DOCKET NO. 150149-WS
FILED MAY 26, 2015
DOCUMENT NO. 03127-15
FPSC - COMMISSION CLERK



106 SW County Road 721 Okeechobee, FL 34974 PH 863.532.1784 FAX 863.763.3178 chris.shoemaker@lykesranch.com

May 20, 2015

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

Re: Request for Staff Assisted Rate Case

Silver Lake Utilities, Inc.

WS907-14-AR

Mr. Maurey:

Silver Lake Utilities, Inc. (SLU) is by this letter requesting a Staff Assisted Rate Case. This request was preceded by a meeting on February 6, 2015 with you and members of your staff. Cari Roth and I attended as representatives of SLU. That meeting was held to discuss the Staff Assisted Rate Case process and the potential of a rate case for SLU in 2015.

SLU's intent for filing the case is to recover the costs of the running the utility. According the utility's 2014 annual report, SLU had operating revenues of \$43,080 and operating expenses of \$205,811. The 2013 annual report showed the utility had operating revenues of \$40,754 with operating expenses of \$201,062.

SLU is requesting a Staff Assisted Rate Case in an attempt to secure a rate that will equal its administrative, general and operating expenses. The executed Application is attached Please contact me for additional information.

Chris Shoemaker Utility Manager ACCOUNTING & FINA

COMM SSIGH

MAY 26 PM 3: 0

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A STAFF ASSISTED RATE CASE

GE	ENERAL DATA 5/18			
A.	Name of Utility: Silver Lake Utilitie	es, Inc.		
В.	Address: 106 SW County Road 7	21		
	Okeechobee, FL 34974			
	1. Telephone Nos.: (863) 763-	3041		
	2. County: Glades and Highlar	nds	Nearest City:	Lake Placid
	3. General Area Served: Highl	ands and Glades Counties		
C.	Authority:			
	1. Water Certificate No. 636-W		Date Received:	9/12/07
	2. Wastewater Certificate No. 5	46-S	Date Received:	9/12/07
	3. Date Utility Started Operations:	Water: 12/3/2007	Wastewater:	
D.	How System Was Acquired: Purcha	ase		
	If utility was purchased, give date 12	2/03/07	Amount Paid \$	\$400,268.00
	Name of Seller: Lykes Bros	. Inc. Ranch and Citrus Divis	ions	·
	2. Was seller affiliated with presen	t owners? ⊠ Yes ☐ No		
	3. Did you purchase: Stock	or assets only		
≣.	Type of Legal Entity:			
	□ Corporation □ Partner	ship Sole Proprietor	ship	
=.	Ownership & Officers:		·	
	Name	Title	P	ercent Ownership
	1. Joe Collins	President	0	·
	2. Carl Bauman	Vice President/CFO	0	
	3. Richard Chase	Secretary	0	
	4			

I.

G.	List of Associated Companies and Addresses:							
	Lykes Bros. Inc. 400 N. Tampa Street Suite 1900 Tampa FL 33602							
H.		u have retaine e(s) and addr		d/or a consultant to repre	sent the utility for t	this application, fu	ırnis	sh the
	Nam	<u>e:</u>		Ad	dress:			
ACC	COUN	TING DATA						
A.	Outs	ide Accounta	nt					
	1.	Name:	n/a					
	2.	Firm:						
	3.	Address:						
	4.	Telephone:	()					
B.	Indiv	idual To Cont	tact On Accountin	ng Matters:				
	1.	Name:	Carl Bauman					
	2.	Telephone:	(813) 470-5000					
C.	Loca	tion of Books	and Records:	106 SW County Road 7	21, Okeechobee,	FL 34974		
D.	Have	you filed an	Annual Report w	ith the Commission?	Yes 🗌 No			
	Date	Last Filed:	April 27, 2015					
E.	Has	your latest Re	egulatory Assessr	ment Fee Payment been	made?			
	(Jan	uary 30 or Jul	<i>y 30</i> whichever is	applicable) 🛛 Jan 30	☐ July 30			
F.	Basi	c Rate Base I	Data: (<i>Most rece</i>	nt two years)				
	1.	Water:				2014		2013
		Cost of Plan	nt In Service		\$	1,246,881	\$_	1,246,881
		Less Accum	ulated Depreciat	ion		474,623	_	433,845
		Less Contrib	outed Plant			0	_	0
		Net Owner's	s Investment		\$	772,258	\$	813,036
	2.	Wastewater	<u>.</u> <u>-</u>			2014		2013

II.

		Cost	of Plant In Service	\$_		_ \$_	
		Less	Accumulated Depreciation			_	
		Less	Contributed Plant	_			
		Net (Owner's Investment	\$		- - \$_	
G.	Basio	c Inco	me Statement: (Most recent two years)				
	1.	Wate			2014		2013
			enues (By Class)				
		a.	Residential	\$	19,852	\$	18,976
		a. b.	Commercial	Ψ	23,228	- Ψ_	21,778
		С.			LO,LLO		21,770
			I Operating Revenues:	-	43,080	- - \$	40,754
		Less	Expenses:			=	
		a.	Salaries & Wages – Employees (Management Agreement)		0		0
		b.	Salaries & Wages - Officers, Directors, & Majority Stockholders		0		0
		C.	Employee Pensions & Benefits (Management Agreement)		0		0
		d.	Purchased Water		1,277		1,029
		e.	Purchased Power		6,562		5,831
		f.	Fuel for Power Production		0	_	0
		g.	Chemicals		2,616		2,412
		h.	Materials & Supplies		12,481		21,516
		i.	Contractual Services		93,645		82,792
		j.	Rents		41,439	_	41,041
		k.	Transportation Expenses				
		١.	Insurance Expense			_	
		m.	Regulatory Commission Expense		1,875		1,859
		n.	Bad Debt Expense			_	
		Ο.	Miscellaneous Expense		2,413	_	1,163
		p.	Depreciation Expense	_	40,779		40,779
		q.	Property Taxes		1,544		1,460
		r.	Other Taxes (permit fees)		1,180		1,180
		S.	Income Taxes				
		incor	rating Income (Loss) Note: addition of \$13,905 in interest me in 2014 for the Net Income of (\$176,636) and interest expense of \$8,198 for net income of (\$168,506)	\$_	(162,731)	. \$_	(160,308)

	2.	Waste	<u>ewater</u>			20		20
			nues (By Clas	ss):	\$	\$		
		a.						
		b.						
		C.						
		Total	Operating Re	evenues:		\$	_ \$_	
		Less	Expenses:					
		a.	Salaries & W	Vages - Employees				
		b.	Salaries & W	Vages - Officers, Director	rs, & Majority Stockholders			
		C.	Employee P	ensions & Benefits				
		d.	Purchased V	Wastewater Treatment				
		e.	Sludge Rem	ioval Expense				
		f.	Purchased F	Power				
		g.	Fuel for Pow	ver Production				
		h.	Chemicals					
		i.	Materials &	Supplies				
		j.	Contractual	Services				
		k.	Rents				·	
		l.	•	on Expenses				
		m.	Insurance E					
		n.	*	Commission Expense				
		0.	Bad Debt Ex					
		p.	Miscellaneo	•				
		q.	Depreciation					
		r.	Property Ta			-		
		S.	Other Taxes					
		t.	Income Tax			<u> </u>		0
		Oper	ating Income	(Loss)		\$0	= =	
Н.	Outs	standin	g Debt:			lutavant	_	voisation
		,	Creditor	Date Borrowed	Balance Due	Interest Rate		xpiration Date
			kes Bros.	Donowed	540			
	1.	_	Inc	1/12 to present	\$405,275	4.5%	-	
	2.							
	3.							
	4.							
1.	Indi	cate Tv	pe of Tax Re	turn Field:				
••		-	1120 -Corpo					
			•	chapter S Corporation				
			n 1065 - Partr					
				edule C - Individual (Prop	orietorship)			
				, ,				

ENGINEERING DATA

A.	Outsi	de Engineering Consultant:						
	1.	Name:						
	2.	Firm:						
	3.	Address:						
	4.	Telephone: ()						
В.	Indivi	dual to contact on engineering matters:						
	1.	Name: Chris Shoemaker, Utility Manager						
	2.	Telephone: (863) 763- 3041						
C.		e utility under citation by the Department of Environmental Protection (DEP) or County Health Department? s, explain: No						
D.	List a	any known service deficiencies and steps taken to remedy problems: None						
E.	Otto	e of plant operator(s) and DEP operator certificate number(s) held: Chris Shoemaker "C" 0016684 Krunk "C" 0026672; Kyle Stivender "D" 007790; Randy Haris "D" 0013116; Ronnie Watson "D" 0013514						
F.	Is the	e utility serving customers outside of its certificated area? No						
	If yes	s, explain:						
G.	Wast	rewater:						
	1.	Gallons per day capacity of treatment facilities:						
		a. Existing: N/A b. Under Construction: c. Proposed: 0.35 MGD						
	2.	Type and make of present treatment facilities:						
	3.	Approximate average daily flow of treatment plant effluent:						
	4.	4. Approximate length of wastewater mains:						
		Size (diameter):						
		Linear feet:						
	5.	Number of manholes:						
	6.	Number of lift stations:						
	7.	How do you measure treatment plant effluent?						

8.	Is the treatment plant effluent chlorinated?						
	If yes, what is the normal dosage rate?						
9.	Tap in fees – Wastewater: \$						
10.	Service availability fees – Wastewater: \$						
11.	Note DEP Treatment Plant Certificate Number and date of expiration:						
	Number Expiration Date:						
12.	Total gallons treated during most recent twelve months:						
13.	Wastewater treatment purchased during most recent twelve months:						
Wate	r:						
1.	Gallons per day capacity of treatment facilities:						
	a. Existing: 31,600 b. Under Construction : c. Proposed:						
2.	Type of treatment: Aeration, Chlorination, Carbon Filter, Calcite Filter depending on						
	location						
3.	Approximate average daily flow of treated water: 18,138						
4.	Source of water supply: Groundwater						
5.	Types of chemicals used and their normal dosage rates: Chlorine 1.5 Mg/L						
6.	Number of wells in service: 30						
	Total capacity in gallons per minute (gpm): 686 See Attached W-5						
	Diameter/Depth: ///	_					
	Motor horsepower:						
	Pump capacity (gpm):	_					
7.	Reservoirs and/or hydropneumatic tanks: See Attached W-5						
	Description:						
	Capacity:	_					
8.	High service pumping: See Attached W-5	_					
	Motor horsepower:						
	Pump capacity (gpm):	_					
9.	How do you measure treatment plant production? Well Meter/Plant Distribution Meter						
10.	Approximate feet of water mains: See Attached W-4						
	Size (diameter):						
	Linear feet:	_					
11.	Note any fire flow requirements and imposing government agency: n/a						

12.

Number of fire hydrants in service:

Н.

0

	13.	Do	you have a meter change out	t program? 🛛 No 🔲 Yes	
	14.	Ме	ter installation or tap in fees -	Water \$ 300 5/8" x 3/4"	
	15.	Ser	rvice availability fees - Water	\$ _2,200 per ERC 250 Gals	
	16.	Has	s the existing treatment facility	y been approved by DEP? No XY	es
	17.	Tot	al gallons pumped during mos	st recent twelve months: 6,928,000	
	18.	Tot	al gallons sold during most re	cent twelve months: 6,613,000	
	19.			· · · · · · · · · · · · · · · · · · ·	
	20.		llons purchased during most re	ecent twelve months: 0	
RAT	E DAT	Α			
A.	Indiv	idual	to contact on tariff matters:		
	1.	Nar	me: Chris Shoemaker		
	2.	Tel	ephone Number: (863) 763-	- 3041	
В.	Sche	dule	of present rates: (Attach addi	tional sheets if more space is needed)	
	1.	Wa	ter:		
		a.	Residential Water	\$3.79 0 - 5,000 gallons \$6.46 Ov	er 5,000 gallons
		b.	General Service	\$3.79 per 1,000 gallons BFC \$19.0	
		C.	Special Contract		
		d.	Other - Specify	Bulk untreated \$0.91 per 1,000 ga	llons
	2.	Wa	stewater:		
		a.	Residential Wastewater	\$4.91 per 1,000 gallons	
		b.	General Service	\$4.94 per 1,000 gallons	
		C.	Special Contract		
		d.	Other - Specify		
C.	Numb	er of	Customers: (Most recent two	o years)	
	1.	Wat	ter Metered	2014	2013
		a.	Residential	45	45
		b.	General Service	18	18
		C.	Special Contract		
		d.	Other - Specify		
	2.	Wat	er Unmetered	2014	2013
		a.	Residential		
		b.	General Service		
		C.	Special Contract		
		d.	Other - Specify		
	3.	Was	stewater	2014	2013
		a.	Residential		_+·•
		b.	General Service		
		C.	Special Contract		
		d.	Other - Specify		
	A.	14. 15. 16. 17. 18. 19. 20. RATE DAT A. Indivi 1. 2. B. Sche 1. 2. C. Numb 1.	14. Me 15. Sei 16. Ha 17. Tot 18. Tot 19. Ga 20. Ga RATE DATA A. Individual 1. Nai 2. Tel B. Schedule 1. Wa a. b. c. d. 2. Wa a. b. c. d. 2. Wa a. b. c. d. 3. Was a. b. c. d. 3. Was a. b. c. d. 3. Was	14. Meter installation or tap in fees - 15. Service availability fees - Water 16. Has the existing treatment facility 17. Total gallons pumped during most re 19. Gallons unaccounted for during re 20. Gallons purchased during most re 19. Gallons purchased during most re 10. Name: Chris Shoemaker 11. Name: Chris Shoemaker 12. Telephone Number: (863) 763- 13. Schedule of present rates: (Attach addit in the second of the se	14. Meter installation or tap in fees - Water \$ 300 5/8' x 3/4" 15. Service availability fees - Water \$ 2,200 per ERC 250 Gals 16. Has the existing treatment facility been approved by DEP? No Ye 17. Total gallons pumped during most recent twelve months: 6,928,000 18. Total gallons sold during most recent twelve months: 6,613,000 19. Gallons unaccounted for during most recent twelve months: 337,000 20. Gallons purchased during most recent twelve months: 337,000 20. Gallons purchased during most recent twelve months: 0 RATE DATA A. Individual to contact on tariff matters: 1. Name: Chris Shoemaker 2. Telephone Number: (863) 763-3041 B. Schedule of present rates: (Attach additional sheets if more space is needed) 1. Water: a. Residential Water b. General Service c. Special Contract d. Other - Specify 2. Wastewater: a. Residential Wastewater b. General Service c. Special Contract d. Other - Specify C. Number of Customers: (Most recent two years) 1. Water Metered 2014 a. Residential b. General Service c. Special Contract d. Other - Specify 2. Water Unmetered a. Residential b. General Service c. Special Contract d. Other - Specify 3. Wastewater a. Residential b. General Service c. Special Contract d. Other - Specify 3. Wastewater a. Residential b. General Service c. Special Contract d. Other - Specify 3. Wastewater a. Residential b. General Service c. Special Contract d. Other - Specify 3. Wastewater a. Residential b. General Service c. Special Contract d. Other - Specify 3. Wastewater a. Residential b. General Service c. Special Contract d. Other - Specify 3. Wastewater c. Special Contract d. Other - Specify 3. Wastewater c. Special Contract d. Other - Specify 3. Wastewater c. Special Contract d. Other - Specify 3. Wastewater c. Special Contract d. Other - Specify 3. Wastewater c. Special Contract

V. AFFIRMATION

I, <u>Joe Collins</u> the undersigned owner, officer, or partner of the above named public utility, doing business in the State of Florida and subject to the control and jurisdiction of the Florida Public Service Commission, certify that the statements set forth herein are true and correct to the best of my information, knowledge, and belief.

Signed

Title President

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

SYSTEM NAME: Basinger Barn 1 WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed	2" - 90 20' 90' 2" 15 GPM 1/2 HP Submersible 10,800			

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description Capacity of Tank Ground or Elevated				

(a)	(b)	(c)	(d)	(0)
Motors Manufacturer Type Rated Horsepower				(e)
Pumps Manufacturer Type Capacity in GPM Average Number of Hours Operated Per Day Auxiliary Power				

SYSTEM NAME: Basinger Barn 1 WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply	(Ground, Surface, Purcha	sed Water etc.)	
	(c.cc.ic, caridoc, i dioria	T Taker etc.)	
Permitted Gals. per day			
Type of Source	Ground Well No. 1		
	WATER TREATMEN	IT FACILITIES	
List for each Water Treatment	Facility:		
Type			
Make			
Permitted Capacity (GPD)			
High service pumping			
Gallons per minute			
Reverse Osmosis			
Lime Treatment			
Unit Rating			
Filtration			
Aerator Tanks			
Gravity GPD/Sq.Ft			
Disinfection			
Chlorinator42 GPH	Pulsefeeder	ļ	
Ozone			
Other			
Auxiliary Power			
Auxiliary Fower			

SYSTEM NAME: Basinger Barn 1 WTP

YEAR OF REPORT DECEMBER 31,

2014

<u> </u>	Furnish information below for each system. A separate page should be supplied where necessary.
1	. Present ERC's * the system can efficiently serve. 1,050 Gals / 350 Gals per ERC = 3
	2. Maximum number of ERC's that can be served. 5
3.	Present system connection capacity (in ERCs *) using existing lines. 5
4.	. Future connection capacity (in ERCs *) upon service area buildout. n/a
5.	. Estimated annual increase in ERCs *. 0
6.	Is the utility required to have fire flow capacity? No If so, how much capacity is required?
	Attach a description of the fire fighting facilities.
	Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.
	When did the company last file a capacity analysis report with the DEP? Permitted by the Highlands County Health Department Limited Use Commercial Permit No. LUC017 If the present system does not meet the requirements of DEP rules, submit the following: N/A
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.
	b. Have these plans been approved by DEP?
	c. When will construction begin?
	d. Attach plans for funding the required upgrading.
	e. Is this system under any Consent Order with DEP?
	Department of Environmental Protection ID No. Permitted by the Highlands County Health Department Limited Use Commercial Permit No. LUC017 Water Management District Consumptive Use Permit #
	a. Is the system in compliance with the requirements of the CUP?
	b. If not, what are the utility's plans to gain compliance?
- ,	* An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
	(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

SYSTEM NAME: Basinger Barn 3 WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing	<u>1993</u>			
Casing Diameter and Depth Well Screen Depth of Wells	2" - 90 20' 90'			
Diameters of Wells Pump - GPM Motor - HP	2" 15 GPM 1/2 HP			
Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power	Submersible 10,800 None			

RESERVOIRS

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

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

SYSTEM NAME: Basinger Barn 3 WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply	(Ground, Surface, Purcha	sed Water etc.)	
Permitted Gals. per day		1	
Type of Source	Ground Well No. 1		
1,500.000.00	<u> </u>		
	I		
	WATER TREATMEN	NT FACILITIES	
List for each Water Treatment	Facility:		
Type			
Make			
Permitted Capacity (GPD)			
High service pumping			
Gallons per minute			
Reverse Osmosis			
Lime Treatment			
Unit Rating			
Filtration			
Pressure Sq. Ft			
Gravity GPD/Sq.Ft			
Disinfection		-	
Chlorinator .42 Gal/Hr	Stenner 85MPH40		
Ozone			
Other			
Auxiliary Power			
Auxiliary Forei			

SYSTEM NAME: Basinger Barn 3 WTP

YEAR OF REPORT DECEMBER 31,

2014

Furnish information below for each system. A separate page should be supplied where necessary.
1. Present ERC's * the system can efficiently serve. 1,050 GPD / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 5
3. Present system connection capacity (in ERCs *) using existing lines. 5
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
Is the utility required to have fire flow capacity? No If so, how much capacity is required?
7. Attach a description of the fire fighting facilities.
Describe any plans and estimated completion dates for any enlargements or improvements of this system.There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
a. Attach a description of the plant upgrade necessary to meet the DEP rules.
b. Have these plans been approved by DEP?
c. When will construction begin?
d. Attach plans for funding the required upgrading.
e. Is this system under any Consent Order with DEP?
 Department of Environmental Protection Permit Number Permitted by the Highlands County Health Department Permit No. LUC021 Limited Use Commercial Water Management District Consumptive Use Permit Number
a. Is the system in compliance with the requirements of the CUP?
b. If not, what are the utility's plans to gain compliance?
* An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same (b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

SYSTEM NAME: Basinger Grove Barn 4 WTP

YEAR OF REPORT DECEMBER 31, 2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	1993 Rotary - PVC 4" - unk' unk 4" 60 2 Submersible 43,200 None			

RESERVOIRS

	(b) (c)	(d)	(e)
Description (steel, concrete) Capacity of Tank			(6)
Ground or Elevated			

(a)	(b)	(c)	(d)	(-)
Motors Manufacturer			(3)	(e)
Type				
Rated Horsepower	,			
<u>Pumps</u>				
ManufacturerType				
Capacity in GPM				
Average Number of Hours Operated Per Day				
Auxiliary Power				

SYSTEM NAME: Basinger Grove Barn 4 WTP

YEAR OF REPORT DECEMBER 31, 2014

ed Water etc.)	
FACILITIES	
	FACILITIES

YEAR OF REPORT

DECEMBER 31,

2014

SYSTEM NAME: Basinger Grove Barn 4 WTP

Furnish information below for and	
Furnish information below for each system. A separate page should be supplied where necessar	y.
1. Present ERC's * the system can efficiently serve. 1,050 GPD / 350 GPD = 3	
2. Maximum number of ERC's that can be served. 6	
Present system connection capacity (in ERCs *) using existing lines. 6	
4. Future connection capacity (in ERCs *) upon service area buildout. n/a	
5. Estimated annual increase in ERCs *. 0	
Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7. Attach a description of the fire fighting facilities.	
 Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 	·
 When did the company last file a capacity analysis report with the DEP?N/A Permitted by the Highlands County Health Department Permit No. LUC017 If the present system does not meet the requirements of DEP rules, submit the following: N/A 	٠.
Attach a description of the plant upgrade necessary to meet the DEP rules.	
b. Have these plans been approved by DEP?	
c. When will construction begin?	
d. Attach plans for funding the required upgrading.	
e. Is this system under any Consent Order with DEP?	
 Department of Environmental Protection Permit Number Permitted by the Highlands County Health Department Permit No. LUC017 Water Management District Consumptive Use Permit n/a 	
a. Is the system in compliance with the requirements of the CUP?	Ī
b. If not, what are the utility's plans to gain compliance?	
 * An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same (b) If no historical flow data are available use: 	
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	

SYSTEM NAME: Basinger Barn 10 WTP

YEAR OF REPORT DECEMBER 31, 2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	1993 Rotary - Steel 10" - 172' 6" - 440' 778' 6" 50 GPM 7.5 HP Submersible 36,000 None			(6)

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank Ground or Elevated	3,000 Ground			

(a)	(b)	(c)	(d)	(0)
Motors Manufacturer				(e)
TypeRated Horsepower				
Pumps				
Manufacturer				
Type Capacity in GPM				
Average Number of Hours Operated Per Day				
Auxiliary Power				

SYSTEM NAME: Basinger Barn 10 WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply	(Ground, Surface, Purcha	sed Water etc.)	
Permitted Gals. per day			
Type of Source	Ground		
	WATER TREATMEN	NT FACILITIES	
List for each Water Treatment	Facility:		
Type			
Make			
Permitted Capacity (GPD)			
High service pumping			
Gallons per minute			
Reverse Osmosis			
Lime Treatment		1	
Unit Rating			
Filtration			
Pressure Sq. Ft			
Gravity GPD/Sq.Ft			
Disinfection			
Chlorinator9 GPH	Pulsatron LPA3EA		
Ozone			
Other			
Auxiliary Power			

YEAR OF REPORT DECEMBER 31,

2013

SYSTEM NAME: Basinger Barn 10 WTP

	Furnish information below for each system. A separate page should be supplied where necessary.
. 1	1. Present ERC's * the system can efficiently serve. 14,400 Gals Permitted Capacity / 350 Gals per ERC = 41
	2. Maximum number of ERC's that can be served. 41
3	8. Present system connection capacity (in ERCs *) using existing lines. 41
4	. Future connection capacity (in ERCs *) upon service area buildout. n/a
5	. Estimated annual increase in ERCs *. 0
6	. Is the utility required to have fire flow capacity? No If so, how much capacity is required?
7.	Attach a description of the fire fighting facilities.
8.	Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.
	When did the company last file a capacity analysis report with the DEP? n/a System permitted by the Highlands County Health Department Permint No. LU 28-57 00230 If the present system does not meet the requirements of DEP rules, submit the following: N/A
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.
	b. Have these plans been approved by DEP?
	c. When will construction begin?
	d. Attach plans for funding the required upgrading.
	e. Is this system under any Consent Order with DEP?
	Department of Environmental Protection ID # 5284153 System permitted by the Highlands County Health Department Permint No. LU 28-57-00230 Water Management District Consumptive Use Permit # SFWMD WUP 22-00146-W
	a. Is the system in compliance with the requirements of the CUP? Yes
	b. If not, what are the utility's plans to gain compliance?
	* An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. (b) If no historical flow data are available use:
	ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day)

SYSTEM NAME: Basinger Grove Office and Shop WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	2007 Rotary - PVC 5" - 400' Open Hole 975 5" 70 5 Submersible 50,400 None			

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank Ground or Elevated	Steel - 1 575 Ground	Steel - 2 575 Ground		

(a)	(b)	(c)	(d)	(e)
<u>Motors</u> Manufacturer				(6)
TypeRated Horsepower				
Rated Horsepower				
<u>Pumps</u> Manufacturer				
Type				
Capacity in GPM Average Number of Hours				
Operated Per Day			•	
Auxiliary Power				

SYSTEM NAME: Basinger Grove Office and Shop WTP

YEAR OF REPORT DECEMBE R 31, 2014

List for each source of supply (Gr	ound, Surface, Purchased	Water etc.)	·			
Permitted Gals. per day Type of Source	12,900 Ground Well No. 1					
WATER TREATMENT FACILITIES						
List for each Water Treatment Fac	ility:					
Type	Stenner 85MPH40					
Auxiliary Power						

YEAR OF REPORT DECEMBER 31,

2014

SYSTEM NAME: Basinger Grove Office and Shop WTP

Furnish information below for each system. A separate page should be supplied where necessary.
1. Present ERC's * the system can efficiently serve. 12,900 GPD / 350 GPD = 36.8
2. Maximum number of ERC's that can be served. 36.8 (by SFWMD Permit at 12,900 GPD)
3. Present system connection capacity (in ERCs *) using existing lines. 28.5
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No If so, how much capacity is required?
7. Attach a description of the fire fighting facilities.
 Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N/
System permitted by the Highlands County Health Department Permit No. 28-57-00221 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
a. Attach a description of the plant upgrade necessary to meet the DEP rules.
b. Have these plans been approved by DEP?
c. When will construction begin?
d. Attach plans for funding the required upgrading.
e. Is this system under any Consent Order with DEP?
11. Department of Environmental Protection Permit Number n/a Highlands County Health Department Permit No. 28-57-00221
12. Water Management District Consumptive Use Permit
SWFWMD No. 28-00317-W at 10,000 GPD Average and 38,760 Maximum GPD a. Is the system in compliance with the requirements of the CUP? Yes
b. If not, what are the utility's plans to gain compliance?
* An EDC is determined besides as a self-th-file
* An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months:
Divide the total annual single family residence (SED) gollege and the
residents (SFR) gallons sold by the average number of single family period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

SYSTEM NAME: Boar Hammock WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing	unk			(6)
Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells	4" unk 180			
Pump - GPM Motor - HP Motor Type *	30 GPM 1 Centrifugal			
Yields of Wells in 12 Hr GPD Auxiliary Power Submersible, centrifugal, etc.	21,600 None			

RESERVOIRS

(a)	(b)	(c)	(d)	(0)
Description (steel, concrete) Capacity of Tank Ground or Elevated				(e)

(a)	(b)	(c)	(d)	(0)
<u>Motors</u> Manufacturer				(e)
Type Rated Horsepower				·
Pumps Manufacturer				
Type				
Capacity in GPM Average Number of Hours				
Operated Per Day				
Auxiliary Power				

SYSTEM NAME: Boar Hammock WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply (Ground Surface Purchas	ed Water etc. \	
Permitted Gals. per day_	I	ed Water etc.)	
Type of Source	Ground Well No. 1		
Type of course	Cround Well 140. 1		
	WATER TREATMEN	IT FACILITIES	
List for each Water Treatment F			
Type			
Make			
Permitted Capacity (GPD)			
High service pumping			
Gallons per minute			
Reverse Osmosis		-	
Lime Treatment			
Unit Rating			
Filtration			
Pressure Sq. Ft			
Gravity GPD/Sq.Ft			
Disinfection			
Chlorinator .42 Gal/Hr		:	
Ozone			
Other			-
Auxiliary Power			
/ totaliary . On oi			

YEAR OF REPORT DECEMBER 31,

2013

SYSTEM NAME: Boar Hammock WTP

	Furnish information below for each system. A separate page should be supplied where necessary.	
,	1. Present ERC's * the system can efficiently serve. 1,750 / 350 Gals per ERC = 5	
	2. Maximum number of ERC's that can be served. 5	
3	3. Present system connection capacity (in ERCs *) using existing lines. 5	
. 4	4. Future connection capacity (in ERCs *) upon service area buildout. n/a	
5	5. Estimated annual increase in ERCs *. 0	
6	i. Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7	. Attach a description of the fire fighting facilities.	
8.	. Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.	
9.	. When did the company last file a capacity analysis report with the DEP?N/A	
10	. If the present system does not meet the requirements of DEP rules, submit the following: N/A	
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
	b. Have these plans been approved by DEP?	
	c. When will construction begin?	······································
	d. Attach plans for funding the required upgrading.	
	e. Is this system under any Consent Order with DEP?	
	Department of Environmental Protection Permit Number Private System No. Permit Glades County Health Department Limited Use Commercial Permit Number 22-57-00002 Water Management District Consumptive Use Permit # N/A	_
	a. Is the system in compliance with the requirements of the CUP?	
	b. If not, what are the utility's plans to gain compliance?	
	 * An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. 	
	(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	

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

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	2" 150' 175' 4" 25 GPM 3/4 Centrifugal 18,000 None			

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank				(6)
Ground or Elevated				

(a)	(b)	(c)	(d)	(-)
Motors Manufacturer Type Rated Horsepower				(e)
Pumps Manufacturer Type				
`//**				
Capacity in GPMAverage Number of Hours Operated Per DayAuxiliary Power				

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

YEAR OF REPORT DECEMBE R 31, 2014

List for each source of supply	(Ground, Surface, Purchas	sed Water etc.)	
Permitted Gals. per day Type of Source			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	WATER TREATMEN	NT FACILITIES	
List for each Water Treatment	Facility:		
Type	Aerator		
Make			
Permitted Capacity (GPD)			
High service pumping			
Gallons per minute			
Reverse Osmosis			
Lime Treatment			
Unit Rating			
Filtration			
Pressure Sq. Ft			
Gravity GPD/Sq.Ft			
Disinfection			
Chlorinator			
Ozone			
Other			
Auxiliary Power			

YEAR OF REPORT DECEMBER 31,

2014

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

Furnish information below for each system. A separate page should be supplied where necessary.	
1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2	-
2. Maximum number of ERC's that can be served. 2	
3. Present system connection capacity (in ERCs *) using existing lines. 2	
4. Future connection capacity (in ERCs *) upon service area buildout. n/a	
5. Estimated annual increase in ERCs *. 0	
6. Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7. Attach a description of the fire fighting facilities.	
 Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 	
9. When did the company last file a capacity analysis report with the DEP?N/	
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A	
a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
b. Have these plans been approved by DEP?	
c. When will construction begin?	_
d. Attach plans for funding the required upgrading.	-
e. Is this system under any Consent Order with DEP?	
 11. Department of Environmental Protection Permit Number Private Well System - No Permit Required 12. Water Management District Consumptive Use Permit Number 	
a. Is the system in compliance with the requirements of the CUP?	
b. If not, what are the utility's plans to gain compliance?	
 * An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. 	
(b) If no historical flow data are available use:ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	

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

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed	unk		·	(e)
Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	2" 135' 182' 4" 25 GPM 3/4 Centrifugal 18,000 None			

RESERVOIRS

(a)	(b)	(c)	(d)	
Description (steel, concrete) Capacity of Tank Ground or Elevated			(0)	(e)

	(e)

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

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply (Ground, Surface, Purchas	ed Water etc.)	
Permitted Gals. per day Type of Source	Ground Well No. 1		
	WATER TREATMEN	IT FACILITIES	
List for each Water Treatment F	acility:		
Type Make			
Permitted Capacity (GPD) High service pumping			
Gallons per minute Reverse Osmosis			
Lime Treatment Unit Rating Filtration	Water Softener		
Pressure Sq. Ft Gravity GPD/Sq.Ft	water Softener		
Disinfection Chlorinator .42 Gal/Hr			
Ozone Other			
Auxiliary Power		•	

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

YEAR OF REPORT DECEMBER 31, 2014

Furnish information below for each system. A separate page should be supplied where necessary.
 Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
Is the utility required to have fire flow capacity? No If so, how much capacity is required?
7. Attach a description of the fire fighting facilities.
Describe any plans and estimated completion dates for any enlargements or improvements of this system.There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
a. Attach a description of the plant upgrade necessary to meet the DEP rules.
b. Have these plans been approved by DEP?
c. When will construction begin?
d. Attach plans for funding the required upgrading.
e. Is this system under any Consent Order with DEP?
11. Department of Environmental Protection Permit Number Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit # N/A
a. Is the system in compliance with the requirements of the CUP?
b. If not, what are the utility's plans to gain compliance?
* A-FDO:-J-A
 * An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

SYSTEM NAME: Boatramp Nursery WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	1992 Rotary - Steel 10" - 172' 6" - 440' 778' 6" 80 7.5 Submersible 43,200 None			

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank Ground or Elevated	Steel 1,500 Ground			(6)

(b)	(c)	(4)	
	\\	(0)	(e)
		_	
1			
		(b) (c)	(c) (d)

SYSTEM NAME: Boatramp Nursery WTP

YEAR OF REPORT DECEMBE R 31, 2014

List for each source of supply	(Ground, Surface, Purchase	sed Water etc.)	
Permitted Gals. per day	5,600	T T T T T T T T T T T T T T T T T T T	
Type of Source			
			
	WATER TREATME	NT FACILITIES	
List for each Water Treatment	Facility:		
Type			
Make			
Permitted Capacity (GPD)			
High service pumping			
Gallons per minute			
Reverse Osmosis			
Lime Treatment			
Unit Rating			1
Filtration			
Pressure Sq. Ft			
Gravity GPD/Sq.Ft			
Disinfection		-	
Chlorinator .9 GPH	Pulsatron LPA3EA		
Ozone			
Other			
Auxiliary Power			

SYSTEM NAME: Boatramp Nursery WTP

YEAR OF REPORT DECEMBER 31,

2014

Furnish information holow for each and a	
Furnish information below for each system. A separate page should be supplied where necessary.	
1. Present ERC's * the system can efficiently serve. 5,600 GPD / 350 GPD = 16	
2. Maximum number of ERC's that can be served. 6	
3. Present system connection capacity (in ERCs *) using existing lines. 616	
4. Future connection capacity (in ERCs *) upon service area buildout. n/a	
5. Estimated annual increase in ERCs *. 0	
6. Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7. Attach a description of the fire fighting facilities.	
 Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 	
 When did the company last file a capacity analysis report with the DEP?N/A System permitted by the Highlands County Health Department Permit No. LU 28-57-00204 If the present system does not meet the requirements of DEP rules, submit the following: N/A 	
Attach a description of the plant upgrade necessary to meet the DEP rules.	
b. Have these plans been approved by DEP?	
c. When will construction begin?	
d. Attach plans for funding the required upgrading.	
e. Is this system under any Consent Order with DEP?	
 Department of Environmental Protection Permit Number n/a Highlands County Health Department Permit No. LUC 28-57-00230 Water Management District Consumptive Use Permit 	
SWFWMD Permit No. 28-00146-W a. Is the system in compliance with the requirements of the CUP? Yes	
b. If not, what are the utility's plans to gain compliance?	
 * An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. 	
(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	•

SYSTEM NAME: Brighton Grove Office WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

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

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank Ground or Elevated	HDPE 850 Gals Ground			

(a) Motors	(b)	(c)	(d)	(e)
ManufacturerType Type Rated Horsepower	Baldor Electric 3 HP	Baldor Electric 5 HP		
Pumps Manufacturer Type Capacity in GPM Average Number of Hours Operated Per Day Auxiliary Power	Goulds Centrifugal 25 GPM 0.5	Goulds Centrifugal 50 GPM 0.5		

SYSTEM NAME: Brighton Grove Office WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each course of supply (Cround Confess D		
List for each source of supply (
Permitted Gals. per day	SFWMD .45 MGM	_SFWMD .45 MGM	
Type of Source	Ground	Ground	
	WATER TREATME	NT FACILITIES	
List for each Water Treatment F	acility:		
Type	Carbon Filter 25 GPM	Carbon Filter 25 GPM	
Make	Pentair Model 3150	Pentair Model 3150	
Permitted Capacity (GPD)			
High service pumping		•	
Gallons per minute	25 GPM	50 GPM	
Reverse Osmosis			
Lime Treatment			
Unit Rating		1	
Filtration			
Aerator Tanks	300 Gal Aerator	200 Cal Assatss	·
Gravity GPD/Sq.Ft		300 Gal Aerator	
• • • • • • • • • • • • • • • • • • • •	·		
Disinfection 40 ORU			
Chlorinator42 GPH	Pulsafeeder	Pulsafeeder	Pulsafeeder
Ozone	CL2 to Aerator No. 1	CL2 to Aerator No. 2	CL2 to Storage Tank
Other			3
Auxiliary Power			

SYSTEM NAME: Brighton Grove Office WTP

YEAR OF REPORT DECEMBER 31,

2014

	Europe information I I to	
	Furnish information below for each system. A separate page should be supplied where necessary.	
	1. Present ERC's * the system can efficiently serve. 2,500 Gals / 350 Gals per ERC = 7	
	2. Maximum number of ERC's that can be served. 12	
	3. Present system connection capacity (in ERCs *) using existing lines. 14	
	4. Future connection capacity (in ERCs *) upon service area buildout. n/a	
	5. Estimated annual increase in ERCs *. 1	
(6. Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7	7. Attach a description of the fire fighting facilities.	
	3. Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.	
	When did the company last file a capacity analysis report with the DEP? N/A System is permitted by the Glades County Heaalth Department Permit Nos. 22-57-964865 and 22-57-967423 If the present system does not meet the requirements of DEP rules, submit the following: N/A	
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
	b. Have these plans been approved by DEP?	
	c. When will construction begin?	
	d. Attach plans for funding the required upgrading.	
	e. Is this system under any Consent Order with DEP?	
11.	Department of Environmental Protection ID No	-
12.	Glades County Health Department Permit No. 22-57-964485 (South Well) and 22-57-967423 (North Well) Water Management District Consumptive Use Permit SFWMD WUP 22-00392-W	
	a. Is the system in compliance with the requirements of the CUP? Yes	
	b. If not, what are the utility's plans to gain compliance?	
	* An ERC is determined based on one of the following methods:	
	(a) It actual flow data are available from the proceding 40	
	Divide the total annual single family residence (SED) pollege and the dividence of the control o	
	residents (SFR) gallons sold by the average number of single family period and divide the result by 365 days.	
	(b) If no historical flow data are available use: ERC = /Total SER gallons cold (cmit 000/por to pro-	
	ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	1

SYSTEM NAME: Brighton Ranch Office WTP

YEAR OF REPORT DECEMBER 31, 2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	2007 Rotary 6" - 162' 20' - 4" x 0.02 180' 6" 25 GPM 2 HP Submersible 18,000 GPD 22 Kw Diesel	2007 Rotary 6" - 162" 20' - 4" x 0.02 180' 6" 25 GPM 2 HP Submersible 18,000 GPD 22 Kw Diesel		(e)

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank Ground or Elevated	HDPE 6,500 Gals Ground			

(a) Motors	(b)	(c)	(d)	(e)
Manufacturer Type Rated Horsepower	Baldor Electric 5 HP	Baldor Electric 5 HP		(6)
Pumps Manufacturer Type Capacity in GPM Average Number of Hours Operated Per Day Auxiliary Power	Goulds Centrifugal 40 GPM 2 Hours 22 Kw Diesel	Goulds Centrifugal 40 GPM 2 Hours 22 Kw Diesel		

SYSTEM NAME: Brighton Ranch Office WTP

YEAR OF REPORT DECEMBE R 31, 2014

List for each source of supply (Ground, Surface, Purchased Water etc.)					
Permitted Gals. per day	SFWMD 0.09 MGD	SFWMD 0.09 MGD			
Type of Source	Ground	Ground			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ground			
	WATER TREATMEN	T FACILITIES			
List for each Water Treatment F	acility:				
Туре	Carbon Filter 57 GPM	Degassifier 25 GPM	Calcite 1 42 GPM		
Make	Pentair Model 3150	DeLoach Industries	Miami TO 3648		
Permitted Capacity (GPD)	FDEP 10,500 GPD				
High service pumping		-			
Gallons per minute	40 GPM				
Reverse Osmosis					
Lime Treatment					
Unit Rating					
Filtration					
Pressure Sq. Ft					
Gravity GPD/Sq.Ft					
Disinfection					
Chlorinator42 GPH	LMI AA7 Meter Pump	LMI AA7 Meter Pump			
Ozone	p	Elvii 7007 Weter 1 dinp			
Other					
Auxiliary Power	22 Kw Diesel	22 Kw Diesel	33 Kw Di		
Advisory i onoi	ZZ INT DIGSEI	ZZ IVW DIESEI	22 Kw Diesel		

YEAR OF REPORT DECEMBER 31,

2014

SYSTEM NAME: Brighton Ranch Office WTP

Furnish information below for each system.
Furnish information below for each system. A separate page should be supplied where necessary.
1. Present ERC's * the system can efficiently serve. 10,500 Gals Permitted Capacity / 350 Gals per ERC = 30
2. Maximum number of ERC's that can be served. 30 .
3. Present system connection capacity (in ERCs *) using existing lines. 40
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 1
6. Is the utility required to have fire flow capacity? No If so, how much capacity is required?
7. Attach a description of the fire fighting facilities.
 Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.
When did the company last file a capacity analysis report with the DEP? December 2008
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
Attach a description of the plant upgrade necessary to meet the DEP rules.
b. Have these plans been approved by DEP?
c. When will construction begin?
d. Attach plans for funding the required upgrading.
e. Is this system under any Consent Order with DEP?
11. Department of Environmental Protection ID FDEP ID# 5284153
12. Water Management District Consumptive Use Permit SFWMD Permit No. 22-00392-W
a. Is the system in compliance with the requirements of the CUP? Yes
b. If not, what are the utility's plans to gain compliance?
* An ERC is determined based on one of the following mostly in
(a) II actual tion data are available from the man and the control of the control
DIVIDE DE DIGITATION SINGIA TAMIN FOCIALES - LOCES
residents (SFR) gallons sold by the average number of single family period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).
gallons per day).

SYSTEM NAME: Buckhorn Housing WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	1990 Rotary - PVC 230 300 6" 70 7 Submersible 50,400 None			

RESERVOIRS

(a)	(b)	(c)	(d)	(5)
Description (steel, concrete) Capacity of Tank Ground or Elevated	Steel 1,500 Ground	Steel 900 Ground		(e)

(a)	(b)	(c)	(d)	(-)
Motors Manufacturer			(4)	(e)
Type				
Rated Horsepower				
Pumps Manufacturer				
Type				
Capacity in GPM				
Average Number of Hours		-		
Operated Per Day				
Auxiliary Power				

SYSTEM NAME: Buckhorn Housing WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply	(Ground, Surface, Purchase	d Water etc.)	
Permitted Gals. per day			
Type of Source			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	WATER TREATMEN	T FACILITIES	
List for each Water Treatmer	t Facility:		
Type			
Make			
Permitted Capacity (GPD)	•		
High service pumping			
Gallons per minute			
Reverse Osmosis	Undersink Point of Use	Device at each home	
Lime Treatment			
Unit Rating			·
Filtration		· · · · · · · · · · · · · · · · · · ·	
Pressure Sq. Ft	1		
Gravity GPD/Sq.Ft			
			
Disinfection			
Chlorinator .42 Gal/Hr	Stenner 85MPH40		<u></u>
Ozone			
Other			
Auxiliary Power			
	· [————]		l ————————————————————————————————————

SYSTEM NAME: Buckhorn Housing WTP

YEAR OF REPORT DECEMBER 31,

2014

Francisco información de la constante de la co	
Furnish information below for each system. A separate page should be supplied where ne	cessary.
1. Present ERC's * the system can efficiently serve. 33,500 GPD / 350 Gals per ERC = 96	
2. Maximum number of ERC's that can be served. 96 (by FDEP Permit 33,000 GPD)	
3. Present system connection capacity (in ERCs *) using existing lines. 96 by current permit	
4. Future connection capacity (in ERCs *) upon service area buildout. n/a	
5. Estimated annual increase in ERCs *. 0	
Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7. Attach a description of the fire fighting facilities.	
 Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 	n.
9. When did the company last file a capacity analysis report with the DEP?N/A	
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A	
a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
b. Have these plans been approved by DEP?	
c. When will construction begin?	
d. Attach plans for funding the required upgrading.	
e. Is this system under any Consent Order with DEP?	
11. Department of Environmental Protection Permit Number FDEP ID No. 5284101	
12. Water Management District Consumptive Use Permit Number SFWMD WUP 22-00290-W at 0.01 MGD, 3,875,000 Gals/Year	
a. Is the system in compliance with the requirements of the CUP? Yes	
b. If not, what are the utility's plans to gain compliance?	
 An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single residents (SFR) gallons sold by the average number of single family residence customers for the separation and divide the result by 365 days. 	
(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	

SYSTEM NAME: Farabee Road WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	1960 Cable Tool 4" 4"-60' 120' 4" 15 GPM 1/2 Centrifugal 10,800 None			

RESERVOIRS

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

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

SYSTEM NAME: Farabee Road WTP

YEAR OF REPORT
DECEMBER 31, 2014

List for each source of supply (Ground, Surface, Purchas	sed Water etc.)	
Permitted Gals. per day Type of Source	Ground Well No. 1		
	WATER TREATME	NT FACILITIES	
List for each Water Treatment F	acility:		
Type	Aeration Tank		

B

SYSTEM NAME: Farabee Road WTP

YEAR OF REPORT DECEMBER 31, 2014

Fumish information below for each system. A separate page should be supplied where necessary.	
Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2	-
2. Maximum number of ERC's that can be served. 2	
3. Present system connection capacity (in ERCs *) using existing lines. 2	• .
4. Future connection capacity (in ERCs *) upon service area buildout. n/a	•
5. Estimated annual increase in ERCs *. 0	
6. Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7. Attach a description of the fire fighting facilities.	-
 Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 	
. When did the company last file a capacity analysis report with the DEP?N/A	
). If the present system does not meet the requirements of DEP rules, submit the following: N/A	
a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
b. Have these plans been approved by DEP?	
c. When will construction begin?	-
d. Attach plans for funding the required upgrading.	-
e. Is this system under any Consent Order with DEP?	
Department of Environmental Protection Permit Number Private System No. Permit Private Well System - No Permit Required Water Management District Consumptive Use Permit Number	
N/A	
a. Is the system in compliance with the requirements of the CUP?	
b. If not, what are the utility's plans to gain compliance?	
* An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months:	
Divide the total annual single family residence (SFR) gallons sold by the guarage and have a single	
residents (SFR) gallons sold by the average number of single family period and divide the result by 365 days.	
(b) If πo historical flow data are available use:ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	

SYSTEM NAME: Iron Pens WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	2" - unk unk 185 2" 22 1/2 Centrifugal 15,840 None			

RESERVOIRS

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

(a)	(b)	(c)	(d)	(e)
Motors Manufacturer				
Type				
Rated Horsepower				
Pumps				
Manufacturer				-
TypeCapacity in GPM				
Average Number of Hours				
Operated Per Day Auxiliary Power				
Advinary 1 Owor			<u>.</u>	

SYSTEM NAME: Iron Pens WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply	Ground Surface Burches	and Motor etc.	
Permitted Gals. per day	Ordana, Garrace, Parchas	T T T T T T T T T T T T T T T T T T T	
Type of Source	Ground Well No. 1	·	
	WATER TREATME	NT FACILITIES	
List for each Water Treatment I	-acility:		
Type Make Permitted Capacity (GPD)			
High service pumping Gallons per minute			
Reverse Osmosis Lime Treatment			
Unit Rating Filtration			
Pressure Sq. Ft Gravity GPD/Sq.Ft			
Disinfection Chlorinator .42 Gal/Hr			
OzoneOther			
Auxiliary Power	· · · · · · · · · · · · · · · · · · ·		

SYSTEM NAME: Iron Pens WTP

YEAR OF REPORT DECEMBER 31,

2014

	Furnish information below for each system. A separate page should be supplied where necessary.	
1	. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2	
	2. Maximum number of ERC's that can be served. 3	
3.	Present system connection capacity (in ERCs *) using existing lines. 3	
4.	Future connection capacity (in ERCs *) upon service area buildout. n/a	
5.	Estimated annual increase in ERCs *. 0	•
6.	Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7.	Attach a description of the fire fighting facilities.	-
8.	Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.	
9.	When did the company last file a capacity analysis report with the DEP?N/A	
10.	If the present system does not meet the requirements of DEP rules, submit the following: N/A	
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
	b. Have these plans been approved by DEP?	
	c. When will construction begin?	-
	d. Attach plans for funding the required upgrading.	
	e. Is this system under any Consent Order with DEP?	
	Department of Environmental Protection Permit Number Private System No. Permit Highlands County Health Department LUC020 Water Management District Consumptive Use Permit	
	a. Is the system in compliance with the requirements of the CUP?	
	b. If not, what are the utility's plans to gain compliance?	
		7 100 100 100 100 100 100 100 100 100 10
	* An ERC is determined based on one of the following methods:	
	(a) If actual flow data are available from the proceeding 12 months.	
	Divide the total annual single family residence (SED) gallogs sold but the annual single family residence	
	residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.	
	(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day)	

SYSTEM NAME: Lake Placid WTP

YEAR OF RE	PORT		-
DECEMBER :	31,	20	14

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	1991 Rotary - PVC 8"- 630' 775' 8" 100 GPM 15 Submersible 72,000 None			

RESERVOIRS

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

(a)	(b)	(c)	/- 1\	
<u>Motors</u>		(c)	(d)	(e)
Manufacturer	ł		Į	
Type				
Rated Horsepower				
				
<u>Pumps</u>				
Manufacturer	1			
Type				
Capacity in GPM				
Average Number of Hours				
Operated Per Day] -			
Auxiliary Power				

SYSTEM NAME: Lake Placid WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply (Ground, Surface, Purchase	ed Water etc.)	
Permitted Gals. per day	15,900		
Type of Source	Ground Well No. 1		
	WATER TREATMEN	IT FACILITIES	
List for each Water Treatment F	acility:		
Type	•		
Make			
Permitted Capacity (GPD)	FDEP 10,610		
High service pumping			
Gallons per minute Reverse Osmosis			
Lime Treatment			
Unit Rating			
Filtration			
Pressure Sq. Ft		·	
Gravity GPD/Sq.Ft			
Disinfection			
Chlorinator 6 GPD	Stenner 85MPH40		
Ozone			
Other			
Auxiliary Power			

YEAR OF REPORT DECEMBER 31,

2014

SYSTEM NAME: Lake Placid WTP

Furnish information below for each system. A separate page should be supplied where necessary.
1. Present ERC's * the system can efficiently serve. 41,000 GPD / 350 Gals per ERC = 117
per of ERC's that can be served. 30 (by FDEP Permit No. 5284113 at 10,600 GPD)
3. Present system connection capacity (in ERCs *) using existing lines. 30 by current FDEP permit
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No If so, how much capacity is required?
7. Attach a description of the fire fighting facilities.
 Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
a. Attach a description of the plant upgrade necessary to meet the DEP rules.
b. Have these plans been approved by DEP?
c. When will construction begin?
d. Attach plans for funding the required upgrading.
e. Is this system under any Consent Order with DEP?
11. Department of Environmental Protection Permit Number FDEP ID No. 5284113
12. Water Management District Consumptive Use Permit Number SWFWMD No. 20013367 at 15,900 GPD Average 41,000 GPD Peak Month
a. Is the system in compliance with the requirements of the CUP? Yes
b. If not, what are the utility's plans to gain compliance?
* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the proceeding 12 manuary
Divide the total annual single family residence (SER) acides and but
residents (SFR) gallons sold by the average number of single family period and divide the result by 365 days.
period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

SYSTEM NAME: Lake Placid Dinner Lake Road WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	Rotary - Steel 4"- unk 150' 4" 20 GPM 2 Submersible 14,400 None			

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank Ground or Elevated				(6)

(a)	(b)	(c)	(4)	
<u>Motors</u>			(d)	(e)
Manufacturer				
Type				
Rated Horsepower				
<u>Pumps</u>				
Manufacturer				
Type		-		
Capacity in GPM				
Average Number of Hours				
Operated Per Day				
Auxiliary Power				

SYSTEM NAME: Lake Placid Dinner Lake Road WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply (Ground, Surface, Purchase	ed Water etc.)	
Permitted Gals. per day Type of Source	1,200 Ground Well No. 1		
	WATER TREATMEN	I IT FACILITIES	
List for each Water Treatment Fa	acility:		
Type			
Pressure Sq. Ft Gravity GPD/Sq.Ft Disinfection			
Chlorinator .2 GPH Ozone Other Auxiliary Power	Stenner 84H		

YEAR OF REPORT DECEMBER 31,

2014

SYSTEM NAME: Lake Placid Dinner Lake Road WTP

Furnish information below for each system. A separate page should be supplied where necessary.	·
1. Present ERC's * the system can efficiently serve. 1,400 GPD / 350 GPD = 4	
2. Maximum number of ERC's that can be served. 4	
3. Present system connection capacity (in ERCs *) using existing lines. 4	,
4. Future connection capacity (in ERCs *) upon service area buildout. n/a	
5. Estimated annual increase in ERCs *. 0	
Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7. Attach a description of the fire fighting facilities.	-
 Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 	
9. When did the company last file a capacity analysis report with the DEP?N/A	
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A	
a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
b. Have these plans been approved by DEP?	
c. When will construction begin?	_
d. Attach plans for funding the required upgrading.	-
e. Is this system under any Consent Order with DEP?	
11. Department of Environmental Protection Permit Number Private system no permit required	
12. Water Management District Consumptive Use Permit Number SWFWMD No. 20013367 at 1,200 GPD Average 1,800 GPD Book Month	
a. Is the system in compliance with the requirements of the CUP? Yes	
b. If not, what are the utility's plans to gain compliance?	
* An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family	
residents (SFR) gallons sold by the average number of single family residence customers for the same	
(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	

SYSTEM NAME: Lakeport Road 3140 WTP

YEAR	OF REPO	ORT	
DECE	MBER 31,	2014	1

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	1975 Cable Tool 2 2" -60' 120' 2" 15 GPM 1/2 Centrifugal 10,800 None			

RESERVOIRS

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

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

SYSTEM NAME: Lakeport Road 3140 WTP

YEAR OF REPORT DECEMBE R 31, 2014

List for each source of supply (Gr	ound, Surface, Purchased	Water etc.)						
Permitted Gals. per day Type of Source	Ground Well No. 1							
	WATER TREATMENT FACILITIES							
List for each Water Treatment Fac	ility:							
Type								
Auxiliary Power	· · · · · · · · · · · · · · · · · · ·							

SYSTEM NAME: Lakeport Road 3140 WTP

YEAR OF REPORT DECEMBER 31,

2014

	Furnish information below for each system. A separate page should be supplied where necessary.	
1	1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2	
	2. Maximum number of ERC's that can be served. 2	
3	Present system connection capacity (in ERCs *) using existing lines. 2	
4	l. Future connection capacity (in ERCs *) upon service area buildout. n/a	
5.	i. Estimated annual increase in ERCs *. 0	
6.	Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7.	. Attach a description of the fire fighting facilities.	
8.	Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.	
9.	When did the company last file a capacity analysis report with the DEP?N/A	
10.	. If the present system does not meet the requirements of DEP rules, submit the following: N/A	
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
	b. Have these plans been approved by DEP?	
	c. When will construction begin?	
	d. Attach plans for funding the required upgrading.	
	e. Is this system under any Consent Order with DEP?	
	Department of Environmental Protection Permit Number Private System No. Permit Private Well System - No Permit Required Water Management District Consumptive Use Permit	
	a. Is the system in compliance with the requirements of the CUP?	
	b. If not, what are the utility's plans to gain compliance?	
:	 An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. 	
	(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	

SYSTEM NAME: Lakeport Road 3600 WTP

YEAR OF	REPORT	
DECEMBE	R 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power* Submersible, centrifugal, etc.	1975 Cable Tool 2 2"-60" 120" 2" 15 GPM 1/2 Centrifugal 10,800 None			(6)

RESERVOIRS

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

(a)	(b)	(c)	(d)	
Motors Manufacturer	. '		(0)	(e)
Type				
Rated Horsepower				
<u>Pumps</u>		·		
ManufacturerType				
Capacity in GPM				
Average Number of Hours Operated Per Day				
Auxiliary Power				

SYSTEM NAME: Lakeport Road 3600 WTP

YEAR OF ■ EPORT
DECEMBE R 31, 2014

List for each source of supply (Ground, Surface, Purchas	ed Water etc.)	
Permitted Gals. per day Type of Source	Ground Well No. 1		
	WATER TREATMEN	T FACILITIES	
List for each Water Treatment F	acility:		
Type Make Permitted Capacity (GPD) High service pumping Gallons per minute Reverse Osmosis Lime Treatment Unit Rating_ Filtration Pressure Sq. Ft.			
Gravity GPD/Sq.Ft			
Disinfection Chlorinator .42 Gal/Hr		·	
Ozone			·
Other			
Auxiliary Power		<u> </u>	

SYSTEM NAME: Lakeport Road 3600 WTP

YEAR OF REPORT DECEMBER 31,

2014

	Furnish information below for each system. A separate page should be supplied where necessary.
	. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
	2. Maximum number of ERC's that can be served. 2
3	8. Present system connection capacity (in ERCs *) using existing lines. 2
4	. Future connection capacity (in ERCs *) upon service area buildout. n/a
5	. Estimated annual increase in ERCs *. 0
6	Is the utility required to have fire flow capacity? No If so, how much capacity is required?
7.	Attach a description of the fire fighting facilities.
8.	Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.
9.	When did the company last file a capacity analysis report with the DEP?N/A
10	If the present system does not meet the requirements of DEP rules, submit the following: N/A
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.
	b. Have these plans been approved by DEP?
	c. When will construction begin?
	d. Attach plans for funding the required upgrading.
	e. Is this system under any Consent Order with DEP?
	Department of Environmental Protection Permit Number Private System No. Permit Private Well System - No Permit Required
12.	Water Management District Consumptive Use Permit # N/A
	a. Is the system in compliance with the requirements of the CUP?
	b. If not, what are the utility's plans to gain compliance?
	* An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same (b) If no historical flow data are available use:
	ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day)

SYSTEM NAME: Moore Haven Cane Farm House No. 1 WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed	2002 Cable Tool 2 2"-25' 50 2" 15 GPM 1/2 Centrifugal 10,800 None			

RESERVOIRS

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

(a)	(b)	(c)	(d)	(e)
Motors Manufactures			had a	(6)
ManufacturerType				
Rated Horsepower				
<u>Pumps</u>				
ManufacturerType				
Capacity in GPM				
Average Number of Hours				
Operated Per Day			·	
Auxiliary Power				
<u></u>		· · · · · · · · · · · · · · · · · · ·		

SYSTEM NAME: Moore Haven Cane Farm House No. 1 WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply	(Ground, Surface, Purchas	sed Water etc.)	
Permitted Gals. per day Type of Source	Ground Well No. 1		
	WATER TREATMEN	T FACILITIES	
List for each Water Treatment	Facility:		
TypeMake_ Permitted Capacity (GPD) High service pumping Gallons per minute Reverse Osmosis Lime Treatment Unit Rating Filtration Pressure Sq. Ft Gravity GPD/Sq.Ft Disinfection Chlorinator .42 Gal/Hr Ozone Other Auxiliary Power	Carbon Filter/Softener		

SYSTEM NAME: Moore Haven Cane Farm House No. 1 WTP

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

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

YEAR OF REPORT DECEMBER 31, 2014

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary. 1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2 2. Maximum number of ERC's that can be served, 2 3. Present system connection capacity (in ERCs *) using existing lines. 2 4. Future connection capacity (in ERCs *) upon service area buildout. n/a Estimated annual increase in ERCs *. 0 6. Is the utility required to have fire flow capacity? No If so, how much capacity is required? ____ 7. Attach a description of the fire fighting facilities. 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 9. When did the company last file a capacity analysis report with the DEP?N/A 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A a. Attach a description of the plant upgrade necessary to meet the DEP rules. b. Have these plans been approved by DEP? _____ c. When will construction begin? d. Attach plans for funding the required upgrading. e. Is this system under any Consent Order with DEP? 11. Department of Environmental Protection Permit Number Private System No. Permit Private Well System - No Permit Required 12. Water Management District Consumptive Use Permit\ a. Is the system in compliance with the requirements of the CUP? b. If not, what are the utility's plans to gain compliance? An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

SYSTEM NAME: Moore Haven Cane Farm House No. 2 WTP

YEAR (OF RE	PORT	
DECEN	BER	31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed	2002 Cable Tool 2 2" - 25' 50 2" 15 GPM 1/2 Centrifugal 10,800 None			

RESERVOIRS

(a)	. (b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank Ground or Elevated				(6)

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

SYSTEM NAME: Moore Haven Cane Farm House No. 2 WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply (Ground, Surface, Purchase	ed Water etc.)	
Permitted Gals. per day Type of Source	Ground Well No. 1		
	WATER TREATMEN	IT FACILITIES	
List for each Water Treatment F	acility:		
Type	Iron Filter		

SYSTEM NAME: Moore Haven Cane Farm House No. 2 WTP

YEAR OF REPORT DECEMBER 31,

2014

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary. 1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2 2. Maximum number of ERC's that can be served. 2 3. Present system connection capacity (in ERCs *) using existing lines. 2 4. Future connection capacity (in ERCs *) upon service area buildout. n/a 5. Estimated annual increase in ERCs *. 0 6. Is the utility required to have fire flow capacity? No If so, how much capacity is required? 7. Attach a description of the fire fighting facilities. 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 9. When did the company last file a capacity analysis report with the DEP?N/A 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A a. Attach a description of the plant upgrade necessary to meet the DEP rules. b. Have these plans been approved by DEP? c. When will construction begin? d. Attach plans for funding the required upgrading. e. Is this system under any Consent Order with DEP? 11. Department of Environmental Protection Permit Number Private System No. Permit Private Well System - No Permit Required 12. Water Management District Consumptive Use Permit a. Is the system in compliance with the requirements of the CUP? b. If not, what are the utility's plans to gain compliance? An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. (b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

SYSTEM NAME: Muse 21530 County Road 721 WTP

YEAR OF REPORT	 -
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed	1955 Cable Tool Steel 2" - unk unk 2" 15 GPM 1/2 Centrifugal 10,800 None			

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank		-		
Ground or Elevated				

(a)	(b)	(c)	(d)	(0)
Motors Manufacturer				(e)
Type			-	
Rated Horsepower				-
Pumps				
Manufacturer			·	
Type				
Capacity in GPM Average Number of Hours				
Operated Per Day				-
Auxiliary Power				

SYSTEM NAME: Muse 21530 County Road 721 WTP

YEAR OF REPORT
DECEMBER 31, 2014

List for each source of supply (Ground, Surface, Purchase	ed Water etc.)	
Permitted Gals. per day Type of Source	Ground Well No. 1		
	WATER TREATMEN	T FACILITIES	
List for each Water Treatment Fa	acility:		
Type	Aeration Tank Softener		

SYSTEM NAME: Muse 21530 County Road 721 WTP

YEAR OF REPORT DECEMBER 31, 2014

	Furnish information below for each system. A separate page should be supplied where necessary.
1	. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
	2. Maximum number of ERC's that can be served. 2
3	. Present system connection capacity (in ERCs *) using existing lines. 2
4	Future connection capacity (in ERCs *) upon service area buildout. n/a
5.	Estimated annual increase in ERCs *. 0
6.	Is the utility required to have fire flow capacity? No If so, how much capacity is required?
7.	Attach a description of the fire fighting facilities.
8.	Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.
9.	When did the company last file a capacity analysis report with the DEP?N/A
10.	If the present system does not meet the requirements of DEP rules, submit the following: N/A
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.
	b. Have these plans been approved by DEP?
	c. When will construction begin?
	d. Attach plans for funding the required upgrading.
	e. Is this system under any Consent Order with DEP?
	Department of Environmental Protection Permit Number Private System No. Permit Private Well System - No Permit Required Water Management District Consumptive Use Permit # N/A
	a. Is the system in compliance with the requirements of the CUP?
	b. If not, what are the utility's plans to gain compliance?
	* An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. (b) If no historical flow data are available use:
	ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day)

SYSTEM NAME: North Island WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed	2" - unk unk 240' 2" 20 GPM 1/2 HP Centrifugal 14,400 None			

RESERVOIRS

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

(a)	(b)	(c)	(d)	(-)
<u>Motors</u> Manufacturer			\(\mathref{G}\)	(e)
Type				
Rated Horsepower				
<u>Pumps</u>				
Manufacturer				
Type				
Capacity in GPM				
Average Number of Hours Operated Per Day				
Auxiliary Power				
, , , , , , , , , , , , , , , , , , , ,				

SYSTEM NAME: North Island WTP

YEAR OF REPORT DECEMB ER 31, 2014

List for each source of supply (Ground, Surface, Purchas	ed Water etc.)	
Permitted Gals. per day			
Type of Source	Ground Well No. 1		
		<u>L</u>	
	WATER TREATMEN	IT FACILITIES	
List for each Water Treatment Fa	acility:		
Type			
Make	•		
Permitted Capacity (GPD)			
High service pumping			
Gallons per minute			
Reverse Osmosis			
Lime Treatment			
Unit Rating Filtration			
Pressure Sq. Ft			
Gravity GPD/Sq.Ft			
Disinfection			
Chlorinator .42 Gal/Hr			· · · · · · · · · · · · · · · · · · ·
Ozone			
Other			
Auxiliary Power			

SYSTEM NAME: North Island WTP

YEAR OF REPORT DECEMBER:31, 2014

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary. 1. Present ERC's * the system can efficiently serve. 1,050 / 350 Gals per ERC = 3 2. Maximum number of ERC's that can be served, 3 5 3. Present system connection capacity (in ERCs *) using existing lines. 5 4. Future connection capacity (in ERCs *) upon service area buildout. n/a 5. Estimated annual increase in ERCs *. 0 6. Is the utility required to have fire flow capacity? No If so, how much capacity is required? 7. Attach a description of the fire fighting facilities. 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 9. When did the company last file a capacity analysis report with the DEP?N/A 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A a. Attach a description of the plant upgrade necessary to meet the DEP rules. b. Have these plans been approved by DEP? _____ c. When will construction begin?

11. Department of Environmental Protection Permit Number Private System
Glades County Health Department Limited Use Commercial Permit Number 22-57-00003

12. Water Management District Consumptive Use Permit

d. Attach plans for funding the required upgrading.

e. Is this system under any Consent Order with DEP?

- a. Is the system in compliance with the requirements of the CUP?
- b. If not, what are the utility's plans to gain compliance?
- * An ERC is determined based on one of the following methods:
 - (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
 - (b) If no historical flow data are available use:

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

SYSTEM NAME: Silver Lake Lodge WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

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

RESERVOIRS

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

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

SYSTEM NAME: Silver Lake Lodge WTP

YEAR O ► REPORT DECEMBER 31, ###

/ell No. 1
TREATMENT FACILITIES
ion Tank ulseatron

SYSTEM NAME: Silver Lake Lodge WTP

YEAR OF REPORT DECEMBER 31, 2014

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary. 1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2 2. Maximum number of ERC's that can be served. 2 3. Present system connection capacity (in ERCs *) using existing lines. 2 4. Future connection capacity (in ERCs *) upon service area buildout. n/a 5. Estimated annual increase in ERCs *. 0 6. Is the utility required to have fire flow capacity? No If so, how much capacity is required? ____ 7. Attach a description of the fire fighting facilities. 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time. 9. When did the company last file a capacity analysis report with the DEP?N/A 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A a. Attach a description of the plant upgrade necessary to meet the DEP rules. b. Have these plans been approved by DEP? c. When will construction begin? d. Attach plans for funding the required upgrading. e. Is this system under any Consent Order with DEP? 11. Department of Environmental Protection Permit Number Private System No. Permit Private Well System - No Permit Required 12. Water Management District Consumptive Use Permit a. Is the system in compliance with the requirements of the CUP? b. If not, what are the utility's plans to gain compliance? An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. (b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

SYSTEM NAME: Todd 8772 Hwy 98 WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(b)	(e)
Year Constructed	1985 rotary PVC 4" - 100' 180' 4" 20 GPM 1 Centrifugal 14,400 None			

RESERVOIRS

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

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>			\	(e)
Manufacturer				
Type				
Rated Horsepower				
<u>Pumps</u>	ļ			
Manufacturer				
Type				
Capacity in GPM				
Average Number of Hours	11			
Operated Per Day				
Auxiliary Power				

SYSTEM NAME: Todd 8772 Hwy 98 WTP

YEAR OF REPORT DECEMBER 31, 2014

List for each source of supply (Ground, Surface, Purchase	ed Water etc.)	
Permitted Gals. per day			
Type of Source	Ground Well No. 1		
	WATER TREATMEN	T FACILITIES	
List for each Water Treatment F	acility:		
Type			
Make			
Permitted Capacity (GPD)			
High service pumping			
Gallons per minute			
Reverse Osmosis			
Lime Treatment			
Unit Rating			
Filtration			
Pressure Sq. Ft		·	
Gravity GPD/Sq.Ft			
Disinfection			
Chlorinator .42 Gal/Hr	Chemtech		
Ozone			
Other			
Auxiliary Power			

SYSTEM NAME: Todd 8772 Hwy 98 WTP

YEAR OF REPORT DECEMBER 31, 2014

GENERAL WATER SYSTEM INFORMATION

	Furnish information below for each system. A separate page should be supplied where necessary.
1	. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
	2. Maximum number of ERC's that can be served. 2
3	Present system connection capacity (in ERCs *) using existing lines. 2
4	. Future connection capacity (in ERCs *) upon service area buildout. n/a
5	Estimated annual increase in ERCs *. 0
6	Is the utility required to have fire flow capacity? No If so, how much capacity is required?
7.	Attach a description of the fire fighting facilities.
8.	Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.
9.	When did the company last file a capacity analysis report with the DEP?N/A
10.	If the present system does not meet the requirements of DEP rules, submit the following: N/A
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.
	b. Have these plans been approved by DEP?
	c. When will construction begin?
	d. Attach plans for funding the required upgrading.
	e. Is this system under any Consent Order with DEP?
	Department of Environmental Protection Permit Number Private System No. Permit Private Well System - No Permit Required Water Management District Consumptive Use Permit Number
, <u>.</u> .	
	a. Is the system in compliance with the requirements of the CUP?
	b. If not, what are the utility's plans to gain compliance?
	* An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. (b) If no historical flow data are available use:
	ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day)

SYSTEM NAME: Wild Island WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed	2" - unk unk unk 2" 15 GPM 1/2 HP Centrifugal 10,800 None			(e)

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank Ground or Elevated	Steel 80 Gal Ground			

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

SYSTEM NAME: Wild Island WTP

YEAR OF REPORT DECEMBE ₹ 31, 2014

List for each source of supply (Ground, Surface	ce, Purchased Water etc.)		
Permitted Gals. per day Type of Source Ground We			
WATER	TREATMENT FACILITIES	3	
List for each Water Treatment Facility:			
Type			
Disinfection			
Chlorinator .42 Gal/Hr Ozone Other Auxiliary Power			

SYSTEM NAME: Wild Island WTP

YEAR OF REPORT DECEMBER 31, 2014

GENERAL WATER SYSTEM INFORMATION

	Furnish information below for each system. A separate page should be supplied where necessary.	
1	. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2	
	2. Maximum number of ERC's that can be served. 3	
3	. Present system connection capacity (in ERCs *) using existing lines. 3	
4.	Future connection capacity (in ERCs *) upon service area buildout. n/a	
5.	Estimated annual increase in ERCs *. 0	
6.	Is the utility required to have fire flow capacity? No If so, how much capacity is required?	
7.	Attach a description of the fire fighting facilities.	
8.	Describe any plans and estimated completion dates for any enlargements or improvements of this system. There are no plans or requirements to increase system capacity or modify the system at this time.	
9.	When did the company last file a capacity analysis report with the DEP?N/A	
10.	If the present system does not meet the requirements of DEP rules, submit the following: N/A	
	a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
	b. Have these plans been approved by DEP?	
	c. When will construction begin?	
	d. Attach plans for funding the required upgrading.	
	e. Is this system under any Consent Order with DEP?	
	Department of Environmental Protection Permit Number Private System No. Permit Permitted by the Highlands County Health Department Permit No. LUC020 Water Management District Consumptive Use Permit	"- "}
	a. Is the system in compliance with the requirements of the CUP?	
	b. If not, what are the utility's plans to gain compliance?	
•		
*	An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.	
	(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day)	

SYSTEM NAME: Wild Island 4040 County Road 621 WTP

YEAR OF REPORT	
DECEMBER 31,	2014

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed Types of Well Construction and Casing Casing Diameter and Depth Well Screen Depth of Wells Diameters of Wells Pump - GPM Motor - HP Motor Type * Yields of Wells in 12 Hr GPD Auxiliary Power * Submersible, centrifugal, etc.	1975 Cable Tool 2 2" - 25' 50' 2" 20 GPM 1 Centrifugal 14,400 None			(e)

RESERVOIRS

(b)	(c)	(d)	(e)
	(b)	(b) (c)	(b) (c) (d)

(a)	(b)	(c)	(d)	(0)
Motors Manufacturer				(e)
TypeRated Horsepower				
<u>Pumps</u>				
Manufacturer Type				
Capacity in GPMAverage Number of Hours				
Operated Per Day Auxiliary Power				
,				

SYSTEM NAME: Wild Island 4040 County Road 621 WTP

YEAR OF REPORT DECEMBER 31, 2014

The state of the s	S	-134/-4	
List for each source of supply (C	Fround, Surface, Purchase	d vvater etc.)	
Permitted Gals. per day			
Type of Source	Ground Well No. 1		
,,,			
	WATER TREATMEN	IT FACILITIES	
List for each Water Treatment Fa	cility:		
Type			
Make			
Permitted Capacity (GPD)			
High service pumping			
Gailons per minute		-	
Reverse Osmosis			
Lime Treatment			
Unit Rating			
Filtration			
Pressure Sq. Ft	Softener		
	Sollener		
Gravity GPD/Sq.Ft			
Disinfection			
Chlorinator .42 Gal/Hr			
Ozone			
Other			
Auxiliary Power			

SYSTEM NAME: Wild Island 4040 County Road 621 WTP

YEAR OF REPORT DECEMBER 31, 2

2014

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.	
1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2	
2. Maximum number of ERC's that can be served. 2	
3. Present system connection capacity (in ERCs *) using existing lines. 2	
4. Future connection capacity (in ERCs *) upon service area buildout. n/a	
5. Estimated annual increase in ERCs *. 0	
Is the utility required to have fire flow capacity? No If so, how much capacity is required?	:
7. Attach a description of the fire fighting facilities.	-
Describe any plans and estimated completion dates for any enlargements or improvements of this system.There are no plans or requirements to increase system capacity or modify the system at this time.	
9. When did the company last file a capacity analysis report with the DEP?N/A	
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A	
a. Attach a description of the plant upgrade necessary to meet the DEP rules.	
b. Have these plans been approved by DEP?	
c. When will construction begin?	-
d. Attach plans for funding the required upgrading.	•
e. Is this system under any Consent Order with DEP?	
11. Department of Environmental Protection Permit Number Private System No. Permit Private Well System - No Permit Required	•
12. Water Management District Consumptive Use Permit # N/A	
a. Is the system in compliance with the requirements of the CUP?	
b. If not, what are the utility's plans to gain compliance?	٠
 * An ERC is determined based on one of the following methods: (a) If actual flow data are available from the proceding 12 months: Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days. 	
(b) If no historical flow data are available use: ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).	

WASTEWATER OPERATING SECTION

THIS SECTION LEFT BLANK NO WASTEWATER FACILITIES

YEAR OF REPORT DECEMBER 31, 2014

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WASTEWATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Dep Balance End of Year (f-g+h=i)
354	Structures and Improve						\"/	(i)
355	Structures and Improvements		%	%	\$	\$	\$	\$
360	Power Generation Equipment		%	%				T
361	Collection Sewers - Force		%	%				
362	Collection Sewers - Gravity Special Collecting Structures Services to Customers		%	%				
363	Special Collecting Structures		%	%				
364	Flow Measuring Davis		%	%				
365	Flow Measuring Devices Flow Measuring Installations		%	%				
370	Flow Measuring Installations		%	%				
371	Receiving WellsPumping Equipment		%	%				<u> </u>
	Pumping Equipment		%	%		· · · · · · · · · · · · · · · · · · ·		
380	Treatment and Disposal							
204	Equipment		%	%				
381	Plant Sewers		%	%				
382	Outrall Sewer Lines		%	%				
389	Other Plant and Miscellaneous Equipment		<u> </u>	%				
390	Office Furniture and							
391	Equipment Transportation Equipment		%	%				
392	ransportation Equipment		%	%				
	Stores Equipment		%	%				
393	Tools, Shop and Garage	1						
204	Equipment		%	%				
394	Laboratory Equipment		%	%				
395	Power Operated Equipment		%	%				
396	Communication Equipment		%	%				
397 398	Miscellaneous Equipment		%	%				**************************************
~~ (Other Tangible Plant		%	%				
	Totals							
				18	· (5	s	\$ *

YEAR OF REPORT DECEMBER 31, 2014

WASTEWATER UTILITY PLANT ACCOUNTS

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
351	Organization	\$	\$	\$	\$
352	Franchises				· —
353	Land and Land Rights				
354	Structures and Improvements	· · ·	*	-	
355	Power Generation Equipment				
360	Collection Sewers - Force			,	
361	Collection Sewers - Gravity				
362	Special Collecting Structures				
363	Services to Customers				
364	Flow Measuring Devices				
365	Flow Measuring Installations				
370	Receiving Wells				
371	Pumping Equipment				
380	Treatment and Disposal Equipment				
381	Plant Sewers				
382	Outfall Sewer Lines				
389	Other Plant and Miscellaneous				
	Equipment				
390	Office Furniture and Equipment				
391	Transportation Equipment				<u> </u>
392	Stores Equipment			 ,	<u> </u>
393	Tools, Shop and Garage Equipment				
394	Laboratory Equipment				
395	Power Operated Equipment				
396	Communication Equipment	-			~
397	Miscellaneous Equipment				~
398	Other Tangible Plant		-	•	~
	Total Wastewater Plant	\$	\$	\$	\$*

^{*} This amount should tie to sheet F-5.

End of Year_____

UTILITY NAME:

Silver Lake Utilites, Inc.

YEAR OF	RE	P	ORT
DECEMBER			2014

WASTEWATER OPERATION AND MAINTENANCE EXPENSE

Acct		
No.	Account Name	Amount
701 703 704	Salaries and Wages - Officers, Directors, and Majority Stockholders Employee Pensions and Benefits	\$
710	Purchased wastewater Freatment	
711 715 716	Purchased Power	
718	Fuel for Power ProductionChemicals	
720	ChemicalsMaterials and Supplies	
730	Contractual Services: Billing	
	Professional Testing Other	
740	Rents	
750	Transportation Expense	To 1
755	Insurance Expense	
765	Regulatory Commission Expenses (Amortized Rate Case Expense)	
770	Bad Debt Expense	
775	Miscellaneous Expenses	
·	Total Wastewater Operation And Maintenance Expense* * This amount should tie to Sheet F-3.	\$

WASTEWATER CUSTOMERS

Type of Meter **	Equivalent		ive Custometal i	AULIDEL OF
		Start		Equivalents
	Factor	of Year	of Year	(c x e)
(D)	(c)	(d)	(e)	(f)
_				
D	1.0			
				
_	4.0			
_				
_				
_				
C		-		
Ŧ	17.5	· · · · · · · · · · · · · · · · · · ·		
	Total			
	*			
	(b) D D D D,T D,C,T D C T	(b) (c) D 1.0 D 1.0 D 1.5 D 2.5 D,T 5.0 D,C,T 8.0 D 15.0 C 16.0 T 17.5	(b) (c) (d) D 1.0 D 1.0 D 1.5 D 2.5 D,T 5.0 D,C,T 8.0 D 15.0 C 16.0 T 17.5	(b) (c) (d) (e) D 1.0 D 1.0 D 1.5 D 2.5 D,T 5.0 D,C,T 8.0 D 15.0 C 16.0 T 17.5

GENERAL WASTEWATER SYSTEM INFORMATION

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

- 1. Present number of ERCs* now being served.
- 2. Maximum number of ERCs* which can be served.
- 3. Present system connection capacity (in ERCs*) using existing lines.
- 4. Future connection capacity (in ERCs*) upon service area buildout.
- 5. Estimated annual increase in ERCs*.
- 6. Describe any plans and estimated completion dates for any enlargements or improvements of this system
 - 7. If the utility uses reuse as a means of effluent disposal, provide a list of the reuse end users and the amount of reuse provided to each, if known.
 - 8. If the utility does not engage in reuse, has a reuse feasibility study been completed?

If so, when?

9. Has the utility been required by the DEP or water management district to implement reuse?

If so, what are the utility's plans to comply with this requirement?

- 10. When did the company last file a capacity analysis report with the DEP?
- 11. If the present system does not meet the requirements of DEP rules, submit the following:
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP?
 - c. When will construction begin?
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP?
- 12. Department of Environmental Protection ID #
- * An ERC is determined based on one of the following methods:
 - (a) If actual flow data are available from the proceding 12 months:

 Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
 - (b) If no historical flow data are available use:ERC = (Total SFR gallons sold (omit 000/365 days/280 gallons per day).

SYSTEM NAME:				DEC	EAR OF REP O EMBER 31, 2 O	PRT 14
		TREATME	NT PLANT			-
Manufacturer						
	MAST	ER LIFT ST	ATION PUMP	PS		
ManufacturerCapacity (GPM's) Motor: Manufacturer Horsepower Power (Electric or Mechanical)						
	PUMPING	S WASTEW	ATER STATIS	STICS		<u></u>
Months	Gallon Treat Waste	s of ed	Effluent Gallon Custom	Reuse s to	Effluent (Disposi on si	ed o
January February March April May June July August September October November December Total for year						