	\$24.92
Р	4/29/2011	·					(\$24.92)			\$0.00	\$0.00		
		ck 3427								\$0.00			
									\$0.00	\$0.00		(\$24.92)	\$0.00
1	5/2/2011	I	23280	28310	5030		\$22.73		\$0.00	\$0.00	\$5.00		
		UtilBill							\$0.00	\$2.27			
									\$0.00	\$0.00		\$30.00	\$30.00
P	5/12/2011						(\$30.00)			\$0.00	\$0.00		
		ck 3470								\$0.00			
									\$0.00	\$0.00		(\$30.00)	\$0.00
1	6/3/2011		28310	32870	4560		\$21.55		\$0.00	\$0.00	\$0.00		
		UtilBill				L			\$0.00	\$2.16			
									\$0.00	\$0.00		\$23.71	\$23 .71
Р	6/16/2011					m	(\$23.71)				\$0.00		
		ck 3530					(,,,,)			\$0.00	*****		
									\$0.00	\$0.00		(\$23.71)	\$0.00

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Meter ID / Account Nbr: 2581SA

Service Adr: 2581 SUN ACRES BLVD

Service Type: General Services

											Late Fee		
Туре	Date	Memo	Start	End	Usage	Est	Amount	Other Charges	Amount	Taxes	Perio	d Total	Balance
F	7/1/2011		32870	37720	4850		\$22.27		\$0.00	\$0.00	\$0.00		
	ι	JtilBill				_			\$0.00	\$2.23			
									\$0.00	\$0.00		\$24.50	\$24.50
Р	7/12/2011						(\$24.50)			\$0.00	\$0.00		
	c	x 3463								\$0.00			
									\$0.00	\$0.00	((\$24.50)	\$0.00
1	8/2/2011		37720	44880	7160		\$28.07		\$0.00	\$0.00	\$0.00		
	ι	JtilBill							\$0.00	\$2.81			
									\$0.00	\$0.00		\$30.88	\$30.88
₽	8/19/2011						(\$30.88)			\$0.00	\$0.00		
	c	k 3651				لعييها	. ,			\$0.00			
									\$0.00	\$0.00	((\$30.88)	\$0.00
1	9/2/2011		44880	52684	7804		\$29.69		\$0.00	\$0.00	\$0.00		
	ι	JtilBill				12			\$0.00	\$2.97			
									\$0.00	\$0.00		\$32.66	\$32.66
Р	9/15/2011						(\$29.69)	·· · · ·		\$0.00	\$0.00		
	c	x 3715				لنصة				\$0.00	,		
									\$0.00	\$0.00	((\$29.69)	\$2.97
i i	10/4/2 011		52684	58470	5786		\$24.62		\$0.00	\$0.00	\$7.00		
	ι	JtilBill							\$0.00	\$2.46	<i></i>		
									\$0.00	\$0.00		\$34.08	\$37.05
P	10/14/2011					[]	(\$37.05)			\$0.00	\$0.00		
	c	k 3767				L}	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$0.00	••••		
									\$0.00	\$0.00	(\$37.05)	\$0.00
I I	11/1/2011		58470	70790	12320		\$41.02		\$0.00	\$0.00	\$0.00	·	
	ι	JtilBill				لمعا			\$0.00	\$4.10	20.00		
									\$0.00	\$0.00		\$45.12	\$45.12

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Meter ID / Account Nbr: 2581SA

Service Adr: 2581 SUN ACRES BLVD

Service Type: General Services

										Late Fee	
Туре	Date	Memo	Start	End	Usage	Est Amount	Other Charges	Amount	Taxes	Period Total	Balance
Р	11/8/201	1				(\$45.12)			\$0.00	\$0.00	
		ck 3813							\$0.00		
								\$0.00	\$0.00	(\$45.12)	\$0.00
									Customer	Balance —	\$0.00

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Billing Summary

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		5400		\$0.00		\$0.00		\$1.93		\$0.00		\$0.00	
General Services # of Customers Billed	1		\$19.28		\$0.00		\$0.00		\$0.00		\$21.21		\$21.21
Residential	-										a (a)	(B)	
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1015045		\$35.00		\$0.00		\$420.57		\$325.00		\$2,553.00	
Residential # of Customers Billed	236		\$4,000.29		\$0.00		\$0.00		\$0.00		\$4,780.86		\$7,333.86
Report		1020445		\$35.00		\$0.00		\$422.50		\$325.00		\$2,553.00	
Totals			\$4,019.57		\$0.00		\$0.00		\$0.00		\$4,802.07		\$7,355.07
# of Cust / Bi		Category	236	.1	0	0				68			

Billing Summary

2/1/2010 to 2/28/2010

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Totał	Previous Balance	Total Amount
Total		7160		\$0.00		\$0.00		\$2.81		\$0.00		\$0.00	
General Services # of Customers Billed	1		\$28.07		\$0.00		\$0.00		\$0.00		\$30.88		\$30.88
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Totai Amount
Total		1247241		\$35.00		\$0.00		\$503.98		\$310.00		\$451.56	
Residential # of Customers Billed	234		\$5,038.51		\$0.00		\$0.00		\$0.00		\$5,887.49		\$6,339. 0 5
Report		1254401		\$35.00		\$0.00		\$506.79		\$310.00		\$451.56	•• ·
Totals			\$5,066.58		\$0.00		\$0.00		\$0.00		\$5,918.37		\$6,369.93
# of Cust /	Billed (Category	234	1	0	0				64			

Billing Summary

3/1/2010 to 3/31/2010

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		18984		\$0.00		\$0.00		\$5.78		\$0.00		\$0.00	
General Services			\$57.75		\$0.00		\$0.00		\$0.00		\$63.53		\$63.53
# of Customers Billed	1				÷								
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1107120		\$0.00		\$0.00		\$454.36		\$170.00		\$1,383.51	
Residential			\$4,401.54		\$0.00		\$0.00		\$0.00		\$5,025.90		\$6,409.41
# of Customers Billed													
Report		1126104		\$0.00		\$0.00		\$460.14		\$170.00		\$1,383.51	
Totals			\$4,459.29		\$0.00		\$0.00		\$0.00		\$5,089.43		\$6,472.94
# of Cust	/ Billed	Category	237	0	0	0				49			

Billing Summary 4/1/2010 to 4/30/2010

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services # of Customers Billed	1	14326	\$46.06	\$0.00	\$0.00	\$0.00	\$0.00	\$4.61	\$0.00	\$0.00	\$50.67	\$0.00	\$50.67
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		605637		\$0.00		\$0.00		\$353.21		\$220.00		\$618.37	
Residential # of Customers Billed	230		\$3,470.21		\$0.00		\$0.00		\$0.00				\$4,661.79
Report		619963		\$0.00		\$0.00		\$357.82		\$220.00		\$618.37	
Totals			\$3,516.27		\$0.00		\$0.00		\$0.00		\$4,094.09		\$4,712.46
# of Cust	Billed	Category	229	0	0	0				48			

Tuesday, November 15, 2011

Sunrise Utilities, LLC

Billing Summary 5/1/2010 to 5/31/2010

		Usage	Water	<i>Other</i> Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services # of Customers Billed	1	5830	\$24.73	\$0.00	\$0.00	\$0.00	\$0.00	\$2.47	\$0.00	\$0.00	\$27.20	\$0.00	\$27.20
<u>Residential</u>													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Residential # of Customers Billed	233	1259061	\$4,932.02	\$52.00	\$0,00		\$0.00	\$501.52		\$185.00		\$267.40	\$5,937.94
Report Totals		1264891	\$4,956.75	\$52.00	\$0.00	\$0.00	\$0.00	\$503,99	\$0.00	\$185.00	\$5,697.74	\$267.40	\$5,965.14
# of Cust /	Billed (Category	230	1	0	0				48			

Billing Summary

6/1/2010 to 6/30/2010

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services # of Customers Billed	1	6990	\$27.64	\$0.00	\$0.00	\$0.00	\$0.00	\$2.76	\$0.00	\$0.00	\$30.40	\$0.00	\$30.40
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1558765		\$25.00		\$0.00		\$595.89		\$225.00		\$1,010.01	
Residential # of Customers Billed	236		\$5,867.23		\$0.00		\$0.00		\$0.00		\$6,713.12		\$7,723.13
Report	•	1565755		\$25.00		\$0.00		\$598.65		\$225.00		\$1,010.01	
Totals			\$5,894.87		\$0.00		\$0 .00		\$0.00		\$6,743.52		\$7,753.53
# of Cust	/ Billed	Category	232	1	0	0				56			

Billing Summary

7/1/2010 to 7/31/2010

General Services

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	Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services # of Customers Billed 1	4480	\$21.34	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$0.00	\$5.00	\$28.47	\$2.76	\$31.23
Residential												
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Totai Amount
Total Residential # of Customers Billed 23		\$5,327.66		\$0.00	\$0.00	\$0.00	\$563.43		\$260.00	\$6,151.09	\$1,192.07	\$7,343.16
Report Totals # of Cust / Bille	1404761	\$5,349.00 230	\$0.00 0	\$0.00 0	\$0.00 0	\$0.00	\$565.56	\$0.00	\$265.00 61	\$6,179.56	\$1,194.83	\$7,374.39

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Sunrise Utilities, LLC

Billing Summary

8/1/2010 to 8/31/2010

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services # of Customers Billed	1	5050	\$22.78	\$0.00	\$0.00	\$0.00	\$0.00	\$2.28	\$0.00	\$5.00	\$30.06	\$9.89	\$39.95
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Residential # of Customers Billed	235	1487993	\$5,776.53	\$187.13		\$0.00	\$0.00	\$580.21	\$0.00	\$385.00	\$6,928.87	\$263 .31	\$7,192.18
Report Totals # of Cust	Billed	1493043	\$5,799.31 235	\$187.13 13	\$0.00 0	\$0.00	\$0.00	\$582.49		\$390.00 80	\$6,958.93	\$273.20	\$7,232.13

Billing Summary

9/1/2010 to 9/30/2010

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services # of Customers Billed	1	4140	\$20.49	\$0.00	\$0.00	\$0.00	\$0.00	\$2.0 5	\$0.00	\$0.00	\$22.54	\$0.00	\$22.54
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1109314		\$52.00		\$0.00		\$456.45		\$320.00		\$1,632.90	
Residential # of Customers Billed	237		\$3,806.14		\$0.00		\$0.00		\$0.00		\$4,634.59		\$6,267.49
<u>Kraft</u>													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total				\$0.00		\$0.00		\$0.00		\$0.00		\$51.25	
Kraft # of Customers Billed	1		(\$51.25)		\$0.00		\$0.00		\$0.00		(\$51.25)		\$0.00
Report		1113454		\$52.00		\$0.00		\$458.50		\$320.00		\$1,684.15	
Totals			\$3,775.38		\$0.00		\$0.00		\$0.00		\$4,605.88		\$6,290.03
# of Cust /	Billed C	Category	235	1	0	0				78			

Tuesday, November 15, 2011

Sunrise Utilities, LLC

Billing Summary

10/1/2010 to 10/31/201

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services # of Customers Billed 1	5700	\$24.41	\$0.00	\$0.00	\$0.00	\$0.00	\$2.44	\$0.00	\$0.00	\$26.85	\$0.00	\$26.85
<u>Residential</u>										·		
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Residential # of Customers Billed 227	1303480	\$5,122.65	\$140.00	\$10.00	\$0.00	\$0.00	\$514.81	\$0.00	\$305.00	\$6,092.46	\$390.66	\$6,483.12
<u>Kraft</u>												
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Kraft # of Customers Billed 1	11830	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Report	1321010	.	\$140.00		\$0.00		\$517.25	· · · · · · · · · · · · · · · · · · ·	\$305.00		\$390.66	
Totals # of Cust / Billed	l Category	\$5,147.06 225	11	\$10.00 2	0	\$0.00		\$0.00	68	\$6,119.31		\$6,509.97

Billing Summary

11/1/2010 to 11/30/201

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		640		\$0.00		\$0.00		\$1.17		\$0.00		\$0.00	
General Services			\$11.71		\$0.00		\$0.00		\$0.00		\$12.88		\$12.88
# of Customers Billed	1												
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1358754		\$230.00		\$0.00		\$525.48		\$340.00		\$126.07	
Residential			\$5,117.47	•	\$0.00	·	\$0.00		\$0.00		\$6,212.95		\$6,339.02
# of Customers Billed	233							 .					
Kraft													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Tatal		14970		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Total Kraft		14010	\$0.00	•••••	\$0.00	•••••	\$0.00		\$0.00	•	\$0.00		\$0.00
# of Customers Billed	1		· · · · · · · · · · · · · · · · · · ·						=				
Beant		1374364		\$230.00		\$0.00		\$526.65		\$340.00		\$126.07	
Report Totals			\$5,129.18		\$0.00		\$0.00		\$0.00		\$6,225.83		\$6,351.90
# of Cust /	Billed (Category	231	23	0	0				74			

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Sunrise Utilities, LLC

Billing Summary

12/1/2010 to 12/31/201

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services	3740	\$19.49	\$0 .00	\$0.00	\$0.00	\$0.00	\$1.95	\$0.00	\$0.00	\$21.44	\$0.00	\$21.44
# of Customers Billed 1 Residential												
<u></u>	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Lat e Fee	Period Totai	Previous Balance	Total Amount
Total	1024039		\$25.00		\$0.00		\$430.55		\$340.00		\$182.08	
Residential # of Customers Billed 233	· ·-	\$4,268.17		\$0.00		\$0.00		\$0.00		\$5,063.72		\$5,245.80
<u>Kraft</u>												
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Kraft # of Customers Billed 1	9210	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0 .00	\$0.00	\$0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	1036989		\$25.00		\$0.00		\$432.50		\$340.00		\$182.08	
Report Totals		\$4,287.66		\$0.00		\$0.00		\$0.00	,	\$5,085.16	, ie z .ee	\$5,267.24
# of Cust / Billed	I Category	232	1	0	0				72			

Billing Summary

1/1/2011 to 1/31/2011

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	4970		\$0.00		\$0.00		\$2.26		\$0.00		\$0.00	
General Services # of Customers Billed 1		\$22.57		\$0.00		\$0.00		\$0.00		\$24.83		\$24.83
<u>Residential</u>												
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1120988		\$25.00		\$0.00		\$458.86		\$255.00		\$641.53	
Residential		\$4,582.66		\$5.00		\$0.00		\$0.00		\$5,326.52		\$5,968.05
# of Customers Billed 236												
<u>Kraft</u>												
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	12200		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Kraft		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed 1												
Report	1138158		\$25.00		\$0.00		\$461.12		\$255.00		\$641.53	
Totals		\$4,605.23		\$5.00		\$0.00		\$0.00		\$5,351.35		\$5,992.88
# of Cust / Billed	d Category	231	1	1	0				63			

Tuesday, November 15, 2011

Sunrise Utilities, LLC

Billing Summary

2/1/2011 to 2/28/2011

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	4590		\$0.00		\$0.00		\$2.16		\$0.00		\$0.00	
General Services # of Customers Billed 1		\$21.62		\$0.00		\$0.00		\$0.00		\$23.78		\$23.78
<u>Residential</u>												
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1167605		\$0.00		\$0.00		\$475.83		\$265.00		(\$197.61)	
Residential		\$4,522.24		\$5.00		\$0.00		\$0.00		\$5,268.07		\$5,070.46
# of Customers Billed 235					· ·····							
<u>Kraft</u>												
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	12210		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Kraft		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed 1									· · · · · · · · · · · · · · · · · · ·			
Panart	1184405		\$0.00		\$0.00		\$477.99		\$265.00	·	(\$197.61)	
Report Totals		\$4,543.86		\$5.00		\$0.00		\$0.00		\$5,291.85		\$5,094.24
# of Cust / Bille	d Category	234	0	1	0				57			

Billing Summary

3/1/2011 to 3/31/2011

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services		9330	\$43.62	\$0.00	\$0 .00	\$0.00	\$ 0.0 0	\$4.37	\$0.00	\$0.00	\$47.99	\$0.00	\$47.99
# of Customers Billed	2												
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		2487106		\$185.00		\$0.00		\$1,008.82		\$610.00		\$278.81	
Residential	405		\$10,086.70		\$10.00		\$0.00		\$0.00		\$11,900.52		\$12,179.33
# of Customers Billed	465												
<u>Kraft</u>													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		22210		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Kraft			\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	2												
Report		2518646		\$185.00		\$0.00		\$1,013.19		\$610.00		\$278.81	
Totals			\$10,130.32		\$10.00		\$0.00		\$0.00		\$11,948.51		\$12,227.32
# of Cust /	Billed	Category	466	11	2	0				125			

Billing Summary 4/1/2011 to 4/30/2011

Residential

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	17020		\$0.00		\$0.00		\$6.51		(\$5.00)		\$35.55	
Residential		\$65.14		\$0.00		\$0.00		\$0.00		\$66.65		\$102.20
# of Customers Billed 4												
Report	17020		\$0.00		\$0.00	,	\$6.51		(\$5.00)		\$35.55	••••
Totals		\$65.14		\$0.00		\$0.00		\$0.00		\$66.65		\$102.20
# of Cust / Bille	d Category	3	0	0	0				1			

Billing Summary

5/1/2011 to 5/31/2011

General Services

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		5030		\$0.00		\$0.00		\$2.27		\$5.00		\$0.00	
General Services			\$22.73		\$0.00		\$0.00		\$0.00		\$30.00		\$30.00
# of Customers Billed	1												
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1406797		\$75.00		\$0.00		\$558.79		\$263.59		(\$456.94)	
Residential			\$5,576.36	·	\$5.00	·	\$0.00		\$0.00		\$6,478.74	,	\$6,021.80
# of Customers Billed	243												
<u>Kraft</u>													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		12120		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Kraft			\$0.00		\$0.00		\$0.00		\$0.00		\$0 .00		\$0.00
# of Customers Billed	1									-			
Report		1423947		\$75.00		\$0.00		\$561.06		\$268.59		(\$456.94)	
Totals			\$5,599.09		\$5.00		\$0.00		\$0.00		\$6,508.74		\$6,051.80
# of Cust /	Billed	Category	240	5	1	0				61			

Billing Summary

6/1/2011 to 6/30/2011

General Services

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		4560		\$0.00		\$0.00		\$2.16		\$0.00		\$0.00	
General Services # of Customers Billed	1		\$21.55		\$0.00		\$0.00		\$0.00		\$23.71		\$23.71
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1447130		\$85.00		\$0.00		\$560.75		\$399.00		\$886.65	
Residential			\$5,430.79		\$50.00		\$0.00		\$0.00		\$6,525.54		\$7,412.19
# of Customers Billed	236												
<u>Kraft</u>													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		11590		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Kraft			\$0.00		\$0.00		\$0.00		\$0.00	•	\$0.00		\$0.00
# of Customers Billed	1												
Report		1463280		\$85.00		\$0.00		\$562.91		\$399.00		\$886.65	
Totals			\$5,452.34		\$50.00		\$0.00		\$0.00		\$6,549.25		\$7,435.90
# of Cust	/ Billed	Category	236	5	4	0				57			

Billing Summary

7/1/2011 to 7/31/2011

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Totai		4850		\$0.00		\$0.00		\$2.23		\$0.00		\$0.00	
General Services			\$22.27		\$0.00		\$0.00		\$0.00		\$24.50		\$24.50
# of Customers Billed	1												
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		1571057		\$205.00		\$0.00		\$604.89		\$211.00		\$65.76	
Residential			\$6,048.06		\$0.00		\$0.00		\$0.00		\$7,068.95		\$7,134.71
# of Customers Billed	240												
<u>Kraft</u>													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		12830		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Kraft			\$0.00		\$0.00		\$0.00	,	\$0.00		\$0.00		\$0.00
# of Customers Billed	1												
Report		1588737		\$205.00				\$607.12		\$211.00		\$65.76	. .
Totals			\$6,070.33		\$0.00		\$0.00		\$0.00		\$7,093 <i>.</i> 45		\$7,159.21
# of Cust	/ Billed	Category	237	11	0	0				39			

Tuesday, November 15, 2011

Sunrise Utilities, LLC

Billing Summary

8/1/2011 to 8/31/2011

General Services

		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General Services # of Customers Billed	1	7160	\$28.07	\$0.00	\$0.00	\$0.00	\$0.00	\$2.81	\$0.00	\$0.00	\$30.88	\$0.00	\$30.88
Residential													
		Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Residential # of Customers Billed	247	1281006	\$5,276.09	\$239.35	\$46.28	\$0.00	\$0.00	\$528.22	\$0.00	\$420.00	\$6,509.94	\$1,698.65	\$8,208.59
Report Totals # of Cust /	Billed	1288166	\$5,304.16 245	\$239.35 13	\$46.28 1	\$0.00 0	\$0.00	\$531.03	\$0.00	\$420.00 64	\$6,540.82	\$1,698.65	\$8,239.47

Sunrise Utitilities: 2010 Water Quality Rep

We are committed to ensuring the quality of your water and want you to be informed about the water and services delivered to you in 2010. Our goal is to provide a dependable supply of healthy drinking water. Therefore we are pleased to provide our Annual Water Report that describes the quality of the water you drink everyday, information about the contaminants found in your water and how this may relate to your health. The presence of a moderate amount of contaminants in drinking water within regulated standards is normal and does not indicate that the water poses a health risk. Should there is any reason for health concerns with your water, we would notify you immediately.

We are proud to report that in 2010 our drinking water met all federal and state quality What contaminants might be in water?

treated including:

runoff, and residential uses.

and septic systems.

mining activities.

and wildlife.

Naturally occurring or man-made contaminants that

Microbial contaminants, such as living viruses and

bacteria, which may come from sewage treatment

plants, septic systems, agricultural livestock operations,

Inorganic contaminants, such as salts and metals,

which can be naturally-occurring or result from urban

stormwater runoff, industrial or domestic wastewater

Pesticides and herbicides, which may come from a

variety of sources such as agriculture, urban stormwater

Organic chemical contaminants, including synthetic

and volatile organic chemicals, which are by-products of

industrial processes and petroleum production, and can

also come from gas stations, urban stormwater runoff,

Radioactive contaminants, which can be naturally-

occurring, or be the result of oil and gas production or

discharges, oil and gas production, mining, or farming.

may be present in raw or source water before it is

Where does our water come from?

Sunrise Utilities draws water from two wells drilled deep into the Floridan aquifer. The sources of drinking water include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and radioactive material and can pick up substances resulting from human or animal activity.

Why must our water have Chlorine?

Drinking water, including bottled water, may reasonably be expected to contain very small amounts of some contaminants. The presence of contaminants does not necessarily mean that water poses a health risk. Florida's drinking water rules require disinfection, so Chlorine is added in our water treatment plant, followed by fifteen minutes contact time to destroy living organisms before being delivered to you

Is our water safe for everyone?

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. US EPA/Center for Disease Control guidelines on appropriate means to lessen the risk of infection by cryptospondium and other microbiological contaminants are available on the web at epa.gov/safewater or telephone the Safe Drinking Water Hotline (800-426-4791) for any drinking water issue.

Protecting your water

about their water utility.

Have more guestions?

this

(863) 661-5315.

about

If you have any questions

concerns about your water

utility, or want to obtain a

copy of this report, please

contact David Blount at

We encourage our valued

customers to be informed

report

Florida's Department of Environmental Protection has conducted Source Water Assessment (SWA), for all public water systems in Florida, to Identify and assess any potential sources of contamination in the vicinity of your water supply.

O

The susceptibility determination assumes that any contaminant released to the ground surface has the potential to enter a public water supply system. A SWA conducted for Sunrise Utilities in 2009 found that the system's wells are at moderate contamination risk from petroleum storage tanks and low risk for contamination from domestic wastewater. The SWA report is available at the DEP SWAPP website:

www.dep.state.fl.us/swapp or can be obtained from David Blount at (863) 326-6122

Why is Drinking Water Regulated? The ultimate goal of the public water system supervision program under the Safe Drinking Water Act is to provide good quality of water for human consumption. There is no such thing as naturally pure water. In order to ensure that tap water is safe to drink, the DEP and EPA prescribe regulations and standards for limiting the amount of certain contaminants in water provided by public water systems. To protect consumers, Florida's DEP also requires public water systems comply with regulations governing the construction, operation and health issues relative to your water supply. Don't forget, the present of contaminants does not necessarily indicate that the water poses a health risk. Bottled water and water vending machines are regulated under the Florida Department of

Agriculture and Consumer Services, Division of Food Safety and the federal Food and Drug Administration regulations that establish limits for contaminants in bottled water which must provide the same protection for public health. All drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. Don't forget, the present of contaminants does not necessarily indicate that the water poses a health risk.

What is included in the Water Quality Test Results Data Table? - How do I read it?

The test results contained in this report are based on compliance monitoring for the period of January 1st to December 31st, 2010 or in earlier years for contaminants sampled less often than annually. For contaminants not required to be tested for in 2010, test results are for the most recent testing done in accordance with regulations authorized by the state and approved by the United States Environmental Protection Agency (EPA). We monitor for over 80 contaminants that might be in water. Only test results exceeding a regulated minimum detection level are included in this report. Although you will find many terms you might not be familiar with, to help you better understand these terms we've provided the following summary of these terms abbreviations and definitions:



Special Health Concerns

information

contaminants and potential

Agency's (the EPA's) Safe

Drinking Water Hotline at

(800) 426-4791 or on-line

their web

http://www.epa.gov.safewater

effects

obtained by calling

Environmental

about

be

the

site:

can

Protection

More

health

at

Sunrise Utitilies: 2010 Water Quality Report

We are committed to ensuring the quality of your water and want you to be informed about the water and services delivered to you in 2010. Our goal is to provide a dependable supply of healthy drinking water. Therefore we are pleased to provide our Annual Water Report that describes the quality of the water you drink everyday, information about the contaminants found in your water and how this may relate to your health. The presence of a moderate amount of contaminants in drinking water within regulated standards is normal and does not indicate that the water poses a health risk. Should there is any reason for health concerns with your water, we would notify you immediately.

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Have more questions?

If you have any questions about this report or concerns about your water utility, or want to obtain a copy of this report, please contact David Blount at (863) 661-5315.

We encourage our valued customers to be informed about their water utility.

Protecting your water

Florida's Department of Environmental Protection has conducted Source Water Assessment (SWA), for all public water systems in Florida, to Identify and assess any potential sources of contamination in the vicinity of your water supply.

The susceptibility determination assumes that any contaminant released to the ground surface has the potential to enter a public water supply system. A SWA conducted for Sunrise Utilities in 2009 found that the system's wells are at moderate contamination risk from petroleum storage tanks and low risk for contamination from domestic wastewater.

The SWA report is available at the DEP SWAPP website: <u>www.dep.state.fl.us/swapp</u> or can be obtained from David Blount at (863) 326-6122

What contaminants might be in water?

Naturally occurring or man-made contaminants that may be present in raw or source water before it is treated including:

Microbial contaminants, such as living viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.

Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming. Pesticides and herbicides, which may come from a

variety of sources such as agriculture, urban stormwater runoff, and residential uses.

Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.

Radioactive contaminants, which can be naturallyoccurring, or be the result of oil and gas production or mining activities.

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Special Health Concerns

More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's (the EPA's) Safe Drinking Water Hotline at (800) 426-4791 or on-line their web at site: http://www.epa.gov.safewater



Want to learn more about your water data? Please visit the Florida Department of Environmental Protection (DEP) web site at: <u>http://www.dep.state.fl.us/ water/drinkingwater/ download.htm</u> Sunrise Utilities is Florida #6531739

Why is Drinking Water Regulated?

The ultimate goal of the public water system supervision program under the Safe Drinking Water Act is to provide good quality of water for human consumption. There is no such thing as naturally pure water. In order to ensure that tap water is safe to drink, the DEP and EPA prescribe regulations and standards for limiting the amount of certain contaminants in water provided by public water systems. To protect consumers, Florida's DEP also requires public water systems comply with regulations governing the construction, operation and health issues relative to your water supply. Don't forget, the present of contaminants does not necessarily indicate that the water poses a health risk.

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TERM APPEARING IN T	ABLE	DEFINITION
Action Level	AL	The concentration of a contaminant which if exceeded triggers treatment or other requirements which a water system must follow.
Maximum Contaminant	MCL	The "Maximum Allowed" is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCGLS as feasible using the best available treatment technology.
Maximum Contaminant Level Goal	MCLG	The "Goal" is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
Maximum Residual Disinfectant Level	MRDL	The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.
Maximum Residual Disinfectant Level Goal	MRDLG	The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs to not reflect the benefits of the use of disinfectants to control microbial contaminants.
Not Applicable	n/a	Does not apply.
Not Detected	ND	Indicates that the substance was not found by laboratory analysis.
Parts per million	ppm	Or milligrams per liter (mg/l) - one part by weight of analyte to one million parts by weight of the water sample.
Parts per billion	ppb	Or micrograms per liter (µg/l) - one part by weight of analyte to one billion parts by weight of the water sample.
Picocuries per liter	pCi/L	picocuries per liter is a measure of the radioactivity in water.

Suntse Utili	ties			2010	TF	STR	ESULTS	TABLE		#6531739			
**Results in the Level Detected	colum	n for Radioa	ctive and Inor	ganic contamin	ants are	individual se	mples.						
•	Contaminant and MICL Unit of Measurement Yes / No					MCL	Monitoring Period Month / Year		Contaminant and Unit of Measurement				
Radioactive Contar	nina	ants						å					
Alpha emitters		pCi/L	No	3.5	0	15	Jan - Dec 2009	Erosion of natural deposits					
Radium 226 + 228 or combined Radium	-	pCi∕L	No	1.3	0	5	Jan - Dec 2009	9 Erosion of natural deposits					
Uranium		µg/L	No	5.3	0	30	Jan - Dec 2009	9 Erosion of natural deposits					
Inorganic Contamir	ant	\$				_							
Barium	The second s	ppm	No	0.013	4	4	Jan - Dec 2009	Discharge from metal refinences and coal-burning factories; discharge from electrical, aerospace, and defense industries					
luoride		ppm	No	0.22	4	4	Jan - Dec 2009	and aluminur	n factories. Wa	discharge from fertilizer ater additive which at optimum levels			
Sodium	1	ppm	No	18	n/a	160	Jan - Dec 2009	Salt water int	rusion, leachin	g from soll			
TTHMs and Stage 1	Dis	infectar	t/Disinf	ection By-	Produ	ict (D/L	BP) Parame	ters					
Chlorine-Level Detected is the	highe	st 2010 mont	hly average; [Range of Resul	ts is the r	ange of (low	rest to highest) avera	ge monthly residue	l disinfectant.	₩;;;;;;====];;;;;====;;===;;			
Contaminant and Unit of Measurement	KC) Vinistian Y/W I avai Datartan												
Chlorine	ppm	Jan - De	c 2010	No		0.9	0.2 - 1.4	MRDLG = 4 MRDL = 4.0 Water additive used to control microbes					
Total Trihalomethanes [TTHM]	ppb	July - Sep	t 2009	No	an si'naa sayabi la.Mi sab	0.94	n/a	n/a MCL = 80 By-product of drinking water disinfection					

The Safe Drinking Water Act (SDWA) requires that utilities issue the following information, even if you have no Lead in your water: If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Sunrise Utilities is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at http://www.epa.gov/safewater/lead.



Charlie Crist Governor Anna M. Viamonte Ros, M.D., M.P.H. State Surgeon General

November 23, 2009

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Leslie G. Szabo 11111 Biscayne Blvd Miami, FL 33101

Warning Notice No. 09-653PW1739A

RE: Sunrise Water Company PWS ID No. 6531739

Dear Mr. Szabo:

The purpose of this letter is to advise you of the violations of law for which the above mentioned facility's public water system may be responsible, and to seek your cooperation in resolving the matter. A review of the facility's drinking water records indicates that violations of Florida Statutes and Rules may exist at the facility.

• Failure to pay annual license fee for the July 1, 2009 to June 30, 2010 year as contained under *Laws of Florida 2008-150* which requires the Florida Department of Environmental Protection to collect the annual operating license fees.

You are requested to contact Owen Devine at (863) 519-8330 Ext. 1151 within Ten (10) days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Donald R. Ehlenbeck, P.E. Administrator Environmental Engineering

DRE/od

POLK COUNTY HEALTH DEPARTMENT

Environmental Engineering Division 2090 East Clower Street, Bartow, FL 33830-6741 Phone (863) 519-8330 / SC 515-7365 / Fax (863) 534-0245 www. mypolkchd.org Lynne Saddler, MD, MPH Assistant Director

Daniel O. Haight, MD

Director

Page 2 Sunrise Water Company

Copy furnished to:

Roland Reis, Legal Council Polk County Health Department 1290 Golfview Avenue, 4th floor Bartow, Florida 33830

Sunrise Utilities, LLC P.O. Box 10186 Brooksville, FL 34603

Email copy to:

l.szabo@rogers.com

utilityconsultant@yahoo.com

Water Supply, Incorporated 6115 Hwy 60 East Bartow, FL 33830

Statement

Date	
2/10/2010	

To:	
Sunrise Utilities 1645 West Main Street Inverness. Florida 34450-2498	

				Amount Due	Amount Enc.
		··		\$1.209.00	
Date		Transaction		Amount	Balance
10/07/2009 11/20/2009 12/04/2009 12/04/2009	INV #2007-2-212W. Due INV #2007-2-215W. Due	10/07/2009. Orig. Amount 1 1/20/2009. Orig. Amount 1 2/04/2009. Orig. Amount 1 12/04/2009. Orig. Amount 1	\$453.25. \$778.75	97.00 453.25 178.75 480.00	97.00 550.2: 729.00 1.209.00
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS	Amount Due
			DUL	PAST DUE	

Water Supply, Incorporated 6115 Hwy 60 East Bartow, FL 33830

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Statement

Date 2/26/2010

To: Sunrise Utilities 1645 West Main Street Inverness, Florida 34450-2498

			Ľ	Amount Due	Amount Enc.
·				\$1,209.00	
Date		Transaction		Amount	Balance
12/04/2009	NV #2007-2-215W. Due 12 Water, 1 @ \$278.75 = 27 PLEASE NOTE ALL EN NVOICES ARE DUE IN 7 We appreciate your prom Applied \$100.00 received Tax: Sales Tax @ 7.0% = NV #2007-2-216W. Due 12 Water, 3 @ \$65.00 = 195 Water, 3 @ \$95.00 = 285 Started raining and could This is to be completed at Tax: Sales Tax @ 7.0% =	 78.75 4ERGENCIES & EMERG DAYS. pt payment. d 12/03/09 to this invoice. = 0.00 /04/2009. Orig. Amount \$.00 not finish job. t the same time the chlorir = 0.00 	ENCY RELATED	178.75	729.00
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due

Page 2

Water Supply, Incorporated 6115 Hwy 60 East Bartow, FL 33830

Statement

Date 2/26/2010

To: Sunrise Utilities 1645 West Main Street Inverness. Florida 34450-2498

				Amount Due	Amount Enc.
				\$1.209.00	
Date		Transaction		Amount	Balance
- - - - - - - - - - - - - - - - - - -	- We appreciate your promp - Tax: Sales Tax @ 7.0% =	75 ment included. IERGENCIES & EMERG DAYS. pt payment. = 0.00 /20/2009. Orig. Amount \$ 3/09 .00 3.25 ment included. ERGENCIES & EMERG DAYS.	ENCY RELATED	97.00	97.00
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	0.00	0.00	658.75	550.25	\$1,209.00

Page 1

Norman Duncan Enterprises, Inc. 6115 Hwy 60 E Bartow, FL 33830

Invoice

Date	Invoice #
11/20/2009	222NDE

Bill To

Sunrise Utilites P. O. Box 10186 Brooksville, FL 34603-7406

Description	Qty	{	Amount
Emergency at Sunrise Main Pump - shutdown Breakdown of hours For Norman Duncan only: Chasing Pump Man - 2 hrs Answering Emergency Phones - 3 hrs Monday morning emergency pump had shut down. I from Mulberry to Sunrise and restarted pump 3 hrs	Drove	8	360.00
Due upon receipt. Please remit.			
	1-1/2% finance charge will be d per month to invoices not paid within 30 days.	Total	\$360.0

Norman Duncan Enterprises, Inc. 6115 Hwy 60 E Bartow, FL 33830

Invoice

Date	Invoice #
12/8/2009	223NDE

Bill To

Sunrise Utilites P. O. Box 10186 Brooksville, FL 34603-7406

Description	Qty	,	Amount
Emergency @ Sunrise 12/08/09 @ 12:30 am Received 3 calls of low pressure at Sunrise. Upon an Sunrise, I found backup pump shut down. Reset brea Pump running fine when I left.		3	135.00
PLEASE NOTE ALL EMERGENCIES AND EMER RELATED INVOICES ARE DUE IN 7 DAYS.	GENCY		
We appreciate your prompt payment.			
A	I-1/2% finance charge will be		
	d per month to invoices not paid within 30 days.	Total	\$135.0

Norman Duncan Enterprises, Inc. 6115 Hwy 60 E Bartow, FL 33830

Invoice

Date	Invoice #
12/8/2009	223NDE

Bill To

Sunrise Utilites P. O. Box 10186 Brooksville, FL 34603-7406

Description	Qty	Amount
Emergency @ Sunrise 12/08/09 @ 12:30 am Received 3 calls of low pressure at Sunrise. Upon Sunrise, I found backup pump shut down. Reset b Pump running fine when I left.	-	3 135.00
PLEASE NOTE ALL EMERGENCIES AND EM RELATED INVOICES ARE DUE IN 7 DAYS.	IERGENCY	
SUNRISE UTILITIES LLC	DATE	3/25/10
PAY TO THE OF Norm Duncan Ent ore hundred thirty	-fie and ou /100-	\$ /35.00
SUNTRUST ACH RT 061000104 FOR INV. # 223 NDE	mhut	~
		le l
	A 1-1/2% finance charge will be dded per month to invoices not paid within 30 days.	al \$135.00
REDACTED		

~ Water Supply, Incorporated

6115 Hwy 60 East Bartow, FL 33830

-

Invoice

Date	Invoice #
3/31/2010	2007-1-230W

Bill To

Sunrise Utilities 1645 West Main Street Inverness, Florida 34450-2498

			Terms	Job Name
			Due on receipt	Emergency
Quantity		Description	Rate	Amount
1	Leak was on 2" Ma those services also fittings, pipe and o Service Tech plus addition to rental p customer. All other Please note all ema Due to the total co	 Water Main Repair ain where a 2" tee fed 2 services. One of the be repaired. Replaced necessary one 3/4" valve. 1 man - 14 hours; used our pump in the boump, plus materials. Rental pump paid by er charges are included in total. ergency invoices are due in 7 days. ast of this repair, we are offering a 10% if payment in full is received in our office 	1,706.71	1,706.7)
			Total	\$1,706.7
Phone #	Fax #	E-mail	Balance Due	\$1,706.7
(863) 537-1411	(863) 537-4398	ginger00317@msn.com	A 1 1/2% finance charge invoices not paid wi	e will be added to



See page 4 for instructions.

		for the Month/Year of: for the Monte	ory 20	2/1		
Α.	Public Water System, (PWS) Information			······································	
	PWS Name:	invise Utililees			PWS Identification N	umber: 673 1737
	PWS Type:	Community Non-Transient Non-Community	y 🗌 Transie	nt Non-Community	y Consecutive	
	Number of Service Co	onnections at End of Month: 758		Total Population S	Served at End of Month:	526
	PWS Owner:					
	Contact Person:	D 11		Contact Person's	Title:	/
	Contact Person's Mail	ing Address: 683 Allesson her.		City: Maine	A City State: 76	Zip Code: 33844
	Contact Person's Tele	phone Number: 863-421-6827		Contact Person's I	Fax Number: 869-471-	6827
	Contact Person's E-M	ail Address:				
B .	Water Treatment Plant	Information				
1	Plant Name:	Survise Illilities		/	A Plant Telephone Num	aber:
	Plant Address:	run arres Sub/ Merricon	v	City: auburn	stale State: Fl.	Zip Code: 33973
	Type of Water Treated	i by Plant: Raw Ground Water Purch	hased Finished	Water		
	Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:	108.00	20		
		bsection 62-699.310(4), F.A.C.):		Plant Class (per si	ubsection 62-699.310(4), F.A.C.):	C
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift((s) Worked
	Lead/Chief Operator:	Data Blockwit	<u>A</u>	5611	6/7	
	Other Operators:					
					· · · · · · · · · · · · · · · · · · ·	
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II. Certification by Lead/Chief Operator

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

sent

D.L. Blount

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Signature and Date

Printed or Typed Name

License Number

'e 1

Mean	s of Ac		our-Log Vire		Ta m/Removal: *		<u>Chlorine</u>	Ľ.	Chlorine	Dioxide		2008	Combin	ed Chlorine (Chloramines)
Type	of Dish	factant I	Losidual Mad	ntained in D	Istribution Sys		Pres Chi	Cerime		mbined (Llorine (Chloran	ines)	Chlorine Dioxide
م المتلك بكري. ا				C	T Calculations, or	UV Doe. to D	inenstrate P	our-Lat	View Inacti	vation. HA				
	Days Plant		· .		T .		Lowest CT			1	<u> </u>	Dom	Lowest	
Dity of	Staffed or Visited by Operator (Place	Hours Plant in	Not Quantity of Piakhod Water	 Peak Flow	Loweet Residual Disinfectant Concentration (C) Before or at First Contorner During Peak	Contact Thins (T) at C Measurement Point During	Provided Bofies or at Plant	Tucap. of Water,	pii of Water, if	Minimum CT Required,	Operating UV Dose,	www.	Residual Distuibutent Concentration at Remote Point in Distribution	Emorgency or Absormal Operating Conditions; Repair or Maintenance Work Involves Taking Water System Compone Out of Operation
douth.		Operation	Produced, gel	Rets. and	Flow, mg/L	minste	me-min/L	°C.	Water, if Applicable	me min/L	100/022	890/0m ¹	System, mg/L	Out of Operation
_		117	48000										0,6	
	X	<u> </u>	47000	•									0,6	
-}	<u>-</u> <u></u>		78000								[0,6	
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	DRINKING WAT BACTERIOLOGICAL A			5			· · ·		2	53]
	MID FLORIDA WATER	LABORATOR	RY	Lab F	leceipt D	ate &	lime .	, . <u>,</u> ., . ,		
•	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIE	aven, FL 33880 63) 967-8601 irector, Contact Person		Analy Samp Sampi	sis Date Ne Acce e Preserv	& Time ptance ation ⊡	Criteria On Ice	a: De Not On Ice	1: 1°	
Report N	umber:Sub-Contra	-			ctant Che			ted Net A		mg/L
Analysis	Requested: (check all that apply) Coliform/E-Coli 🔲 Total Coliform/Fecal 🔲 Er		нрс 🔲 (della -						1 400107
	Name: Swarisk Der Address: State Ra	ter		PV	VS I.D.	6	5	31	2	39
-	Address: <u> </u>	72			County	/:		POIN	<u>ج</u>	
Collecto	or: <u>Slout</u>		1	Fax #: Collecto	or's Phon	ie #:	86	2-12	7-0	5125
	Supply: (check only one) unity Water System Well Swimming Pool		ransient No ed Water	ncomm		er Sys I Other		🖵 Limi	ted Use	System
🕰 Distril	for Sampling: (check all that apply) oution Routine Distribution Repeat 2Ra				ered or a	ssessn	nent) ad		Well S	urvey
	ance Replacement (also check type of samp Collection Date: //z.6/1)	ble being replaced} 🖵 B	ioil Water N	otice 🕒	Other_				······	<u> </u>
Sample		 collector of sample		S I (A	والمرار	n - en engra e e Ser en engra e e e e		To be con	pleted	by lab
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time				Total (Fecal Nor	Coliform Analys or E. coli Analy	is Method sis Metho Fecal or	d: Data
4	Well 1	101485	1600	R				A		
2/2	Loch 2	101486	1605	R				IA		
3/4	Sonever Martich	101487	1609	D	26			A		
4/4	2540 Edward	101488	1614	Ŋ	0,6			A	~	
					-			· · · · · ·		
						ų i	4		1022	8 1]
non-trai	e of disinfectant residuals for routine and repension non-community systems serving population plant samples in the average.)				0.6	The te	s are perfo	in this report o	nce with Ni	ule 62-160, Table 1 ELA standards. to the analyses
	ctant Residual Analysis Method: DPD Colo performing analysis is Please see instructions				Date PW		•	positive result	S:	
∐ Ace	rtified operator (# <u>12376</u>)	Employed by a certified Employed by DEP or D			Date Sta	te notifie	d by lab of	f positive resul	s:	Nor
	orized representative of supplier of water				Lab Sign	ature: _	Mari	ga as k	_Date_	+1/28/1
Na	me and Mailing Address of Person to Re	eceive Report			Title:		and a	<u>eejen</u>		USE ONLY
	BLOUNT UTILITIES, INC. 6039 Cypress Gardens Blvd., # Winter Haven, FL 33884	146	-	olete Co t Sampl	es Requ	uired (Repla			Required
	vinite riavell, FL 33684		Date Rev DEP/DOF		-			pi	<i>, '</i>	
.		Page 1 of 1					and Tomas C		arance c	atc.)
	DEP Sample Type Codes: D - Distribution (Routine Complia	ance); C = Repeat of Check; F	κ≕ πaw; Ν ≕	Entry to D	ismpution;	r = Pit	ви нар; S		⊭arance,∈	nu.j

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Type Codes: D - Distribution (Rounne Compliance), C = Repeat of Check, R = Raw, N = Entry to Distribution, P = Plant (ap. 3) Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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See	page 4 for instructions	š.	,			
í.	General Information	for the Month/Year of:	unres to	511		
	Public Water System, (I					
		invise Attilitee			PWS Identification N	Number: 6.73 /737
		Community 🚺 Non-Transient Non-Commu	inity Transie	nt Non-Community	Consecutive	
[onnections at End of Month: 258		Total Population S	Served at End of Month:	973
[PWS Owner:			.		
Ĺ	Contact Person:	·	1	Contact Person's T		1
	Contact Person's Mail		;	City: Haine		Zip Code: 33844
	Contact Person's Teler			Contact Person's F	ax Number: 869-421-	-6827
_	Contact Person's E-Ma					
	Vater Treatment Plant					
	Plant Name:	Survise Utiliteep, c			A Plant Telephone Nur	
<u> </u>	Plant Address:	Sunderes Sub/ Murie		City: auburn	State: Fl.	Zip Code: 33873
	Type of Water Treated		urchased Finished			·····
		Day Operating Capacity of Plant, gallons per day	y: 108,00		1 (2 (00 110(4) E A C)	
-		bsection 62-699.310(4), F.A.C.):			ubsection 62-699.310(4), F.A.C.)	t(a) Worked
	Licensed Operators	Name	License Class	License Number	Day(s)/Shin	t(s) Worked
Ļ	Lead/Chief Operator:	Dete Blockart		3611		
- 14	Other Operators:				· · · · · · · · · · · · · · · · · · ·	
						·····
		······································		· · · · · · · · · · · · · · · · · · ·		
						······································
L			L			

H. Certification by Lead/Chief Operator

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Blouwt

2e]

Signature and Date

Printed or Typed Name

License Number

OEP Form \$ 900(3)

UU	Inaviol	t Radiati		ther (Descri	on/Removal: * pe):		Chlorine] Chierine		······································	Ozone		ned Chlorine (Chloramines)
1700	or Dist	dectant R	Cesidual Mat	ntained in D	stribution Syst	em: X	Free Ch	07.00		mbined (hlorine (Chioran	ines)	Chlorine Dioxide
i	Days	ł	· ·	<u>-</u>	Colouistions, or	CT Calcu	intional and a	our-Log	Ving hatt	vation. If A	policeble*	Dom	4	
	Plant				1		Lowest CT	1	T	7			Lowest	
	Staffed		1		Lowest Residual	Disinformat	Provided				ł	 	Rendered	
	Visited				Distance Concentration	Contact Time	Before or at Pint		}	1			Disinfectant	}
	by.		Net Opentity		(C) Belore or at	(T) ALC Meenurement		Temp.			LOWER	MINERAL STATE	Concentration at Remote	Emergency or Abnormal Operating
ity of	Operator	Hours	Net Quentity of Finished		Pirst Customer	Polat During	Durine		pHof	CT	Operating UV Dose,	Recuired	Point in	Conditions: Reast of Maintenance World
	(Place	Plant in	Water	Peak Flow	During Peak	Pusk Plow, mission	Post Firm,	Water,	Water, if	Rogeless,	mW-	mW-	Distribution	Conditions; Repair or Maintenance Work Involves Taking Water System Composi
	<u>~</u>		Produced, gal	Rate, god	Flow, mell	missites	me-mini.	°C.	Applicable	MI-HOL	Mb/out	500/0m	System, mell.	Out of Operation
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3	21		49000										05	
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C.	DRINKING WAT BACTERIOLOGICALA		•	12				; e	1		53	
	MIĎ FLORIDA WATER	LABORATOR	Y	Lab F	Receipt E) Date &	Tin	् <u>ः</u> 1e:	/ED			
	8 Oakwood Road - Winter H Phone (863) 965-2540 • Fax (i Lab I.D. #E84567 • Margaret Rajpaul - D NELAC CERTIFIE	laven, FL 33880 863) 967-8601 Nirector, Contact Person		Analy Sam Samp	vsis Date ole Acte ie Preserv	& Tim ptane ation V	le: d∙C ≹Or	75 – riteria: 1 Ice – 🛛	Not On Ice		<u>₽_•</u> c	
Report Num	ber: Sub-Contra	ict Lab ID:		This s	ectant Che ample doe	es ₇ noť n	neel	t the folic	wing NEL/	CI AC require	mg/L ements:	
Analysis R J Total Co	equested: (check all that apply) liform/E-Coli 🛛 Total Coliform/Fecal 📮 E	nterocci 🖸 Colilert 口	нрс ם	<u>Onil</u>	4450	lite	£	tim	: 2/2	5/11.c	12:4	4
	ame Funrier Water			PV	VS I.D .	6	5	73	31	2	39]
· · ·		····			County	/:		P	2/2			
	Owner's Phone #:			Fax #:			_		<u></u>			_
Collector:	5 Blowst	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Collecto	or's Phor	ne #:	<i>76</i>	3-2	24-	077	<u></u>	_
Commun Private W Reason fo	ipply: (check only one) ity Water System Image: Noncommunity Water Image: Noncommunity Water <	Bottle	ransient No ed Water		C	Othe	r			ted Use		
Sample Co	on Routine Distribution Repeat ARa Replacement (also check type of sam pliection Date: 2./2.3///// To be completed b	ple being replaced)	oil Water N	otice	Other_			<u> </u>		••••••••••••••••••••••••••••••••••••••		-
		Conscionor Sample	Γ	1	1	(<u>)</u> 		1000 000		ao moutou.	oy√lab SmQ7	zł
Samp le Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pН		Non	E. coli Anal Total Coliform	Fecal or		
1/4 1	vell 1	103444	1820	R					Ā			Ţ
24	Well 2	103445	1825	R				·	A			
3 4 7	Pushout Writer Ridge	103446	1830	D	0.5				A			
1/4 7	2418 Ter?	103447	1836	D	0.5				A			
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	· · · · · · · · · · · · · · · · · · ·	<u>}</u>						Ę	Ec	ETT		-
Average o	f disinfectant residuals for routine and repe	at samples. (Complete for		tv and]
non-transie raw or plan Disinfecta	ent non-community systems serving population t samples in the average.) nt Residual Analysis Method: ADDPD Colo	us up to and including 4,900), Do not ir	nclude	Date PW				His accordant HIS QAM BINEER Isitive result	INA C	le 62-160, Table 1 LA standards to the analys	es
Supervi	rforming analysis is (Please see instructions ed operator (#) sed by a cert. operator (#) ed representative of supplier of water	on reverse): Employed by a certified la Employed by DEP or DO	ab)H			e notifie			sitive result		21261	R
Name	and Mailing Address of Person to Re	eceive Report			Title:	Ģ.	v	itte	~ ⁷⁷			_
			Satisfac Incomp Repeat	lete Col Sample	es Requ	ired 🕻	ΪR	on leplace			SE ONLY	
	6039 Cypress Gardens Blvd., Winter Haven, FL 33884	#146	Date Revi DEP/DOF		•				R			ļ
¹ DEF	^o Sample Type Codes: D - Distribution (Routine Complia Analysis Methods: MF = SM92 Results: A = coliforms are absent	ance); C = Repeat or Check; R = 22B & D; MTF = 9221B & EC/MU	ug; mmo/m	UG = SM9	223B; HP	'C = SM	1921	58	Special (cle	arance, et	c.)	-

BACTI FORM REVISED 014

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Se	e page 4 for instruction	S.				
1.	General Information	for the Month/Year of:	March 7	lor	<u></u>	<u></u>
	Public Water System (
	PWS Name:	Alturas attilities			PWS Identification 1	Number: 6530057
	PWS Type: X	Community Non-Transient Non-Comm	munity 🗌 Transie	nt Non-Community	Consecutive	
		onnections at End of Month: 126		Total Population Serv	ed at End of Month:	312
	PWS Owner:					
	Contact Person:		11	Contact Person's Title		· · · · · · · · · · · · · · · · · · ·
	Contact Person's Mail		d.	City: Haines (ity State: Fl.	
	Contact Person's Tele	phone Number: 363-421-6827		Contact Person's Fax	Number: 863-421-	6827
	Contact Person's E-M	ail Address:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
B .	Water Treatment Plant	Information , a l				
	Plant Name:	alteras attitutes			Plant Telephone Nur	
ļ		acking Fouse Man		City: Altura	State: The	Zip Code:
	Type of Water Treated		Purchased Finished		<u> </u>	
ļ		Day Operating Capacity of Plant, gallons per c	day: 108,000	<u>></u>		
	Plant Category (per su	bsection 62-699.310(4), F.A.C.):			ction 62-699.310(4), F.A.C.)	
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift	t(s) Worked
L	Lead/Chief Operator:	Deto BlouwT	A	5611		
	Other Operators:					·····
	•	· · · · · · · · · · · · · · · · · · ·				
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II. Certification by Lead/Chief Operator

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Signature and Date

D.L. Blount

e ا

License Number

Printed or Typed Name

· · · · · · · · · · · · · · · · · · ·	MON	ITHLY	OPERAT	ION REP	ORT FOR	PWSs TF	REATIN	<u>g Ra</u>	W GRO	UND V	YATER	OR P	URCHAS	ED FINISHED WATER
PWS	Identifi	cation N	umber: 🖉	5300	57	Plant Na	me: 🖉	<u>Ita</u>	cas i	<u>DU</u>	ties	,		·····
	Daily D	ata for f	ne Month/Y	bur of		uch	20	77					<u></u>	
					on/Removal: *		Chlorine		Chlorine	Dioxide		Dzone	Combin	ed Chlorine (Chloramines)
		t Radiati		ther (Descrit			Chioime	<u>ا</u> ــــ	- CHIOTHIC	210/1200				· · · ·
					istribution Syst	N	Free Chl	orine		nhined ('blorine (Chlorami	ines)	Chlorine Dioxide
Type		Tectant r	Cesicinal Mail		T Calculations, or		monstrate F		Vinus Inactiv	vation if A	nolicable*	CHIOIMIN		
	Days		1	<u>`</u>	I Calculations, or	CT Calcu	lations	our bog			UV	Dose		
	Plant				T		Lowest CT	l	T			<u> </u>	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided			1			Residual	
	or				Disinfectant	Contact Time							Disinfectant Concentration	
	Visited				Concentration	(T) at C	at First	T		1 Cinimum	Lowest	Minimum UV Dose		Emergency or Abnormal Operating
Dine of	by Operator	Hours	Net Quantity of Finished	ĺ	(C) Before or at	Measurement	Customer During	Temp.	pH of	CT	Uperaing	Required,		Conditions; Repair or Maintenance Work the
the	(Place	Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	Peak Flow,			Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month			Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable			sec/cm ²	System, mg/L	
1		24	20,000	- and Bhg	1 10 11 120 2									· ·
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	x	-+	16,000										0.5	
27			30,000											
	X		30000										0.5	
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	X		30,000										00	
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otal			2000											
verage			2000											
laximur	R		Jan											

* Refer to the instructions for this report to determine which plants must provide this information.

FIR		DRINKING W BACTERIOLOGICA			MD					•	54
S	MID FL	ORIDA WATEI		DV		7			NE.	3	
ni in An An		8 Oakwood Road - Winte		KI	• • • •	Receipt D		-	<u></u>	<u> </u>	
		Phone (863) 965-2540 • Fa	x (863) 967-8601		Алађ Sam	sis Date	& Time; stance (ND 94 Criteria	<u> </u>	06	
	Lab I.D.	#E84567 • Margaret Rajpaul NELAC CERTI	- Director, Contact Perso	n	Samp	le Preserva	ition (34)	In Ice 🖸	Not On Ice	• <u>0 6</u>	<u>-</u> S.c
Report N	Number	Sub-Cor			Disinf	ectant Che	ck 🗄 🖼 🖬 Nic	ot Detecte	ed	<u> </u>	mg/L
Analysis	s Requested: (ch	•				Ly Si S C	<u>tak</u>		owing NEL 74 11	ac require	25a
System	n Name:	Hurus Wa Packing he	ter		PV	VS I.D.	6	5	30	Ø	5
System.	Address:	Tacking he	suse Ko	<u> </u>		County	:				
	or Owner's Pho			<u> </u>	Fax #:			27 7 16			
Sollect	or: <u>5</u> 2	s/ount		<u> </u>	Collect	or's Phon	e#:	5631	-225	1-0	775
	f Supply: (check nunity Water Syst		· · _	ontransient No	ncomm	-	-	i ji l m	□lLim	ited Use	System
		Check all that apply)	LIB(ottled Water			Other			·	·
		Check all that apply)	/ Raw (triggered or assess	ment) 🔲 🖂	w (triac	ered or a	COCO	ant) and a	tional [I Well S	
		acement (also check type of sa					ssessifie	an) 9001	uunai (A VVEII S	arvey
- -		te: 3/23/11									· · ·
		To be completed	d by collector of sample			र दर्शन			o be con		
				a v California				Total Co	liform Analy	sis Method	N1720
Sample Number		Sample Point tion or Specific Address)	Lab Sample Number	Collection Time		Disinfect Res'd (mg/L)	рН	Non	Total n Coliform	Fecal or	Data
13	Wel		104912	11.50	R				A		
13	3150	2nd St.	104913	1157	<u>0</u>	0.5		1	A		
13	2850	Packing Louis	< 104914	1204	<u> ル</u>	0,3			<u> A</u>		
									NEC.	En	-
stor, AT	······································	A milita a manda a provinti California da				- ANNER			MAR		SD.
			A MERCE PROMINING TO		1. 1. 1. 1. 1.	n vie i se	(***)	E	MARON	* 2011	s el esterna
		t the state of the second s					, in the second se	2Defined	NCI	MENT	e 62-160, Tabi
inon-tra		It residuals for routine and r nunity systems serving popula the average.)				0,5	The test	-	ed in accord this report of bmitted.		ELA standard
Disinfe	ectant Residual	Analysis Method: ADPD (Colorimetric DOther:			Date PW	S notified	by lab of r	ositive resul	ts:	
Ace	n performing an ertified opérator (f	alysis is (Please see instructi # 17 376)	ions on reverse): Employed by a certifi	ed lab							
	ervised by a cert		Employed by DEP of					, · · · ·	positive result	7 h 1	I sh
Aut	horized represent	ative of supplier of water	· · · · · · · · · · · · · · · · · · ·			Lab Sign	ature: 71	ary	ing de		- 2/-
Na	ame and Maili	ng Address of Person to	Receive Report			Title:	4	nu	(man		
		BLOUNT UTILITIES,		Satisfa	rton	*	24 - L		DE	P/DOH	USE ONL
9 E		120 Cuprose Condens D	INC.		olete Co				ement S	omplog	Doquire
	6	39 Cypress Gardens B Winter Haven, FL 33	3884	Date Rev				iriopiae	3/3		i vequire



See	e page 4 for instruction:	s.				
1	General Information	for the Month/Year of:	lank	holl		
	Public Water System, (I				· · · · · · · · · · · · · · · · · · ·	
		invise Utilitees		·	PWS Identification	Number: 6,73/737
		Community 🗌 Non-Transient Non-Commun	ity 🗌 Transie	nt Non-Community		
	Number of Service Co	onnections at End of Month: 258		Total Population S	Served at End of Month:	320
	PWS Owner:					
	Contact Person:	A AA	,	Contact Person's T		1 7: 21 1100/11
	Contact Person's Mail	ing Address: 683 Alesson hel.	·	City: Talme		Zip Code: 33844
	Contact Person's Tele			Contact Person's F	ax Number: 863-471	-6827
	Contact Person's E-M					
Β.	Water Treatment Plant	Information	· · · · · · · · · · · · · · · · · · ·			
	Plant Name:	Survise Illites,	L		A Plant Telephone Nu	
	Plant Address:	sunderes Sub/ Murrie		City: Cuburn	Male State: Fl.	Zip Code: 3,797,3
	Type of Water Treated		rchased Finished			
	Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:			1 (1 (0) 110(4) E A C	
		bsection 62-699.310(4), F.A.C.):			ibsection 62-699.310(4), F.A.C.	
	Licensed Operators	Name	License Class	License Number	Day(s)/Shi	ft(s) Worked
	Lead/Chief Operator:	Dete DIOCOT		5611	6/7	
	Other Operators:					
÷						

II. Certification by Lead/Chief Operator

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

D.L. Blount

License Number

Signature and Date

Aurount 28, 2003

OFP

Printed or Typed Name

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111.	Daily D	ita for t	he Month/Y	ane of	Horch	2011	me: 501							
Меат	is of Ac	ieving F	our-Log Vin	ue Inactivati	on/Removal: *	<u>ZOJJ</u> Free	Chlorine		Chlorine	Diovide		Ozone	Combin	ed Chlorine (Chloramines)
Πυ	Itraviole	t Radiati		ther (Descri	om removal.		CHIOLINE	. L		Diovide		/10/10		
Tyne	of Diein	factort L	Conidual Mari	mer (Deserr	vistribution Syst	· · · · ·	Ener Chi			mbined C	The last	Chlorem	mac)	Chlorine Dioxide
1 Jpo		Teclant r		ntained in D	istribution Sys	tem:	Free Chl					CHIOPAN		
	Days			<u> </u>	T Calculations, or	CT Calcu		our-Log	VIRUS INACU	ALION, IT AL		Dose	4 -	
	Plant			ļ			Lowest CT	T	1			<u> </u>	Lowest	
	Staffed		1	1	Lowest Residual	Disinfectant	Provided)]	J .]	ļ	Residual	
	or				Disinfectant	Contact Time							Disinfectant	
	Visited				Concentration	(T) at C	at First					Minimum		
	by	•	Net Quantity		(C) Before or at	Measurement		Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of			Required,	Point in	Conditions; Repair or Maintenance Work
the Aonth	(Place "X")	Plant in	Water	Peak Flow	During Peak	Peak Flow,				Required,		mW-	Distribution	Involves Taking Water System Compon
		Uperation 1721	Produced, gai	Rate, gpd	Flow, mg/L	minutes	mg-min/L	<u>°C</u>	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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3	<u>4</u>		72000		<u> </u>	l							85	
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6	<u> </u>		86000	·····									<u>es</u>	<u> </u>
7			79000										0.5	
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14 :			69000											<u> </u>
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imum			6/000											

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DRINKING WAT	ER			····						i
BACTERIOLOGICALA				Dul		r=~~			_	53
MIĎ FLORIDA WATER	LABORATOR	Y		Receipt D	ale o	1 ILLINE	£			
8 Oakwood Road - Winter H. Phone (863) 965-2540 • Fax (8	363) 967-8601		Analy	sis Date	& Tim	e.,		3/30/1	107	13.15p-
Lab I.D. #E84567 • Margaret Rajpaul - D NELAC CERTIFIE	irector, Contact Person		Sampl	e Preserv	ation La	ion I	koerna∷.~ Ice Dii	Not On Ice	יו אל ום	-3 // •c
Report Number:Sub-Contra			Disinfe	ctant Che	ck 🗳	Not C)etected	1	Dras	() mg/
Analysis Requested: (check all that apply)								wing NELA	C requin	ements:
Total Coliform/E-Coli D Total Coliform/Fecal D E	nterocci 🖸 Colilert 📮	нрс 🗋	Other:							
System Name: SURFASE Wat	er		P۷	VS I.D.	\mathbb{R}^{1}	3	73	37	7	39
System Address: St- Ro 547	2			County	مستعمل العربية الترجيب		Po		السنسيا	
System or Owner's Ohene #			Fax #;	-						
Collector: 13/001			Collecto	r's Phon	e #:		865	8-22	24-1	0775
Type of Supply: (check only one)										
Community Water System Noncommunity Water		ansient No	ncommu						ed Use	System
Reason for Sampling: (check all that apply)	Bottle	d Water		L	Other	, 		·		
Distribution Routine Distribution Repeat	w (triggered or assessmen	t) 🗆 Ra	w (triane	red or a	seeson	nenť	\ additi			110 101 -
Clearance D Replacement (also check type of same	we being replaced)	oil Water N	otice 🕻	Other_						uivey
Sample Collection Date: 3/29/11										
To be completed by	collector of sample		See Star	Sec.	2684			becom		
Sample Sample Point	Lab Sample	Coflection	Sample	Disinfect	рН		ecal or E	, coli Analys	sis Metho	
Number (Location or Specific Address)	Number	Time	Type ¹	Res'd (mg/L)	μπ	З С	Non oliform	Total Coliform	Fecal or E, coli	
4 Well 1	105080	1450	R		4.			A		
34 Well 2	105081	1454	R					A		
3/4 2418 TLONDSON	105082	1500	D	0.6				A		
1/4 Flushout starton	105083	1504	D	0,0				A	_	
								* C		
						ľ		APD		8 <u>5</u> .
	, 				{	୍ମ -	Ev	$\frac{\pi}{2}$	20.	<u>SO</u>
							ENC	TON A	017	
Average of disinfectant residuals for routine and rependent non-transient non-community systems serving population	at samples. (Complete for s up to and including 4,901	r communi 0. Do not ir	ty and sclude	0.6		s are ;	performed	i in according	ŵewith N	Le 62-160, Table 1 ELA standards. to the analyses
raw or plant samples in the average.)							les subn		ny telate	
Disinfectant Residual Analysis Method: DPD Colo Person performing analysis is (Please see instructions				Date PW	S notifie	d by i	ab of pos	silive results):	
	Employed by a certified I Employed by DEP or DC			Date Stat	le notifie	d by l	ab of po:	silive results	s:	
Authorized representative of supplier of water				Lab Sign	ature: 2	M	Ma	0 60	Date	<u>K3/31/1</u>
Name and Mailing Address In FIESONIO.Re	eceive Report			Title:		Ŷ	nul	ton		·····
BLOONT OTHER BLOONT OTHER BIV., #1	46	Satisfa	ctorv					DEF	VDOH (JSE ONLY
6039 Cypress Gardens Blvd., #1 Winter Haven, FL 33884		🖵 (ncomp	lete Co					mont Sa	mniae	Required
	11	Date Rev		-			piace	4/6	inpies	Nequilea
	11	DEP/DOI		-	-			R	2	
¹ DEP Sample Type Codes: D - Distribution (Routine Complia	Pége 1 of 1 ance): C ≄ Recent of Check' R	= Raw N ≈	Entry to D	stribution		nt Te		Special (do		
	228 & D; MTF = 92218 & EC/M	UG; MMO/N	IUG = SM	9223B; HF	PC = SM	19215	в	(- -0		.,



See page 4 for instructions.

L. General Information for the Month/Year of:	april 2011			······································
A. Public Water System, (PWS) Information	. /			
PWS Name: Duncise Utilite	ee		PWS Identification Nu	mber: 6.73/737
PWS Type: Community Non-Trans		ent Non-Community	Consecutive	
Number of Service Connections at End of Month:	258	Total Population Serve	d at End of Month:	610
PWS Owner:				
Contact Person:	A 1A	Contact Person's Title:		
	lesson fill.	City: Haines C	ity State: Fl.	Zip Code: 33844
Contact Person's Telephone Number: 56-3-4	21-6817	Contact Person's Fax N	lumber: 863-471-0	6927
Contact Person's E-Mail Address:				
B. Water Treatment Plant Information	<u></u>		······································	
Plant Name: Surveise Illeli	teep r.	A	A Plant Telephone Numb	
Plant Address: Sum arres Such	5/ Alevilien	City: auburnda	lo State: Fl.	Zip Code: 33873
Type of Water Treated by Plant: Raw Ground		Water		
Permitted Maximum Day Operating Capacity of Plar	it, gallons per day:	00		
Plant Category (per subsection 62-699.310(4), F.A.C)		tion 62-699.310(4), F.A.C.):	<u>C</u>
Licensed Operators Name	License Class		Day(s)/Shift(s) Worked
Lead/Chief Operator: Deho Block	7 4	5611		
Other Operators:				
				· · · · · · · · · · · · · · · · · · ·

II. Certification by Lead/Chief Operator

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

D.L. Blouwt

Signature and Date

Printed or Typed Name

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED W. . IER Identification Number: 653 /739 Plant Name: Scondike, Water

PWS Identification Number:

Туре	of Disin	fectant R	esidual Main	tained in D	istribution Syst	em: 🗵	Free Chl	orine				Chlorami	nes)	Chlorine Dioxide
	Days			<u> </u>	T Calculations, or	UV Dose, to De CT Calcul	emonstrate F	our-Log	VIEUS INSCON	VILION, IT AL	TTV	Dose		· ·
	Plant Staffed or Visited			· · · · · ·	Lowest Residual Disinfectant Concentration	Disinfectant Contact Time (T) at C	Lowest CT Provided Before or at First					Minimum	Lowest Residual Disinfectant Concentration	
Day of the Month	by Operator (Place	Hours Plant in Operation	Net Quantity of Finished Water Produced, gai	Peak Flow Rate, gpd	(C) Before or at First Customer During Peak Flow, mg/L	Measurement Point During	Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	CT Required,	Operating UV Dose, mW-	UV Dose Required, mW-	at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work the Involves Taking Water System Components Out of Operation
1	X	24	Steco							[[0.3	
2	×		80000										Ca5	
3			94000									┟╼╼╼╼┛┫	0.5	
and the state of the	<u>a</u>	<u> </u>	93000							ļ		[]	0.0	
5	<u>x</u> +	}}	00000		· · · · · · · · · · · · · · · · · · ·					[f	06	
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	X +		86000									j	25	
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17	K.	1	21000										0.7	· · · · · · · · · · · · · · · · · · ·
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	~	1	1220		·····								0.5	
0	r	/	2000)		1								0.4	
1	17						1	1	T					

* Refer to the instructions for this report to determine which plants must provide this information.

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DRINKING WATE BACTERIOLOGICAL AN				0)		رب ز		53.
MID FLORIDA WATER I	ABORATOR	RY	Lab F	leceipt D	ate & T	ime:	م الم الم الم الم الم الم الم الم الم ال		
8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED	ven, FL 33880 53) 967-8601 'ector, Contact Person		Sampl	e Preserva	ation 12	On Ice	Not On Ice	0 <u> </u>	
Report Number:Sub-Contract	t Lab ID:		This s		s not me	et the foll	owing NELA		ments:
Analysis Requested: (check all that apply)	terocci 🛈 Colilert 📮	 НРС□			s De	Cent Te	4442 - 44	19811	1 <u>634</u> «
System Name: Sontise Wat	er decent		P۷	VS I.D.	6	5	317	7	39
System Address: 5R 592				County	/:	Per	K		
System or Owner's Phone #:	May 04	2011	Fax #:						
Collector: SRIGULT	MAY U4 ENVIBONM	ENTAL RING	Collecto	or's Phon	ie #:	<u> 863</u>	-22	4-0	775
Type of Supply: (check only one) Community Water System Noncommunity Water Private Well Swimming Pool Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat Clearance Replacement (also check type of sample)	Bottle v (triggered or assessmer	ransient No ed Water nt) ସRa oil Water N	≪ aw (trigge	ered or a	Other_	ent) add	itional [ited Use	
Sample Collection Date: <u>4/27/11</u>									
To be completed by	collector of sample		5.11.558 (J. 11				To be con		
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd	рН	Fecal o	r E. coli Anal	sis Metho Fecal or	Data
1/4 Well 1	107038	1355	2				A		
74 Well 2	107039	1400	2				A		
3/4 Somise Moskert	107040	1406	0	0.6	×, , , ,		A		
14 2540 Edwonde	107041	1715	D	0.6					
and the second	······································					8 8 7 7			
Average of disinfectant residuals for routine and repea									te 62-160, Table 1
non-transient non-community systems serving populations raw or plant samples in the average.)	up to and including 4,90	0. Do not ir	nclude	0.6	The tes		this report o		LA standards. to the analyses
	imetric Other: on reverse): Employed by a certified I Employed by DEP or DC			Date Stat	të notified	i by lab of p c(\label{eq:constraint})	ositive result	s:	"ufzufu
Name and Mailing Address of Person to Re	ceive Report			Title:	Ŷ	wit	<u>5</u> .		
BLOUNT UTILITIES, INC. 6039 Cypress Gardens Blvd., #1 Winter Haven, FL 33884	46	Satisfa Uncomp Repeat Date Rev DEP/DOF	lete Co Sampl iewed b	es Requ y DEP/I	ired C DOH:_	Replac			Requir
l	i i Page 1 of 1					4	$\overline{\gamma}$	··	
¹ DEP Sample Type Codes: D - Distribution (Routine Complian Anatysis Methods: MF = SM9222	ice); C = Repeat or Check; R	= Raw; N = 1 IUG; MMO/M	Entry to D IUG = SM	stribution; 223B; HF	P = Plar C = SM	rt Tap; S = 9215B	Special (cle	arance, el	c.)

BACTI FORM REVISED 01/04

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Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

	DRINKING WATE BACTERIOLOGICAL AN			μP							53
	MID FLORIDA WATER I	ABORATO	RY	Lab R	eceipt Da	ate & T	lim	:	î		
: •	8 Oakwood Road - Winter Hav Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED	ven, FL 33880 33) 967-8601 rector, Contact Per	ECEN	Sample Sample	Preserva	ition 🖬) Cr IOn Noti	iteria: Ice DN Detected	<u>수 안</u> 식 Not On Ice	n	ma/l
Report N	umber:Sub-Contrac	t Lab iD:	APR 2 ENVIRO	This sa	mple does	s not m	eet	the follow	ving NELA	C require	ments:
Total	Requested: (check all that apply) Coliform/E-Coli D Total Coliform/Fecal D En		ENVIRON HEENGIN	Dther:	9 <u></u>	<u>208.</u>	, ; 	<u>. //(</u>			
System	Name: Suncisa Wa	ter Co.		PW	/S I.D.	6	Ĺ	12		Z	32
	Address:				County	:	/	Por Cont	E.		
System of	or Owner's Phone #:	: 	<u></u>	Fax #:							<u> </u>
Collecto	or:	e	 	Collecto	r's Phon	e #:	Te	53-6	6/-3	515	
Comm Private Reason Distrit	Supply: (check only one) unity Water System Noncommunity Water Well Swimming Pool for Sampling: (check all that apply) bution Routine Distribution Repeat Raw ance Replacement (also check type of samp Collection Date:	Bot w (triggered or assessme		w (trigge	Hed or as	Other	r	it) addit	ional (J Well S	urvey
		collector of sample				· · · · ·			o be com		
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	рН		Fecal or Non	E, coli Analy	sis Methor Fecal or	Data
	Suncise Market	106411	\$030	R	0.7				A		
14	710 Winter Relige	106412	2010	S	27				A		
	ä.										
	4										
non-tra	e of disinfectant residuals for routine and repension non-community systems serving population: blant samples in the average.)				0.7	The te	est n	e performe sults in t	d in accorda his report c	unce with NE only relate	te 52-160, Table 1 ELA standards. to the analyses
Person		on reverse): DEmployed by a certifie			•	S notifie	ed by	iab of po	ositive result ositive result		- Ann Au
•	ervised by a cert. operator (# <u></u>	Employed by DEP or I	DOH								E <u>Hill</u> y
	me and Mailing Address of Person to Re	ceive Report						e se la La			· · · · ·
	BLOUNT UTLITIES, INC. 6039 Cypress Gardens Blvd., #146 Winter Haven, FL 33884		Satisfa	olete Co t Sampl	es Requ	uired	QF	Replace			ISE ONLY Require
	·		DEP/DOI	l Revie	wing Of	ficial:		ź	KX_		
1	DEP Sample Type Codes: D - Distribution (Routine Complia	Page 1 of 1 ance); C = Repeat or Check;		Entry to D	istribution;	P = Pl	ant	fap;S≕	Special (cle	earance, e	tc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 01/04

:			-				F_4	JYZZ	1	
	DRINKING WATH BACTERIOLOGICAL A							-		53
	MID FLORIDA WATER		Y	Lab R	eceipt Da	te & Ti	me.			
	8 Oakwood Road - Winter Ha	,	• •	Analy	us Date 8	Time	4.fr5f	ii at	n: ze	<u></u>
-					e Accep	tance	Criteria: On Ice DI	••••••••••••••••••••••••••••••••••••••		
	Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI	rector, Contact PERE	CEN							
-	umber:Sub-Contrac	ct Lab ID:	PR 2 0	ZUissa	mple does	k ⊡łNi ⊓otme	ot Detected et the follow	i wing NELA	L C require	mg/L ements:
Analysis	Requested: (check all that apply) Coliform/E-Coli I Total Coliform/Fecal Er	terocci 🖸 Colilert 🗗	NVIRON ENGINE	PRIN <u>G</u>	i					
	Name: Sumine Ul	ter Co.	•		/S I.D.	6	5 3		7	39
	Address:				County:		Coll	2		
System	or Owner's Phone #;			Fax #:						
Collect	or: Ballecent		·	Collecto	or's Phone	e#:	363-	666	0310	Grand W.
	Supply: (check only one)									
<u> </u>	unity Water System	er System	ransient No	ncommu	inity Wate	er Syst	em	Lim	ited Use	System
Private			ed Water		-	Other_				
Reason	for Sampling: (check all that apply)									
🖵 Distri	bution Routine 📮 Distribution Repeat	w (triggered or assessme	nt) 🛄 Ra	aw (trigge	ered or as	sessm	ent) addit	ional [D Well S	lurvey
Clear	ance 🛛 🔲 Replacement (also check type of samp	ole being replaced) 🔊 🔊 B	oil Water N	otice 🗆	Other_					
Sample	Collection Date: <u>5///5///</u>	· · ·								
		collector of sample					_	o be con		
Samala	Sample Beint	Lab Samala	Callection	Samala	Disinfort			iform Analy E. coli Anal		<u>Frit 1727</u> 1 d
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Type ¹	Resid	pН	Non	Total	Fecal or	Data
			·		(mg/L)		Coliforn	Coliform	E. coli	Qualifier ² _1
12/10/	Barrie Muchal	106413	D249	8	07			A		ί ι
4/	-110 1. V / D/	106414	hazer.	3		······		Δ		
24	710. Wenter Rudge		4755	X	27			171		
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		and the second s						<u> </u>		
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		L	<u> </u>				L			
	e of disinfectant residuals for routine and repension of disinfectant residuals for routine and repension of the second repens					All tests				uis 62-160, Table 1 ELA standards,
	plant samples in the average.)	,			The second		t results in t amples sub		only relate	to the analyses
Disinfe	ctant Residual Analysis Method: UDPD Colo	orimetric Other:			بالمجاست بالمعمو	1.00	1 by lab of po	16 11	at t	Topological Contraction
Person	rtified operator (#G///////////////////////////////	on reverse):	lab							
		Employed by DEP or De					l by lab of po			
Auth	orized representative of supplier of water				Lab Signa	ature: //	1 19	the south	Date	<u> </u>
Na	me and Mailing Address of Person to Re	eceive Report	1		Title:		loi et	C toos	``````````````````````````````````````	
1	BLOUNT UTLITIES, INC.	• • • • • • • • • • • • • • • • • • • •	Satisfa	ctory						JSE ONLY
	6039 Cypress Gardens Bivd., #146		Incomp	oiete Co						ــــر
	Winter Haven, FL 33884			•			•		amples	Require
			Date Rev						<u></u>	
			DEP/DOI	H Revie	wing Off	icial: _	Non-	And	<u>:/:~</u> /	chiling .
	¹ DEP Sample Type Codes: D - Distribution (Routine Complia	Page 1 of 1 ance); C = Repeat or Check; F	R=Raw;N=	Entry to D	istribution;	P = Pla	ntTap;S=	Special (cle	earance, e	NC.)
	Analysis Methods: MF = SM92 Results: A = coliforms are absent	22B & D; MTF = 9221B & EC/N t; P = coliforms are present; C								

BACTI FORM REVISED 01-04

Billing Summary

11/1/2010 to 11/30/201

General Services

	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	640	6 (4 7 4	\$0.00	*** ***	\$0.00	6 0.00	\$1.17		\$0.00		\$0.00	
General Services # of Customers Billed 1	1	\$11.71		\$0.00		\$0.00		\$0.00		\$12.88		\$12.88
Residential												
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	1358754		\$230.00		\$0.00		\$525.48		\$340.00		\$126.07	
Residential		\$5,117.47		\$0.00		\$0.00		\$0.00		\$6,212.95		\$6,339.02
# of Customers Billed 2	233											
Kraft												
	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total	14970		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Kraft		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	1											
Report	1374364		\$230.00	-	\$0.00		\$526.65		\$340.00		\$126.07	
Totals		\$5,129.18		\$0.00		\$0.00		\$0.00		\$6,225.83		\$6,351.90
# of Cust / Bi	illed Category	231	23	0	0				74			



See	e page 4 for instructions.						
í.	General Information	for the Month/Year of:	May	2011			
	Public Water System, (P						
		nuse attilite	er				on Number: 6,53 1737
		Community Non-Transi	ent Non-Community	/ 🗌 Transie	nt Non-Community	Consecutive	
	Number of Service Cor	inections at End of Month:	758		Total Population Se	erved at End of Month:	600
	PWS Owner:						
	Contact Person:		AAA		Contact Person's Ti		A address
	Contact Person's Maili		esson MS.		City: Maines		
	Contact Person's Telep	hone Number: 863-4	<u>RI-6877</u>		Contact Person's Fa	ix Number: 863-4	71-6827
	Contact Person's E-Ma	il Address:					
Β.	Water Treatment Plant	Information	4				
	Plant Name:	Juncise Illeli	teep ,			A Plant Telephone	
	Plant Address:	underes Dut		2	City: auburn	hale State: Fl.	Zip Code: 37873
	Type of Water Treated	by Plant: 🛛 Raw Ground		nased Finished			
	Permitted Maximum D	ay Operating Capacity of Plan	t, gallons per day:	108,00	70		
	Plant Category (per sul	osection 62-699.310(4), F.A.C	.): Y			osection 62-699.310(4), F.A	
	Licensed Operators	Name		License Class	License Number		Shift(s) Worked
	Lead/Chief Operator:	Date Dloda	7	11	5611	6/7	
	Other Operators:		······································				
	ł						
		······································	·····				
							·

II. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

PWS	Identifi	ication N	umber: (653/7	17	Plant Na	me: Sci	<u>eris</u>	e u	Sate.				
			he Month/Y		Mars	201	1							
lear	is of Acl	hieving F	our-Log Vin	us Inactivati	on/Removal: *	Free	Chlorine] Chlorine	Dioxide		Ozone	🛄 Combin	ed Chlorine (Chloramines)
] U	ltraviole	t Radiat		ther (Descril		-								
_					istribution Syst	em: X	Free Chl	orine	ΠCo	mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
<u> </u>	1	T	1		T Calculations, or	UV Dose, to De	emonstrate F	our-Log	Virus Inactiv	vation, if A	pplicable*			
	Days			×		CT Calcu						Dose		
	Plant			· · · · · · · · · · · · · · · · · · ·	1	1	Lowest CT	1	[T	[<u> </u>	1	Lowest	
	Staffed			ļ	Lowest Residual	Disinfectant	Provided	l l		1			Residual	
	or	ļ		1	Disinfectant	Contact Time					İ		Disinfectant	
	Visited				Concentration	(T) at C	at First	[_	[1	Lowest	Minimum	Concentration at Remote	Emergency or Abnormal Operating
	by	· · ·	Net Quantity		(C) Before or at	Measurement	Customer	Temp.	-77 - 6		Operating	UV Dose Required,		Conditions; Repair or Maintenance Work
y or a¢	Operator (Place	Hours Plant in	of Finished Water	D. 1 51	First Customer	Point During	During Deals Flow	of	pH of	CT Required,	mW-	mW-	Distribution	Involves Taking Water System Compone
nth	(Fiace "X")		Produced, gai	Peak Flow	During Peak	Peak Flow, minutes	Peak Flow, mg-min/L	water, ℃	Applicable				System, mg/L	Out of Operation
	- 1	74	68000	Rate, gpd	Flow, mg/L	minutes	mg-nuwr.		Tabbucante	alle-min L	300/011			· · · · · · · · · · · · · · · · · · ·
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ge nur			30000											

* Refer to the instructions for this report to determine which plants must provide this information.

DRINKING WAT BACTERIOLOGICAL MID FLORIDA WATER 8 Oakwood Road - Winter I Phone (863) 965-2540 • Fax Lab I.D. #E84567 • Margaret Rajpaul - NELAC CERTIFI Report Number:Sub-Contra	ANALYSIS LABORATOR Haven, FL 33880 (863) 967-8601 Director, Contact Person ED		Lab Re Analysi Sample Sample Disinfec	ceipt Da s Date & e Accep Preserval tant Chec	te & Tirr Time; tance C ion ⊡Ór k ЮNol	riteria:	5/35/ 5/35/ 1:10 Not On Ice J wing NELA(o <u>7:1</u>	°C mg/L
	ter		• • ••	S I.D.		5 . Pol			39
Collector: Solesset Type of Supply: (check only one) Community Water System Noncommunity W Private Well Swimming Pool Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat Clearance Replacement (also check type of sampling)	ater System IN Nontra Bottled Raw (triggered or assessment	insient No I Water) □ Ra	incommu	nity Wate	er Syste Other	m Rent) add		ted Use	System
Sample Collection Date: <u>5/24/11</u> To be completed							ENVIR ENVIR	ONME	NTAL.
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	нq	Non	r <u>E. coli Anal</u> Total m Coliform	Fecal or	Data
1/4 Well 1	108753	1510	R				A		
2/4 Well 2	108754	1515	R						
3/4 Flushout Winter Rodye	108756	1517	$\frac{D}{D}$	0.6 0.6			A		· · · ·
		9	*						
Average of disinfectant residuals for routine and r non-transient non-community systems serving popula raw or plant samples in the average.)	repeat samples. (Complete fo tions up to and including 4,90	r commun). Do not i	ity and include	ø,t	The tes	are perfor	med in accord n this report	ance with N	ule 52-160, Table 1 ELA standards. to the analyse
Disinfectant Residual Analysis Method: DDD (Person performing analysis is (Please see instruction A certified operator (#) Supervised by a cert. operator (#) Authorized representative of supplier of water)	Colorimetric Other: ions on reverse): Employed by a certified Employed by DEP or DC	ab DH			VS notified ate notified	i by lab of	positive resu positive resu		int cpc
Name and Mailing Address of Person to BLOUNT UTILITIES 6039 Cypress Gardens E Winter Haven, FL 3	, INC. Blvd., #146 3884	Date Re DEP/DO	plete C at Samp viewed IH Revie	les Req by DEP ewing O	uired [/DOH:	IRepla	cement s	Samples	

Analysis Methods: MF = SM92228 & D; MTF = 92218 & ECMUG; MMO/MUG = SM9223B; HPC = SM9215B Preview: A = colliforms are absent: P = colliforms are present; C = confluent growth; TNTC = too numerous to count

12



See	e page 4 for instructions	j.				
	General Information	for the Month/Year of:	June h	011		· .
	Public Water System, (P				·	
		invise Altililees			PWS Identification N	lumber: 6.79 1737
	PWS Type:	Community Non-Transient Non-Comm	munity 🗌 Transie	nt Non-Community		
	Number of Service Con	nnections at End of Month: 258		Total Population S	erved at End of Month: 6	10
	PWS Owner:			r		
	Contact Person:	A	11	Contact Person's T		
	Contact Person's Maili		V.		a City State: The	Zip Code: 33844
	Contact Person's Telep	onone Number: 363-771-6011		Contact Person's F	ax Number: 863-411-	-67%/
	Contact Person's E-Ma					
Β.	Water Treatment Plant					
	Plant Name:	Surveise alleliteep,	<u> </u>		A Plant Telephone Num	
i	Plant Address:	underes Sub/ Mur	LOW	City: auburn	dale State: Fl.	Zip Code: 3,797,3
	Type of Water Treated		Purchased Finished			
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per o	day: 108,00		1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		bsection 62-699.310(4), F.A.C.):			bsection 62-699.310(4), F.A.C.):	
	Licensed Operators	Name	License Class	License Number	,Day(s)/Shift	(S) WOIKED
	Lead/Chief Operator:	Data Blockwit		5611		
	Other Operators:					
	-					
	-					
		<u> </u>				
					·····	

II. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

PWs	Identif	ication N	miher: Z	53 12	39	Plant Na	me: Se	110	se. 0	Prod	cr	مکنتی کی کردیند ·		ED FINISHED W ER
				النصب المريبة بالجمع الأربي ويبر									ىرى القرار مى مەرىيى بىرى بىرى بىرى بىرى ئۇرانىڭ بىرى مەرىيى مىرى بىرى بىرى	ین است این میشود. است این میشود است و است این
			ь МоаньУу		JON		201		100.0				Charles -	ed Chlorins (Chloramines)
		hisving P K Radiati		is Inactivati her (Descri	on/Removal: *		Calorine	<u> </u>	Chlorine	DIOUGS		Ozone		and constants (constanting)
	of Dist	effecteent T		the state of the Party	P.A. H	ent D	Pres Chi	orine		miningd	alorine (Chloren	mes)	Chlorine Dioxide
	V4 2/100	T T		C	T Culculations, or	UV Down to D		Charles and	Vine mett	vetice. If A	moliculate		I	
	Days	1			t .	CT Calor	ation t				UV	Dome ·		
w ef	Plant Staffed or Visited by. Operator	Hours	Not Quantity of Philshol		Lowest Residual Distributant Concentration (C) Balore or at First Customer	Disinfactant Contect Thins (T) at C	Lowest CT Provided Below or st Phat Contenant	Temp.	- nH of	Misimum CT	Lowest Operating UV Dose	Minimum UV Dese Received.	at Repote Point in	Bmergeosy or Abnormal Operating Conditions; Repair or Maintenence Work th
Ós	Place	Plant in	Water	Peak Flow	During Peak	Peak Plow,	Peak Flow,	Water,	Weter, if Applicable	Required,	mW-	Win	Distriction	Livelves Taking Water System Component Out of Operation
	"X")		Produced, gal	Rate, and	Flow, mp/L	minutes	mg-min/L	2	Application	Bir all/L	Deeven.	seo/car	System mel.	
	2	119	65800	الماد المرد المستجل المستجل مي الم								<u></u>	0.5	
	- Kin		53000	-						<u> </u>	╏┑╍╍╍╍╍		85	
	×,		60000										8.8	امین از میرود. با از این اور این این است ما تر و دارد است می کرد از از مراد تورید می مطل دارد می کرد. ب
-	- <i>R</i>		53000											المراجعة المراجعة المراجع ومراجعة المراجعة المراجعة المراجعة المراجعة المراجع المراجع المراجعة المراجعة المراجع من المستقدمة المراجعة المراجع ومراجعة المراجعة المراجعة المراجعة المراجعة المراجع المراجعة المراجعة المراجعة ال
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		6t	1605 000			ن ال در بر این فرن کار این اور ا			والستيدية بجملا بمجردات	فالإرتفانية ويهيدها				
			54000											

Machinen 67000 • Refer to the instructions for this report to determine which plants must provide this information.

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DRINKING WATH BACTERIOLOGICALA MID FLORIDA WATER 8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8	NALYSIS LABORATOR aven, FL 33880	Y	Analys		ite & T & Time	Time:		e 16/31	53 ///eA
Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIE	irector, Contact Person		Sample	Preserva	tion 🗹	On Ice DN			
Report Number:Sub-Contrac	_	[Not Detected eet the follow		Ca requirem	
Analysis Requested: (check all that apply)	nterocci 🖵 Colilert 🖵 I	HPC D (Other:						
System Name: <u>Son is a</u> (Second System Address: <u>St R 55</u> System or Owner's Phone #:	Her RECE) ^{ри}	County	6	SI3 Pol		7	39
System or Owner's Phone #:	ENV/IPON	2011	Fax #:						
System or Owner's Phone #: Collector:	ENGINE	mental Ering	Collecto	r's Phon	e #:	863	229	0	77.5
Type of Supply: (check only one) Community Water System Noncommunity Water Private Well Swimming Pool Reason for Sampling: (check all that apply) Rample Action Repeat	er System Nontr Bottle w (triggered or assessmen	ansient No d Water t) 🔲 Ra	ncomm. w (trigge	inity Wate	er Sys I Other	tem nent) additi	Limite	ed Use S	System
Clearance Replacement (also check type of samp	ple being replaced) 🛄 Bo	oil Water N	otice 🕻	Other_					
Sample Collection Date: <u>6/20/11</u>	 y collector of sample		. 1993			To	be com	lefed b	
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time		Disinfect Res'd		Total Coli Fecal or E Non	orm Analysi . coli Analys	s Method: is Method: Fecal or	SH411
1/4 Lot 1	110243	1825	R				A		
74 lot 2	110244	1830	R				A		
3/7 2410 Thompson	110245	1870	Ď	D.6			A		
17 Flushout Straton	110246	1846	D	D.6			A		
Average of disinfectant residuals for routine and report non-transient non-community systems serving population raw or plant samples in the average.)				0.6	The te	² Defined in i ts are performe ist results in th samples subr	l in accordan NS report on	ce with NEL	
	orimetric Other: o on reverse): Demployed by a certified f Demployed by DEP or DC			İ	S notifie te notifie	ed by lab of po ed by lab of po $\mathcal{K}_{\mathcal{M}\mathcal{Q}\mathcal{P}^{\mathcal{H}}}$	sitive results		
Name and Mailing Address of Person to R	eceive Report			Title:		Que .	u jon	イ'	
BLOUNT UTILITIES 6039 Cypress Gardens I Winter Haven, FL 3	5, INC. Blvd., #146 33884	Satisfa	lete Co Sampl iewed b	es Requ y DEP/I	uired (DOH;	Replace	ment Sa		SE ONLY Required

¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (dearance, etc.) Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B



See page 4 for instructions.

1	Concert Information	for the Month/Year of:	Lelis Tel	011	·····	
	ublic Water System, (F		field to		······································	
		muse attilitees			PWS Identification N	lumber: 6.53 1737
		Community 🚺 Non-Transient Non-Cor	mmunity [] Transie	ent Non-Community		
		nnections at End of Month: 758	······································	Total Population S	Served at End of Month:	530
	PWS Owner:					
	Contact Person:		11	Contact Person's T	Title:	1
1	Contact Person's Mail			City: Heine	s City State: Fl.	Zip Code: 33844
- [0	Contact Person's Telep		7	Contact Person's F	ax Number: 863-471-	-6827
	Contact Person's E-Ma	ail Address:				
в. Й	Vater Treatment Plant	Information				
[]	Plant Name:	Survise Utilities,	<u> </u>		1 Plant Telephone Num	
	Plant Address: 🔬		t Ućnu	City: auburn	Male State: Fl.	Zip Code: 37873
î	Type of Water Treated	by Plant: 🛛 Raw Ground Water [Purchased Finished			
		Day Operating Capacity of Plant, gallons pe	er day: 08,00			
1		bsection 62-699.310(4), F.A.C.):	· · · · · · · · · · · · · · · · · · ·		bsection 62-699.310(4), F.A.C.):	
	Licensed Operators	Name	License Class		,Day(s)/Shift	(s) Worked
I	Lead/Chief Operator:	Data DIOUNI		3611	6/7	
- (Other Operators:					
	-					
						· · · · · · · · · · · · · · · · · · ·
		· · · · · ·				
L.						

II. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

Page I

PWS Identification Number: 653/7	
	1-201
	1.77

↓ 4

Mart Name Sunnise Water

Means of Achieving Pour-Log Virus Insotivation/Removal: * Pres Calorine Chierine Diccide Onone Combined Chierine (Calorine) Type of Distributent Residual Mathemad in Distribution System: X Free Chierine Combined Chierine (Calorine Chierine) Chierine Diccide Days Crossing of Distributent Residual Mathemad in Distribution System: X Free Chierine Combined Chierine (Calorine) Chierine Diccide Days Crossing of Distributent Residual Mathemad in Distribution System: X Crossing of Points Crossing of Virus Insotities Calorine Diccide Bays Crossing of Points Crossing of Virus Insotities Distributent Residual Insotities Invest Residual Insotities Invest Residual Insotities Invest Residual Insotities Bays Crossing of Points Distributent Trips Distributent Trips Invest Cr Invest Cr Invest Cr Baseding of Points Crossing of Points Crossing Points Crossing Points Distributent Points Invest Cr Invest Cr Invest Cr Invest Cr Residual Invest Points Consumines Consumines Distributent Net Consumer Consumers Crossing Points Distributent Points Distributent Points Residual Points Constite Points Constite Poin	111	Den D	ana a	a Abjadi Ya	cip àt l	J	3 (7 7	DIC				niaita Capito - Sak	an a share ya da sa		
University Refletion Other (Descript) Type of Deletions Refletion Constitute Refletion Constitute Refletion Constitute Refletion Past Back Constitute Refletion Constitute Refletion Constitute Refletion Constitute Refletion Past Back Constitute Refletion Not Constitute Refletion Constitute Refletion Constitute Refletion Constitute Refletion Constitute Refletion Constitute Refletion Vision Net Constitute Refletion Distribute Refletion Distribute Refletion Constitute Refletion Constitute Refletion Distribute Refletion	Men	ns of Ac	hieving P	our-Log Vin	is Inectivati	or/Ramoval: *	E Free	Chlorine	Ē	Chicrin	Dioxide		DECEN	Combi	ed Chlorins (Chloremines)
Day Nation Direction Cf Columnetes Devices in columnets Direction Direction <th< th=""><th></th><th>Theviol</th><th>n Radiati</th><th>an 110</th><th>for (Descri</th><th>ha):</th><th></th><th>A</th><th></th><th></th><th></th><th>· · ·</th><th></th><th></th><th></th></th<>		Theviol	n Radiati	an 110	for (Descri	ha):		A				· · ·			
Day Nation Direction Cf Columnetes Devices in columnets Direction Direction <th< th=""><th>Typ</th><th>of Dist</th><th>thetest 2</th><th>Lesidna Mat</th><th>nisteed in D</th><th>int Butters Sys</th><th></th><th>Free Ch</th><th>Orbio</th><th></th><th>mbined (</th><th>Tionine (</th><th>Chieren</th><th></th><th>Chlorine Dioxide</th></th<>	Typ	of Dist	thetest 2	Lesidna Mat	nisteed in D	int Butters Sys		Free Ch	Orbio		mbined (Tionine (Chieren		Chlorine Dioxide
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* Refer to the instructions for this report to determine which plants must provide this information.

Page 2

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	DRINKING WATEL BACTERIOLOGICAL AN			() is	2000 		a a san ang ang ang ang ang ang ang ang ang a	1 2	·	53.
	MID FLORIDA WATER L	ABORATOR	Y	Lab Re	ceipt Dat	e & Tir	ne; <u>i</u>	<u>, </u>		\`
	8 Oakwood Road - Winter Hav	en, FL 33880		Analysi	s Date &	Time:		127/2	512	<u></u>
	Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dire NELAC CERTIFIED	3) 967-8601 actor, Contact Person		Sample	Preservat	ion 🗆 🤇	Driteria:	lot On Ice	o <u> 74</u>	°C mg/L
keport Nu	mber:Sub-Contract	Lab ID:		This sar	nple does	not me	et the follow	ving NELAC	> requiren	nents:
Analysis Total C	Requested: (check all that apply) Coliform/E-Coli 🗋 Total Coliform/Fecal 📮 Ent	erocci 🛛 Colilert 🗔 ۱	∟ нрс ⊑ с)ther:					r	
System	Name: Sunsise Work ddress: State Rd 5	er 247			S I.D.		5] Po.	5][] 1)~	7	3 9
System A	ddress: JTATE REA	RECE	ved		County:					;
System o	r Owner's Phone #:	<u> </u>	1100	Collocto	r'a Dhon	~ #•	263	2.7	2-7	2715
Collecto	r: <u>/ 5/30 k/</u>	0 004	<u> Lun</u>	Collecto	rs Phone	e#:				
Commi Private Reason	unity Water System Noncommunity Wate Well Swimming Pool for Sampling: (check all that apply) button Routine Distribution Repeat	r System	ed Water	ncommu w (trigge	inity Wate	er Syst Other_ ssessm	em nent) addii	Limi Limi	ted Use :	System
	ance 🔲 Replacement (also check type of samp	le being replaced) 🛛 B	oil Water N	otice 🗆	Other_					
Sample	Collection Date:		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			<i></i>		1. N	·	in the set
·	To be completed by	collector of sample					Total Co			Sasta26
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type'	Disinfect Res'd	pН	Fecal or Non	E. coli Analy	sis Method Fecal or	t: Data
14	Well I	112220	18255	R				A		
24	Well 2	12221	1100	R			:	A		
3/4	Sortise Musleat	112222	1105	Ø	0.5			A		
4/4	2540 Elmund Lorde	112223	1110	D	2.5		:. 	A		
										:
					<u> </u>					
			<u> </u>							
non-tra	e of disinfectant residuals for routine and repension nsient non-community systems serving population plant samples in the average.)	eat samples. (Complete f is up to and including 4.90	or commun 00. Do not i	ity and nclude	0,5	The te	ts are perform	ned in accord	ance with N	ule 62-160, Table 1 ELA standards, to the analyses
Disinfe	ectant Residual Analysis Method: 🖾 DPD Colo	primetric D Other:		***	Date PV	-		osilive resu	its:	:
Person	n performing analysis is (Please see instructions	on reverse): ⊒Employed by a certified ⊒Employed by DEP or D						positive resu		
•	norized representative of supplier of water				Lab Sig	nature	Marg	The y	∑Øate _	K7/08/1
	ame and Mailing Address of Person to R	eceive Report				4	nuet	101°	¥	L .
	BLOUNT UTILITIES, IN 6039 Cypress Gardens Blvo Winter Havon, FL 2000		Satisfa	plete C	ollection	Inforr	nation			
	Winter Haven, FL 3386	., #146 \$4	Date Re DEP/DO	viewed	by DEP	/DOH:		3/11		
f	¹ DEP Sample Type Codes: D - Distribution (Routine Compli Analvsis Methods: MF ≈ SM92	Page 1 of 1 Page 1 of 1 ance); C = Repeat or Check; 228 & D; MTF = 92218 & EC/	R = Raw; N =	Entry to I MUG = SM	Distribution 19223B; H	; P = PI PC = SN	ant Tap; S = //9215B	≂ Special (cl	earance, e	əlc.)

Sample	Type Codes:	D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S	5 ≂ Special (cleararice
•		Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B	



Se	e page 4 for instructions	ş.				
ί.	General Information	for the Month/Year of: Horem	ber to	209	•	
	Public Water System, (F					
	PWS Name:	muse Utililees		-	PWS Identification N	lumber: 6,53 1737
		Community 🔲 Non-Transient Non-Commu	inity 🗌 Transie	nt Non-Communit	Y Consecutive	
		nnections at End of Month: 258		Total Population	Seved at End of Month:	590
	PWS Owner:					
	Contact Person:	A Al	1	Contact Person's		1-12-12-12-12-111
	Contact Person's Maili			City: Maine		Zip Code: 33944
	Contact Person's Telep			Contact Person's	Fa Number: 863-471	-6817
-	Contact Person's E-Ma					
В.	Water Treatment Plant				Die of Talashana Nu	nhar
	Plant Name:	Juncise Wilitees	1 della	City: aubur	Plant Telephone Nur	Zip Code: 33873
	Type of Water Treated		urchased Finished		tola State: The	Zip code. V V V AV
		Day Operating Capacity of Plant, gallons per day				······································
		bsection 62-699.310(4), F.A.C.):		Plant Class (per si	ub.ection 62-699.310(4), F.A.C.)	
	Licensed Operators	Name	License Class	License Number	Dav(s)/Shif	t(s) Worked
1	Lead/Chief Operator:	Deta Blockart	A	5611	5/7	
	Other Operators:					
	Chief Operations.					
				· · · · · · · · · · · · · · · · · · ·		
	[· · · · · · · · · · · · · · · · · · ·		·
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II. Certification by Lead/Chief Operator

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

Blount

Signature and Date

Printed or Typed Name

License Number

Page 1

IIIIII V CREBATION BEBAA			 OR PURCHASED FINISHED WATER
	$T = C \cap D = D \cap D = T$	0EXTINC 0XW/0	
			JILI UNUHAULU I IJIUI ILU HAIER

UŪ	ltraviole	t Radiati	on 🗌 Or	ther (Descril	on/Removal: * be): istribution Syst		Chlorine Free Chl] Chlorine	<u> </u>		Chlorami		chlorine Dioxide
- 1			Conduar Ivian		T Calculations, or		rree Chi	orme	View Inectio	mbined C	-lineblet			Calcind Dioxide
	Days		1	<u> </u>	I Calculations, of	CT Calcul		OUX-LON	V ITUS IIJacti		TTV	Dose	1	•
	Plant Staffed or				Lowest Residual Disinfectant	Disinfectant Contact Time	Lowest CT Provided Before or						Lowest Residual Disinfectant	
	Visited by Operator	Hours	Net Quantity of Finished		Concentration (C) Before or at First Customer	(T) at C Measurement Point During	at First Customer During	Temp. of	pHof	Minimum CT	Lowest Operating UV Dose,	UV Dose Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work to
the Month	(Place "X")	Plant in Operation	Water Produced, gal	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW- sec/cm ²	Distribution System, mg/L	Involves Taking Water System Componen Out of Operation
1		24	8000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²		-)	
2	X	~~~	Place										0,6	
3	X		Tom										05	
4	X		79000										0.5	
5	X		2000			_							05	
6	X +		86000										04	
8	<u>×</u>		11000										0,4	
9	×		10,500								f	·	ay	
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(DRINKING WATE		ſ							53
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		LABORATO	DRY		10				n. n	Ţ
	8 Oakwood Road - Winter Hav Phone (863) 965-2540 • Fax (8						1011	5 2	6-24	ł
	Lab I.D. #E84567 • Margaret Rajpaul - D NELAC CERTIFIED	irector, Contact Person			eceipt Da			1.31	ncia	F 2.50 /
				-	sis Date & le Accep			414		
Report Na		t Lab ID:		Sample	e Preserva	tion Q	Ón Ice ⊒i	Not On Ice	<u> </u>	<u>/.</u> c
	Requested: (please check all that apply) and Coliform Test			Disinfe	ctant Chec	k Q.N	ot Detected et the follow		<u>م</u>	mg/L_
C HPC		RE	CEIVE	D 1113 30		notina		-		
C Other:			<u>18 2</u>	009	Г			3		
System	Name: Sunrise Water	<u>Co</u> m								54
System A	Address:	ENVI	RONME	TNC	County	:	Per	<u>k</u>		
System o	or Owner's Phone #:	EN	GINEET	Fax #:						
Collecto	r. <u>5 Blount</u>			Collecto	r's Phon	e #:	863.	-22	1-0	775
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	Supply: (check only one) unity Water System UNoncommunity Wate	er System 🖸 Nor	transient No	oncomm	unitv Wal	ter Svs	tem	🖸 Limi	ted Use	System
C Private			led Water		-	Other				
Reason	for Sampling: (check only one)	ompliance 🛛 🖬 Repeat	🖵 Repla	cement	🗋 Mai	in Clea	rance [🕽 Well Su	arvey l	Cither
Sample	Collection Date: ////2/09									
	To be completed by	collector of sample						o be com		
Sample	Sample Point	Lab Sample	Collection	Sample	Disinfect			form Analysi E. coli Analys		HE
Number	(Location or Specific Address)	Number	Time	Type ¹	Res'd	рH	Non Coliform	Total Coliform	Fecal or	Data Qualifier ²
1/4	Well [915798	16:05	R	(ingray			A	L. 001	
34	Well Z	905799	/	R				A		
3/4	Floshout Winter Ridge	915400	-	D	0.5			A		
44	2418 Teri	915801	-	D	0.5	• •		A		
			1							
j]										
i non-tra	e of disinfectant residuals for routine and reponsion of the serving population nsient non-community systems serving population plant samples in the average.)	eat samples. (Complete f is up to and including 4,9	for commun 00. Do not i	ity and nclude	Q5	Ail test	s are perform	ned in accord	lance with	le 62-160, Table 1 NELAstandards. the analyses of
	ctant Residual Analysis Method: UDPD Col					the san	nples submit	ted.		
Person	performing analysis is (Please see instructions	s on reverse):			Date PV	VS notifi	ed by lab of p	positive resul	ts:	
Supervi		Employed by a certifie Employed by DEP or (d lab		Date Sta	ate notifi	ed by lab of p	ositive resul	ts:	
f				ab Sign	j ature:	1U	an	a	la	marl
Na	me and Mailing Address of Person to Re	eceive Report		ītle:	ature		hall	dan		 /·
	BLOUNT UTILITIES, INC.	1	M Satisfa			<u>×</u>	- n	DEF	P/DOH L	ISE ONLY
	6039 Cypress Gardens Blvd., #1	46	🛛 🖾 incom	plete C	ollection	Inform	mation			
	Winter Haven, FL 33884	~ U	Repea	ic Samp cement	ies Keq Sample	uired s Rea	uired	. 1	1 -	- market
			Date Rev					1/18	109	1
			DEP/DO	H Revie	wing Of	ficial:		R		
	¹ DEP Sample Type Codes: D - Distribution (Routine Compl	Page 1 of 1 iance); C = Repeat or Check;	R=Raww:N=	Entry to D	istribution:	P = Pla	nt Tap: S = S	Special (cles	rance efc	.)
8ACTIFORM REVIS	Analysis Methods: MF = SM92 Results: A = coliforms are absen	22B & D; MTF = 9221B & EC/	Mug; Mmo/N	IUG = SM	9223B; HF	C = SM	9215B			

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

See page 4 for instructions.

1	General Information	for the Month/Year of:	uny he	010		
	Public Water System (I				· · · · · ·	
		invise Italiteer			PWS Identification Nu	umber: 6,53 1737
		Community Non-Transient Non-Communi	ity 🗌 Transie	nt Non-Community	Consecutive	
		onnections at End of Month: 758		Total Population Se	erved at End of Month:	560
	PWS Owner:					
	Contact Person:	<u> </u>		Contact Person's Ti	tle:	,
	Contact Person's Mail	ing Address: 683 Aleston Mer.	· · · · · · · · · · · · · · · · · · ·	City: Heiner		Zip Code: 33844
	Contact Person's Tele			Contact Person's Fa	1x Number: 863-471-	6827
	Contact Person's E-Ma	ail Address:		,		
B .	Water Treatment Plant	Information				
[Plant Name:	Survise Utilities, c.			1 / Plant Telephone Num	ber:
[Plant Address:	Sunderes Sub/ Murrier		City: auburn	hale State: Fl.	Zip Code: 37973
[Type of Water Treated		chased Finished			
		Day Operating Capacity of Plant, gallons per day:	108,00		· · · · · · · · · · · · · · · · · · ·	
	Plant Category (per su	bsection 62-699.310(4), F.A.C.):			osection 62-699.310(4), F.A.C.):	C
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s	s) Worked
[Lead/Chief Operator:	Deto Blockail	A	5611	17	
Γ	Other Operators:					
	-	·			· · · · · · · · · · · · · · · · · · ·	
			<u> </u>			· · · · · · · · · · · · · · · · · · ·
		·				

H. Certification by Lead/Chief Operator

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

Blount

Signature and Date

Printed or Typed Name

License Number

PWS	S Identif	ication N	umber: 💪	53/7	79	Plant Na	me: <i>Sie</i>	<u>nr 15</u>	<u>e li</u>	7044	<u>m</u>			un —
111,	Daily D	ata for fi	he Month/Ye	car of:	Jan	2009							· · · · · · · · · · · · · · · · · · ·	
Mear	is of Ac	hieving F	our-Log Vin		on/Removal: *	Free	Chlorine		Chlorine	Dioxide		Dzone	Combin	ed Chlorine (Chloramines)
🗍 U	Itraviole	et Radiati	on ŪOt	ther (Descri	be):					÷				· · · ·
				tained in D	istribution Syst		Free Chl	orine		mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
	1				T Calculations, or	IV Dose to De						ouloi ann		
	Days			~	· Calvalatons, or	CT Calcul		our rog	THUS HILLON			Dose		
	Plant					Γ	Lowest CT	1	<u> </u>	1			Lowest	
	Staffed	ĺ	1		Lowest Residual		Provided))]		Residual	
	Or	1	1.		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited by		21-1 0-1-1		Concentration	(T) at C	at First					Minimum		
Jav of	Operator	Hours	Net Quantity of Finished		(C) Before or at	Measurement Point During	Customer	Temp.	-12-6		Operating	Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work
the	(Place	Plant in	Water	Peak Flow	First Customer During Peak		During Peak Flow,	Water,	pH of Water, if		mW-	mW-	Distribution	Involves Taking Water System Compone
lonth	"X")		Produced, gai	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C .	Applicable			sec/cm ²	System, mg/L	Out of Operation
1	X	24	38000										0.6	
2	X)	36000						·				0.4	
3	X		45000										0.6	
4	\mathcal{X}^{-}		24000										0.5	
5	X_		24000										0.5	· · · · · · · · · · · · · · · · · · ·
6	X)	48000										05	
7	<u>X_</u>		41000										0.4	
8	<u>x</u>	- 44	43000			· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	0.5	
9	K_		38000		<u> </u>								0.4	
10 11		/	72000											·····
12			72000	· · · · · · · · · · · · · · · · · · ·									0.5	······································
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4	× ·		50000										05	
5	8		65000			<u> </u>							0.6	
6	X	-/	46000	f									0.5	
7	<u> </u>		46000											· · ·
8	x	\mathbf{t}	46000	†								1	8.9	
9	2	1	48000	ŕ									0.6	
0	K		40000										0.5	
1	R		37000										0.5	
2	X		54000										0.4	
3	1		30000										05	·····
		-++	52000											
5	X	<u>`</u> -}-}-	52000										C1.5	
			37000									-	0.5	
			57000										52+	
	8-4-	-/	30000										000	
	2	1	52000				+						0.5	······································
			45000				t							· · · · · · · · · · · · · · · · · · ·
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AND BACK	DRINKING WAT TERIOLOGICAL A									\sim
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MID FLORID	A WATER	LABORAT	ORY		A	K				_
8 Dakwoo	d Road - Winter Ha	ven, FL 33880			¢.	2	nd Jan	14 /	4 :	₽8
	63) 965-2540 • Fax () Margaret Raipaul - L	863) 967-8601)irector, Contact Pers	юл	Lab F	Receipt [Date & 7	īme:			
	NELAC CERTIFIED			Analy	sis Date	e & Time	:	1/14	100	et 124
Report Number:	Sub-Contra	ct Lab ID:			ole Acce	ptance	Critoria			-
Analysis Requested: (please check a	I that apply)	REC	CEIAE	Disinfe	e Preserv ctant Ché	/ation⊡ eck D2rN	On Ice Di Iot Detecte	Not On Ici d	e (ur_ <u></u> 	°C na/L
Standard Coliform Test		1.1		This sa			et the follo		AC require	
			22 201	U						
System Name: Sonica	- Wete	r ENVI	RONMENT GINEERING	AL pv	ÝS I.D.	6	3	317	1[7]	319
System Address;		EN	SINEERING	3- '	-		Po)	L K		
	. (6)	V 1 1 1	* 1		Count	y:	/ 07		<u> </u>	
System or Owner's Phone #:				fax #:		·	<0,		017	A77/
Collector: 58100			<u> </u>	_Collecto	or's Pho	ne #:	06	3-2	.29-	0775
Type of Supply: (check only one)										
	Noncommunity Wat	•	iontransient N	loncomm				🖬 Lin	nited Use	e System
	Swimming Pool		lottled Water			Other				
Reason for Sampling: (check only		ompliance 🖵 Repe	at 🖵 Repla	cement	L) Ma	ain Clea	rance	Well S	Survey	Girler Other
Sample Collection Date:										
	love completed p	Collector of sample	1	1940-1973 	in de la compañía F	isolais T		o be con iform Analy		
Sample Sample P Number (Location or Speci		Lab Sample	Collection			рН	Fecal or	E. coli Anal	vsis Metho	<u>t</u>
Number (Location or Speci		Number	Time	Type ¹	Res'd		Non Coliforn	Coliform	Fecal or E. coli	
14 Well 1		100500	06:20	R				A		
	· · · · · · · · · · · · · · · · · · ·						š	+ <u></u> -	┣	
74 Well Z		100501		R				A		
3/4 Surrige M.	orket	100502		מ	10			A		
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14 2540 Edman	d crue	+0000	1	U	1,D	1 		A	ļ	
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			1				ar ar ch			· ·
	7 .		1		т т	and the				- <u>-</u>
Average of disinfectant residuals	for routine and repe	at samples. (Complete	e for communi	tv and		┨╴ <u>╶</u> ┛ [╔]	2Defined in	Florida Adminis	Andive Code Ri	
non-transient non-community system raw or plant samples in the average	ms serving population	s up to and including 4,	,900. Do not i	nclude	/,D	All tests The test	are perform results in th	ed in according to the second s	dance with lates only to	NELAstandard: the analyses
Disinfectant Residual Analysis M				~		the sam	ples submiti	led.		
Person performing analysis is (P A certified operator (#	lease see instructions	on reverse):]	Date P	WS notifie	d by Lab of p	ositive resu	ilts:	_
Supervised by a cert. operator (#		Employed by a certil Employed by DEP or			Date St	tate notifie	d by lab of p	ositive resu	itts: <u></u>	·
				ab Signa	iture: 4	Ma	nga	et	Kar	part
Name and Mailing Addre	ss of Person to Re	ceive Report	/	itle:		Ø	uc	br		F
BLOU	NT UTILITIES, IN		Satisfa	actory		_~		DEI	P/DOH L	JSE ONLY
COSA CADIE	SS Gamere Div		🖵 Incom	plete Co	lection		nation			
Winter	Haven, FL 3388	-, #746 4	Repea	c Sample sement (es keq Sample	uirea s Real	lired		,	
		•	Date Rev					1/2	2/1	0
			DEP/DO	Review	wing Of	ficial:				
¹ DEP Sample Type Codes: D - D	istribution (Routine Compli	Page 1 of ance); C = Repeat or Check	R = Raw N = i	Entry to Dis	stribution:	P = Plan	tTao: S=S	Decisi icised	rance etc	.)
Anal	ysis Methods: MF = SM92; s: A = coliforms are absent	2285 & D; MITF = 9221 B& E(c/MUG; MMO/N	iug = SM9	223B; HF	°C = SM9	215B			

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

WATER

See page 4 for instruc	ons		۰۰۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰		
I. General Informa	ion for the Month/Year of:	109			
A. Public Water Syste					
PWS Name:	unrise Walilees			PWS Identification Nu	umber: 6,53/737
PWS Type:	Community Non-Transient Non-Communi	ity 🗌 Transie	ent Non-Community	Consecutive	
	Connections at End of Month: 258		Total Population S	erved at End of Month:	778
PWS Owner:					
Contact Person:	A AA		Contact Person's T		
Contact Person's N		·	City: Halmer		Zip Code: 33844
Contact Person's 7			Contact Person's F	ax Number: 863-471-	6927
Contact Person's E		·			
B. Water Treatment P	ant Information				
Plant Name:	Survise Ulitityes			1 Plant Telephone Num	
Plant Address:	Sunderes Sub/ Murrier		City: Cuburn	State: FL.	Zip Code: 33873
Type of Water Tre		chased Finished			
Permitted Maximu	m Day Operating Capacity of Plant, gallons per day:	108,00	90		
	subsection 62-699.310(4), F.A.C.):	*.		bsection 62-699.310(4), F.A.C.):	<u> </u>
Licensed Operato		License Class		Day(s)/Shift(s) Worked
Lead/Chief Operat	r: Det. DIOUNT	17	3611		
Other Operators:					
				·	
		+			
1					

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555,320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them_available for review upon request.

D.L. Blount Printed or Typed Name

70

Signature and Date

License Number

MUNTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 653 / 39 Plant Name: Demondo, MERCHASED FINISHED WATER

Du	Itraviole	A Radiat	ion [] Ot	her (Descril	on/Removal; *		Chlorine		Chlorine	Dioxide)zone		ed Chlorine (Chloramines)
Type	of Disir	ifectant I	Residual Mair	itained in D	istribution Syst	em: 🛇	Free Chl	orine	Cor	mbined C	hlorine (Chlorami	ines)	Chlorine Dioxide
1	Dava			C	T Calculations, or	UV Dose, to De	emonstrate F	our-Log	Virus Inactiv	ation, if Ap				
1	Days Plant	-			·	CT Calcu		۰ <u>۰</u>		~~~~	<u> </u>	Dose		
{	Staffed	{			Lowest Residual	Disinfectant	Lowest CT Provided	}	2		·	1	Lowest Residual	- (
.	or				Disinfectant	Contact Time							Disinfectant	
	Visited				Concentration	(T) at C	at First			{	Lowest	Minimum	Concentration	
Day of	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
the	Operator (Place	Hours Plant in	of Finished Water	B1 F1	First Customer	Point During	During	of	pHof	CT	UV Dose,	Required,		Conditions; Repair or Maintenance Work
Month	"X")	Operation	Produced rai	Peak Flow Rate, gpd	During Peak Flow, mg/L		Peak Flow,		Water, if	Required,	mW sec/cm ²	mW sec/cm ²	Distribution	Involves Taking Water System Compone
1		24	Produced, gal	Rate, gpu	riow, mg/L	minutes	mg-min/I,	<u>-</u>	Applicable	mg-min/L	sec/cm	sec/cn/	System, mg/L	Out of Operation
2	X	\ \	1		· · · · · · · · · · · · · · · · · · ·								7.0	
3	X	1			·								24	
4	X						······································						16	
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23	X												54	
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26	X		27,00										20	
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9	Ŷ	1	31,000										1.4	
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ximum		6	12000		ine which plar									

al	DRINKING WAT. BACTERIOLOGICALA			~			میں ہے۔ وہ جزیر اور اور اور	53		
	AID FLORIDA WATER 8 Oakwood Road - Winter Ha Phome (863) 965-2540 • Fax (1 Lab I.D. #E84567 • Margaret Rajpaul - D		Lab Receipt Date & Time:							
Report N	NELAC CERTIFIE	RE	CEIVEI	Analysis Date & Time: $\frac{12/9}{19} \frac{19}{19} \frac{1}{39} $						
	Requested: (please check all that apply) ard Coliform Test		IRONME IGINEET	NTA	ectant Che ample doe	eck DI es not me	Not Det	ected following NEL	xe U Q AC require	mg/L, ments:
C Other		EN	IGINEE							
System	Name: Jon 1942 Water	- 60.		P\	NS 1.D.	6	5	31	7	39
System /	Address:		<u> </u>		Count	y:	P	o/K		
-									_	
Collecto	or: 5 Blount	·····		_Collect	or's Phor	ne #: _	8	83-7	224-	-0775
Comn Privati Reason	for Sampling: (check only one) Routine C Collection Date: 12/8/09	ü Be	ontransient N ottled Water at D Repla		Ē	Other ain Clea	Irance			Cther
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfec Res'd		<u>Tota</u> Fec	I Coliform Analy al or E. coli Ana	vsis Method: lysis Method Fecal or	HF t Data
14	Well 1	917264	16:50	R				A	1	
34	Well Z	917265	-	R				A		
34	2410 Thompson	917266	3 -	D	0.6			A		
4/4	Floshout Stanton	917267	-	D	0.6			A		
non-trar	e of disinfectant residuals for routine and repension non-community systems serving population: lant samples in the average.)	at samples. (Complete s up to and including 4,	for communi 900. Do not ir	ty and Include	0,6	The test	esults	ined in Florida Admini formed in accou in this report re bmitted.	dance with i	-
Disinfe	ctant Residual Analysis Method: A DPD Colo performing analysis is (Please see instructions	nimetric 🖸 Other:			Data Bi		•	of positive resu	.14	
A ce	rtified operator (#) 7376)	Employed by a certifi Employed by DEP or						of positive resu		
Na	me and Mailing Address of Person to Re	ceive Report		ab Signa	iture: 🥧	N Cen	9-	et .	Lajy	sail
	BLOUNT UTILITIES, INC.		T Satisfa	itle:	18	n	<u>C7</u>	-v-		
	6039 Cypress Gardens Blvd., a Winter Haven, FL 33884	F146	□ Incom □ Repea □ Replac	olete Co t Samp cement	les Req Sample	uired s Req			116/0	
			DEP/DO		•	-		R	Lolo	
<u> </u>	DEP Sample Type Codes: D - Distribution (Routine Compli	Page 1 of Page 1 of ance); C ≈ Repeat or Check;	1		<u>_</u>		1 Tap: 1	S = Special (cle		

Analysis Methods: MF = SM9222B & C); MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTIFORM REVISED 0209

					r G	bara	n	2	
DRINKING WATE BACTERIOLOGICAL AN				<u> </u>					53
S Cakwood Road - Winter Have Phone (863) 965-2540 • Fax (86 • 1.D. #E84567 • Margaret Rajpaul • Dir NELAC CERTIFIED Sub-Contrac	en, FL 33880	NTAL	Analys Sampl Sample Disinfec	eceipt Date is Date & e Accept a Preservatio tant Check mple does n	Time: ance C an 210 QrNo	riteria: n Ice Q N t Detected	lot On Ice	o <u> </u>	<u>(∽</u> °C mg/L
Survey Old			_ PW	S I.D.	6	53		26	72
s Phone #:			Fax #: Collecto	or's Phone	#:	767	<u>ib</u> /	- 57.	15
check only one) er System Noncommunity Wate Swimming Pool pling: (check only one) Routine Co on Date: To be completed by	Botti ompliance Repeat		cement	🖵 Main	Cleara	ance L	J Well Si	urvey 🎾	
Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time		Disisfaat	рН	Total Coli Fecal or E Non	orm Analys . coli Analy	is <u>Method:</u> sis <u>Method</u> Fecal or	MF
A Videe	918255	1400	5	20			A		
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-cotant residuals for routine and repa -community systems serving population -es in the average.)	Leat samples. (Complete for a samples of the samples of the same set of the same same same same same same same sam	or communi 30. Do not il	ity and nclude		All tests				# 62-160. Table ELAC standan
	orimetric	d lab DOH		Date Stat	e notifie	d by lab of p d by lab of p	ositive (esu	its:	
Mailing Address of Person to Re	eceive Report	L Z	.ab Signa Title:	ature:	3 . 2	c ix-	<u> </u>		JSE ONL'
OUNT UTLITIES, INC. ypress Gardens Blvd., #146 Inter Haven, FL 33884		Satisfa	actory plete C at Samp cement	les Requ Samples	ired Requ	iired			

rage 1 or 1 n. Type Codes: D - Distribution (Routine Compliance); C ≈ Repeat or Check; R = Raw; N ≍ Entry to Distribution; P = Plant Tap; S ≃ Special (clearance, etc.) Analysis Methods: MF ≈ SM9222B & D; MTF = 92218 & EC/MUG; MMO/MUG ≈ SM9223B; HPC ≈ SM9215B Results: A ≈ colliforms are absent; P = colliforms are present; C ≈ confluent growth; TNTC = too numerous to count

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¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.) Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results; A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 01/04

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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Safe Drinking Water Program Laboratory Report

Mid Florida Water Lab **Blount Utilities**

PUBLIC WATER SYSTEM INF	FORMATION	PWS I.D. #: 6531739	
System Name:	Sunrise Water Company		
System Type:	Community 🗌 Nontransient Noncommunity 🔲	Transient Noncommunity	
Address:	State Road 542 West		
City:	Auburndale	State: FL	
Phone #:	(863) 421-6827	ZIP Code: 33823	
E-Mail Address:		Fax #:	
SAMPLE INFORMATION			
Sample Number:	98017.01	Location Code:	
Sample Date:	12/15/09	Sample Time: 11:30	
Sample Location:	Sun Rise	Field pH:	
Disinfectant Residual:			
Somple Tupe (Charle Only One)	Boggon(a) for Somple (Check all		
Sample Type (Check Only One) Distribution	Reason(s) for Sample (Check all t		<u> </u>
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62	+550)
Plant Tap (not 62-550 compliance)	Composite of Multiple Sites**	Violation Resolution	
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sam	ple)
Max Residence Time			
Ave Residence Time	Other:		
Near First Customer	Sampling Procedure Used or Other Co	mments:	!
		······································	
	IN T		· ·

Sampler's Phone #: Sampler's E-Mail Address:

Sampler's Name: Mallound 863-661-5315

Sampler's Fax #:

CERTIFICATION (to be completed by sampler)

I, <u>D.L. Blount</u> (Name)

suator

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Malecut Signature:

Date: 1/10/10

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

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Safe Drinking Water Program Laboratory Report	Mid Florida Water Lab Blount Utilities
LABORATORY CERTIFICATION INFORMATION	
Lab Name: Southern Analytical Laboratories, Inc.	Florida Certification #: E84129
Address: 110 Bayview Blvd., Oldsmar, FL 34677	Certification Expires: 06/30/10
Phone: (813) 855-1844	
ANALYSIS INFORMATION (to be completed by lab)PWS I.D. #:6531739Lab Assigned Report Number:98017.01	Date Sample(s) Rec'd: 12/15/09
Group(s) Analyzed & Results attached for compliance Inorganics Synthetic Organics All 17 All 30 Partial All Except Dioxin Nitrate Partial Nitrite Were any analyses subcontracted? If yes, please provide DOH certification numbers:	Volatile Organics Disinfection Byproducts
I, Francis I. Daniels, Laboratory Director	ta are correct and unless noted meet all requirements of the
Signature:	Date: 01/07/10 er
COMPLIANCE DETERMINATION (to be completed by DEP	
Sample Collection Info Satisfactory: 🔲 Yes 🗌 No	Sample Analysis Info Satisfactory: Yes No group(s) above) Revised Report Requested (circle or highlight group(s) above) s) above) Detection(s) Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
Person Notified:	Date Notified:
Comments: DEP/DOH Re	eviewing Official:

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab **Blount Utilities**

Sample ID: Sun Rise

Inorganic Contaminants 62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.15		EPA 300.0	0.01	12/16/09	01:58	E84129
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 300.0	0.01	12/16/09	01:58	E84129
1005	Arsenic	0.01	mg/L	0.001	U	SM 3113 B	0.001	12/31/09	09:56	E84129
1010	Barium	2	mg/L	0.013	1	EPA 200.7	0.005	12/22/09	20:30	E84129
1015	Cadmium	0.005	-	0.001	U	EPA 200.7	0.001	12/22/09	20:30	E84129
1020	Chromium	0.1	mg/L	0.004	U	EPA 200.7	0.004	12/22/09	20:30	E84129
1025	Fluoride	4	mg/L	0.22		EPA 300.0	0.01	12/16/09	01:58	E84129
1030	Lead	0.015	mg/L	0.001	U	SM 3113 B	0.001	12/30/09	14:30	E84129
1035	Mercury	0.002	mg/L	0.0001	U	EPA 245.1	0.0001	12/18/09	14:15	E84129
1036	Nickel	0.1	mg/L	0.001	U	EPA 200.7	0.001	12/22/09	20:30	E84129
1045	Selenium	0.05	mg/L	0.001	U	SM 3113 B	0.001	. 12/30/09	08:18	E84129
1052	Sodium	160	mg/L	18		EPA 200.7	0.1	12/21/09	23:08	E84129
1074	Antimony	0.006	mg/L	0.001	U	SM 3113 B	0.001	12/29/09	14:20	E84129
1075	Beryllium	0.004	mg/L	0.0001	U	EPA 200.7	0.0001	12/22/09	20:30	E84129
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	12/30/09	11:02	E84129

* Qualifiers:

1 The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

υ Analyte was undetected. Indicated concentration is method detection limit.



98017.01 Sample No.: PWS ID: 6531739

January 7, 2010

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab

Blount Utilities

Sample ID: Sun Rise



January 7, 2010 Sample No.: 98017.01 PWS ID: 6531739

Secondary Contaminants 62-550.320

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.05	U	EPA 200.7	0.05	12/22/09	20:30	E84129
1017	Chloride	250	mg/L	24		EPA 300.0	0.05	12/16/09	01:58	E84129
1022	Copper	1	mg/L	0.028		EPA 200.7	0.003	12/22/09	20:30	E84129
1025	Fluoride	2	mg/L	0.22		EPA 300.0	0.01	12/16/09	01:58	E84129
1028	Iron	0.3	mg/L	0.02	U	EPA 200.7	0.02	12/22/09	20:30	E84129
1032	Manganese	0.05	mg/L	0.0028	1	EPA 200.7	0.001	12/22/09	20:30	E84129
1050	Silver	0.1	mg/L	0.0013	ł	EPA 200.7	0.001	12/22/09	20:30	E84129
1055	Sulfate	250	mg/L	1.1		EPA 300.0	0.2	12/16/09	01:58	E84129
1095	Zinc	5	mg/L	0.034		EPA 200.7	0.003	12/22/09	20:30	E84129
1905	Color	15	CU	5	U	SM 2120 B	5	12/16/09	08:48	E84129
1920	Odor at 25C	3	TON	1	U	SM 2150 B	1	12/15/09	17:00	E84129
1925	pН.	6.5-8.5	SU	7.8		EPA 150.1		12/16/09	08:54	E84129
1930	Total Dissolved Solids	500	mg/L	220		SM 2540C	10	12/17/09	15:30	E84129
2905	Foaming Agents	0.5	mg/L	0.20		SM 5540 C	0.05	12/16/09	16:30	E84129

* Qualifiers:

υ

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Analyte was undetected. Indicated concentration is method detection limit.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab Blount Utilities Sample ID: Sun Rise



January 7, 2010 Sample No.: 98017.01 PWS ID: 6531739

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Radionuclides 62-550.310(6)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	3.5	······································	EPA 900.0	2.0	3	2.0	01/04/10	09:18	E84129
	Radium-226	5*	pCi/L	1.3		EPA 903.1	0.07	1	0.08	01/06/10	14:30	E84129
4030	Radium-228	5*	pCi/L	0.6	U1	EPA RA-05	0.6	1	0.3	01/06/10	17:11	E84129

* Combined Limit

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

* Qualifiers:

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

U1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab

Biount Utilities

Sample ID: Sun Rise

January 7, 2010 Sample No.: 98017.01 PWS ID: 6531739

Volatile Organics 62-550.310(4)(a)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result (Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4 Trichlorobenzene	70	μg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2380	cis-1,2-Dichloroethylene	70	µg/L	0.2	υ	EPA 502.2	0.2	0.5	12/18/09	11:58	E84129
2955	Xylenes (total)	10,000	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2964	Dichloromethane	5	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2968	o-Dichlorobenzene	600	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2969	para-Dichlorobenzene	75	μg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2976	Vinyl Chloride	1	µg/L	0.5	υ	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2977	1,1-Dichloroethylene	7	μg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2979	trans-1,2-Dichloroethylene	100	μg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2980	1,2-Dichloroethane	3	µg/L	0.2	U	EPA 502.2	0.2	0.5	12/18/09	11:58	E84129
2981	1,1,1-Trichloroethane	200	µg/L	0.3	U	EPA 502.2	0.3	0.5	12/18/09	11:58	E84129
2982	Carbon tetrachloride	3	µg/L	0.3	U	EPA 502.2	0.3	0.5	12/18/09	11:58	E84129
2983	1,2-Dichloropropane	5	µg/L	0.3	U.	EPA 502.2	0.3	0.5	12/18/09	11:58	E84129
2984	Trichloroethylene	3	μg/L	0.2	U	EPA 502.2	0.2 ·	0.5	12/18/09	11:58	E84129
2985	1,1,2-Trichloroethane	5	µg/L	0.3	U	EPA 502.2	0.3	0.5	12/18/09	11:58	E84129
2987	Tetrachloroethylene	3	µg/L	0.2	U	EPA 502.2	0.2	0.5	12/18/09	11:58	E84129
2989	Monochlorobenzene	100	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2990	Benzene	1	µg/L	0.5	υ	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2991	Toluene	1,000	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2992	Ethylbenzene	700	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129
2996	Styrene	100	µg/L	0.5	U	EPA 502.2	0.5	0.5	12/18/09	11:58	E84129

* Qualifiers:

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

U Analyte was undetected. Indicated concentration is method detection limit.

110 BAYVIEW BOLLEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab

Biount Utilities

Sample ID: Sun Rise



January 7, 2010 Sample No.: 98017.01 PWS ID: 6531739

Synthetic Organics 62-550.310(4)(b)

Contaminant	Contaminant			Analysis		Analytical		RDL	Extraction		Analysis	DOH Lab
ID	Name	MCL	Units		Qualifier*	Method	Lab MDL	**	Date	Analysis Date	Time	Certification #
2005	Endrin	2	µg/L	0.1	U	EPA 525.2	0.1	0.01	12/17/09	12/21/09	05:09	E84129
2010	Lindane	0.2	µg/L	0.06	U	EPA 525.2	0.06	0.02	12/17/09	12/21/09	05:09	E84129
2015	Methoxychlor	40	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/17/09	12/21/09	05:09	E84129
2020	Toxaphene	3	µg/L	0.5	U	EPA 508.1	0.5	1	12/17/09	12/23/09	21:22	E84129
2031	Dalapon	200	µg/L	1	ປ	EPA 515.3	1	1	12/18/09	12/23/09	02:07	E84129
2032	Diquat	20	µg/L	1	U	EPA 549.2	· 1	0.4	12/16/09	12/18/09	17:23	E84129
2033	Endothall	100	µg/L	20	U	EPA 548.1	20	9	12/22/09	01/01/10	02:55	E84129
2034	Glyphosate	700	µg/L	10	U	EPA 547	10	6		12/17/09	23:17	E84129
2035	Di(2-ethylhexyl)adipate	400	μg/L	0.3	U	EPA 525.2	0.3	0.6	12/17/09	12/21/09	05:09	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.5	U	EPA 531.1	0.5	2		12/19/09	04:16	E84129
2037	Simazine	4	µg/L	0.07	U	EPA 525.2	0.07	0.07	12/17/09	12/21/09	05:09	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	1.0	U	EPA 525.2	1.0	0.6	12/17/09	12/21/09	05:09	E84129
2040	Picloram	500	µg/L	0.75	U	EPA 515.3	0.75	0.1	12/18/09	12/23/09	02:07	E84129
2041	Dinoseb	7	µg/L	0.5	U	EPA 515.3	0.5	0.2	12/18/09	12/23/09	02:07	E84129
2042	Hexachlorocyclopentadiene	50	μg/L	0.2	U	EPA 525.2	0.2	0.1	12/17/09	12/21/09	05:09	E84129
2046	Carbofuran	40	μg/L	0.5	U	EPA 531.1	0.5	0.9		12/19/09	04:16	E84129
2050	Atrazine	3	µg/L	0.06	U	EPA 525.2	0.06	0.1	12/17/09	12/21/09	05:09	E84129
2051	Alachlor	2	µg/L	0.2	U	EPA 525.2	0.2	0.2	12/17/09	12/21/09	05:09	E84129
2065	Heptachlor	0.4	μg/L	0.08	U	EPA 525.2	80.0	0.04	12/17/09	12/21/09	05:09	E84129
2067	Heptachlor Epoxide	0.2	μg/L	0.1	U	EPA 525.2	0.1	0.02	12/17/09	12/21/09	05:09	E84129
2105	2,4-D	70	µg/L	1	U	EPA 515.3	1	0.1	12/18/09	12/23/09	02:07	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.25	U	EPA 515.3	0.25	0.2	12/18/09	12/23/09	02:07	E84129
2274	Hexachlorobenzene	1	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/17/09	12/21/09	05:09	E84129
2306	Benzo(a)pyrene	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	12/17/09	12/21/09	05:09	E84129
2326	Pentachlorophenol	1	µg/L	0.1	U	EPA 515.3	0.1	0.04	12/18/09	12/23/09	02:07	E84129
2383	(PCBs)	0.5	µg/L	0.2	U	EPA 508.1	0.2	0.1	12/17/09	12/23/09	21:22	E84129
2931	Dibromochloropropane	0.2	µg/L	0.005	U	EPA 504.1	0.005	0.02	12/16/09	12/16/09	20:59	E84129
2946	Ethylene Dibromide (EDB)		µg/L	0.005	U	EPA 504.1	0.005	0.01	12/16/09	12/16/09	20:59	E84129
2959	Chlordane	2	µg/L	0.05	U	EPA 508.1	0.05	0.2	12/17/09	12/23/09	21:22	E84129

* Qualifiers:

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

U Analyte was undetected. Indicated concentration is method detection limit.

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Add	ess							Ал	alysis /	7	7		P,/	. 7		
City:					State:	ZIP:			·/							للهور
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FAX	#				·				0.1	' /	#/	1. 1/	5			
Colle	ected by:	Uz	far	u	State Co	llected From:				a / 5	ALL ST	Ø/ V	0/1	. /W	- An	·/
	Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location		V	/ ~	/	1912	912	1912	1912	193	Remarks
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Page 8 of 8

Southern Analytical Laboratories, Inc.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Safe Drinking Water Program Laboratory Report

Mid Florida Water Lab **Blount Utilities**

PUBLIC WATER SYSTEM INI	FORMATION	PWS I.D. #: 6531739	
System Name:	Synrise Water Company		.
System Type:	Community 🗌 Nontransient Noncommunity	Transient Noncommunity	
Address:	State Road 542 West		
City:	Auburndale	State: FL	
Phone #:	(863) 421-6827	ZIP Code: 33823	
E-Mail Address:		Fax #:	
SAMPLE INFORMATION			
Sample Number:	98017.02	Location Code:	
Sample Date:	12/30/09	Sample Time: 14:00	
Sample Location:	Sun Rise	Field pH:	
Disinfectant Residual:			e ter fi
Disaneciant Residual.	· · · · · · · · · · · · · · · · · · ·		
			4 • •
Sample Type (Check Only One)	Reason(s) for Sample (Check		· · ·
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)	
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	 Special (not for compliance with 62 Violation Resolution 	9-550) [
Plant Tap (not 62-550 compliance) Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sam	
Max Residence Time			\$10) <u> </u>
Ave Residence Time	Other:		
Near First Customer	Sampling Procedure Used or Other	Comments:	······································
			·····
		·	
Sampler's Name: Dall Sampler's Phone #: 963-0	Hand		
Sampler's Name.	661-6315	Complete Foutt	:
Sampler's Phone #.		Sampler's Fax #:	
Sampler's E-Mail Address:			
CERTIFICATION (to be o	completed by sampler)		
	Name)	Opera	Tor
	(Name)	, <u>Cococo</u>	
	()	<i>y</i> (1.1.0)	
		and a sum the set of the set of the features of	
	hat the above public water system a	nd sample collection informati	onis
complete and correct.			
A	AD T.		i.
Signature:	Alecent	Date:0_10	· · ·
		<i>v 1</i>	

Page 1 of 4

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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



Safe Drinking Water Program Laboratory Report	Mid Florida Water Lab
	Blount Utilities
LABORATORY CERTIFICATION INFORMATION	
Lab Name: Southern Analytical Laboratories, Inc.	Florida Certification #: E84129
Address: 110 Bayview Blvd., Oldsmar, FL 34677	Certification Expires: 06/30/10
Phone: (813) 855-1844	•
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Rec'd: 12/31/09
PWS I.D. #: 6531739	
Lab Assigned Report Number: 98017.02	
☐ All 17 ☐ All 30 ☐ All 21 ☑ Partial ☐ All Except Dioxin ☐ Partial ☐ Nitrate ☐ Partial ☐ Nitrite ☐ Radio ☐ Single	le Organics Disinfection Byproducts Trihalomethanes
If yes, please provide DOH certification numbers:	
I, Francis I. Daniels, Laboratory Director (or Les do HEREBY CERTIFY that all attached analytical data are con National Environmental Laboratory Accreditation Conference	prrect and unless noted meet all requirements of the
Signature: the ward	Date: 01/07/10
** Provide radiological sample dates & locations for each quarter	
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)	
Missing Analyte Sheet(s)	Detection(s) Incomplete Report Coation Unsatisfactory Analysis Unsatisfactory
Other:	
Person Notified:	Date Notified:
~~ ommonto:	
Date Reviewed: DEP/DOH Reviewing	n Official
	9 O 111 O 101
Page 2	2 of 4

110 BAYVIEW BOULEVARD, DLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab Blount Utilities Sample ID: Sun Rise January 7, 2010 Sample No.: 98017.02 PWS ID: 6531739

Inorganic Contaminants 62-550.310(1)

Contaminant ID		Contaminant Name	MCL	Units	Analysis Result Qualifier*	Analytical Method	Lab MDL Analysis Date	Analysís Time	DOH Lab Certification
1024	Cyanide	n yn de samaan da werd yn de yn yn yn yn yn ym yn yn yn yn yn yn yn yn yn yn yn yn yn	Rate and the second second second second	mg/L	0.005 U	SM 4500 CN E	0.005 01/05/10	10:30	E84129
			<i>i</i>						
		_							

* Qualifiers;

U Analyte was undetected. Indicated concentration is method detection limit.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Mid Florida Water Lab

Blount Utilities

Sample ID: Sun Rise

January 7, 2010 Sample No.: 98017.01 PWS ID: 6531739

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Synthetic Organics

62-550.310(4)(b)

Contaminant	Contaminant			Analysis	ىي الى ^{ي خانب} الشركي الكر	Analytical	ىنىن بىرىي تىكترى قانيتى بىرى بىرى كە	RDL	Extraction		Analysis	DOH Lab
ID	Name	MCL	Units	Result	Qualifier*	Method	Lab MDL	**	Date	Analysis Date	Time	Certification #
2005	Endrin	2	µg/L	0.1	U	EPA 525.2	0.1	0.01	12/17/09	12/21/09	05:09	E84129
2010	Lindane	0.2	µg/L	0.06	U	EPA 525.2	0.06	0.02	12/17/09	12/21/09	05:09	E84129
2015	Methoxychlor	40	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/17/09	12/21/09	05:09	E84129
2020	Toxaphene	3	µg/L	0.5	U	EPA 508.1	0.5	1	12/17/09	12/23/09	21:22	E84129
2031	Dalapon	200	µg/L	1	U	EPA 515.3	1	1	12/18/09	12/23/09	02:07	E84129
2032	Diquat	20	µg/L	1	U	EPA 549.2	1	0.4	12/16/09	12/18/09	17:23	E84129
2033	Endothali	100	µg/L	20	U	EPA 548.1	20	9	12/22/09	01/01/10	02:55	E84129
2034	Glyphosate	700	µg/L	10	U	EPA 547	10	6		12/17/09	23:17	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.3	U	EPA 525.2	0.3	0.6	12/17/09	12/21/09	05:09	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.5	U	EPA 531.1	0.5	2		12/19/09	04:16	E84129
2037	Simazine	4	µg/L	0.07	U	EPA 525.2	0.07	0.07	12/17/09	12/21/09	05:09	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	1.0	U	EPA 525.2	1.0	0.6	12/17/09	12/21/0 9	05:09	E84129
2040	Picloram	500	µg/L	0.75	U	EPA 515.3	0.75	0.1	12/18/09	12/23/09	02:07	E84129
2041	Dinoseb	7	µg/L	0.5	U	EPA 515.3	0.5	0.2	12/18/09	12/23/09	02:07	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.2	U	EPA 525.2	0.2	0.1	12/17/09	12/21/09	05:09	E84129
2046	Carbofuran	40	µg/L	0.5	U	EPA 531.1	0.5	0.9		12/19/09	04:16	E84129
2050	Atrazine	3	µg/L	0.06	U	EPA 525.2	0.06	0.1	12/17/09	12/21/09	05:09	E84129
2051	Alachlor	2	µg/L	0.2	U	EPA 525.2	0.2	0.2	12/17/09	12/21/09	05:09	E84129
2065	Heptachlor	0.4	µg/L	0.08	U	EPA 525.2	0.08	0.04	12/17/09	12/21/09	05:09	E84129
2067	Heptachlor Epoxide	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	12/17/09	12/21/09	05:09	E84129
2105	2, 4- D	70	µg/L	1	U	EPA 515.3	1	0.1	12/18/09	12/23/09	02:07	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.25	U	EPA 515.3	0.25	0.2	12/18/09	12/23/09	02:07	E84129
2274	Hexachlorobenzene	1	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/17/09	12/21/09	05:09	E84129
2306	Benzo(a)pyrene	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	12/17/09	12/21/09	05:09	E84129
2326	Pentachlorophenol	1	µg/L	0.1	U	EPA 515.3	0.1	0.04	12/18/09	12/23/09	02:07	E84129
2383	(PCBs)	0.5	µg/L	0.2	U	EPA 508.1	0.2	0.1	12/17/09	12/23/09	21:22	E84129
2931	Dibromochloropropane	0.2	µg/L	0.005	U	EPA 504.1	0.005	0.02	12/16/09	12/16/09	20:59	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.005	U	EPA 504.1	0.005	0.01	12/16/09	12/16/09	20:59	E84129
2959	Chlordane	2	µg/L	0.05	U	EPA 508.1	0.05	0.2	12/17/09	12/23/09	21:22	E84129

* Qualifiers:

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** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

Analyte was undetected. Indicated concentration is method detection limit.

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8 Oakwood Read - Winter Haven, FL 3389 Phone (633) 662-260+ Fax (632) 877-8601 Lab LD, #E84567 * Margaret Rajpaul - Director, Contact Person .NELAC CERTIFIED Report Number: Sub-Contract Lab ID: Analysis Requested: (please check all that apply) Sub-Contract Lab ID: Standard Colifform Test With the tapply is requested: (please check all that apply) Standard Colifform Test With the tapply is requested: (please check all that apply) System Name: Summing Pool System Name: Summing Pool System Name: Country: Collector: Country: Private Well Swimming Pool Reason for Sampling: Check only one) Contractify Readers: Number Number Collector: </td <td>A D A O A O Method: Method: D O Method: D O Method: D O Method: D O Method: D O Method: D O D O Method: D O D O D O D O D O D O D O D O</td>	A D A O A O Method: Method: D O Method: D O Method: D O Method: D O Method: D O Method: D O D O Method: D O D O D O D O D O D O D O D O
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Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limite Private Well Swimming Pool Bottled Water Other Well Sun Reason for Sampling: (check only one) Routine Compliance Repeat Repeat Nain Clearance Well Sun Sample Collection Date: 31/10 Integer Collection Sample Disinfect H Number Number Number Time Type ¹ Resci Collection Sample Disinfect H Number Number Resci Collection Sample Disinfect H Nont Total Provide Mater Number Number Resci Collection Sample Disinfect H Number Number Number Number Number Number Number A A A 11 Sum Cup Math. 10462.1 G/g S A <td< td=""><td>vey Di Ot etechioy hib Method: M Method: ecal or Da</td></td<>	vey Di Ot etechioy hib Method: M Method: ecal or Da
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non-transient non-community systems serving populations up to and including 4,900. Do not include	e Code Rule 62-160,
Disinfectant Residual Analysis Method: DPD Colorimetric Other:	
Person performing analysis (Please see instructions on reverse): A certified operator (#)	quesan
Supervised by a cert. operator (#)	-2
Name and Mailing Address of Person to Receive Report Lab Signature: Mangard Title:	Kappe
	DOH USE O
BLOUNT UTLITIES, INC. 6039 Cypress Gardens Blvd., #146 Winter Haven, FL 33884 U Replacement Samples Required U Replacement Samples Required	
Date Reviewed by DEP/DOH:	111.
DEP/DOH Reviewing Official:	6/10
Page 1 of 1 Page 1 of 1 DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearar	6/10
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; C = confluent growth; TNTC = too numerous to count	6/1C

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	Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di			Lab Red	ceipt Date	& Time:			
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	(Location or Specific Address)	Number 104623	Time	1 · . 1	Res'd Pr		on Total	Fecal or E. coli	Data Qualifier ²
	(Location or Specific Address)	Number 104623	Time	1 · . 1	Res'd Pr		n Total om Coliform A A ECE	Fecal or E. coli	Data Qualifier ²
	(Location or Specific Address)	Number 104623	Time	1 · . 1	Res'd Pr		Total Colliform A A ECE APR 0 5	Fecal or E. coli	Data Qualifier ²
	(Location or Specific Address)	Number 104623	Time	1 · . 1	Res'd Pr		n Total om Coliform A A ECE	Fecal or E. coli	Data Qualifier ²
	(Location or Specific Address) <u>Buncie Mut</u> <u>Blanton 7/0.</u>	Number 104623 104624		Type ¹	Res'd Pr		Total orm Coliform A A A ECE APR 0 S NVIRONI ENGINE	Fecal or E. coli IVE 2010 MENTA RING	Data Qualifier ²
Average o	(Location or Specific Address) <u>Buncie Mat</u> <u>Blanton F/O</u> f disinfectant residuals for routine and rep	Number 104623 104624 eat samples. (Complete	e for commun	Type ¹			Total Colliform A A ECE APR 0 5	Fecal or E. coli IVE 2010 MENTA RING	Data Qualifier ²
Average o	(Location or Specific Address) <u>Buncie Mut</u> <u>Blanton 7/0.</u>	Number 104623 104624 eat samples. (Complete	e for commun	Type ¹			Total orm Coliform A A A ECE APR 0 S NVIRONI ENGINEI en Forde Administ	Fecal or E. coli IVE 2010 MENTA RING	Data Qualifier ²
Average o non-transie raw or plar	(Location or Specific Address) Support Math Blandon F/O. f disinfectant residuals for routine and report of non-community systems serving population it samples in the average.) nt Residual Analysis Method: DPD Col	Number 104623 104624 at samples. (Complete ns up to and including 4 porimetric Other:	e for commun	Type ¹		1 Nc Collif Collif R R P Collif Colli	Total orm Coliform A A A A A A A A A A A A A A A A A A A	Fecal or E. coli IVE 2010 MENTA RING andive Code Ru Mance with M	Data Qualifier ²
Average o non-transic aw or plar Disinfecta Person per	(Location or Specific Address)	Number 104623 104624 at samples. (Complete ns up to and including 4 porimetric Other: s on reverse):	Time	Type ¹		1 Nc Collif Collif R R P Collif Colli	Total orm Coliform A A A A A A A A A A A A A A A A A A A	Fecal or E. coli IVE 2010 MENTA RING andive Code Ru Mance with M	Data Qualifier ²
Average o non-transic aw or plar Disinfecta Person per A certifi	(Location or Specific Address)	Number 104623 104624 at samples. (Complete ns up to and including 4 porimetric Other:	Time	Type ¹		The set of the set of	Total orm Coliform A A A A A A A A A A A A A A A A A A A	Fecal or E. coli IVE 2010 MENTA RING Maine cole Ru ance with N	Data Qualifier ²
Average o non-transie aw or plar Disinfecta Parson per Q A certifi Supervised	(Location or Specific Address)	Number 104623 104624 act samples. (Complete ns up to and including 4 corimetric Other: b Employed by a certif Employed by a certif	Time	Type ¹	Res'd pr (mgk)	The set of the set of	Total orm Coliform A A A A A A A A A A A A A A A A A A A	Fecal or E. coli IVE 2010 MENTA RING Maine cole Ru ance with N	Data Qualifier ²
Average o non-transie aw or plar Disinfecta Parson per Q A certifi Supervised	(Location or Specific Address)	Number 104623 104624 act samples. (Complete ns up to and including 4 corimetric Other: b Employed by a certif Employed by a certif	Time	Type ¹	Res'd pr (mgk)	The set of the set of	Total orm Coliform A A A A A A A A A A A A A A A A A A A	Fecal or E. coli IVE 2010 MENTA RING Maine cole Ru ance with N	Data Qualifier ²
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Average o non-transie aw or plar Disinfecta Person per A certifi Supervised	(Location or Specific Address)	Number 104623 104624 act samples. (Complete ns up to and including 4 corimetric Other: b Employed by a certif Employed by a certif	Time	Type1	Res'd pr (mgk)	The set of the set of	or Total orm Coliform A A A A A A A A A A A A A A A A A A A	Fecal or E. coli IVE 2010 AENTA RING ARING ARING	Data Qualifier ²
Average o non-transie aw or plar Disinfecta Supervised Name	(Location or Specific Address)	Number 104623 104624 and a complete and a	Time	Type1	Res'd pr (mgk)	The set of the set of	or Total orm Coliform A A A A A A A A A A A A A A A A A A A	Fecal or E. coli IVE 2010 AENTA RING ARING ARING	Data Qualifier ²
Average o non-transie aw or plar Disinfecta Supervised Name	(Location or Specific Address)	Number 104623 104624 and a complete and a	Time	Type1	Res'd pr (mgk)	I I NCC Collif C	or Total orm Coliform A A A A A A A A A A A A A A A A A A A	Fecal or E. coli IVE 2010 AENTA RING ARING ARING	Data Qualifier ²
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Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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J.	DRINKING WA				γ 		<i></i>			53
			DV							
Banar Num	8 Oakwood Road - Winter I Phone (863) 965-2540 • Fa Lab I.D. #E84567 • Margaret Rajpaul NELAC CERTIF	Haven, FL 33880 x (863) 967-8601 - Director, Contact Perso	ก	Analy Samp	Receipt Da sis Date &	te & Tin I Time: tance,C	riteria:	<u>.</u> .	· ·	-
•	aber: Sub-Con			Samp	e Preservat	ion 🖞 O	n Ice 🗔 i			/°C mo/L
-	l Coliform Test				ample does					
System Na		aler C	er-	P٧	VS I.D.	a	515	7	\square	37
	dress:	*		·	County:		Z			
System or	Owner's Phone #:			Fax #:		1-1.6	1-2	<u> 37: -</u>		
Collector:	and the second sec									
	or Sampling: (check only one) · QRoutine				🖸 Mair	n Cleara	ince C	Well S	urvey	by lab
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sampie Type'	Disinfect Res'd (mg/L)	рН	Fecal or E Non	. coli Analy	sis Method Fecal or	t: Data
1	Survase MAL.	1054.44	1 1/5	8	25			Â		
1	F.O. Stanton	105445	>	8	25			A		
						1997-1997 1997-1997				
								PEC		
	* .					1 1 1	E.	APP .	$\sim \iota$	
			, , , , , , , , , , , , , , , , , , , ,			1. AND 1.	ENG	ON.	2010	U.
non-transie	of disinfectant residuals for routine and re- ent non-community systems serving populat ht samples in the average.)				25	All tests	² Defined in are performe		IA.	Luie 62-150, Table ELAC standar
Person pe	ant Residual Analysis Method: DPD (erforming analysis if (Please see instruction ied operator (#) d by a cert. operator (#)	Colorimetric	r DOH		Date Stat	e notified	by lab of po	ositive resu	its:	
Nam	e and Mailing Address of Person to	Receive Report	1	-	ature: <u>/ {(</u>	- 1			yor a	<u>+/ ` </u>
	BLOUNT UTLITIES, INC. 6039 Cypress Gardens Blvd., #14 Winter Haven, FL 33884	6	M Satisf Incom Repea Repla Date Rev	plete Co at Samp cement /iewed t	les Requ Samples by DEP/D	ired Requi OH: _	red	DEI	Р/DOH L	
			DEP/DO	H Revie	wing Offic	cial: <u>**</u>		×11-1	el fra	<u>chín</u>

Page 1 of 1
DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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						<u> </u>	-	63
BACTERIOLOGICAL.	ANALISIS						`	
MID FLORIDA WATER	LABORATO	RY	50					
8 Oakwood Road - Winter Ha			С.,		•			
				Receipt Date				
NELAC CERTIFIE			Analy	sis Date & T	ime: 🜱	124		<u> </u>
Report Number: Sub-Contra	act Lab ID:		Samp	e Preservation	ice Crite	ria:		i eo
Analysis Requested: (please check all that apply)				e Preservation ctant Check			_	mg/L
Standard Coliform Test			This sa	ample does no	meet the i	following NELA	AC requirer	ments:
HPC Other:		l						
System Name: Summerse Walter	- C+;		PV	vs I.D. 🧭	15	30		7 7
System Address:	•			County:	10	Ĺ	J C	÷
			 Fax #'		~~~~			
System or Owner's Phone #: Collector:	•				Rha	Xh/-	59/4	_
Collector:	·		Collecto	or's Phone #	<u>ver</u> v		<u> </u>	
Type of Supply: (check only one)					_	~~ `		
Q Community Water System D Noncommunity Wa		entransient N ettled Water	oncomm	unity Water	System	Lin	nited Use	System
Private Well Swimming Pool Reason for Sampling: (check only one) Reduction								
Sample Collection Date:			Jennein			- an irreit a	Jurvey	
To be completed b	v collector of sample	میں بند وراد اور اور اور اور اور اور اور اور اور اور	1. 1. 1. 1. 1. 1. 1.			To be con	noleted t	ov lab
					影 Tota	Coliform Analys	sis Method:	MF
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect[Res'd P [}]	1392	al or E. coli Analy on Total	Fecal or	
300				(mg/L)	Coli	form Coliform	E. coli	Qualifier ²
A Summers Mpl	105446	130	S	25		A		
TA FO Richard	105447	r	_	34		A		
- no. addur					-		1	
					-			
						Me.		
							EIL	
	· · · · · · · · · · · · · · · · · · ·			· · ·	30	PR		50
						VID 'S	2010	•
Average of disinfectant residuals for routine and rep non-transient non-community systems serving populatio					tests are pe	to the second	trative Code Rui	He 62-160. Table 1 ELAC standards.
raw or plant samples in the average.)	na up to and including 4,9			1"		RIN	AL	
Disinfectant Residual Analysis Method: 📮 DPD Co				0				
Person performing analysis is (Please see instruction Q A certified operator (#)	s on reverse): Employed by a certifie	ed lab		Date PWS no	outled by lac	of positive resu	Its:	
Q A certified operator (#) Supervised by a cert. operator (#)	Employed by DEP or I	DOH			-	of positive resu		
Name and Mailing Address of Person to R	eceive Report	Li	ab Signa	ture: <u>#{</u>			<u>, /. X</u>	+ 1 / 1 / 1
<i>*</i>			tle:		15	į <u>~.</u>		
BLOUNT UTLITIES, INC.		Satisfa	ctory	ellection Info	vmolie-	DE	P/DOH U	SE ONLY
6039 Cypress Gardens Blvd., #14	3	🖵 Repea	t Sampl	es Require	d			
Winter Haven, FL 33884		C Replac	ement	Samples R	equired	1 ₇ ;	x ir	
				y DEP/DOF	=	<u> </u>	17	<u> </u>
		DEP/DOF	Kevie	wing Officia	$-\Delta$	<u>_</u>	<u>7. ((;</u>	<u> /</u> \

Page 1 of 1
¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = collforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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BAC	DRINKING WATEL CTERIOLOGICAL AN			<						53
8 Oakw	DA WATER L ood Road - Winter Have (863) 965-2540 • Fax (863) • Margaret Rajpaul - Diro NELAC CERTIFIED	3) 967-8601 ector, Contact Person	Y	Analysi	ceipt Dat s Date &	Time:	<u>47</u>		51 ₹	<u></u>
Report Number:	Sub-Contract	Lab ID:		Sample Sample	e Accept Preservati	ance C on/2/0	criteria: nice □ N	lot On Ice	o(<u>/-</u> •c
Analysis Requested: (please check Standard Coliform Test HPC				Disinfect	tant Check	, ⊒r No	t Detected	ing NELAC	۵ <u></u>	mg/L
• Other:	1. 11.5	1.		D\A/	s I.D.	2	53	77	F	79
System Name:	nue wat			_ F ##	· •	کا لے			منا البركا	<u> </u>
System Address:					County:	,	14.4	<u></u>		
System or Owner's Phone #:	the second		<u>, </u>	Fax #: _			ain a	(1)	5-3/4	
Collector:	and			Collector	r's Phone	e#: <u>_</u> 2	07-0	61-3	1910	
Type of Supply: (check only one) Community Water System Private Well Reason for Sampling: (check of Sample Collection Date:	Noncommunity Wate Noncommunity Wate Swimming Pool only one) Routine Co	Dempliance Depeat		ement .	A Main	Other_ n Clear	<u> </u>	- (1) / (1) - Well Si	urvey	C Other
Sample Collection Date.	To be completed by	collector of sample	i i i i i i i i i i i i i i i i i i i		1.12		Total Col	o be com	is Method:	ME
	le Point pecific Address)	Lab Sample Number	Collection Time	Sample Type'	Disinfect Res'd (mg/L)	pН	Fecal or Non	E. coli Analy	sis Method Fecal or	Data
	milt.	106148	1-1	9	10	1		A		
4 Dunice	, Tom		¥ <i>10</i> 0	X			<u>.</u>			
14 F.O.S	antin	106149		×/	03			Â		
14 FO S	Sinta				0,9			Â		
14 F.O.S.	Vanton				0.5			Â		
14 7.0 5	Sint m				0.9			Â		
14 F.O.S	Sinta .							Â		
Average of disinfectant reside non-transient non-community s raw or plant samples in the aver	ystems serving population arage.)	106149	or commun	ity and nclude		All test				
non-transient non-community s raw or plant samples in the aver Disinfectant Residual Analys Person performing analysis A certified operator (#	ystems serving population arage.) Is Method: DPD Col (Please see instructions	106149	Do not i		Date St	WS notific ate notific	ts are perform ed by lab of ed by lab of	ned in accord positive resu positive resu	lance with N ults:	ELAC standar
non-transient non-community s raw or plant samples in the aver Disinfectant Residual Analys Person performing analysis A certified operator (#	ystems serving population arage.) Is Method: DPD Col (Please see instructions	106149	Do not i	_ab Signa	Date St	WS notific ate notific	ts are perform ed by lab of ed by lab of	ned in accord positive resu positive resu	lance with N ults:	ELAC standard
non-transient non-community s raw or plant samples in the aver Disinfectant Residual Analys Person performing analysis A certified operator (# Supervised by a cert. operator Name and Mailing Ad	ystems serving population arage.) is Method: DPD Col is (Please see instructions (#) (#) dress of Person to p TLITIES, INC. ardens Bivd., #146 ren, FL 33884	106149 106149 at samples. (Complete for is up to and including 4,90 orimetric Other: is on reverse): Employed by a certified Employed by a certified Employed by DEP or D Chive Report	Do not i	_ab Signa Title: actory plete C at Samp icement viewed 1	Date Stature: 211 ollection bles Req Sample by DEP/	WS notified ate notified ate notified a Inform uired as Req DOH:	ed by lab of ed by lab of mation	positive resu positive resu positive resu DE	lance with N ults: ults:	Le 62-160, Table 1 ELAC standard

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	BA	DRINKING WA1 CTERIOLOGICAL /			117						53
_ ·	8 Oakw Phone Lab I.D. #E84567 er: 	vood Road - Winter Ha (863) 965-2540 • Fax • Margaret Rajpaul - NELAC CERTIFIE Sub-Contri	(863) 967-8601 Director, Contact Perso ED		Analys Samp Sample Disinfe	eceipt D sis Date le Accept Preserva ctant Che	ate & 1 & Time ptarrce ation Ø ck Ø	Time: Criteria On Ice	🖵 Not On ice	<u>at</u>	<u>6</u> °C mg/L
	Coliform Test		~~/~~~~								
		nuse a	· ·		PV	VS I.D.			21/		31
System or O	wner's Phone #:									531	19
Communit Private We Reason for Sample Col	Sampling: (check liection Date:	Noncommunity Wa Swimming Pool onty one) Routipe	Compliance Compliance		cement	Ma	Other	arance		Survey	C Oth
Sample Number	Samp	le Point pecific Address)	by collector of sample Lab Sample Number	Collection	1	1.1		Fecal No	To be con Coliform Analy or E. coli Analy n Total orm Coliform	sis Method: vsis Method Fecal or	
3/4	Sumu	e Mal	106150	1/0	8	0.6			A		
4/14	70,8	linten	106151		 	27			<u>A</u>		
		· · ·					1. 2. A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
non-transie	disinfectant resident non-community stamples in the ave	ystems serving population	epeat samples. (Complete ons up to and including 4,	for commun 900. Do not	ity and include	01	The tes	ts are per	red in Florida Admini formed in acco in this report re emitted.	rdance with	NELAsta
Disinfectar Person per	nt Residual Analys	is Method: DPD C s (Please see instructio	Colorimetric Other: ons on reverse): Employed by a certific Employed by DEP or	DOH	· · · · · · · · · · · · · · · · · · ·	NOI Date S	WS notif	ied by lab ເຊຍແລ້	of positive res	1. E. G.	жк ul
Name	·	dress of Person to	Receive Report RECEIV		Lab Sign		4	tet			
	BLOUNT UTL 39 Cypress Gar	ITIES, INC.	MAY - 5 2010	Feincom	nplete C	ollection	n Infor	mation			

Codes: D - Distribution (Koutine Compliance); C = Repeat of Check, K - Raw, K ≤ Entry to Distribution, F = Flar (a), S Analysis Methods: MF = SM9222B & D: MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results; A = coliforms are absent; P ≈ coliforms are present; C = confluent growth; TNTC ≃ too numerous to count

BACTI FORM REVISED 0209



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

See	page 4 for instructions		,			
1	General Information	for the Month/Year of: Febr	usral 7	010		
	Public Water System, (F				·	
	PWS Name:	invise attilitees			PWS Identification N	umber: 672 1737
		Community Non-Transient Non-Community	y <u>Transie</u>	ent Non-Communit		101
		nnections at End of Month: 258		Total Population	Served at End of Month:	770
	PWS Owner:			1		
	Contact Person:	- A A		Contact Person's		Zip Code: 33844
	Contact Person's Mail			City: Haine	Pa City State:	
	Contact Person's Telep			Contact Person's	Fax Number: 065-7 x 1-1	OUXE
	Contact Person's E-Ma		·			
Β.	Water Treatment Plant		······································		A Plant Telephone Num	her'
	Plant Name:	Surveise Electres		City: Auburs	State: The	Zip Code: 33973
	Plant Address:	by Plant: X Raw Ground Water Durch	hased Finished		State. The	
	Type of Water Treated	Day Operating Capacity of Plant, gallons per day:	108,00			······································
	Permitted Maximum L	bsection 62-699.310(4), F.A.C.):		Plant Class (per si	ubsection 62-699.310(4), F.A.C.):	
		Name	License Class	License Number	Day(s)/Shift	
	Licensed Operators	Del Block	A	56/1	6/1	
	Lead/Chief Operator:	Vore Ellouin				·
	Other Operators:		<u>}</u>			
			<u> </u>			
			<u>+</u>			
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II. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

			umber: 6	53 /7			me: Sur							
					Feb Z on/Removal: *	010	Chlorine		1011					
U	ltraviole	t Radiat	lon 🗌 Ot	ther (Descril	be):		Chlorine	Ĺ] Chlorine	Dioxide		Ozone		ned Chlorine (Chloramines)
Гуре	of Disir	fectant I	Residual Mair	ntained in D	istribution Syst	em:	Free Chi	orine		mbined C	hlorine (Chloram	ines)	Chlorine Dioxide
	-			C	T Calculations, or	UV Dose, to D	monstrate F	our-Log	Virus Inacti	vation, if A	pplicable*]	
	Days Plant	ĺ				CT Calcu	the second second second second second second second second second second second second second second second s	T	·····		UV	Dose		·
	Staffed	1			Lowest Residual	Disinfectant	Lowest CT Provided]	1			Lowest Residual	
	or				Disinfectant	Contact Time	Before or			1		}	Disinfectant	
	Visited				Concentration	(T) at C	at First		1	1	Lowest	Minimum	Concentration	
Sare and	by Operator	Hours	Net Quantity of Finished		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
the l	(Place	Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of	pH of	CT	UV Doso, mW-	Required,	Point in	Conditions; Repair or Maintenance Work
lonth			Produced, gal	Rate, god	Flow, mg/L	minutes	mg-min/L	°C	Applicable	Required,	mw-	mW- seo/cm ²	Distribution System, mg/L	Involves Taking Water System Compone Out of Operation
1	X	24	45000						A SPECTORUSO	Laig-Michael	BOM ANT	Bearom	5,4 5,4	Out of Operation
2	X		44000										0.4	
3	X	<u> </u>	46000										ø	
	<u> </u>	<u>_</u>	47000										P	
6	8		37000										e	
7			51000										ð	
8	X		51000	······									ß	
9	X		48000										0.7	
10	X	/	37000										0.7	
<u>11</u>	X		44000										0.7	
2	X		47000										0.7 8.7	
4		-+-+	77000										2.7	
5	X	-/+	48000		* ~~- +	+							0.2	
6	X	1	46000		·····				<u> </u>	+			0.2	
7	X	$\overline{1}$	41000										0.7	
_	8	++	39000										0.7	
9	<u>*</u>		52000	<u> </u>									0.7	
0	₹	- \+	38000		·····								0.6	
2	7	\rightarrow	46000		·								77-	
3	X		6,000					+-	·····				0.7	
	X		30000										07	
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———————— <i>—</i>	8		43000		·····								26	
7	V	-/-+	50200										~	
9	3	-/											0.6	
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<u>al</u>		/	249,000											
DTage			14.607											
cimun		l€	1,000	• • •	nine which plan									

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DRINKING W. BACTERIOLOGICAN		[<u></u>		VE)		53
MID FLORIDA WATE	R LABORAT	ORY	าเรา	a) :50 - (AI	: 59		
8 Oakwood Road - Winter Phone (863) 965-2540 • Fa Lab I.D. #E84567 • Margaret Rajpaul NELAC CERTII Report Number: Sub-Cor	x (863) 967-8601 - Director, Contact Pers FIED	on	Lab R Analys Samp	eceipt Da is Date le Accep	ate & Time & Time: otance Cri	: 3/9/ teria:	10 07	-2 50p
Analysis Requested: (please check all that apply)			Disinfe This sa	ctant Cheo mpie doe	s not meet t	ne following N	a	o°C mg/L ements:
System Name: Suntise We	oter RE	CEIVE				\sim	μZ	39
System Address:	FI	8 1 7 2010		-		Poll		
System or Owner's Phone #: Collector:	ENVI	RONMENT	Fax #: A1 Collecto	r's Phon	ie #:	263-	224-	0725
Type of Supply: (check only one) Community Water System Private Well Private Well Reason for Sampling: (check only one) Sample Collection Date:	Water System Subscript B	lontransient No ottled Water at 🛄 Repia	oncomm	unity Wa	iter Systen I Other	n 🖸	Limited Us	
To be complete	d by-collector of sample				1.021	To be		the second second second second second second second second second second second second second second second s
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type1	Disinfect Res'd (mg/L)	рН	Fecal or E, coli	Analysis Methodal Fecal of	od: // or Data
14 Well 1	101885	5 18:25	R			A	ł	
34 Well Z	10188 6		R			Á		
34 Floshout Winter Rid	9e 101887		D	0,7				
34 2418 Teri	101888		ס	0.7		<i>E</i>	1	
		_						
Average of disinfectant residuals for routine and non-transient non-community systems serving popula raw or plant samples in the average.)	repeat samples. (Complete ations up to and including 4	e for communi ,900. Do not ir	ty and include	0,7		performed in a ults in this repo	accordance wit	Rule 52-160, Table 1 th NELAstandards. to the analyses of
Disinfectant Residual Analysis Method: XI DPD Person performing analysis is (Please see instruct A certified operator () 17376) Supervised by a cert. operator (#)	Colorimetric Other: tions on reverse): Employed by a certif Employed by DEP on				NS notified by	/ lab of positive	_	······
Name and Mailing Address of Person to	Receive Report		ab Signa	iture: _/	Ma	igail	et Ke	apar
BLOUNT UTILITIES, 6039 Cypress Gardens B Winter Haven, FL 33	had the second	Date Rev DEP/DOH	plete Co t Samp cement iewed b	les Req Sample y DEP/	uired s Require DOH:			
¹ DEP Sample Type Codes: D - Distribution (Routine Co Analysis Methods: MF = S	Page 1 of	f1 k; R = Raw; N = I C/MUG; MMO/N	Entry to Di	stribution; 223B; HF	P = Plant Ta PC = SM9215	5B	i (clearance, e	etc.)



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

26	e page 4 for instruction	S.	1			
Ĩ.	General Information	for the Month/Year of: Marca	1010			
Α.	Public Water System (PWS) Information				
	PWS Name:	invise atilitees			PWS Identification	Number: 6.53 1737
		Community Non-Transient Non-Communit	ty 🗌 Transie	ent Non-Communit	y Consecutive	
	Number of Service Co	onnections at End of Month: 258		Total Population	Served at End of Month:	569
	PWS Owner:					
	Contact Person:	A 11		Contact Person's		4
	Contact Person's Mail		•	City: Halme		- Zip Code: 33844
	Contact Person's Tele	phone Number: 863-421-6827		Contact Person's	Fax Number: 863-472	1-6827
	Contact Person's E-M	ail Address:			······································	
Β.	Water Treatment Plant	Information				
	Plant Name:	Survise Utilities,		/	1 Plant Telephone Ni	
	Plant Address:	Sunderes Sub/ Murrison		City auburn	state: Fl.	Zip Code: 37973
	Type of Water Treated		hased Finished			
		Day Operating Capacity of Plant, gallons per day:		20		······································
	Plant Category (per su	ibsection 62-699.310(4), F.A.C.):	· · · · · · · · · · · · · · · · · · ·		ubsection 62-699.310(4), F.A.C	
	Licensed Operators	Name	License Class		Day(s)/Shi	ift(s) Worked
	Lead/Chief Operator:	Deto Block WI	1	5611	6 /7	
	Other Operators:					
	-					
					· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·				
					· · · · · · · · · · · · · · · · · · ·	
						_

II. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

el

-	MON	THLY	OPERAT	ION REP	ORT FOR	PWSe Th	EATIN	GKA	WGRL	JUNU	NAIE	CURP	UKCHAS	ED FINISHED WATER
WS	loennn	CEDOR N	umber: 6.	22/13	77	Plant Na	me; 90.	raye	wa	RC_				
1.	Jaily D	sta for H	ie Month-Ya	nan ofit	Morch	2010								
ear	s of Aci	hieving F	our-Log Viru	s Inactivatio	on/Removal: *	Free Free	Chlorine		Chlorine	Dioxide		Dzone	Combin	ed Chlorine (Chloramines)
		t Radiati		her (Descril										
					istribution Syst	em:	Free Chl	orine	T Co	mbined (hlorine (Chloram	nes)	Chlorine Dioxide
	{	1	1	C	T Calculations, or									
	Days					CT Calcu	stions	-			ŪΫ	Dose		
ba 🛛	Plant Staffed or Visited by Operator (Place	[Plant in]	Net Quantity of Finished Water	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak		During Peak Flow,	Temp. of Water,	pH of Water, if	CT Required,	Operating UV Dose, mW-	Required, mW-	at Remots Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work th Involves Taking Water System Component
wth	<u>~X</u>)		Produced, gal	Rate, ppd	Flow, mg/L	minutes	mg-min/L	C	Applicable	me-min/L	sec/om2	sec/cm2	System, mg/L	Out of Operation
<u></u>	-4	14	50000										0.6	
2	- <u>(</u>		44000										0.5	
	-5		44000										0.5	
			57000										0.6	
	8		63000	•••• <u>••••</u> ••••••••••••••••••••••••••••		·							0.6	
			51000			بر انداد: « اندرد خرم عرب بر معرود .								
. 1	X		50000										0.6	
	X		68000										0.6	
)	X	1	79000										26	
	X		66000	,									26	
	K		20000										0.6	
	X		50000										0.6	
			50000											
	X		10000								ļ		0.6	
	X		54000										B.6	
1.1			10000					ł					0.6	
	X		39600		,			ļ					26	
	X_{\perp}		50000	<u> </u>		·				┉┉┉┉┉┼	┷╼╼╍╼╼┶┙╉		06	
	2	-\	46000	· · · ·					ł				06	
_	┉┉┉		3000			·		·					<i>D</i> .6	
1	K -+		58000										6.9	
	2		13000					+					D.L	
╉	<u>×</u> +		50000										0.7	
	 +		50000				<u> </u>	+					0.6	
	<u>x</u>		41000							+			DZ I	
+			56000											
			32000										06	······································
士		1+	123000										2.6	
+			72000		·····								0.5	
	Q		1730000											
128			55806											
ma		ľ	123000											

* Refer to the instructions for this report to determine which plants must provide this information.

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DRINKING WAT				~~1	,		50		
BACTERIOLOGICAL A	NALISIS			n ¹			Luce Land		5
THIS CLOBERA WATER	LABODATO		M	\mathcal{D}			-		
MID FLURIDA WATER	LABORATO	PRT	P	200	1128 -	ц : Д	, II: 31	3	
8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (•			-					
Lab I.D. #E84567 • Margaret Rajpaul - 1	irector, Contact Person			eceipt Da				-	000
NELAC CERTIFIE			Analy	sis Date	& Time:	5-4	-10 9	<u>T 12</u>	1000
Report Number: Sub-Contra	ct Lab ID:			ie Accep			Not On Ice	n 6	2.0
Analysis Requested: (please check all that apply)				ctant Chec					
Standard Coliform Test							- wing NELAC		
		L							
Other:									76
System Name: SUNTISE Woter	`		_ PV	VS I.D.		그ட	20	LUL	21
System Address:				County	:	Pol	K_		
Sustan as Oursele Phone #			Eav #	-		-			
System or Owner's Phone #: Collector:		· · · · · · · · · · · · · · · · · · ·	Fax #.	i	C	263.	-274	-0	775
Collector: 5 Blownt			Collecte	or's Phon	e #:				
Type of Supply: (check only one)		•							
Community Water System	ter System 🖸 Nont	ransient No	oncomm	unity Wa	ter Syste	em	🔾 Limi	ited Use	System
Private Well Swimming Pool		ed Water			Other_				
Reason for Sampling: (check only one) K Routine (Compliance 🛛 🖬 Repeat	🖵 Repla	cement	🖵 Ma	in Cleara	ince	G Well Si	urvey	C Other
Sample Collection Date: 3/3/10									
a the season of	Westing and the second				r sie		ত চৰ্চালনা	placed	
							liform Analysi E, coli Analy		
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection	Sample Type ¹	Disinfect Res'd	рН	Non		Fecal or	
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(mg/L)		Colifor	n Coliform	E. coli	Qualifier ²
14 Well 1	103244	18:00	R				A		
		10.00				,			
4 Well Z	103245	-	\mathcal{R}			L	IA I		
34 2410 Thompson	103246	-	D	05			A		
			n	0.1					
94 Floshout Starton	103247		D	0.5			A		
	л.,						REA	9 <u>5</u> 2 9 9 9 9 9	# ###
		╉────	-			·	REQ		
							MAR	1.0.00	
								<u> </u>	1 0
							4 NViR¢	NMEN	TAL
Average of disinfectant residuals for routine and rep						² Defined i		LER R	lie 62-160, Table 1
non-transient non-community systems serving population raw or plant samples in the average.)	ns up to and including 4,90	0. Do not i	nclude	0.5	The test i	esuits in t	his report rek		NELAstandards. the analyses of
Disinfectant Residual Analysis Method: X DPD Co	iorimetric D Other:		· · ·		ne samp	les submi	tted.		
Person performing analysis is (Please see instruction	s on reverse):	· · · · · · · · · · · · · · · · · · ·		Date P	WS notified	by lab of	positive resul	its:	
Supervised by a cert. operator (#)	Employed by a certified Employed by DEP or D			Date St	ate notified	by lab of	positive resul	ts:	
			ab Sign]	MA	inc	iaet	L ()	anscert
Name and Mailing Address of Person to R	eceive Report		-		- Con		jaet ta	K_	a pro-
	l r		"itle:		40	res			
BLOUNT UTILITIES, INC.		Satisfa		ollection	Inform	ation	DE	PIDOH (JSE ONLY
5039 Cypress Gardens Blvd #146		C Repea	it Samp	les Req	uired				
Winter Haven, FL 33884		C Repla		-		ired	21	0/10	2
	1	Date Rev		•				<u>~ //c</u>	
		DEP/DO	H Revie	wing Of	ficial:		K	×	
¹ DEP Sample Type Codes: D - Distribution (Routine Comp Analysis Methods: MF = SM9	Page 1 of 1 Mance); C = Repeat or Check; F	R=Rawv;N≓	Entry to D	istribution;	P = Plant	Tap;S≈	/ Special (clea	arance, et	c.)

:

Analysis methods: MF = Smazzze & D; MFF = 92218 & EC/MOG; MMO/MOG = Smazze, mFC = Smazze Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 0209



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

See page 4 for instructions.

ľ.	General Information	n for the Month/Year.of:	10 20	010		
	Public Water System, (<u> </u>	~	······································	
		unrise attilitees		· · · · · · · · · · · · · · · · · ·	PWS Identification Number: 6	53 1739
	PWS Type:	Community Non-Transient Non-Communi	ity 🗌 Transie	ent Non-Community		
		onnections at End of Month: 758		the second second second second second second second second second second second second second second second s	Served at End of Month:	
	PWS Owner:					
	Contact Person:	A 11		Contact Person's 7	Fitle:	
	Contact Person's Mai		· · · · · · · · · · · · · · · · · · ·	City: Haine	a City State: The Zip Co.	de: 33844
	Contact Person's Tele	phone Number: 863-471-6827		Contact Person's F		
	Contact Person's E-M					
B.	Water Treatment Plan	t Information				
	Plant Name:	Survise Utilities			A Plant Telephone Number:	
	Plant Address:	Sunderes Sub/ Murrier	and the second second second second second second second second second second second second second second second	City: auburn	State: Fl. Zip Co	de: 33873
	Type of Water Treated		chased Finished			
		Day Operating Capacity of Plant, gallons per day:	108,00	20		
	Plant Category (per su	ubsection 62-699.310(4), F.A.C.):	· · · · · · · · · · · · · · · · · · ·	Plant Class (per su	bsection 62-699.310(4), F.A.C.): C	
	Licensed Operators	Name	License Class		Day(s)/Shift(s) Worked	
	Lead/Chief Operator:	Deto Blockart	<u>A</u>	5611	6/7	
Ì	Other Operators:					
		ļ				
					······································	
		· · · · · · · · · · · · · · · · · · ·				
		······································				
L						

H. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

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UU	li or Aci	t Radiati		ther (Descri	on/Removal: *		Chlorine		Chlorine	Dioxide		Ozone		ned Chlorine (Chloramines)
Туре	of Disin	fectant R	lesidual Mair		istribution Syst		Free Chi					Chloram	nes)	Chlorine Dioxide
	Days			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									4	
	Plant			CT Celculations UV Dose								Lowest		
	Staffed		1		Lowest Residual	Disinfectant	Provided	[1		Į	Residual	{ · · · · ·
	or		1. 1		Disinfectant	Contact Time		ł	·				Disinfectant	
	Visited				Concentration	(T) #C	at First	l.	ļ		Lowest	Minimum	Concentration	
	by.		Net Quantity		(C) Before or at	Moesurement				Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
tibe	Operator (Place	Hours	of Finished	10 I	First Customer	Point During	During	of	pHof	CT	UV Dose,		Point in	Conditions; Repair or Maintenance Work Involves Taking Water System Compon
V.outh	"X")	Plant in	Water Produced, gal	Peak Flow Rate, gpd	During Peak		Peak Flow,		Water, if Applicable	Required,	mW-	mW- sco/cm ²	Distribution System, mg/L	Out of Operation
1		777	19000	Kate, gpd	Flow, mg/L	minutes	mg-min/L	<u> </u>	APPLICEDIO	TH-THE	100 VIII.	Scorein.		
2	-9-1		12000										0.6	
3			46000										0.6	
4			75000					· · · ·					- <u>0</u> - <u>0</u> -	
5	X		75000										0.6	↓,
6	K	11	63000										05	
7	T		60000										0.5	
8	1		50000									ł	0.5	
2	X		29000										15	
10	\mathcal{X}		41000										D5	1
11			74000											
2	A		74000										0.5	
13 -	_{_	_/_ +	63000					<u>}</u>		ł		<u>+</u>	25	
3	4	-/	54000			·····				+			05	
6	~	- / +	539000				┉┈┈╢╸	<u> </u> -		ł			0.5	
7	2+	/ +:	72000										0.6	
8		++-	6500								┉┉┾			
0	X		64000										0,6	
0			72000										06	
1	r	∇P	79000										0,6	
2	ð.		80000										0.6	
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4	r		5000										87	
3			98000				·			_ <u>i</u> ,				······································
6	₹.		52000										70	
	5	-/	2000										01	
		1-12	18000										0.7	
	2	/	50000										01	
		<u>+</u> \$												
1			800000											
TLEO			0000											
dawn			10000											

DRINKING WAT BACTERIOLOGICALA BACTERIOLOGICALA S Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (Lab I.D. #E84567 • Margaret Rajpaul - D NELAC CERTIFIEN Report Number: Sub-Contra Analysis Requested: (please check all that apply) Slandard Coliform Test HPC Other: Sub-City Wet	NALYSIS LABORATO ven, FL 33880 863) 967-8601 Director, Contact Person Ct Lab ID:		Lab R Analys Samp Sampk Disinfe This sa	2003 ecceipt Di sis Date le Accept e Preserva ctant Chec imple does	ate & Time: & Time: otance C ation 20 ck 2 No s not mee	ne: Jiteria: plce IN t Detected t the follow		53 \overline{T} $\frac{135p}{7.4}$ $\frac{7.4}{mg/L}$ equirements:
System Address:	APR	1 2 2010		County		Po,	IK I	
System or Owner's Phone #:	ENVIRO		Fax #					
Collector: 5B/004	ENGIN	FEDIN	Lollect	r's Phon		86	3-22	4-0775
Type of Supply: (check only one) Community Water System Private Well Swimming Pool Reason for Sampling: (check only one) Routine Collection Date:	ter System IN Nont Bottle Compliance I Repeat	ransient Ne ed Water Repla	oncomm cement	unity Wa D Ma		ance	Limited	d Use System
To be completed b	y collector ole ample de l	1					De Comple orm Analysis N	
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	рН	Fecal or E Non	coli Analysis Total Fe Coliform E	Method: calor Data
14 Well)	104729	08:30	R				AL	
2/4 Well Z	104730		R				A	
14 Songise Turket	104731		D	0,6			AL	
1/4 2540 Edmond Little	104732		D	06			A	
Average of disinfectant residuals for routine and report non-transient non-community systems serving population raw or plant samples in the average.)				0,6	The test n	ire performe	d in accordance report relates	Code Rule 62-160, Table 1 e with NELAstandards. only to the analyses of
	orimetric D Other: on reverse): D Employed by a certified Employed by DEP or D						sitive results:	
Name and Mailing Address of Person to Re	eceive Report		ab Signa	iture:	Me	nga	00 1	appark
BLOUNT UTILITIES, IN 39 Cypress Gardens Blvd Winter Haven, FL 338	i., #146 84	Satisfa Satisfa Incom Repea Replac Date Rev DEP/DOF	plete Co t Samp cement iewed b	les Req Sample y DEP/I	uired s Requi DOH:		DEP/C 4/12	OH USE ONLY
	Page 1 of 1 iance); C ≈ Repeat or Check; R 228 & D; MTF ≈ 92218 & EC/M 4; P ≈ coliforms are présent; C ≈	iug; mmo/m	iug = sms	92238; HP	'C = SM92	15B) Decial (Clearar	ica, etc.)



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

See page 4 for instructions.

1.	General Information	for the Month/Year of:	lan 20	10	
Ā.	Public Water System, (1	PWS) Information	1		
		invise atiliteee			PWS Identification Number: 6.53 / 737
	PWS Type:	Community Non-Transient Non-Communit	y 🗌 Transie	nt Non-Communit	y Consecutive
	Number of Service Co	onnections at End of Month: 258	<u> </u>	Total Population	Served at End of Month: 609
	PWS Owner:				
	Contact Person:	A AA		Contact Person's	
	Contact Person's Mail		· · · · · · · · · · · · · · · · · · ·	City: Maine	
	Contact Person's Telep			Contact Person's I	Fax Number: 863-421-6827
	Contact Person's E-Ma				
Β.	Water Treatment Plant	Information	· · · · · · · · · · · · · · · · · · ·		
	Plant Name:	Survise Uliliteep,	· · · · · · · · · · · · · · · · · · ·		A Plant Telephone Number:
	Plant Address:	Sunderes Sub/ Murricon		City: auburn	Wale State: Fl. Zip Code: 33873
	Type of Water Treated		hased Finished		
		Day Operating Capacity of Plant, gallons per day:	108,00		
	the second second second second second second second second second second second second second second second s	bsection 62-699.310(4), F.A.C.):			ubsection 62-699.310(4), F.A.C.): C
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
ĺ	Lead/Chief Operator:	Dete Blockwi	11	5611	6/7
	Other Operators:				·
	-				
1					
					· · · · · · · · · · · · · · · · · · ·
		·			·
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II. Certification by Lead/Chief Operator

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

D.L. Blount Printed or Typed Name

Signature and Date

License Number

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th "X") (Produced, gai	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	₩ater, °C	Water, if	Required,	mW-	mW-	Distribution	involves Taking Water System Com
XI	24	52000			CALCENCE.	Ing. Three		Applicable	mg-min/L	sec/om*	sec/cm ²	System, mg/L	Out of Operation
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IOther:				This sa	mple does	not meet	the follow	ng NELA	C requiren	_ • I
retern Address: County: PS//L retern or Owner's Phone #: MAY 17 200 Ollector: SB/DUTA ENVIRONMENTA's Phone #: 863-224-0775 Community Water System Noncommunity Water System Linked User System Linked Use System Private Weil Swimming Pool Botted Water Other Botted Water Other Other Other ample Collection Date: J/J/J/C Noncommunity Water System United Use System Ample Simple Collection Date: J/J/J/C Repeat Repeat Replacement Main Clearance		•	L							<u> </u>
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Proof Supply: (check only one) ENGINEERING Community Water System Noncommunity Water System Limited Use System Private Well Swimming Pool Repeat Replacement Other	stem or Owner's Phone #:	M	NY 17	2010						
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6039 Cypress Gardens Bivd., #146	-				X	hic	60		DIDOULI	
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$ \Box \text{ Replacement Samples Required} \langle \langle \langle \langle \rangle \langle \rangle \langle \rangle \langle \rangle \langle \rangle \langle \rangle \rangle \langle \rangle \rangle \langle \rangle \rangle \rangle \langle \rangle \rangle \rangle \rangle \langle \rangle \rangle \rangle \rangle \langle \rangle \rangle$				plete C	ollection	Inform	ation			
Date Reviewed by DEP/DOH:	6039 Cypress Gardens Blvd.,	#146	Incom Repeating	it Samp	les Req	uired			-1.	1.0
DEP/DOH Reviewing Official:	6039 Cypress Gardens Blvd.,	#146	 Incom Repea Replace 	it Samp cement	les Req Sample	uired Is Requ		ک	Tis	10
Page 1 of 1	6039 Cypress Gardens Blvd.,	#146	 Incom Repeating Replace Date Rev 	it Samp cement riewed	les Req Sample by DEP/	uired s Requ DOH:		ک	118	10

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¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.) Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 02/09



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

See	e page 4 for instructions	5.				· · ·
ί.	General Information	for the Month/Year of:	2010			
	Public Water System (I				· · · · · · · · · · · · · · · · · · ·	
	PWS Name:	invise attilitees			PWS Identification N	Number: 6.73 1737
		Community Non-Transient Non-Communi	ty 🗌 Transie	nt Non-Communit	y Consecutive	· · · · · · · · · · · · · · · · · · ·
		onnections at End of Month: 258		Total Population	Served at End of Month:	630
	PWS Owner:	· · · · · · · · · · · · · · · · · · ·				
	Contact Person:	<u> </u>		Contact Person's		d
	Contact Person's Mail		. <u> </u>	City: Maine	s City State: 76	Zip Code: 33844
	Contact Person's Telep	phone Number: 863-421-6827		Contact Person's	Fax Number: 863-471-	-6827
	Contact Person's E-Ma	ail Address:			·	
B .	Water Treatment Plant	Information	·····			
	Plant Name:	Survise Utilities,		/	A Plant Telephone Nun	
	Plant Address:	Sunderes Sub/ Murrier		City: aubar	state: Fl.	Zip Code: 33873
Î	Type of Water Treated		hased Finished			
	Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:		<u>~</u>		
	Plant Category (per su	bsection 62-699.310(4), F.A.C.):			ubsection 62-699.310(4), F.A.C.):	
	Licensed Operators	Name	License Class		Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Dete Blockart	A	5611	6/7	
	Other Operators:	·	L			
	0					· · · · · · · · · · · · · · · · · · ·
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H. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

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Гуре	of Disin	fectant R	esidual Mair	stained in Di	istribution Syst	em: 🗙	Free Chl	orine		mbined C	hlorine (Chlorami	nes)	Chlorine Dioxide
				C C	T Calculations, or	UV Dose, to De	emonstrate F	our-Log						
	Days				· · · · · · · · · · · · · · · · · · ·	CT Calcu						Dose]	l · · · · ·
	Plant Staffed						Lowest CT						Lowest	1
1	Oranieu		1		Lowest Residual Disinfectant	Disinfectant Contact Time	Provided			Į –	{	{ ·	Residual Disinfectant	· · ·
	Visited				Concentration	(T) at C	Before or at First				Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum			at Remote	Emergency or Abnormal Operating
ay of $ $	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work
the	(Place	Plant in	Water	Peak Flow	During Peak		Peak Flow,		Water, if	Required,	mW-	mW-	Distribution	Involves Taking Water System Compone
onth	<u>(X)</u>	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
$\frac{1}{2}$	4	27	5000										0.7	· · · · · · · · · · · · · · · · · · ·
3	2 +		(5000										0.7	
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DRINKING WATE	CR	Г	MR		<u> </u>			<u> </u>	<u> </u>
BACTERIOLOGICAL AN	NALYSIS			eceipt Da				128/10	<u>2</u> atio:\$4
MID FLORIDA WATER I	ABORATOR	Y	Samp	le Accep	tance (Criteria:		•	~ I.
• 8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED	3) 967-8601 rector, Contact Person		Disinfe	tant Obec	k. ENO	Detected	lot On Ice C C: 5 f ing NELAC	3	ma/L
Report Number: Sub-Contrac	t Lab ID:								
nalysis Requested: (check all that apply) Total Coliform/E-Coli 🛛 Total Coliform/Fecal 🗳 En	terocci 🖵 Colilert 🗔 H	нрс 🔾 с	Other:	•.					
system Name: Sunnie Wort	Cr RECEIV	/FD	- PW	/S I.D. [6	53		7	39
System Address:	······································			County		Poli	<u> </u>		<u> </u>
ivstem or Owner's Phone #: Collector::Slown&	AU9 0 4 2			ris Phon		863	-224	-0;	775
Type of Supply: (check only one) Community Water System Noncommunity Water	· _	ransient No	ncommi	•			Limite	d Use S	ystem
Private Weil Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat	w (triggered or assessmen			red or a		ent) additi			vey
Clearance CReplacement (also check type of samp Sample Collection Date: 7/28/10 To be completed by	_								
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time			рН	Fecal or Non	E. coli Analysi	s Method: ecal or	Data Qualifier ²
1/4 Well 1	112987	0930	R				A	÷	
3/4 Well 2	112988	0133	R				A		
3/4 Suranse Murket	112989	0937	D	2.8			A		
1/4 2540 Edmund Circle	112990	0942	Ð	0.8			A		
avera a second a se	·	644. 	 						
Average of disinfectant residuals for routine and report non-transient non-community systems serving population raw or plant samples in the average.)	eat samples. (Complete fo	or communi)0. Do not i	ity and nclude	0.8	The tes	are perform it results in	•	ce with NEL	-
Supervised by a cert. operator (#)	orimetric Other: on reverse): DEmployed by a certified Employed by DEP or D			Date Sta	/S notified	d by lab of p	ositive results		Flah
Authorized representative of supplier of water			<u> </u>	Lab Sigi Title:	nature: M	a.	, ton		<u> </u>
Name and Mailing Address of Person to R BLOUNT UTILITIES, INC. 6039 Cypress Gardens Blvd., a Winter Haven, FL 33884		Date Rev	plete Ca It Samp vieweda	ollection les Req by DEP/	uired C /DOH:_	ation Replac	DEP ement Sa		SE ONLY
¹ DEP Sample Type Codes: D - Distribution (Routine Compl	Page 1 of 1	DEP/DO				untTao:S=		arance, et	

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

BACTI FORM REVISED 01/04

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

See	e page 4 for instructions	\$			1	
	General Information	for the Month/Year of: Cuqu	st 7.010	2		
	Public Water System, (F					
	PWS Name:	inrise attililee			PWS Identification 1	Number: 6,73 1737
	PWS Type: X	Community Non-Transient Non-Commu	inity Transie	nt Non-Community	Consecutive	
	Number of Service Co	nnections at End of Month: 258		Total Population Se	rved at End of Month:	64/3
	PWS Owner:	·				
	Contact Person:	A Al	1	Contact Person's Tit		1
	Contact Person's Mail			City: Haines	City State: Fl.	Zip Code: 33844
	Contact Person's Telep			Contact Person's Fa	x Number: 863-471	-6817
	Contact Person's E-Ma					
B .	Water Treatment Plant					
	Plant Name:	Survise alletters	<u></u>		1 Plant Telephone Nur	
.	Plant Address:	sunderes Sub/ Murre		City: auburns	Calla State: Fl.	Zip Code: 37973
	Type of Water Treated		urchased Finished		<u></u>	
		Day Operating Capacity of Plant, gallons per day	y: 108,00		(1) (0) (00) 010(1) E 1 (0)	
		bsection 62-699.310(4), F.A.C.):			section 62-699.310(4), F.A.C.)	
	Licensed Operators	Name	License Class	License Number	Llay(s)/Shir	t(s) Worked
	Lead/Chief Operator:	Det. Blockwit		5611		
	Other Operators:				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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II. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

;e 1

UU	traviole	t Radiati		ther (Descri	on/Removal: * be):		Chlorine] Chlorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
Гуре	of Disin	fectant F	Residual Main	atained in D	istribution Sys	tem: X	Free Chl	orine		mbined (Chlorine (Chloram	mes)	Chlorine Dioxide
	Days			Ç	T Calculations, or	UV Dom, to De	monstrete P	our-Log	Virus inset	vation, if A	oplicable*			T
	Plant				1	CT Celcu			T		UV	Dose		,
	Staffed or Visited				Lowest Residual Disinfectant Concentration	Disinfectant Contact Three (T) at C	Lowest CT Provided Before or at First						Lowest Residual Disinfectant	
	by	.,	Net Quantity		(C) Before or at	Moesurement		Temp.		Minimum	Lowest Operating	Minimum	Concentration at Remote	
ay of	Operator	Hours	of Finished		First Customer	Point During	During	đ	pHof	CT	UV Dota	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work
6 66	(Place	Plant in	Water	Peak Flow	During Peak	Peak Plow,	Peak Flow,	Water,	Water, if	Required.	mW-	mW-	Distribution	Involves Taking Water System Compone
ionth	"X")		Produced, gal	Rate, god	Flow, mg/L	minutes	mg-mm/L	°C	Applicable	mg-min/L	sec/cm ²		System, mg/L	Out of Operation
3 	-0-1		57000											·
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Ã-	1		72000										05	
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DRINKING WAT BACTERIOLOGICAL A		ſ				MED		53.
	LABORATOR	RA		eceipt Dat				j
8 Oakwood Road - Winter H Phone (863) 965-2540 • Fax (Lab I.D. #E84567 • Margaret Rajpaul - D NELAC CERTIFIE	aven, FL 33880 863) 967-8601 Director, Contact Person		Analys Sample Sample	is Date & e Accept Preservati	time? L ance C ion Don		lce (1 <u>7</u>	watiz 9 c() ≤ °c
Report Number:Sub-Contra	act Lab ID:					the following NE		
Analysis Requested: (check all that apply)	Enterocci 🗋 Colilert 🗋	Ц НРС⊒(· r				
System Name: Sunrise Wa	ter		- PW	IS I.D.	6	यायाग		39
System Address:				-		POK	·· ·· ······	
System or Owner's Phone #:			Fax #:	;		101	1 0	10
Collector: SBIOUME			Collecto	r's Phone	*#:	2-13-1 0 -	the d	<u>10425401</u>
Type of Supply: (check only one) Community Water System Private Well Swimming Pool		ntransient No tied Water	ncommu	÷ -	r Syster Other	-	imited Use	System
Reason for Sampling: (check all that apply)	aw (triggered or assessme	ent) 🛛 Ra	w (triage	red or as	sessme	nt) additional	🖸 Well S	urvey
Clearance CReplacement (also check type of sam								
Sample Collection Date: 8/23/10								4
To be completed t	y collector of sample							
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (myL)	рН	Total Coliform Ar Fecal or E. coli A Non Tota Coliform Colifo	al Fecal or	d
1/4 Well 1	114604	1810	R			A		
3/4 Well 2	114605	1814	R	: 	a and a second se	LA		1
34 Flush out Winter RIds	× 114606	1820	D	1.2		$\square A$		
4 2418 Teri	114607	1827	D	1.2		A		
						180		· ·
						S.p.	7	
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Average of disinfectant residuals for routine and rep non-transient non-community systems serving population raw or plant samples in the average.)				1.2	The test	² Defined in Figlidi Ad re performed in acc results in this repo rights submitted.	ordance with N	ELA standards.
Disinfectant Residual Analysis Method: DPD Co Person performing analysis is (Please see instruction A certified operator (#) 7.5.6.) Supervised by a cert. operator (#) Authorized representative of supplier of water	lorimetric Other: is on reverse): Employed by a certified Employed by DEP or D			Date State	notified b notified b	by lab of positive re by lab of positive re A = C + C + C		Estas Iri
Name and Mailing Address of Person to F	Receive Report			Title:	Gai	1da	·)'	
PLOUNT UTILITIES, I 603ଟ ାମସର Gardens Blu	NC.		lete Co t Samp)	es Requi	ired 🛄	tion Replacement	DEP/DOH	
Wint Haven, FL 338	384	Date Rev DEP/DOI		-		/	21	
¹ DEP Sample Type Codes: D - Distribution (Routine Comp Analysis Methods: MF = SM9 Results: A = coliforms are abse	2228 & D; MTF = 92218 & EC	R=Raw;N≃ /MUG;MMO/N	(UG = SM	223B; HPC	c = SM92	158	(clearance, e	tc.)

	0	DRINKING WATI	NALYSIS	F		ecsipt Da als Date &	1 - ·		IE (Izato) at l	53 0:200
	8 Or Phon	IDA WATER I akwood Road - Winter Ha te (863) 965-2540 • Fax (84 37 • Margaret Rajpaul - Di NELAC CERTIFIED	iven, FL 33880 83) 967-8601 rector, Contact Person		Samp Sample Diainfe	l <mark>e Accep</mark> Preserva otent Chec	tance (Columnation) k Jana	Criteria: In-los 41 In-los 41	Not On Ice	52	<u>}</u> •c _mg/L
apoit Nur	mber:	Sub-Contrac	t Lab ID:				.* ₂				
naliyele i	Requested: (check all t	that apply) otel Coliform/Fecal 🔲 Er		нас Пи	- Siberr	n an an Abril A	5 · · •				
Total C	;oliform/E-Cell ····					VS I.D.					-
	Name: 24	muse W	ulin Ret	IVED		Ľ					
18 2	ddress:		AUG	2 4 2010	 Fay #:	County		on			
	r Owner's Phone #:	Falcent		NMENT	Allect		e #:	7 63 m	56/1	531	9
	Supply: (check only on		ENGI	VEERIN	G	đ,			ال ر		¥ .
	unity Water System	Noncommunity Wate	er System 👌 🔲 No	ntransient No		-			🖵 Limi	ted Use	System
Privaté		Swimming Pool		ttled Water			Other_		<u></u>		
	for Sampling: (check	k all that apply) Istribution Repeat 🛛 🖾 Ra	w (Magered or sesser		w (trian	erad or e	laessm	ent) add	Itional C) Well Si	
Cleara	ince 🖾 Replaceme	int (also check type of sam)	ple being replaced) 🛛 🖳	Boll Water N	iotice [Dother_					
	Collection Date:	a la	F	SBWN							·
		A State Completed	CONCEPTION OF LOS			<i>102</i>		Colorado de la colora			smazz
Barriple	Sam	ple Point	Lab Sample	Collection	Sample	Disinfect	Ha	Fecal o	r E, coll Anel	vela Method	i
lumber		Specific Address)	Number	Time	Type	Res'd (mpL)	W II	Non Colifor	Total m Coliform	Fecal or E. coli	Data Qualifier ^a
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و الم ال	ant the state of the		Contractor	insis Al Marine	1. 7. Mar.	i sati jesti	1.1 × 100	Kasibi	1		A MAR AND
		All a view of							. J. ma	\$	Altreach an <u>sa</u> t
	e of disinfectant resi	duals for routine and rep	eat samples. (Complete	for commun	lty and		A# 10-0				le 82-180, Table 1 LA standards.
Average	nsient non-community plant semples in the av	systema serving populatio verage.)	ns up to and including 4,	900. Do not l	Inciude	1.0	The te		n this report	only relate	to the analyse
non-tran	sient semples in the ex						and	Inc	B heal	110	wain
non-tran raw or p Disinfe	otant Residual Analy	als Method: DOPD Col	orimetric Other:			1					
non-tran raw or p Disinfer Person	ctant Residual Analy performing analysis	Is (Please see instruction)	orimetric	ed lab		Date St	te nolifie	d hy lah of	DOSITVE PARK	ita:	•
non-tran raw or p Disinfer Person DA cer D Supe	otant Residual Analy performing analysis ntified operator (# arvised by a cert. open	is (Please see instruction	s on reverse):				A	d by lab of	positive resu and le		le cla
non-tran raw or p Disinfer Person DA cer D Supe D Autho	otant Residual Analy performing analysis rtified operator (# arvised by a cert. oper- orized representative (a is (Please see Instruction 56//) ator (#) of supplier of water	a on reverse): Employed by a cartific Employed by DEP or			Lab Sig	A	d by lab of 1 arg.	· /		~~ s/>
non-tran raw or p Disinfer Person DA cer D Supe D Autho	otant Residual Analy performing analysis rtified operator (# arvised by a cert. oper- orized representative (is (Please see instruction	a on reverse): Employed by a cartific Employed by DEP or				A	d by link of Nag.	uton	apri	JSE ONLY
non-tran raw or p Disinfer Person DA cer D Supe D Autho	otant Residual Analy performing analysis ntified operator (# arvised by a cert. oper- orized representative ime and Mailing A BLOUNT (a le (Please see Instruction 56/	a on reverse): Employed by a cartific Employed by DEP or	DOH	actory	Lab Sig	neture/	lag.	uton	apri	
non-tran raw or p Disinfer Person DA cer D Supe D Autho	otant Residual Analy a performing analysis rified operator (# arvised by a cert. oper- orized representative arme and Mailing A BLOUNT L 6039 Cypress (a le (Please see Instruction stor (#) of supplier of water ddress of Person to F JTLITIES, INC. Gardens Blvd., #146	a on reverse): Employed by a cartific Employed by DEP or	DOH Desetiafi Dincom Dincom	plete C at Sam	Lab Sig Title: collection ples Req	Informulred [nation	etter DE	27016 - 	
non-tran raw or p Disinfer Person DA cer D Supe D Autho	otant Residual Analy a performing analysis rified operator (# arvised by a cert. oper- orized representative arme and Mailing A BLOUNT L 6039 Cypress (a le (Please see Instruction 56/	a on reverse): Employed by a cartific Employed by DEP or	DOH Desatiafi Dincom	plete C at Samp viewed	Lab Sig Title: collection ples Req by DEP	Informulation	netion	etter DE	27016 - 	JSE ONLY

Analysis Mothods: $MF = 3M92228 \pm D; MTF = 92218 \pm EC/MUG; MMO/MUG = 3M92238; HPC = 3M92158$ Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TINTC = too numerous to count

DRINKING WATE BACTERIOLOGICAL AN MID FLORIDA WATER L 8 Oakwood Road - Winter Har Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED	ALYSIS ABORATOR ren, FL 33880 3) 967-8601 actor, Contact Person		Analys Sampi Sampie Disinfec	is Date & e Accept Preservati tant Chuck	Time: ance of O	Criteria Criteria On tea UNic ot Detected at the followi	ຼິ ກັບກ Ice	0 <u>6-3</u>	_mg/L	- - -
Report Number: Sub-Contrac	Lab ID:									
Analysis Requested: (check all that apply)	terocci 🔲 Colilert 🛄 I	HPC 🗅 C							<u> </u>	
System Name: Sumice Wa	Ter Co.		PW	3 I.D.	6	53		ZI	32	
System Address:	RECEIVI	5 D		County:		NGR				
System of Owner's Phone #:	AUG-24	2010	Fax #:	's Phone	*	863-6	61-3	5315		
Collector: <u>Multicular</u> Type of Supply: (check aduly one)	ENVIRONM						Å,	· •.	Ť	
Community Water System Noncommunity Water	r System ENCHNER	Halen Lito	ncommu	nity Wate	r Sysi	em	🖸 Limi	ted Use S	System	
Private Well Swimming Pool	Bottle	ed Water	ζ.		Other				<u> </u>	
Reason for Sampling: (check all that apply)	w (triggered or assessmen		w (trigge	red or as	668 9 0	nent) additi	onal C	Well Su	rvey	
Clearance C Replacement (also check type of same	le being replaced)	oll Water No RWN	otice 🕻	Other						
Sample Collection Date:		-								
				19 A. 19	200 AAVA	Totel Colf	om Analy	els Method: ysis Method	101422	B
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Cisinfect Res'd (mpL)	рH	Non	Total	Fecal or E. coli	Data Qualifier ²	
3/ 2418 Tini	114412	090	5	0.8			A			
The Bunning MAL	114413	0915	5	07			A			
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										4
	and the state of the second state		in a state	1.1					Red Parts	et.
					5			4		
Average of disinfectant residuals for routine and rep	eat samples. (Complete f	or commun	lity and		<u>.</u>				du 62-160, Table 1	4
non-transient non-community systems serving population raw or plant samples in the average.)	ns up to and including 4,9	00. Do not i	nclude	0.8	The b	its are performi est results in (sproples sub	his report			
Disinfectant Residual Analysis Method: DPD Col	orimetric Other:				an	ed by lab of p	e.d	S/ <i>>~1</i>) ita:	16.0	ME
Person performing analysis is (Please see instruction	s on reverse):	lab				ied by lab of p				
Supervised by a cert. operator (#)	Employed by DEP or D	OH ~		Lab Sig	hetere (ague	16	LL BAR	V5/21	110
Authorized representative of supplier of water	Annua Papart			Title:	(Dui	ter	Л		
Name and Mailing Address of Person to F			actory				D	EP/DOH	USE ONLY	7
BLOUNT UTLITIES, INC. 6039 Cypress Gardens Blvd., #146		Dincom	nlete C		infor uired	mation 🖵 Replac	ement (Samoles	Required	4
			at Genut	now i teq			27			
Winter Haven, FL 33884		Date Re	viewed	by DEP.	DOH		8/25	5/10	·	
		Date Re DEP/DO		•				110		

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

See page 4 for instructions.

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ί.	General Information	for the Month/Year of: Doller	aber j	2010	·····						
Α.	Public Water System (
		invise attilitees			PWS Identification N	umber: 6.7.9 /737					
	PWS Type:	Community Non-Transient Non-Communi	ity 🗌 Transie	sient Non-Community Consecutive							
	Number of Service Co	onnections at End of Month: 258		Total Population Served at End of Month: 510							
	PWS Owner:				-						
	Contact Person:	<u> 11</u>		Contact Person's Tit		/					
	Contact Person's Mail		۰	City: Halmes	City State: Fl-	Zip Code: 33844					
	Contact Person's Tele	phone Number: 863-421-6827		Contact Person's Fax Number: 863-411-6817							
	Contact Person's E-M				·						
Β.	Water Treatment Plant	Information			· · · · · · · · · · · · · · · · · · ·						
Plant Name: Durvise Utiliteer , , Plant Telephone Number:											
Plant Address: Sum alores Sub / Murricon City: Cubuchdele State: 74, Zip Code: 3,797 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water											
		ibsection 62-699.310(4), F.A.C.):			subsection 62-699.310(4), F.A.C.): C						
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked					
	Lead/Chief Operator:	Dete Blockart	1	5611	6/7						
	Other Operators:										
	-				·						
					··· · ··· · · · · · · · · · · · · · ·						
					•						
						· · · · ·					
					<u> </u>						

II. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

MONTHLY OPERATION REPORT FOR PWS& TREATING KAW GROUND WATER OR PURCHASED FINISHED WATER OF PURCHASED FINISHED FIN

111	Daily D.	in tio A	ic Month Yu	car of:		Sift	201	0	,					
					on/Removal: *		Chlorine		Chlorine	Dioxide		Dzone	Combi	ned Chlorine (Chloramines)
		t Radiati		ther (Descri		•								
				atained in D	istribution Syst	em: X	Free Chl	orine	Co	mbined (hlorine (Chloram	nes)	Chlorine Dioxide
	I	T		C	T Calculations, or	UV Dose, to D	moustrate P	our Log	Virus inseti	retion, If A	pilosble*			
	Days			·····		CT Calou					UV	Dote		
	Plant					Disinfactant	Lowest CT Provided	1	1	1			Lowest Residual	
	Staffed	ł			Lowest Residual Disinfectant	Contact Time	Bofors or	1]]		Disinfectant	· ·
	Visited		$(A_{i}) = (A_{i}) = (A_{i})$		Concentration	(T)#C	at First		1	1	Lowest	Minimum	Concentration	
	by.		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	et Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished		First Customer	Point During	During	đ	pHcf	СТ	UV Dose, mW-	Required, mW-	Point in Distribution	Conditions; Repair or Maintenance Work that
fas Month	(Place "X")	Plant in	Water Produced, gal	Posk Flow Rate, ppd	During Peak Flow, mg/L	Posk Flow,	Peak Flow, mg-min/L	water, °C	Water, if Applicable	Required,	mw-	sec/om ²	System, mg/L	Involves Taking Water System Components Out of Operation
Manager	-3-	7.4	64000	AND NO	LIGHT HUND			¥	7 MANUMANA		and Ant		0,7	Out of Optimica
2		ace.	49000		· ····································								4.7	
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-7-1	X,		55000		[]								0.7	
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31 lotal		<u> </u>	512.000	5	I		h		ł.	l			يا من من من من من من من	
vonge			50.400											

Machinem 87.000 * Refer to the instructions for this report to determine which plants must provide this information.

ن زخل			in station	<u></u>	- 25	1.1.1				<u> </u>
	DRINKING WATE BACTERIOLOGICAL AL			h_0				(c)	-	53
	MID FLORIDA WATER I	LABORATOR	WED	Lab Re	eceipt Da		Ne:			
: .	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaui - Din NELAC CERTIFIED	ven, FL 33880 53) 967-8601 SEP 1 rector, Contact Person		Analys Sample Sample	e Accep Preserva	tance C tion EQ	ice 🗆 N	iot On Ice	<u>. 7.</u>	. 1
Report N	umber:Sub-Contrac	tiah ID. ENVIRONI	MENTAI	. This sa	mple does	s not mee	Detected the follow	ing NELA	C require	mg/L ments:
Analysis	Requested: (check all that apply)	ENGINE	ERING	Anali	is Da	Le fli	meat	9/13/10	2, 3 9	: <u>35a</u> m
Total 0	Coliform/E-Coli 🗋 Total Coliform/Fecal 📮 En	terocci 🖵 Colilert 🛄	нрс 🛛 с	Other:						
-	Name: JUNNIGR We				\$ I.D.	6	5]] 3 Poll		2	3/9/
• :	Address:			 Fax #:	County			<u> </u>		-3- -
Collecto	or Owner's Phone #: or:SIDONT	······································		Collecto	r's Phon	e #:	363	<u>~ 22</u>	4-2	2220
Comm Private Reason	Supply: (check only one) unity Water System Noncommunity Water Well Swimming Pool for Sampling: (check all that apply) bution Routine Distribution Repeat Ran ance Replacement (also check type of samp	Bottl w (triggered or assessme		w (trigge	ered or a	Other_	nt) additi	onal C		
-	Collection Date: (/)2//O	<u> </u>								
	To be completed by	collector of sample								9222P
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)	рН	Fecal or I Non	E. coli Anaty	sis Metho Fecal or	t: Data
14	Well 1	115602	1736	ĥ				A		
54	Well 2	115603	1740	R		140 A.		A		
34	2410 TLOMPSON	115604	1750	\mathcal{D}	1.0	2 (1997) 1997		Α		· •
9/4	Plushout Stanton	115605	1900	Þ	1,2	1997 (1997) 1997 (1997)		A		
	an ana an taon an taon an taon an taon an taon an taon an taon an taon an taon an taon an taon an taon an taon Taon an taon an Taon an taon an	an an taona ang taon ang taon ang taon ang taon ang taon ang taon ang taon ang taon ang taon ang taon ang taon Taon ang taon	ana ano si atao a	· · · ·	10. 11. 11.		•	<u>49</u> 1910	ar an Maria	
non-tra	ge of disinfectant residuals for routine and repundent of the serving population plant samples in the average.)	Leat samples. (Complete the samples of the samples of the samples of the same same same same same same same sam	for communi 00. Do not i	ty and nclude	J,D	The test	are performe	d in accords his report o	unce with N	ule 62-160, Table 1 ELA standards. to the analyses
Disinf	ectant Residual Analysis Method: DPD Colo	orimetric 🖵 Other:			Date PV	VS notified	by lab of po	sitive resul	ts:	
Perso	n performing analysis is (Please see instructions ertified operator (#)	s on reverse):	d lab				by lab of po			
Sup 🖓 Sup	ervised by a cert. operator (#)	Employed by DEP or D				NI	NER	+ las	Dail	aliulia
	norized representative of supplier of water				Lab Sig	nature: 🖄	1 Inte	~ J	vate	<u>-41777</u> C
N	ame and Mailing Address of Person to R	eceive Report	Title:							USE ONLY
	BLOUNT UTILITIES 6039 Cypress Gardens I Winter Haven, FL 3	Satisfactory Satisfactory Incomplete Collection Information Repeat Samples Required □ Replacement Samples Require Date Reviewed by DEP/DOH:							Require	
			DEP/DOH Reviewing Official:							
h		Page 1 of 1 liance): C = Repeat or Check:	1			D + Dlar	t Ten: S =	Spacial (cl	earance (atc.)

DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution: P = Ptant Tap; S = Special (clearance, etc Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

2009 Water Quality Report Sunrise Water Company

We are committed to ensuring the quality of your water and want you to be informed about the water and services delivered to you in 2009. Our goal is to provide a dependable supply of healthy drinking water. Therefore we are pleased to provide our Annual Water Report that describes the quality of the water you drink everyday, information about the contaminants found in your water and how this may relate to your health. The presence of a moderate amount of contaminants in drinking water within regulated standards is normal and does not indicate that the water poses a health risk. Should there is any reason for health concerns with your water, we would notify you immediately.

Where does our water come from?

Sunrise Water Company draws water from a well drilled deep into the Floridan aquifer. The sources of drinking water include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and radioactive material and can pick up substances resulting from human or animal activity.

Why must our water have Chlorine?

Drinking water, including bottled water, may reasonably be expected to contain very small amounts of some contaminants. The presence of contaminants does not necessarily mean that water poses a health risk. Florida's drinking water rules require

infection, so Chlorine is added in our ter treatment plant, followed by fifteen minutes contact time to destroy living organisms before being delivered to you

What contaminants might be in water?

Naturally occurring or man-made contaminants that may be present in raw or source water before it is treated including:

Microbial contaminants, such as living viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.

Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.

Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.

Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.

Radioactive contaminants, which can be naturallyoccurring, or be the result of oil and gas production or mining activities Special Health Concerns information about More and potential contaminant health ef cts. can be obtained calling the Environment Protection Agency's (t EPA's Safe Drinking Water Hotline at (800) 9 on-line at site: http: ater

	• • • • • • • • • • • • • • • • • • • •							
Have more questions? If you have any questions about this report or concerns about your water utility, or want to obtain a copy of this report, please contact David Blount at (863) 661-5315. We encourage our valued customers to be informed about their water utility.	the general populati with cancer undergo transplants, people v elderly, and infants of should seek advice US EPA/Center for lessen the risk of it contaminants are av	for everyone? e more vulnerable to contaminants in drinking water that ion. Immuno-compromised persons such as person ing chemotherapy, persons who have undergone orga with HIV/AIDS or other immune system disorders, som can be particularly at risk from infections. These peopl about drinking water from their health care providers Disease Control guidelines on appropriate means to infection by cryptosporidium and other microbiologica vailable on the web at <i>epa.gov/safewater</i> or telephon ater Hotline (800-426-4791) for any drinking water issue	Please visit the Florida Department of Environmental Protection (DEP) web site at http://www.myflorida.com follow the prompts to Find an Agency, Environmental Protection, Water, and					
Protecting your water		Why is Drinking Water Regulated?						
Florida's Department of Envir								
has conducted Source Water		Drinking Water Act is to provide good quality of water for human consumption. There						

has conducted Source Water Assessment (SWA), for all public water systems in Florida, to identify and assess any potential sources of contamination in the vicinity of your water supply.

The susceptibility determination assumes that any contaminant released to the ground surface has the potential to enter a public water supply system. A SWA conducted for Sunrise Water Company in 2009 found that the system's wells are at low risk for contamination from domestic wastewater.

The SWA report is available at the DEP SWAPP →ebsite: <u>www.dep.state.fl.us/swapp</u> or can be stained from David Blount at (863) 326-6122 The ultimate goal of the public water system supervision program under the Safe Drinking Water Act is to provide good quality of water for human consumption. There is no such thing as naturally pure water. In order to ensure that tap water is safe to drink, the DEP and EPA prescribe regulations and standards for limiting the amount of certain contaminants in water provided by public water systems. To protect consumers, Florida's DEP also requires public water systems comply with regulations governing the construction, operation and health issues relative to your water supply. Don't forget, the present of contaminants does not necessarily indicate that the water poses a health risk.

Bottled water and water vending machines are regulated under the Florida Department of Agriculture and Consumer Services, Division of Food Safety and the federal Food and Drug Administration regulations that establish limits for contaminants in bottled water which must provide the same protection for public health. All drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. Don't forget, the present of contaminants does not necessarily indicate that the water poses a health risk.

What is included in the Water Quality Test Results Data Table? - How do I read it?

The test results contained in this report are based on compliance monitoring for the period of January 1st to December 31st, 2009 or in earlier years for contaminants sampled less often than annually. For contaminants not required to be tested for in 2009, test results are for the most recent testing done in accordance with regulations authorized by the state and approved by the United States Environmental

otection Agency (EPA). We monitor for over 80 contaminants that might be in water. Only test results exceeding a regulated minimum detection level are included in this report.

Although you will find many terms you might not be familiar with, to help you better understand these terms we've provided the following summary of these terms' abbreviations and definitions:

			E S					900 E	Else racia	to white was in	
Action Level	-	A									h a water system must follow
Maximum Contaminant	Level	M	AND REPORT OF STREAM		and the second second second	d" is the highest og the best avai		and the second second	CLARKER STREET, STREET, STREET, STREET, STREET,	i diniking water. MCL	s are set as close to the
Maximum Contaminant Goal	Level	мс		the second second second second second second second second second second second second second second second se	the level	and the second se	Contraction of the Providence of the	and the second se	the survey of the second s	no known or expected	risk to health. MCLGs allow
Maximum Residual Disinfectant Level		MR		ie highest le initiol of mic			d in drinkin	gwater.	There is convincing ev	idence that addition of	a disinfectant is necessary fo
Maximum Residual Disinfectant Level Goal		MRI		ne level of a	drinking	a second s			a service and the service of the ser	ected risk to health. N	RDLGs to not reflect the
Not Applicable		New DI		oes oot app		Isin counts to	Control mic	a obtail ca	indiminants.		
Not Detected		N	11.0	dicates tha	t the subs	stance was not f	ound by lat	boratory	analysis.		
Parts per million			and the second second second	A THE OWNER WITH	and the second second	Contraction of the local data in the local data	A REAL PROPERTY OF	the state of the s	CO PUT MILLER TO BE AND A PUT OF A PUT	ts by weight of the wat	and the second se
Parts per billion	Contra la contra la	pp	and the second second	-		a			the second second second second second second second second second second second second second second second s	ts by weight of the wat	ter sample.
Picocuries per liter		pCi	i/L p	icocunes p	er inter is a	a measure of the	e radioacon	nty in wa	iter. The part of the second		
				TES		RESUL					
**Results in the Level Detected	column		pgical and In	norganic co	ntaminant			or the h	ighest average result	depending on the free	uency of monitoring.
Contaminant and Unit of Measurement		MCL /iolation Yes / No	**Level Detected	MCLG	MCL	Monitori Period Month / Y	I			Likely Source of Contamination	
Radiological Contan	ninar	nts									
lpha emitters p	Ci/L	No	3.5	0	15	Jan - Dec	2009 E	rosior	a of natural depo	sits	
dium 226 + 228 or ombined Radium	CIAL	No	1.3	O	5	Jan - Dec	2009 E	rosior	n of natural depo	sits	
iranium p	g/L	No	5.3	0	30	Jan - Dec	2009 E	rosio	n of natural depo	sits	The set of an and an
norganic Contamina	ants						1000				
admium p	pb	No	1	5	s	Jan - Dec	2009 d	and the second	ge from metal re	and the second second second second second second	of natural deposits; rom waste batteries
luoride p	om	No	0.13	4	4.0	Jan - Dec	2009 a	Trosioi Iumini	n of natural depo um factories. Wa	ater additive which	rom fertilizer and ch promotes strong
odium p	m	No	5	n/a	160	Jan - Dec	Constant Property in	the most lit	hen at optimum ter intrusion, lea	levels between 0 ching from soil	.7 and 1.3 ppm
THMs and Stage 1 I	Disin	fectan	t/Disinf	ection	By-Pro	duct (D/I	OBP) Pa	aram	eters		
hlorine: Level Detected is the 2	2009 mc	onthly aver	age; <u>Range</u>	of Results	is the ran	ge of (lowest to	highest) m	nonthly re	esidual disinfectant.	TTHMs: Level Detect	ted are from a single sample
Contaminant and Unit of Measurement		sam	es of pling	MCL Vie Y/		Level Detected	Range Resu		MCLG or MRDLG	MCL or MRDL	Likely Source of Contamination
hlorine	mqq	Charles and the second state	ec 2009	N	0	1.1	0.5 - 1	1.4	MRDLG = 4	MRDL = 4.0	Water additive user to control microbes
otal Trihalomethanes	ppb	July - S	ept 2009	N	D	0.94	n/a		nla	MCL = 80	By-product of drinking water

The Safe Drinking Water Act (SDWA) requires that utilities issue the following information, even if you have no Lead in your water: If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Sunrise Water Company is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at $\gamma_p://www.epa.gov/safewater/lead.$ HORDA

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

See	page 4 for instructions										
íΠ.	General Information	for the Month/Year of:	2 201	0							
	Public Water System, (P										
		nuse allililes		PWS Identification Number: 6.53 1737							
		Community Non-Transient Non-Communit	y 🗌 Transie	nt Non-Community		· · · · · · · · · · · · · · · · · · ·					
	Number of Service Con	nnections at End of Month: 258		Total Population Served at End of Month: 5/0							
	PWS Owner:		······································								
	Contact Person:	A AA	· · · · · · · · · · · · · · · · · · ·	Contact Person's		1 7. 6.1 11001111					
	Contact Person's Maili		· · · ·	City: Haines City State: FL. Zip Code: 33844							
	Contact Person's Telep			Contact Person's Fax Number: 863-471-6877							
i	Contact Person's E-Ma		· · · · · · · · · · · · · · · · · · ·								
B. Water Treatment Plant Information Plant Name: Plant Telephone Number:											
	Plant Name:	Sunter The Alivision	4,	City: Auburn	while State: The	Zip Code: 33973					
			hased Finished		State State. 70,						
	Type of Water Treated	Day Operating Capacity of Plant, gallons per day:	108,00		· · · · · · · · · · · · · · · · · · ·	·····					
	Permitted Maximum L	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):							
	Licensed Operators	Name	License Class	License Number							
1	Lead/Chief Operator:	Data Blockail	4	5611	6 7						
		Vore Kilduns				· · · · · · · · · · · · · · · · · · ·					
	Other Operators:	<u> </u>									
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	-		· · · · · ·								
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II. Certification by Lead/Chief Operator

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

DL. Blount

Signature and Date

Printed or Typed Name

License Number

Page 1

11177	MUN	IIHLY	UPERAT	ION REP	UKI FUR	PICON NO.		G RA		Las	LAN E		UNUTAG	ED FINISHED WATER
PWS	Identifi	cation N	umber: 63	0/10	7	Plant Na		1.271		[UG	<u>er</u>	<u> </u>		
111.	Daily Di	ata for <u>t</u> l	ie Month/Ye	ar of:	JU	e 28	XD							
Меат	s of Ac	nieving F	our-Log Vir	is Inactivatio	on/Removal: *	Free	Chlorine		Chlorine	Dioxide		Dzone	🗌 Combin	ed Chlorine (Chloramines)
Πυ	Itraviole	t Radiati		her (Descril	pe):				-					
					istribution Syst		Free Chl	orine	Co	mhined (Chlorine (Chlorami	ines)	Chlorine Dioxide
rype		Incliant N			T Calculations, or	IV Dose to De	monstrate F		Vine Inactiv	vation. if A	nolicable*			
	Days			~	I Calculations, or	CT Calcu	ations				ע דע	Dose	1	
	Plant			· · · · · · · · · · · · · · · · · · ·	T		Lowest CT	Γ	<u> </u>	T	1	I	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided			1	-		Residual	
	or			l.	Disinfectant	Contact Time	Before or	}				Í	Disinfectant	
	Visited		· ·		Concentration	(T) at C	at First	1						
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.			Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
Day of	Operator		of Finished		First Customer	Point During	During	of	pHof	СТ		Required,	Point in Distribution	Involves Taking Water System Components
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW- sec/cm ²	System, ng/L	
Month	"X")	Operation	Produced, gai	Rate, gpd	Flow, mg/L	minutes	mg-min/L	<u>°C</u>	Applicable	mg-mm/L	sec/cm	Sec/cm	O.6	Gui di Opulaton
1	1	24	59000											<u></u>
2	X		7100							}			005	
3	<u> </u>		65000				-				<u> </u>		05	
4	<u> </u>		74000										0.5	
5	<u>x</u>		35000								<u> </u> -		0.0	
6			18000								<u> </u>		0.6	
7	X		78000										0.6	
8		<u> </u>	56000	· · • • • • • • • • • • • • • • • • • •						<u> </u>			0.6	· · · · · · · · · · · · · · · · · · ·
9	<u>×</u>	/	56000										0.6	
10	×		59000										0.6	
11	-K		67000	•									<i>.</i>	
12		/	64000								_		0,6	
13	X	_/	65000										04	
14	K +		63000										03	
15 16	4 +												0.3	
17	☆+		59000										0.5	· · ·
_	<u> </u>	+ +	57000										0.6	
18 19	×		55000							-				
20	r		54000										0.6	
20 21			73000										0.6	
22	r		54000	<u> </u>									0.5	
23	~ 		54000					[06	
24	X		62000							-			0.5	
25	5 +		62000							. >			ac	
26		/ +	C3000											
27	F	/	52000										0.6	
28	x	-/	45000										2.6 0.6 0.6	
29	X	1	45000										0.6	······
30	8	7	1000										0.7	· · · · · · · · · · · · · · · · · · ·
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rerage		1	9933											
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* Refer to the instructions for this report to determine which plants must provide this information.

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MID FLORIDA 8 Oakwo Phone (86	od Road - Winter Ha 3) 965-2540 • Fax (86 largaret Rajpaul - Dir NELAC CERTIFIED Sub-Contrac	VALYSIS LABORATOR ven, FL 33880 33) 967-8601 rector, Contact Person t Lab ID:		Analys Sample Disinfe This sa	Preserva ctant Cheo mple doe:	S Time: tance C tion 2 Or X P Not a anti-mod	<u>2 k</u> riteria: n ice ⊡ N Petected	lot On Ice	6 <u>7</u>	mg/L
System Name: Sonro 54	L Worte	٢		- PV	/S I.D.	6		[] []	7	39
		I NUL	4 2010		County	:	10	//~		
System or Owner's Phone #: Collector:		ENVIRONI ENGINE	MENTAI	Fax #: Collecto	or's Phon	e#:	83- :	224.	- 07	175
	ition Repeat 2 Ran so check type of samp	r System 🔲 Noni Botti w (triggered or assessme	Iransient No led Water nt) 🔲 Ra	w (trigge	ered or a	I Other	nt) a ddi ti	ional C		
		and kan was a state to a st		a de la			1		रेखी (हुन्दू के बिन दे (हि. महा) दे (हि. महा)	an an an an an an an an an an an an an a
Sample Sample Po Number (Location or Specif		Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pН	Fecal or Non	form Analys E. coli Analy Total Coliform	rsis Metho Fecal or	
1/4 Well 1	,	109246	1900	R			Ľ	A	ŧ	Ĺ
34 Well 2		109247	1902	R			L	A		
34 2410 Thom	ipson :	109248	1910	の	1.5		L	A		
My Flushout -	Stanton	109249	1915	D	0.5			A		
		<u> </u>								
Average of disinfectant residuals non-transient non-community system raw or plant samples in the average	ns serving population:				0.5	The test	re performe	d in accorda his report o	nce with NB	le 62-180, Table 1 ELA standards. to the analyses
Disinfectant Residual Analysis M Person performing analysis is (P) A certified operator (#	ease see instructions					te notified I		isitive result isitive result I La		6/9/10
Name and Mailing Addres	s of Person to Re	eceive Report			Title:	Q.	110	b.l		
BLOUN 6039 Cypre	IT UTILITIES, IN ss Gardens Blvd. Haven, FL 3388	C. ,, #146	DEP/DOH USE ONLY Concerning Content on DEP/DOH USE ONLY Content Conten							

 ¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (dearance, etc.) Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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BACTI FORM REVISED 01/04



Certification of Delivery of Consumer Confidence Report

GENERAL INSTRUCTIONS: This form shall be completed by all community water systems (CWSs) that have prepared a Consumer Confidence Report (CCR) in accordance with Rule 62-550.824, F.A.C., Consumer Confidence Reports. At the end of this form is a certification in which a system's authorized representative shall certify that the reported information is accurate and is in conformance with Rule 62-550.824, F.A.C. COMPLETE THIS FORM AND SUBMIT IT BY AUGUST 10, together with a copy of your system's CCR, and any newspaper notice(s) and posted notice(s) of your CCR, to the appropriate DEP district office or Approved County Health Department (ACHD). Systems serving 100,000 or more persons posting their CCRs on publicly accessible Internet sites shall provide the information on the appropriate Internet link(s). All information provided on this form must be typed or printed in ink.

I. General Water System Information. (To be completed t	by all community water systems.)
System name: Survise Utilities	Contact person: Defe Blocut
PWS Identification number (PWS-ID): 653/137	Contact phone number: PGD-664-5315
Mailing address: 6019 Current Hurdens The	I City: Winter Haven
State: Zip: 3,3009 Population served (not the n	number of "service connections"): 645
II. CCR Distribution Method. (To be completed by all con appropriate.)	nmunity water systems. Choose A or B as
D A. We mailed or otherwise directly delivered a copy of our delivery.) $G/RT/CO_$ (Systems that do not use the mailin of their CCR to each customer.)	CCR to each customer on (enter date(s) of mailing or ig waiver must mail or otherwise directly deliver a copy
B. We were eligible to use a mailing waiver and used a mail waiver <u>only</u> if they serve fewer than 10,000 persons, have violations, nor have been issued any formal Notices of Vio Orders, or court-ordered civil actions during the calendary	not had any MCL or monitoring and reporting (M/R) plations (NOVs), Consent Orders, Administrative
swer a. b. and c below.)	
a. Date of newspaper:	
b. Name of newspaper/newsletter that published out	r CCR:
C. A copy of our notice to customers, informing them This notice was: phailed with bill; published in new Manded out at a fuce	
III. Posting of CCR on the Internet. (To be completed by	all CWSs serving 100.000 or more persons.)
We posted our CCR on this publicly accessible Internet Sit	le:
IV. Report on Your Effort to Distribute Your CCR to Your	Water Consumers.
A set of the completed by allCWSs. Check all the month	nausis) - and an 200 minutes of checked:
In addition to the methods selected in Part II,	
A. We posted our CCR on this publicly accessible Internet	t ·····
B. We published our CCR in the local newspaper(s). The	
C. We advertised the availability of our CCR as a press rel	ease radio announcement or TV announcement
The type(s) and date(s) of the advertisement(s) are:	and internetic of the announcement.
D. We delivered multiple copies of our CCR to single bill a	ddresses serving several persons
E. We delivered multiple copies of our CCR to the following	
	g;g
VF. Our CCR was posted in the following public locations:	Clubhouse OFFICE
The server and being as me to bound hours there are	CIUCKING - 9 OFFIC
DEP Form 62-555.900(19) Effective Date: April 10, 2003	Page 1 of 2
	· · · · · · · · · · · · · · · · · · ·

G. Our CCR was distributed by other methods (e.g., additional copies placed in entrance hall to facility). Describe.

Ve Maa of Man English Long and to OOD	
V. Use of Non-English Language in CCR. (To be compl	eted by all community water systems.)
Information in a non-English language was included in our	
speak English but speak	The method we used to determine the proportion of
non-English speaking customers is	
This requirement does not apply to our system, because we customers equal to or exceeding 20% of our total number	
VI. Other Delivery Requirements. (To be completed by	all community water systems.)
(A) Was a copy of your CCR sent to your county health dep	artment, as required by rule? Dres No
(B) Is your system regulated by the Public Service Commiss	sion (PSC)? []Yes []No
If Yes, was a copy of your CCR sent to the PSC, as requ	uired by rule? []Yes []No
(C) If your system sells water to other systems, have you pr required	ovided them with either a copy of your CCR or the
consumer confidence information? TYes No M	Not Applicable
VII. Certification of Delivery of CCR and Compliance wit	h Regulations. (To be completed by all CWSs.)
This statement certifies that the above named community pu	
period starting January 1,, and ending December 31,,	
provided the appropriate notices of availability according to t Rule 62-550.824, F.A.C. This statement also certifies that the	
compliance monitoring data for the same period previously s	
delivered to the agencies identified in Rules 62-550.824(3)(e	
	Alph VI
SIGNATURE OF AUTHORIZED REPRESENTATIVE:	NAONE
NAME (please print):	
TILE: Operator of Record	DATE: <u>7/29/60</u>
C A comu of our CCP is otherhold	
A copy of our CCR is attached.	

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DEP Form 62-555.900(19) Effective Date: April 10, 2003

Page 2 of 2



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

See	page 4 for instructions	D. A.	1								
ί.	General Information	for the Month/Year of: Oclob	00 20,	10							
	Public Water System, (P										
	PWS Name:	muse attilitees		PWS Identification Number: 6.73 /739							
		Community Non-Transient Non-Communit	y 🗌 Transie	nsient Non-Community Consecutive							
		nnections at End of Month: 258	· · · · · · · · · · · · · · · · · · ·	Total Population S	Served at End of Month:	510					
	PWS Owner:										
	Contact Person:	A AA		Contact Person's T		1 Charles Inc					
	Contact Person's Maili			City: Haines City State: 71. Zip Code: 33844							
	Contact Person's Telep			Contact Person's Fax Number: 863-471-6827							
	Contact Person's E-Ma										
Β.	Water Treatment Plant					· · · · · · · · · · · · · · · · · · ·					
		Sunrise Illiliteeps	all a lais	Plant Telephone Nur Inle State: Fl.	Zip Code: 33873						
	Plant Address:	underes Sub/ Murren	V	City: Clubber	Whatte State: The,	Zip Code: 3,70%,7					
:	Type of Water Treated		hased Finished								
	Permitted Maximum L	Day Operating Capacity of Plant, gallons per day:		Plant Class (per subsection 62-699.310(4), F.A.C.):							
		bsection 62-699.310(4), F.A.C.):	License Class								
	Licensed Operators	Name	License Class	36//	6/7						
	Lead/Chief Operator:	Det. Blockail		1000							
1	Other Operators:		<u> </u>		<u> </u>						
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II. Certification by Lead/Chief Operator

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

D.L. Blount

License Number

Signature and Date

Printed or Typed Name

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/can	s of Ach Itraviole	ieving F t Radiatio	our-Log Viru	us Inactivati her (Descri	on/Removal: *		Chlorine		Chlorine	Dioxide		Ozone	Combin	ned Chlorine (Chloramines)
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	or Visited				Disinfectant Concentration	Contact Thine (T) at C	Before or at First				Lowest	Minimum		
	by		Net Quantity		(C) Before or at	Monurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
ity of	Operator	Hours	of Finished		First Customer	Point During	During	đ	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work
the l	(Place	Plant in	Water	Peak Flow	During Peak		Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	involves Taking Water System Contponer
(outh		Operation	Produced, gel	Rate, god	Flow, mg/L	minutee	mg-min/L	•C	Applicable	mg-min/L	200/021 ⁴	seo/cm ²	System, mg/L	Out of Operation
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	8 Oakwood Road - Winter H Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - D NELAC CERTIFIE	aven, FL 33880 163) 967-8601 irector, Contact Person	. .	Lab Receipt Date & Time: Analysis Date & Time: Sample Acceptance Criteria: Sample Preservation Don Ice DNot On Ice						
Report N	Report Number:Sub-Contract Lab ID:							d wing NELA		mg/L
Analysis Requested: (check all that apply)					yi	0 10	107/1	Cat	1:50	pm
System	Name: Suntise Wat	PV	VS I.D.	6	5	31	7	34		
System	Address:			<u> </u>	County	r:	Pol	ĸ		
Collect	or: SBIOUNT	······································	·····	Collecto	or's Phon	ne #: <u> </u>	<u>~3-</u>	.22	4-0	205
Comm Private Reason Distri	for Sampling: (check all that apply) bution Routine Distribution Repeat AR ance Replacement (also check type of samp	Bottle	ed Water	aw (trigge	erediora	Other	ent) addii	ional [ited Use	urvey
Sample	Collection Date: 18/7/18 To be completed by	 y collector of sample								
	to be completed b	Conector of sample			at the second		Total Col	iform Analys	sis Method	oy lab
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mgA.)	pН	Non	E. coli Anal Total Coliform	Fecal or	Data
1/4	Well 1	117363	800	R				A		
2/4	Well Z	117364	2504	R		2.64 A.S.		A		
3/4	Surrice Ausket	117365	2508	Ð	0.6			A		
9/4	2540 Flmord	117366	25/2	D	0.8			A		
								RE	\sim	
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non-tra	e of disinfectant residuals for routine and repension research non-community systems serving population plant samples in the average.)	eat samples. (Complete fo is up to and including 4,90	or communit 0. Do not ir	ty and nclude	0.6	The test	ere performe	d in accorda his report o	ince within the	in 62-160, Table 1 ELA standards. to the analyses
Person	Disinfectant Residual Analysis Method: Si DPD Colorimetric Other					S notified I	by lab of po by lab of po	psitive result	s:	10/5/10
		aceive Penort			Title:	Ø,	ick	in~ 1		
Winter Haven, FL 33884										
	DEP Sample Type Codes: D - Distribution (Routine Compli Analysis Methods: MF = SM92 Results: A = coliforms are absen	22B & D; MTF = 9221B & EC/M	:=Raw;N= IUG;MMO/M	Entry to Di IUG = SMS	istribution; 9223B; HF	P = Plant PC = SM92	215B	Special (cle	arance, el	tc.)



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

See page 4 for instructions:

General Information		2010			
Public Water System, (P	WS) Information			·	
PWS Name:	nuse attilitees				Number: 677 1739
		ity Transie			
Number of Service Con	nnections at End of Month: 258		Total Population	Served at End of Month:	4715
PWS Owner:	· · · · · · · · · · · · · · · · · · ·				
Contact Person:	A AA	· · · · · · · · · · · · · · · · · · ·			4
Contact Person's Maili					Zip Code: 33844
Contact Person's Telep	hone Number: 863-421-6827		Contact Person's I	Fax Number: 969-421-	-6827
Contact Person's E-Ma	il Address:			· · · · · · · · · · · · · · · · · · ·	
Water Treatment Plant	Information		·		·
Plant Name:	Survise Uliliteeps .				
Plant Address:				State State: Fl.	Zip Code: 33873
Type of Water Treated	by Plant: 🛛 Raw Ground Water 🔄 Pu				
Permitted Maximum D	bay Operating Capacity of Plant, gallons per day:		00		
Plant Category (per sul	bsection 62-699.310(4), F.A.C.):				
Licensed Operators	Name	License Class		Day(s)/Shift	t(s) Worked
Lead/Chief Operator:	Date Blockwit	1	5611	5/7	
Other Operators:	·				
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	Public Water System (P PWS Name: PWS Type: Number of Service Con PWS Owner: Contact Person: Contact Person's Maili Contact Person's Telep Contact Person's Telep Contact Person's E-Ma Water Treatment Plant Plant Name: Plant Address: Type of Water Treated Permitted Maximum E Plant Category (per sul Licensed Operators	Public Water System (PWS) Information PWS Name: Ommunity PWS Type: Community Number of Service Connections at End of Month: X58 PWS Owner: Contact Person: Contact Person's Mailing Address: 603 Contact Person's Mailing Address: 603 Contact Person's Telephone Number: 863-47k1-6841 Contact Person's E-Mail Address: 863-47k1-6841 Contact Person's E-Mail Address: 863-47k1-6841 Contact Person's E-Mail Address: 863-47k1-6841 Plant Name: 1000000000000000000000000000000000000	Public Water System (PWS) Information PWS Name: Duriticle PWS Type: Community Non-Transient Non-Community Transient Number of Service Connections at End of Month: 758 PWS Owner: Contact Person: 758 Contact Person: 693 Mayton May: Contact Person's Mailing Address: 693 Mayton May: Contact Person's Telephone Number: 863-471-6721 Contact Person's E-Mail Address: Water Treatment Plant Information Plant Name: 1000000000000000000000000000000000000	Public Water System (PWS) Information PWS Name: Duruse PWS Type: Community Number of Service Connections at End of Month: X 58 PWS Owner: Contact Person: Contact Person: Contact Person's Contact Person's Mailing Address: 605 Contact Person's Telephone Number: 863-4781-6887 Contact Person's E-Mail Address: Contact Person's I Contact Person's E-Mail Address: Contact Person's I Water Treatment Plant Information City: Plant Address: Sub Mututum City: City: Plant Address: Sub Mututum Plant Address: Sub Mututum Plant Address: Sub Mututum Plant Category (per subsection 62-699 310(4), F.A.C.): Plant Class (per st Plant Category (per subsection 62-699 310(4), F.A.C.): Plant Class License Class Licensed Operators Name License, Class License Number Lead/Chief Operator: Date Mututum Sel/ Sel/	Public Water System (PWS) Information PWS Identification PWS Name: Difficulties PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 258 Total Population Served at End of Month: PWS Owner: Contact Person's Contact Person's Mailing Address: 603 Mayort Mile: City: Thermes City State: FIC Contact Person's Mailing Address: 603 Mayort Mile: City: Thermes City State: FIC Contact Person's Mailing Address: 603 Mayort Mile: Contact Person's Title: State: FIC Contact Person's Telephone Number: 603 Mayort Mile: Contact Person's Fax Number: 603 FIC Contact Person's Telephone Number: 603 Mayort Mile: Contact Person's Fax Number: 603 FIC Contact Person's Telephone Number: 603 Mayort Mile: Contact Person's Fax Number: 603 FIC Contact Person's Telephone Number: 603 Mayort Mile: Contact Person's Fax Number: 603 FIC Plant Address: Mayort Mile: City: <td< th=""></td<>

11. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED														
PW8	Identifi	cation N	umber: 🥖	253/1	27	Plant Na	<u>me: 5년</u>	imme	se i	<u>V04</u>	<u>er</u>			
FL 1	∋aity D.	na for fi	ie Month'Au	sar of:	Nou	5 2 C	010							
/can	s of Act	nieving F	our-Log Virv	is Inactivation	m/Removal: *	Tree	Chlorine		Chlorine	Dioxide		Ozone	Combi	ned Chlorine (Chloramines)
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уре	of Disin	fectant R	Lesidual Mat	atained in D	istribution Syst	enti: 🗵 🔀	Pres Chl	orine	<u> </u>	mbined (hlorine (Chloram	ines)	Chlorine Dioxide
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	Ot	ĺ	{		Disinfootant	Context Time	Baftyp br	Į	1				Disinfectant	
	Visited	[Concentration	(T) #C	, at First]		Lowest	Minimum	Concentration	
	by.	Í	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	During	Temp.	pHof	CT	Uperating	UV Dose Required,	at Ramote Point in	Emergency or Absormal Operating Conditions; Repair or Maintenance Work th
ty ot the	Operator (Pisce	Hours Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	Required,	m₩-	mW-	Distribution	Involves Taking Water System Component
onth	Ϋ́Υ)	Operation	Produced, gal	Rets, and	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ¹	System, mg/L	Out of Operation
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9	8		57000		· ·								1.5 8.5 0,5	
Ô	1	/	55000										0.5	
		4	17375 6									l.		
	·····		1624000											
			37000											

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* Refer to the instructions for this report to determine which plants must provide this information,

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Page 2

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and a second sec

	4								<u>.</u>	·
	DRINKING WATER BACTERIOLOGICAL ANALYSIS							en en en en en en en en en en en en en e	}	53
MID FLORIDA WATER L	ABORATOR	Y	Lab Ra	ceipt Da	te & Ti	me	:			
8 Oakwood Road - Winter Have	· · · · · · · · · · · · · · · · · · ·	-	Lab Receipt Date & Time:							
Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Din NELAC CERTIFIED		Samp! Sample	Accon	tance/ tion © Ç	Cri Dn I	teria: ce QN	iot On Ice		Sec mg/L	
Report Number:Sub-Contract	This sat	xible does	not me	et t	ne foilow	ing NELA	C require	ments:		
Analysis Requested: (check all that apply) In Total Coliform/E-Coli In Total Coliform/Fecal Internet End	Other:	:			-1			<u>9:50</u> ur		
System Name: Sunrice Wat	<u>cr</u>		_	3 I.D.		_			7	39
System Address: State Ra 54	<u></u>	<u> </u>						15		<u></u>
System or Owner's Phone #: Collector:BlouL+			Fax #: Collecto	r's Phon	e#:	8	763.	- 22	1-0	775
Type of Supply: (check only one)										
Community Water System	•	ransient No						🖵 Limi	ted Use	System
Private Well Swimming Pool	Bottle	ed Water		ų	Other					
Reason for Sampling: (check all that apply)		-o 🗇 b.	(b -1)	 			الالمامين			
Distribution Routine Distribution Repeat Real	w (triggered or assessmer	nt) 🖵 Ra nii Moter N	iw (trigge otice	ed or as	ssessn	nen	t) addiu	iona: 4	" A A A A A A A A A A A A A A A A A A A	urvey
Sample Collection Date: ///22/10					XI.		Ť	o be con	hotod	by lab
To be completed by	conector of sample						Total Col	form Analys	sis Method	Sm922-1
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	рH		Non	E, coli Anal Total Coliform	Fecal or	Data
14 Well 1	119984	0700	R					A		
14 Well 2	119985	0704	R			で、「「		A		
3/4 Flushout Writer Rilre	119986	07/3	D	0.8		通いため		A		
14 2418 Teri	119987	0720	D	0.8				A		<u> </u>
							RE	he.		[
						新形式			VE	P
	<u> </u>		·			100.100	NO	242	D10	
Average of disinfectant residuals for routine and rependent of the second secon	at samples. (Complete for	or communi	ty and			5 AP	ENG	IONME INÉEDI		Luie 62-160, Table 1 IELA standards.
raw or plant samples in the average.)				0.8			isults in i ples sub			to the analyse
Disinfectant Residual Analysis Method: ADPD Cold				Date PW	IS notifie	nd hu	lah of n	ositive resul	ts.	
Person performing analysis is (Please see instructions RIA certified operator (#_D 17376_)	on reverse):	lab				-				
	Employed by DEP or D			-			•	osilive resul		iC (a
Authorized representative of supplier of water				Lab Sign	nature ^{FE}	a	ingree	eif se	Date	Culos
Name and Mailing Address of Person to R	eceive Report		<u> </u>	Title:	<u> </u>	<u>1-</u> (1070	2~		
BLOUNT UTILITIES, INC.		DEP/DOH USE ONLY								
6039 Cypress Gardens Blvd., #			-			-		$\frac{1}{10}$	Require	
Winter Haven, FL 33884		Date Rev		-				A.	10	
		DEP/DO	H Kevie	wing Of	ncial:			42	t	
¹ DEP Sample Type Codes: D - Distribution (Routine Compli								Special (cl	earance, d	etc.)
Analysis methods: MF = 5m92 Results: A = coliforms are absen	2228 & D; MTF = 92218 & EC/ t; P = colliforms are present; C									

state 10



DHRS PERMIT #: E84567 HRS ~ QA# 9710NC - 181 8 Oakwood Road, Winter Haven , FL 33880

Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: <u>SUNRISE WATER</u> PWS: <u>653-1739</u>							
	Nontransient	Noncommunity Transient Noncommunity					
Address: 1.0, 120/96							
City_State: Anochavelle	<u>FL</u>	<u>ZIP CODE:</u> 34/603					
Phone #	Fax #:	E-Mail Address:					

SAMPLE INFORMATION (to be completed by sampler)

_

Sample Number: <u>1121335</u>	Sample Date: <u>12/29/10</u> Sample Time <u>9.00 am</u>				
Sample Location (be specific)POI	NT OF ENTRY Location Code (be specific):				
Disinfectant Residual (Required when report	rting results for trihalomethanes and haloacetic acids):mg/L Field pH				
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)				
Distribution X Routine Compliance (with 62-550)					
X Entry point to Distribution Confirmation of MLC Exceedance* Special(not for compliance with 62-550)					
Plant Tap (not for compliance with 62-550)	Clearance (permitting)				
Raw (at well or intake)	Other				
	Sampling Procedure Used or Other Comments:				
Max Residence Time					
Ave Residence Time	*See 62-550.500(6) for requirements and restrictions.				
Near First Customer	And 62-550.512(3) for nitrate or nitrite exceedances				
	**See 62-550.550(4) for requirements and attach a results page for each site.				
	SAMPLER CERTIFICATION				
(Print Name)	Y CERTIFY (Print Title) ample collection information is complete and correct.				
Signature: Mallount	Date:				
Certified Operator #: <u>56///</u>	Phone# 263-66-53/5 Sampler's fax#	:			
Sampler's E-mail:					

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

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DHRS PERMIT #: E84567 HRS - QA# 9710NC - 181

8 Oakwood Road, Winter Haven , FL 33880 Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

Lab Name: MID FLORIDA WATER LABORATORY Florida DOH Certification #: E84567

Certification Expiration Date: 06/30/11

Address: 8 OAKWOOD ROAD WINTER HAVEN FL -33880. Phone #: 863-965-2540

Were any analyses subcontracted: Yes X No

If yes, Please provide DOH certification number(s)

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab	Date Sample(s) Received : 12/30/10
--	------------------------------------

PWS ID (from page 1) : 653-1739 Sample Number (From Page 1) :1121335

Lab Assigned Report Number or Job ID

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics All (Except Abestos) Partial X Nitrate X Nitrite

Asbestos

Synthetic Organics

Secondaries

Volatile Organic All 21 Partial XYLENE ETHYLBENZENE Radionuclides Single Sample Qtrly Composite** Disinfection Byproducts Trihalomethanes Haloacetic Acids

SLUDGE ANALYSIS
Chloride

LAB CERTIFICATION

I, <u>Margaret Rajpaul (Contact Person)</u> (Print Name)

DIRECTOR

(Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:	Mary	paret	Lappa	<u>_l</u>	D.	ate:	12/31/10
analysis results sample, and ma ** Please provide : CONF	will result in rej y result in notifi radiological sam IRMATION & NOTI S ARE TO BE REP ETERMINATIO	ection of the i cation of the i ple dates & lo FICATION IS R ORTED AS THI ORTED AS THI	report, possibl DOH Bureau of ocations for ea EQUIRED WITH E MDL WITH A " accept apleted by DEf	e enforcement ag i Laboratory Servi ch quarter. N 24 HRS FOR NITR U" QUALIFIER. (Nor able.)	painst the public v ices. RATE NITRITE MCL n detects reported as	EXCE	
Replacement Sar	mple(s) Reques	ted (circle or high	hlight group(s) above	3)			
Person Notified:					Date Notified:		- <u></u> ,
DEP/DOH Review	wing Official:						
Reporting Format 62- Effective January 199		ry 2010	Pag	e <u>2-</u> of <u>4</u>			



DHRS PERMIT #: E84567 HRS - QA# 9710NC - 181 8 Oakwood Road, Winter Haven , FL 33880

Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

INORGANIC CONTAMINANTS

62-550.310(1)

CLIENT: BLOUNT UTILITIES

SYSTEM: SUNRISE WATER POINT OF ENTRY

REPORT# :1121335

SUBCONTRACTED/JOB#:

PWS: 653-1739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	NITRATE (as N)	10	mg/L	0.02	U	SM4500NO3E	0.02	12/30/10	11.35 am	E84567
1041	NITRITE (as N)	1	mg/L	0.02	υ	SM4500NO3E	0.02	12/30/10	11.35 am	E84567
		· 								

QUALIFIER:

THESE TESTS MEET NELAC STANDARDS

THE TEST RESULTS IN THIS REPORT RELATE ONLY TO THE ANALYSES OF THE SAMPLES SUBMITTED.

U=BELOW DETECTION LIMIT X = VALUE EXCEEDS MCL

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

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Page 3 of \mathcal{Y}

Ana N/Viamonip Ros. M.D. / M.P. H. Siale Surgeon Constal

Laboratory Scope of Accreditation

Page 1 of 2

Attachment to Certificate #: E84567-10, expiration date June 30, 2011. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84567	EPA Lab ((863) 965-2540							
E84567									
Mid Florida Water Lab		5. 							
8 Oakwood Road Winter Haven, FL 33880			· · ·						
Matrix: Drinking Water	······	• • • • • • • • • • • • • • • • • • • •							
Analyte	Method/Tech	Category	Certification Type	Effective Date					
Escherichia coli	SM 9223 B	Misrobiology	NELAP	11/21/2001					
fitrate	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	5/23/2006					
litrite	EPA 354.1	Primary Inorganic Contaminants	NELAP	11/21/2001					
litrite	SM 4500-NO3 B	Primary Inorganic/Contaminants	NELAP	5/23/2006					
otal coliforms	SM 9222 B	Microbiology	NELAP	11/21/2001					
otal coliforms	SM 9223 B	Microbiology	NELAP	11/21/2001					
otal nitrate-nitrite	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	11/21/2001					

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program. Issue Date: 7/1/2010

Expiration Date: 6/30/2011

state 10



DHRS PERMIT #: E84567 HRS ~ QA# 9710NC - 181 8 Oakwood Road, Winter Haven , FL 33880 Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

>

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: <u>SUNRISE</u>	leties .	PWS: <u>653-1739</u>		
System Type: X Community	Nontransient Noncomm	nunity Transient 1	Noncommunity	
Address: P.O. 1201/10186				
City_State: Auchsvelle	<u>FL _Z</u>	<u> CIP CODE:</u> 34603	1	
Phone #	Fax #:	E-Mail Address:		
	be completed by sampler)			
Sample Number: <u>1121344</u>	Sample Date:	<u>12/29/10</u> Sample Ti	ime <u>5.40 pm</u>	
Sample Location (be specific)	POINT OF ENTRY	Location Code (be	e specific):	
Disinfectant Residual (Required whe	n reporting results for trihak	omethanes and haloacetic	acids):mg/L Field pH	
Sample Type (Check Only One)	Reason(s) for S	ample (Check ail that apply))	
Sistribution	X Routine Com	pliance (with 62-550)	Replacement	Qua
X Entry point to Distribution	Confirmation	of MLC Exceedance*	Special (not for compliance with 62-550)	
Plant Tap (not for compliance with 62-55	i0) Composite of	Multiples Sites**	Clearance (permitting)	
Raw (at well or intake)	Other			
	Sampling Proc	edure Used or Other Co	omments:	
Max Residence Time			<u></u>	
Ave Residence Time	*See 62-550.500(6)	for requirements and restri	ictions.	
Near First Customer	And 62-550.612(3)	for nitrate or nitrite exceed	dances	
	**See 62-550.550(4)	for requirements and attac	h a results page for each site.	
	SAMPLER CE	RTIFICATION		
<u>SBLOUNT</u> , do H (Print Name) that the above public water system	EREBY CERTIFY (Print Title) and sample collection in	formation is complete a	ind correct.	·
Signature: On Alocent	Date:	<u> / 3/// .</u>		
Certified Operator #: 56//	Phone#263	66/-53/5 Sampler's	; fax#	
Sampler's E-mail:				

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

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DHRS PERMIT #: E84567 HRS - QA# 9710NC - 181

8 Oakwood Road, Winter Haven , FL 33880 Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

Lab Name: MID FLORIDA WATER LABORATORY Florida DOH Certification #: E84567

Certification Expiration Date: 06/30/11

Address: 8 OAKWOOD ROAD . WINTER HAVEN FL -33880. Phone #: 863-965-2540

Were any analyses subcontracted: Yes X No

If yes, Please provide DOH certification number(s)

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab Date Sample(s) Received : 12/30/10

PWS ID (from page 1): 653-1739 Sample Number (From Page 1): 1121344

Lab Assigned Report Number or Job ID

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics All (Except Abestos) Partial X Nitrate X Nitrite

Asbestos

Synthetic Organics

<u>Secondaries</u>] All 14 Partial Volatile Organic All 21 Partial XYLENE ETHYLBENZENE Radionuclides Single Sample Disinfection Byproducts

Trihalomethanes Haloacetic Acids

SLUDGE ANALYSIS

LAB CERTIFICATION							
I, Margaret Rajpaul (Contact Person)	DIRECTOR						
(Print Name)	(Print Title)						
do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).							
Signature: Marquest Rappart	Date: 12/31/10						
 Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample_and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE NITRITE MCL EXCEDANCES NON-DETECTES ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non detects reported as "BDL" or with a"<" are not acceptable.) COMPLIANCE DETERMINATION (to be completed by DEP or DOH-attach notes as necessary) Sample Collection & Analysis Satisfactory: Yes No 							
Replacement Sample(s) Requested (circle or highlight group(s) above)							
Person Notified:	Date Notified:						
DEP/DOH Reviewing Official:							
Reporting Format 62-550.730 Effective January 1995, Revised February 2010	đ						

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DHRS PERMIT #: E84567 HRS - QA# 9710NC - 181 8 Oakwood Road, Winter Haven , FL 33880

Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF EVIRONMENTAL PROTECTION SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

INORGANIC CONTAMINANTS

62-550.310(1)

CLIENT: BLOUNT UTILITIES

SYSTEM: SUNRISE FLEA POINT OF ENTRY

REPORT# :1121344

SUBCONTRACTED/JOB#:

PWS: 653-1739

	Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
	1040	NITRATE (as N)	10	mg/L	0.02	υ	SM4500NO3E	0.02	12/30/10	2.10 pm	E84567
ſ	1041	NITRITE (as N)	1	mg/L	0.02	<u>u</u>	SM4500NO3E	0.02	12/30/10	2.10 pm	E84567
								<u> </u>	· 		

QUALIFIER:

THESE TESTS MEET NELAC STANDARDS

THE TEST RESULTS IN THIS REPORT RELATE ONLY TO THE ANALYSES OF THE SAMPLES SUBMITTED.

U=BELOW DETECTION LIMIT X = VALUE EXCEEDS MCL

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

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

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of 2 Page 1

Laboratory Scope of Accreditation

Attachment to Certificate #: E84567-10, expiration date June 30, 2011. This listing of accredited analytes should be used only when associated with a valid certificate.

EPA Lab Code:	FL01095	(863) 9	65-2540
			•
Method/Tech Cates	IOTV	Certification Type	Effective Dat
SM 9223 B Miero	biology	NELAP NELAP	11/21/2001 5/23/2006
EPA 354.1 Prima	ry Inorganic Contaminants	NELAP	11/21/2001 5/23/2006
	•	NELAP	11/21/2001
		NELAP NELAP	11/21/2001 11/21/2001
	Mathod/Tech Cater SM 9223 B Miero SM 4500-NO3 E Prima EPA 354.1 Prima SM 4500-NO3 B Prima SM 9222 B Miero SM 9223 B Miero	Mathod/TechCategorySM 9223 BMicrobiologySM 4500-NO3 BPrimary Inorganic ContaminantsEPA 354.1Primary Inorganic ContaminantsSM 4500-NO3 BPrimary Inorganic ContaminantsSM 4500-NO3 BPrimary Inorganic ContaminantsSM 4500-NO3 BPrimary Inorganic ContaminantsSM 9222 BMicrobiologySM 9223 BMicrobiology	Mathod/TechCategoryCertification TypeSM 9223 BMicrobiologyNELAPSM 4500-NO3 BPrimary Inorganic ContaminantsNELAPEPA 354.1Primary Inorganic ContaminantsNELAPSM 4500-NO3 BPrimary Inorganic/ContaminantsNELAPSM 4500-NO3 BPrimary Inorganic/ContaminantsNELAPSM 4500-NO3 BPrimary Inorganic/ContaminantsNELAPSM 9222 BMicrobiologyNELAPSM 9223 BMicrobiologyNELAP

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program. Issue Date: 7/1/2010

Expiration Date: 6/30/2011



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

See	e page 4 for instructions	· · · · · · · · · · · · · · · · · · ·	1			
Έ.	General Information	for the Month/Year of: Alecenn	bor to	10		
	Public Water System, (F				· · · · · · · · · · · · · · · · · · ·	
	PWS Name:	muse attilitees	· · · · ·	······································	PWS Identification 1	Number: 6.73 1737
		Community Non-Transient Non-Commun	ity Transie	nt Non-Community		
		nnections at End of Month: 258	<u> </u>	Total Population	Served at End of Month:	560
	PWS Owner:			· · · · · · · · · · · · · · · · · · ·		
	Contact Person:	A AA		Contact Person's		17.01 220111
	Contact Person's Maili			City: Haine	state: Fl	Zip Code: 33944
	Contact Person's Telep			Contact Person's I	Fax Number: 863-421	-6827
	Contact Person's E-Ma			· ·		
Β.	Water Treatment Plant			·····	Direct Televiser a New	
	Plant Name:	Survise alletters		Cin B. Luca	Plant Telephone Nur Male State: 77.	Zip Code: 33873
	Plant Address:	underey Sub/ Murrie		City: Cubur	Malle State: Th.	
	Type of Water Treated		chased Finished			
	Permitted Maximum L	Day Operating Capacity of Plant, gallons per day:	108,00	Diant Class (non a	ubsection 62-699.310(4), F.A.C.)	
		bsection 62-699.310(4), F.A.C.):	License Class	License Number		ft(s) Worked
	Licensed Operators	Name	License Class		6/7	
	Lead/Chief Operator:	Dete DIOUNI		5611		·····
	Other Operators:					
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
					<u></u>	
					······································	
				·····		
					·····	

II. Certification by Lead/Chief Operator

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

D.L. Blount

Signature and Date

Printed or Typed Name

License Number

el

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 653/799 Plant Name: Sun rose Water

111	Đ:	aiby Da	ala for	th:	e Month/Xe	san of:	Pec	2010	<u> </u>							
Me	115	of Aci	nieving	Fo	ur-Log Viro	s inactivation	m/Removal: *	- Free	Chlorine	Ľ	Chlorine	Dioxide		Dzone	Combi	ned Chlorine (Chloramines)
	Uh	raviole	t Radis	itic	n 🛄 Ot	her (Descril	(e):	•	A .							• • • • • • • • • • • • • • • • • • •
Ty	NG ()	f Disin	fectant	Re	sidual Mair	ntained in D	stribution Syst	em: 🛛 🗙	Pree Chi	orine		mbined (Inlorine (Chloram	ines)	Chlorine Dioxide
	Τ		T	T		C	T Coloulations, or	UV Dose, to De	monstrate P	our-Log	Virus Inseti	vation, if A	ppHcable*]	1
ļ		Days	ļ					CT Calco	lations				UV	Dote		
		Plant	1	- 1					Lowest CT	1	1	1			Lowest Residuai	
1		Staffed or				·.	Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or				1		Disinfectant	· ·
	1	Visited	ĺ		· · · ·		Concentration		at First		f	1	Lowest	Minimum		
1		by.	ļ		Net Quantity			Mensurement	Customer	Temp.	Ĩ	Mitsimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day	of O	perator	Hours		of Finished		First Customer	Point During	During	đ	pHof	СТ	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	. [((Place	Plant i	n	Water	Pesk Flow	During Peak	Peak Flow,	Peak Flow,		Weter, if	Required,	mW-	mW-	Distribution	Involves Teking Water System Components
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80000 Maximum * Refer to the instructions for this report to determine which plants must provide this information.

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DRINKING WATE BACTERIOLOGICAL A		~	5				n de la fin de l		a j	53
MID FLORIDA WATER	ABORATOR	Y	Lab Re	eceipt Dat	ie & Tir	ne: _				
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Phone (863) 965-2540 • Fax (8	63) 967-8601									
Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI		1		Preservat						
port Number:Sub-Contrac				tant Check						mg/L ents:
		þ		15-14						
alysis Requested: (check all that apply) Total Coliform/E-Coli D Total Coliform/Fecal Er				r						
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stem Address:	<u> </u>									
stem or Owner's Phone #:			+ax #: .			263	-70	14-2	77	5
illector: <u>SBIOUN</u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Collecto	r's Phone	1#: <u>_</u>	<u>, , , , , , , , , , , , , , , , , , , </u>			<u> </u>	<u> </u>
pe of Supply: (check only one) Community Water System Private Well Swimming Pool eason for Sampling: (check all that apply) Distribution Routine	aw (triggered or assessme	ed Water nt) 🔲 Ra	w (trigge	sred or as	Other_	ent) ad	ditional	Limited L		
Clearance D Replacement (also check type of sam	ple being replaced) 🛛 🖬 B	Boil Water No	otice L	Other_						
Imple Collection Date: 12/22/15										
To be completed b	y collector of sample						To be	complet		lab
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Analysis Methods: MF = SM9222B & U; MTF = 922 IB & EUMOG, MMOMOUS	- GHISZZGO, TH G = GHIGZTOD
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth	; TNTC = too numerous to count

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1	Phone (86 Lab I.D. #E84567 • M	3) 965-2540 • Fax (86 argaret Rajpaul - Dir	rector, Contact Person		This sar	nple does j	not meet the	following NELA	C requirem	
		NELAC CERTIFIED) •					<u> </u>		
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