FILED 5/6/2022 DOCUMENT NO. 02842-2022 FPSC - COMMISSION CLERK

# Sunny Hills Utility Company Docket No. 20220066-WS

Response to Deficiencies Nos. 8, 11, 12, 13

## 18.4.5 Fire Flow Requirements for Buildings

## 18.4.5.1 One- and Two-Family Dwellings Not Exceeding 5000 ft<sup>2</sup> (464.5 m<sup>2</sup>)

#### 18.4.5.1.1

The minimum fire flow and flow duration requirements for one- and two-family dwellings having a fire flow area that does not exceed 5000 ft<sup>2</sup>(464.5 m<sup>2</sup>) shall be 1000 gpm (3785 L/min) for 1 hour.

#### 18.4.5.1.2\*

A reduction in required fire flow of 75 percent shall be permitted where the one- and two-family dwelling is provided with an approved automatic sprinkler system.

#### 18.4.5.1.3\*

Where one- and two-family dwellings are proposed to be constructed in areas where water distribution systems providing fire flow were designed and installed prior to the effective date of this Code, the AHJ shall be authorized to accept the previously designed system fire flow where the one- and two-family dwellings are provided with approved automatic sprinkler systems.

### 18.4.5.1.4

A reduction in fire flow shall be permitted for building separation distance in accordance with 18.4.5.1.4 and Table 18.4.5.1.4.

Table 18.4.5.1.4 Permitted Fire Flow Reduction for Building Separation

paration Distance Betw	een Buildings on a Single Lot	Separation Distance t	o Lot Line or Easement <sup>a</sup>			
ft	m	ft	m	Permitted Fire Flow Reduction		
>30 and ≤50	>9.1 and ≤15.2	>15 and ≤25	>4.6 and ≤7,6	25%		
>50	>15.2	>25	>7.6	40%		

a See 18.4.5.1.4.3.

### 18.4.5.1.4.1

Where multiple buildings are located on a single lot, the building separation distance shall be the distance between the buildings.

#### 18.4.5.1.4.2

Where a building abuts a lot line, the building separation distance shall be the distance between the building and the lot line.

#### 18.4.5.1.4.3

Where a building is contiguous to a public right of way or no-build easement, the separation distance shall be the distance between the building to the opposite side of the right of way or no-build easement.

#### 18.4.5.1.4.4

Where multiple buildings are located on a single lot and abut a lot line, the building separation distance for determining fire flow reduction shall be the smallest of the two distances.

#### 18.4.5.1.5\*

The reductions in 18.4.5.1.2, 18.4.5.1.3, and 18.4.5.1.4 shall not reduce the required fire flow to less than 500 gpm (1900 L/min).

## 18.4.5.2 One- and Two-Family Dwellings Exceeding 5000 ft<sup>2</sup> (464.5 m<sup>2</sup>)

#### 18.4.5.2.1

Fire flow and flow duration for dwellings having a fire flow area in excess of 5000 ft<sup>2</sup> (464.5 m<sup>2</sup>) shall not be less than that specified in Table 18.4.5.2.1.

## Table 18.4.5.2.1 Minimum Required Fire Flow and Flow Duration for Buildings

			or m <sup>2</sup> )	Flow Area ft <sup>2</sup> (× 0.0929 fo	Fire I	
Flow Duration (hor	Fire Flow gpm† (× 3.785 for L/min)	V(000)*	II(000), III(200)*	IV(2HH), V(111)*	II(111), III(211)*	I(443), I(332), II(222)*
	1500	0—3600	0—5900	0—8200	0—12,700	0—22,700
	1750	3601—4800	5901—7900	8201—10,900	12,701—17,000	22,701—30,200
	2000	4801—6200	7901—9800	10,901—12,900	17,001—21,800	30,201—38,700
2	2250	6201—7700	9801—12,600	12,901—17,400	21,80124,200	38,701—48,300
	2500	7701—9400	12,601—15,400	17,401—21,300	24,201—33,200	48,301—59,000
	2750	9401—11,300	15,401—18,400	21,301—25,500	33,201—39,700	59,001—70,900
	3000	11,301—13,400	18,401—21,800	25,501—30,100	39,70147,100	70,901—83,700
	3250	13,401—15,600	21,801—25,900	30,101—35,200	47,101—54,900	83,701—97,700
3	3500	15,601—18,000	25,901—29,300	35,201—40,600	54,901—63,400	97,701—112,700
	3750	18,001—20,600	29,301—33,500	40,601—46,400	63,401—72,400	112,701—128,700
4	4000	20,601—23,300	33,501—37,900	46,401—52,500	72,401—82,100	128,701—145,900
	4250	23,301—26,300	37,901—42,700	52,501—59,100	82,101—92,400	145,901—164,200
	4500	26,301—29,300	42,701—47,700	59,101—66,000	92,401—103,100	164,201—183,400
	4750	29,301—32,600	47,701—53,000	66,001—73,300	103,101—114,600	183,401—203,700
	5000	32,601—36,000	53,001—58,600	73,301—81,100	114,601—126,700	203,701—225,200
	5250	36,001—39,600	58,601—65,400	81,101—89,200	126,701—139,400	225,201—247,700
	5500	39,601—43,400	65,401—70,600	89,201—97,700	139,401—152,600	247,701—271,200
	5750	43,401—47,400	70,601—77,000	97,701—106,500	152,601—166,500	271,201—295,900
	6000	47,401—51,500	77,001—83,700	106,501—115,800	Greater than 166,500	reater than 295,900
	6250	51,501—55,700	83,701—90,600	115,801—125,500		
	6500	55,701—60,200	90,601—97,900	125,501—135,500		
	6750	60,201—64,800	97,901—106,800	135,501—145,800		
	7000	64,801—69,600	106,801—113,200	145,801—156,700		
	7250	69,601—74,600	113,201—121,300	156,701—167,900		
	7500	74,601—79,800	121,301—129,600	167,901—179,400		

#### 18.4.5 Fire Flow Requirements for Buildings

179,401—191,400	129,601—138,300	79.801—85,100	7750
Greater than 191,400	Greater than 138,300	Greater than 85,100	8000

<sup>\*</sup>Types of construction are based on NFPA 220.

†Measured at 20 psi (139.9 kPa).

#### 18.4.5.2.2

Required fire flow shall be reduced by 75 percent and the duration reduced to 1 hour where the one- and two-family dwelling is provided with an approved automatic sprinkler system.

#### 18.4.5.2.3

A reduction in the required fire flow shall be permitted where a one- and two-family dwelling is separated from all lot lines in accordance with Table 18.4.5.1.4.

#### 18.4.5.2.4

Required fire flow for one- and two-family dwellings protected by an approved automatic sprinkler system shall not exceed 2000 gpm (7571 L/min) for 1 hour.

#### 18.4.5.2.5\*

The reductions in 18.4.5.2.2, and 18.4.5.2.3 shall not reduce the required fire flow to less than 500 gpm (1900 L/min) for 1 hour.

### 18.4.5.3 Buildings Other Than One- And Two-Family Dwellings

#### 18.4.5.3.1

The minimum fire flow and flow duration for buildings other than one- and two-family dwellings shall be as specified in Table 18.4.5.2.1.

#### 18.4.5.3.2

Required fire flow shall be reduced by 75 percent when the building is protected throughout by an approved automatic sprinkler system. The resulting fire flow shall not be less than 1000 gpm (3785 L/min).

#### 18.4.5.3.3

Required fire flow shall be reduced by 75 percent when the building is protected throughout by an approved automatic sprinkler system, which utilizes quick response sprinklers throughout. The resulting fire flow shall not be less than 600 gpm (2270 L/min).

#### 18.4.5.3.4\*

Required fire flow for buildings protected by an approved automatic sprinkler system shall not exceed 2000 gpm (7571 L/min) for 2 hours.

#### 18.4.5.3.5

Required fire flow for open parking structures that are not protected throughout by an approved automatic sprinkler system shall be reduced by 75 percent where all of the following conditions are met:

- The structure complies with the building code.
- The structure is of Type I or Type II construction.
- (3) The structure is provided with a Class I standpipe system in accordance with NFPA 14. Class I standpipe systems of the manual dry type shall be permitted.
- (4) The resulting fire flow is not less than 1000 gpm (3785 L/min).

## 18.4.5.4\* Required Fire Flow and Automatic Sprinkler System Demand

For a building with an approved fire sprinkler system, the fire flow demand and the fire sprinkler system demand shall not be required to be added together. The water supply shall be capable of delivering the larger of the individual demands.

Attachment 2 (Page 1 of 2)

					Water Distrib	oution				
		Customers				U&U Pe	rcentages		Commission	
1 Jasi	mine Lakes		Lots with lines	Growth	Dkt 080121	PAA /AUF	AUF calc.	OPC calc.	Approved	0
	gs Cove	1,511							100	Comments
	ala Oaks	204					1		100	
	ciola Island	1,785 160							100	- cop diddioii
	er Lake Est/Western Sh								80	
	gerine	1,596 289	1,764	1.00	100.00	100.00	90.50	88.00	100	- up didition
	Total Customers Band 1							00.00	60	
	Composite U&U%	5,545							- 00	Stipulation
	composite odo /6					97.46			97.34	
									37.34	
2 Cartt	ton Village	283								
	Terrace	123							47	Stipulation
	nd Terrace	111							100	
	Gibson Estates	826							100	Stipulation
	y Woods	180							100	Stipulation
	ny Hills		213	1.00	100.00	100.00	84.50	89.00	100	
	ncia Terrace	578	6,384	1.14	13.00	13.00	10.30	11.00	100	
1 4101	Total Customers Band 2	359						11.00	100	AUF Calculation
	Composite U&U%	2,460							100	Stipulation
_	composite 0&0%					73.46			72.76	
									12.76	
3 48 Es	states									
	onia Estates	87							85	Cri- 1-1
	achen/Pk Manor	202	206	1.00	100.00	100.00	98.10	84.00	100	Stipulation
l ake	Osborne Estates	292	375	1.00	83.00	83.00	77.90	79.00		Prior Order
	ge Hill/Sugar Crk	461					77.00	73.00	78	AUF Calculation
	Ridge	246	273	1.00	100.00	100.00	90.10	94.00	100	Stipulation
	nswood	94					00.10	34.00	100	Prior Order
	tian Village	46	54	1.00	100.00	100.00	85.20	88.00	100	Stipulation
vene		172	219	1.08	72.63	85.00	84.80	81.00	100	Prior Order
	Total Customers Band 3	1,600					0 7.00	01.00	85	AUF Calculation
	Composite U&U%			- 1		94.59			93.56	

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Attachment 1 (Page 1 of 2)

							Wa	ter Treat	tment	Plant U	&U					
	FRC (gpr	m or gpd)	Peak Day (gp	om or gpd)	EUW (gpm o	or gpd)	FF (gpm	or gpd)	Gro	wth		U&U Pe	rcentages			
	AUF	OPC	AUF	OPC	AUF	OPC	AUF	OPC	AUF	OPC	DKT 080121		AUF calc.	OPC calc.	Commission	
Jasmine Lakes								-		0.0	DICT 000121	FAMAUF	AUF Calc.	OPC calc.	Approved	Comments
Kings Cove															100	
Ocala Oaks															100	
Picciola Island	150		79	79	0.00	0.00	0	0	1.06	1.06	75.00	75.00	50.70		100	
Silver Lake Est/Western Sh	1,944,000	1,944,000	1,440,000	1,440,100	0			0			93.71	94.00	52.73	56.00		Prior Order; Growth
Tangerine						-	00,000	- 0	1.00	1.00	93./1	94.00	77.16	74.00	94	
Band 1															100	Stipulation
Composite U&U%								-	-							
												97.59			97.55	
Carlton Village	200	200	153	153												
Fern Terrace	0	180	122		0.00	0.00	0			1.19	95.00	95.00	76.72	91.00	95	Prior Order; Growth
Grand Terrace	1 9	100	122	122	.0	0	0	0	1.00	1.00	100.00	100.00	0.00	68.00		One well system
Lake Gibson Estates	1	_		_												Stipulation
Piney Woods	+ +	-													100	
Sunny Hills	+ +	_												1		Stipulation
Valencia Terrace	_	-				0									91	
Band 2	+-+															Stipulation
Composite U&U%	+ +	_													100	Ocapulation
Composite Oato /s	+	-										97.31			97.31	
		_		-		-	_	_							07.01	
48 Estates						-		-	$\rightarrow$	$\rightarrow$						
Gibsonia Estates						_	_	-	$\rightarrow$	$\rightarrow$	-				100	CO-C- C-
Interlachen/Pk Manor	172,800	172,800	131,770	131,764	136	136	0	0	4.00	4.00	/00.00				61	Stipulation
Lake Osborne Estates				101,101	130	130	- 0	U	1.00	1.00	100.00	100.00	76.26	76.00		Prior Order
Orange Hill/Sugar Crk						-	-	-	-	-					NA	Purchased water
Quail Ridge						-	_	-	-	-						Stipulation
Ravenswood						-	-	-	-	-					100	Stipulation
Venetian Village	100	100	58	58	0.00	0.00	0	_	4.00	4.00						Stipulation
Band 3				30	0.00	0.00	0	0	1.08	1.08	74.00	74.00	57.72	63,00	74	Prior Order; Growth
Composite U&U%					-	$\rightarrow$		-	-	-						
											- 1	89.22			89.16	

	Summary of	Pro Forma P	lant Adjustme	ents	
Rate Band/System	Plant	Retirements	Accumulated Depreciation	Depreciation	
Water Band 1	(\$212,265)	(\$27,607)	The state of the s	Expense	Property Taxes
Wastewater Band 1	(7,280)	The state of the s	(\$24,174)	(\$13,756)	(\$4,275)
Water Band 2	- Annahamman	(1,944)	(12,936)	(1,074)	(174)
Wastewater Band 2	38,319	(21,725)	46,180	(424)	(855)
Water Band 3	(215,484)	(144,056)	125,161	(19,609)	(6,171)
	9,749	(7,839)	4,947	(973)	(261)
Wastewater Band 3	(124,748)	0	(8,097)	(3,585)	The second secon
Water Band 4	\$33,934	(62,985)	79,314		(2,021)
Wastewater Band 4	(216,878)	0	-	(5,413)	(1,008)
Breeze Hill-Water	(612)	0	(16,290)	(12,106)	(3,606)
Breeze Hill-Wastewater	(553)		(721)	(101)	0
Fairways- Water		0	(712)	(92)	0
Fairways- Wastewater	(5,684)	0	(2,130)	(948)	0
	2	0	(1,568)	0	0
Peace River- Water	(501)	0	(549)	(83)	
Peace River- Wastewater	(347)	0	(542)		0
Total Adjustments	(\$702,348)	(\$266,157)	187,885	(58)	0
-	, -,-,-,	(\$200,137)	107,003	(\$58,222)	(18,369)

PAA ISSUE 4:

Do any water systems have excessive unaccounted for water, and, if so, what adjustments are necessary?

STIPULATION:

The percentages for excessive unaccounted for water (EUW) for each water rate band and stand-alone system are shown below.

Rate Band/System	Composite EUW %
Rate Band 1	1.05
Rate Band 2	2.10
Rate Band 3	0.09
Rate Band 4	2.94
Breeze Hill	6.09
Peace River	11.47

The adjustment to Purchased Power, Chemicals, and Purchased Water expenses for Rate Band 4 is \$96.

PAA ISSUE 5:

What are the appropriate used and useful percentages for water treatment and related facilities of each water system?

**STIPULATION:** 

The following table reflects the U&U percentages for the stipulated water treatment and related facilities of each system listed below:

System	WTP%
48 Estates	100
Fairways	100
Gibsonia	61
Grand Terrace	100
Haines Creek	100
Harmony Homes	100
Hermits Cove/St. Johns Highlands	31
Imperial Mobile	100
Jasmine Lakes	100
Kings Cove	100
Lake Gibson Estates	100
Leisure Lakes	100
Morningview	100
Ocala Oaks	100
Orange Hill/Sugar Creek	100
Palm Port	100
Palms MHP	100
Peace River	100
Piney Woods	100
Pomona Park	100
Quail Ridge	100
Ravenswood	100
River Grove	100
Silver Lake Oaks	100
Skycrest	100
Stone Mountain	100
Summit Chase	100
Sunny Hills	91
Tangerine	100
The Woods	100
Valencia Terrace	100
Wootens	100

PAA ISSUE 6:

What are the appropriate used and useful percentages for the storage

tanks?

**STIPULATION:** 

All of the AUF storage tanks shall be considered 100 percent U&U.

PAA ISSUE 7:

What are the appropriate used and useful percentages for water distribution systems?

**STIPULATION:** 

The following table reflects the U&U percentages for the stipulated water distribution of each system list below:

## Sunny Hills WTP Chemicals 2021

System Name	Actual Location Plant #	Chemical	Feed Rate		Cost	Gallons/Units		Cost Per	
Sunny Hills	WTP			-	-	Ganons/Onits	gai	llon/unit	Date
	4	Sod Hypochlorite	.012 gpm	\$	65.00	50	\$	1.30	1/27/2021
	4	Sod Hypochlorite	.012 gpm	\$	65.00	50	\$	1.30	1/27/2021
	4	Sod Hypochlorite	.012 gpm	\$	52.00	40	\$	1.30	2/23/21
	4	Sod Hypochlorite	.012 gpm	\$	52.00	40	\$	1.30	4/21/21
	4	Sod Hypochlorite	.012 gpm	\$	65.00	50	\$	1.30	3/25/21
	4	Sod Hypochlorite	.012 gpm	\$	84.50	65	\$	1.30	5/19/21
	4	Clear Flow PT	.012 gpm	\$ 2	237.34	15	\$	15.83	6/18/21
	4	Sod Hypochlorite	.012 gpm		77.00	55	\$	1.40	7/21/21
	4	Sod Hypochlorite	.012 gpm	\$ 1	.05.00	75	¢	1.40	7/16/21
	1	Sod Hypochlorite	.012 gpm	\$	56.00	40	\$	1.40	8/11/21
	4	Sod Hypochlorite	.012 gpm	Ś	42.00	30	ć	1.40	8/11/21
	4	Sod Hypochlorite	.012 gpm		24.00	80	ç	1.55	9/9/21
	1	Sod Hypochlorite	.012 gpm	10.0	40.00	100	\$		10/11/21
	4	Sod Hypochlorite	.012 gpm	1	62.00	40	ç	1.40	11/18/21
	4	Sod Hypochlorite	.012 gpm		84.00	60	ć	1.55	11/4/21
	4	Sod Hypochlorite	.012 gpm		26.00	90	\$	1.40 1.40	12/2/21 12/29/21



See Pages 4 for Instructions. I. General Information for the Month/Year of: January, 2020 A. Public Water System (PWS) Information PWS Identification Number Sunny Hills PWS Name: Consecutive Transient Non-Community Non-Transient Non-Community ✓ Community #REF PWS Type:

1670647 Total Population Served at End of Month: Number of Service Connections at End of Month: US Water Services Corporation PWS Owner: Compliance Manager Contact Person's Title: 34652 Melisa Toteveel Zip Code: Contact Person: New Port Richey State: 4939 Cross Bayou Blvd Contact Person's Mailing Address: 727-849-4219 Contact Person's Fax Number: 866-753-8292 Contact Person's Telephone Number. mrotteveel@uswatercorp.net Contact Person's E-Mail Address: (850) 773-2802

B. Water Treatment Plant Information Plant Telephone Number. Sunny Hills Wells # 1 32428 Zip Code: Plant Name: Florida State: City: Chipley 3810 Gable Blvd Plant Address: Purchased Finished Water

✓ Raw Ground Water Type of Water Treatment by Plant: 1,224,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day:

CHIRCO Maximum 50)	perating Capacity of Plant, gallons per day:			Class (per subsection 62-699.310(4), F.A.C.): C
lant Category (per subsecti	ion 62-699.310(4), F.A.C.): V	License Class	License Number	Day(s) / Shift(s) Worked
Licensed Operators	S. William Co.	C	13268	Utility Manager
ead/Chief Operator:	Sharon Purviance	0	23173	Days 1st Shift
Other Operators:	George Randall Weekly	C	23113	

## II. Certification by Lead/Chief Operator

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

C - 13268 molumping 2/4/2020 Sharon Purviance License Number Printed or Typed Name Signature and Date

Mic 14	entification				REPORT FO	Plant Name:	Sunny Hills							
			Control Venner	10		lanuary, 2020								
			onth/Year				Chlorine Die		C Ozone	Comb	ined Chlorir	e (Chloran	nines)	
			Virus Inactiv	ation/Remov	al.   Free Cr	norme j	Chiorine Die	XIGC	Ozone	Come	niicu Cinors	io (cinora		
	raviolet Ra			(Describe):				Cartin	ad Chlorina	(Chloramine	s) [	Chlorine I	Dioxide	
ype o	f Disinfec	tant Resid	lual Maintair	ned in Distri	bution System:	Free Chk							No. Tax See	ELECTION OF THE PARTY STATES
	100000	SCALLOW	B. 1814	C	T Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inact	ivation, if	Applicable			
						CT Cal	culations				UVI	Jose		
Day of the	Days Plant Staffed or Visited by Operator (Place	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfoctant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	II Applicable	mg-mar.	III W-SCOREII	Scott	0.9	
1	X	24.0	0		1.0		-		-				0.5	
2	X	24.0	0		1.3		-	-					0.6	
3	X	24.0	0		0.7		1	-					0.7	
4	X	24.0			0.7		-							
5		24.0			0.9								0.8	
6	X	24.0	20000 3000		0.8								0.9	
7	X	24.0	0		0.8								1.1	
8	X	24.0	0		0.3								0.7	
9	X	24.0	18000		0.2							_	0.8	
11	x	24.0	0		0.2								0.6	
12	_^	24.0	0									-	0.8	
13	Х	24.0			1.9							-	0.8	
14	X	24.0			1.9						-	-	0.9	
15	X	24.0			1.3				1	-	-	_	0.7	
16	X	24.0			1.0		1		-	-	-	-	0.7	
17	X	24.0	0	100	0.7		-		-	-			0.5	
18	X	24.0	0		1.1		+	-	-	-	_			
-19		24.0					-	-	-				0.7	
20	X	24.0	-		1.0		-	+					0.7	
21	X	24.0			1.0		+	1					0.5	
22	X	24.0			0.8		1	1					0.6	
23	X	24.0	-	-	1.3								0.5	
24	X	24.0	-		1.2								0.8	
25	X	24.0			1.2									
26		24.0	-	-	1.0								0.5	
27	X	24.0			0.9								0.6	
28	X	24.0			1.4							-	0.7	
29	X	24.0	_		1.1							-	0.9	'
30	^	24.0												
Total	4	24.	207,700											

6,700

62,000

Avgerage

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



		cu.									
	See Pages 4 for Instru										
I.	General Information	for the Month/Ye	ar of: January, 2020								
Á	Public Water System	(PWS) Informati	on								
73.	PWS Name:	Sunny Hills						PWS Identification Num	per:	1670647	
	PWS Type:	✓ Community	Non-Transient Non-Community	T	ransient Non-Comm	nunity		Consecutive			
	Number of Service Connect		594	Land .				Population Served at End of Mo	nth:	1,827	
	PWS Owner:	US Water Services Cor									
		Melisa Toteveel	podanes				Contac	t Person's Title:	Compliance M	anager	
	Contact Person's Mailing Ac		939 Cross Bayou Blvd			City:	New Port Rich	ey State: Florida		Zip Code: 34	652
	Contact Person's Telephone		66-753-8292				Contac	ct Person's Fax Number:	727-849-4219		
	Contact Person's E-Mail Ad		nrotteveel@uswatercorp.net								
В.	Water Treatment Pla	nt Information									
1	Plant Name:	Sunny Hills Wells#4						Plant Telephone Number		(850) 773-2802	
	Plant Address:	153 Vash Circle				City:	Chipley	State: Florida		Zip Code: 32	428
	Type of Water Treatment by	Plant:	Raw Ground Water	urchased Fin	ished Water						
	Permitted Maximum Day O		nt, gallons per day.		1,224,000						
	Plant Category (per subsecti	on 62-699.310(4), F.A.(	C.): V					lant Class (per subsection 62-69			
	Licensed Operators		Name		License Class	Lic	ense Numbe	er	Day(s) / Shi	ft(s) Worked	AND THE PARTY OF
1	Lead/Chief Operator:	Sharon Purviance			C		13268	Days 1st Shift			
		George Randall Weekly	y		C		23173	Supervisor			
-		VCI: CO		10/10/100	US BOARD	75 No.	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		0.5		You have been been
Ш	Certification by Lead	I/Ciner Operator	operator licensed in Florida, am	the lead/abi	of operator of the	water	r treatment r	lant identified in part I o	f this report. 1	certify that th	e information
	I, the undersigned wat	er treatment plant o	te to the best of my knowledge a	The lead of the	er operator of the	inking	a water treat	ment chemicals used at th	is plant confo	orm to NSF Int	ernational Standard
	provided in this report	is true and accurat	te to the best of my knowledge a	nd benet. I	certify diat all di	HIKIN	g water treat	nel operations records fo	r this plant we	re prepared ea	ch day that a
	60 or other applicable	standards reference	ed in subsection 62-555.320(3),	F.A.C. Tal:	so certify that the	10110	wing additio	al and abamical food me	or and (2) if a	nnlicable ann	consiste treatment
	licensed operator staff	ed or visited this p	lant during the month indicated	above: (1) r	records of amoun	ts of c	enemicais us	ed and chemical feed rate	s, and (2) if a	ppricable, app	of this ranged at a
	process performance r	ecords. Furthermo	ore, I agree to provide these addi	tional opera	tions records to t	he PW	S owner so	the PWS owner can retai	n them, togeth	ier with copies	of this report, at a
	convenient location for										
		1,525									
	Franks	June 1 nd a	12/6/2020	Sharon Purvi	ance					C - 13268	
	Signature and Date	The Market Street	7 3/6/3030	Printed or Ty	ped Name					License Numbe	T

PWS I	dentification	n Number:		1670647		Plant Name:	Sunny Hills	Well #4						
III	Daily Data	for the N	Ionth/Year	of:		January, 2020								
			g Virus Inacti		val: ▼ Free C		G1 : D	es es	P= 0			U 13221977	19 90	
	Itraviolet R		C Othe			inorme 1	Chlorine D	ioxide	C Ozone	Com	pined Chlori	ne (Chlora	mines)	
-						ptor .	-				pec			
Type	of Disinfe	ctant Resi	dual Maintai		ribution System:	Free Chk			ned Chlorine			Chlorine l	Dioxide	
				(	CT Calculations, or	UV Dose, to	Demostate.	Four-Log	Virus Inac	tivation, if	Applicable*			
				The second		CT Calc	culations				UVI	Dose		
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, ing- min/L	Temp of	pH of Water,	Minimum CT Required,	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0		Tune, Spor	1.2		111111111111111111111111111111111111111	110001	To a quantity	mg marc	nin-scoon	Source	0.9	Out of Operation
2	X	24.0			1.5								0.5	
3	X	24.0			1.4						-		0.6	
4	X	24.0	96,600		1.3								0.7	
5		24.0												
6	X	24.0			1.1								0.8	
7	Х	24.0			1.4								0.9	
8	X	24.0			1.3								1.1	
9	X	24.0			1.2								0.7	
10	X	24.0			1.4								0.8	
11	X	24.0	93,400		1.5								0.6	
12		24.0	85,950		1.5		-		-					
14	X	24.0 24.0	85,950 88,600		1.5			-					0.8	
15	X	24.0	90,000		1.8			-	-				0.7	
16	X	24.0	82,600		0.9								0.7	
17	X	24.0			1.3								0.7	
18	X	24.0	75.59.55.50.	1	1.4	7			<b>†</b>			-	0.5	
19		24.0												
20	Х	24.0	82,100		1.4								0,7	
21	Х	24.0	91,700		1.3								0.7	
22	X	24.0			1.2								0.5	
23	X	24.0			1.3								0.6	
24	X	24.0	73,600		1.3								0.6	
25	X	24.0	86,000		1.3								0.8	
26		24.0	75,700						-					
27	X	24.0	75,700		1.3		-						0.7	
28	X	24.0 24.0	87,100		1.3		-		-				0.6	
30	X	24.0	89,900 81,400	-	1.4		-						0.7	
31	- ^	24.0	85,133		1.3		-						0.9	
Total	-	24.0	2,639,133											1
. Ordi		PAR NO	2,037,133	4										

105,100

Maximum

DEP Form 62-555 900(3)Atternate Page 2

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

A. Public Water System (PWS) Information  [PWS Name. Sumy Hills  [PWS Type. ]-] Community   Non-Transient Non-Community   Transient Ron-Community   Consecutive  [PWS Consect. In St. Water Services Competitions at End of Month.   REEFI   Total Population Served at End of Month.   REEFI    [PWS Owner. In St. Water Services Competitions   U.S. Water Services Competitions   V.S. Water Services Community   Contact Presents Title   Competition Services   Contact Presents Title   Contact Presents Title   Conta	I. General Information	for the Month/Year of: Janua	ary, 2020				
FWR Stape   Sumy Hills   FWR Stape   Sumy Hills   FWR Stape   Starting Connecution at End of Month:   REEF   Transient Non-Community   Connecution   REEF   Transient Non-Community   Transient Non-Community   REEF   Transient Non-Community   Transient Non-Community   REEF   Transient Non-Community   Transient Non-Community   Transient Non-Community   Transient Non-Community   Transient Non-Community   Transient Non-Communit	A Dublic Water Contan	(DWS) Information					
PWS Type					DWS Identification Number	1670647	
Number of Service Connecisions at End of Month: #REF    Total Population Served at End of Month: #REF    PVRS Owner   U.S Water Services Corporation			ommunity Transient Non-Com	munity II		10/004/	
EVALUATION   Contact Person's Tarile   Contact Person's Fast Number   Edephone Number   Ed						Month: #DEE1	
Contact Persons: Melina Roteveel   Contact Persons' Title: Compliance Manager   Contact Persons' Telephone Number: 865-753-8292   Contact Persons' February   Total Persons'	Company of the Compan		#REF!	Total	ropulation Served at End of r	Monun. #REF!	
Contact Person's Mailing Address				In-	-t Domesto Tisto	Compliance Manager	
Contact Person's Telephone Number:   866-753-8292     Contact Person's Fax Number   727-849-4219							24652
Contact Person's E-Mail Address:   mroleveel@uswatercorp.net					A CONTRACTOR OF THE PARTY OF TH		34032
Plant Name:   Sump Hills Welf # 5   Plant Telephone Number:   (850) 773-2802     Plant Address:   [240 Elicam Blvd   State: Florida   Zip Code: 32428     Type of Water Treatment by Plant:   J. Raw Ground Water   Purchased Finished Water     Permitted Maximum Day Operating Capacity of Plant, gallons per day:   1,224,000     Plant Category (per subsection 62-699 310(4), F.A.C.)   V   Plant Class (per subsection 62-699 310(4), F.A.C.)   C     Licensed Operators   Licensed Operators   License Number   Days (s) / Shirth(s) Worked     Lead/Chief Operators:   George Randall Weekly   C   23173   Days 1st Shirt     Other Operators:   George Randall Weekly   C   23173   Days 1st Shirt     License Number   License Number   License Number   License Number   Days (s) / Shirth(s) Worked     License Number   License Number   Days (s) / Shirth(s) Worked     Lead/Chief Operators:   George Randall Weekly   C   23173   Days 1st Shirt     License Number   Days (s) / Shirth(s) Worked     License Number   License Number   Days (s) / Shirth(s) Worked     Lead/Chief Operators:   George Randall Weekly   C   23173   Days 1st Shirt     License Number   Days (s) / Shirth(s) Worked     License Number   Days (s) / Shirth(			orn not	Conta	ct Person's rax Number:	121-849-4219	
Plant Address: 1240 Elicans Bibl. 1240 Elicans El			JIP.Het	11000		SHE	
Plant Address: 1240 Elicans Bivd					In	(0.50) 572 00	20
Type of Water Treatment by Plant:    V						The second secon	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Claegory (per subsection 62-699 310(4), F.A.C.):  V  Plant Claes (per subsection 62-699 310(4), F.A.C.):  C  License Class  License Class  License Number  Day(s) / Shift(s) Worked  Days last Shift  C  C  13268  Days last Shift  Days last Shift  Days last Shift  C  C  13173  Days last Shift  C  C  14186  C  141				City:	State: Florida	Zip Code:	32428
Plant Class (per subsection 62-699.310(4), F.A.C.):  Licensed Operators  Lead/Chief Operator:  George Randall Weekly  C  13268  Days 1st Shift  Days 1st Shift  Days 1st Shift  License Class  C  13268  Days 1st Shift  Days 1st Shift  License Class  Days 1st Shift  Days 1st Shift  License Class  License Cla							
Licensed Operators  License Class  License Number  Day(s)/Shift(s) Worked  License Operators  License Class  License Number  Day(s)/Shift(s) Worked  Days lat Shift  Days lat Shift  Days lat Shift  License Operators:  George Randall Weekly  C  23173  Days lat Shift  Days lat Shift  License Operators:  George Randall Weekly  C  23173  Days lat Shift  License Operators:  License Number  Day(s)/Shift(s) Worked  Day(s)/Shift(s) Worked  License Operators  C  Days lat Shift  Days lat Shift  License Operators  License Number  Day(s)/Shift(s) Worked  Days lat Shift  Days lat Shift  License Operators  License Number  Day(s)/Shift(s) Worked  Days lat Shift  Days lat Shift  Days lat Shift  License Operators  License Number  Day(s)/Shift(s) Worked  Days lat Shift  Days lat Shift  Days lat Shift  License Operators  License Number  Day(s)/Shift(s) Worked  Days lat Shift  Days lat	Permitted Maximum Day O	perating Capacity of Plant, gallons per day:					
Lead/Chief Operators:  George Randall Weekly  C 23173  Days 1st Shift  Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Sharon Purviance  C-13268							
Other Operators:  George Randall Weekly  C  23173  Days 1st Shift  Leartification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Sharon Purviance  C-13268	Licensed Operators	Name	License Class	License Number		Day(s) / Shift(s) Worker	
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Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Sharon Purviance  C-13268	nearided in this report	t is true and accurate to the hest of my kno	avledge and belief I certify that all o	rinkino water trea	tment chemicals used a	t this plant conform to 1	JSF International
day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Sharon Purviance  C-13268	provided in this report	is true and accurate to the best of my known	an 62 555 220(2) E A C. Inlea cart	if that the following	ing additional aparation	se records for this plant	ware prepared each
appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Sharon Purviance  C-13268							
copies of this report, at a convenient location for at least ten years.  Sharon Purviance  C-13268							
Sharon Purviance C-13268				operations records	to the PWS owner so	the PWS owner can reta	in them, together with
	copies of this report, a	at a convenient location for at least ten year	ITS.				
	Franks	2000/01/2000/2000/2000/2000/2000/2000/2	Sharon Purviance			C - 13268	
		W. + 1000				License Num	ber

DEP Form 62-555, 900(3)Alternate Page 1

PWS Id	lentification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5						
III. D	aily Data	for the N	lonth/Year	of:		January, 2020								
			g Virus Inactiv		al: Free C	hlorine [	Chlorine Di	oxide	┌ Ozone	[ Comb	ined Chlori	ne (Chlorar	nines)	
	traviolet R			r (Describe):						**				
					ibution System:	₩ Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	s) [	Chlorine I	Dioxide	
Type o	Disinte	ctant Resid	niai Maintaii	ieu III Disu	T Calculations, or								Marie Same	
		2336		C	I Calculations, or			rour-Log	VII US III AC	arrang n	UV	Dose		
	Tori Ser	1 200 3	THE HEAVY			CT Calc	ulations				0.0	1	Total Street	
Day of the	(Place	Hours plant	Producted,	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, OC	pH of Water,	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work tha Involves Taking Water System Components Out of Operation
Month	"X")	Operation 24.0	gal. 500	Kate, gpu.	1.1	2232304007							0.6	
2	X	24.0			1.0								0.4	
3	X	24.0			1.0								0.4	
4	X	24.0			0.7								0.4	
5		24.0				4								
6	Х	24.0			0.6								0.5	
7	Х	24.0	0		0.6				-			-	0.5	
8	Х	24.0	700		1.1				-			-	0.3	
9	X	24.0	800		1.0			-	-	-			0.3	
10	X	24.0			0.4	<u> </u>	-	-		-		-	0.5	
11	X	24.0			1.0		-	-	-	-				
12		24.0	-					-	-	-			1.0	
13	X	24.0			0.4			-		-			0.2	
14	X	24.0			1.1		-	-	-	1			0.2	
15	X	24.0			0.9		-	_	-	-			0.2	
16	X	24,0			0.6		+	1	+				0.4	
17	Х	24.0			1.1		-						0.3	
18	X	24.0			I,L									
19		24.0			0.4								0.2	
20	X	24.0			0.5		1						0.4	
21	X	24.0			1.0								0.2	
22	X	24.0			1.0								0.4	
23	X	24.0		1	0.3								0.2	
24	X	24.0			0.8								0.4	
26	^	24.0												
27	Х	24.0	-		0.3								0.3	
28	X	24.0			0.6								0.3	
29	X	24.0			0.5							-	0.7	
30	X	24.0			0.6					1		-	0.3	
31	X	24.0			0.8								0.3	
Total	The same	138 B D 1 F -	23,600											

761

2,500

Avgerage

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

I. General Information	on for the Month/Year of: February, 2	2020			
	The second secon				
	m (PWS) Information				
PWS Name:	Sunny Hills			PWS Identification Nu	imber: 1670647
PWS Type:	✓ Community Non-Transient Non-Commu	nity Transient Non-Comr	munity Cor	secutive	
Number of Service Conne		#REF!	Total Pop	ulation Served at End of N	Month: #REFI
PWS Owner:	US Water Services Corporation				STILL STOP IN THE STATE OF THE
Contact Person:	Melisa Toteveel		Contact P	erson's Title:	Compliance Manager
Contact Person's Mailing			City: New Port Richey	State: Florida	Zip Code: 34652
Contact Person's Telephor				erson's Fax Number:	727-849-4219
Contact Person's E-Mail A		<u>et</u>			CARLY COLORS
3. Water Treatment P					
Plant Name:	Sunny Hills Wells # 1			Plant Telephone Numb	er. (850) 773-2802
Plant Address:	3810 Gable Blvd		City: Chipley	State: Florida	Zip Code: 32428
Type of Water Treatment h		Purchased Finished Water			
	Operating Capacity of Plant, gallons per day:	1,224,000		The second second	restant lawrence and
Plant Category (per subsec	tion 62-699.310(4), F.A.C.): V	450	Plant	Class (per subsection 62-6	699.310(4), F.A.C.): C
Licensed Operators	Name	License Class	License Number	1 - PERTIN OF OT	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	C	13268	Utility Manager	22) (b) i Stangey it of Act
Other Operators:	George Randall Weekly	C	23173	Days 1st Shift	THE REPORT OF THE PERSON OF TH
				Duya 13t Gillit	LANGUE AND RESIDENCE AND ADDRESS OF THE PARTY OF THE PART
					THE RESIDENCE OF THE PARTY OF T
Zau kaliza in di	William Control of the Control of th				
			A STATE OF THE PARTY OF THE PAR	Later Control of the	72 planting Street water opening to the street of the stre
Certification by Lead	I/Chief Operator		<b>"大大"是"农业长安</b> 县"	SENSON STREET	· 特别的 (5 ) (4 ) (4 ) (4 ) (4 ) (4 ) (4 ) (4 )
I, the undersigned wat	er treatment plant operator licensed in Florida, ar	n the lead/chief operator of the	water treatment plant	identified in part I o	f this report I cartify that the information
provided in this report	is true and accurate to the best of my knowledge	and belief I certify that all driv	king water treatmen	t chemicals used at the	his plant conform to NCE Internation
60 or other applicable	standards referenced in subsection 62-555.320(3	FAC Talso certify that the	following additional	e circumoais used at i	ins plant contorn to NSF international Standard
licensed operator staff	ed or visited this plant during the month indicate	d above: (1) seconds of seconds	onowing additional of	operations records to	or this plant were prepared each day that a
nrocess performance r	ed or visited this plant during the month indicated	a above. (1) records of amounts	of chemicals used a	nd chemical feed rate	es; and (2) if applicable, appropriate treatment
convenient location for	ecords. Furthermore, I agree to provide these add	ditional operations records to the	PWS owner so the	PWS owner can retai	in them, together with copies of this report, at a
convenient location for	r at least ten years.				
9. 0	11/-				
Debaron T.	Mignel 3/46020	Sharon Purviance			C - 13268
Signature and Date		Printed or Typed Name			

PWS I	PWS Identification Number:   Plant Name:   Sunny Hills Well # 1													
0 4 1 FBB 1	aily Data	a for the N	Ionth/Year	of:	S A REST VERGE	January, 2020								
			g Virus Inacti		val: 🔽 Free C	thorne -	Chlorina Di	oxida	C Ozone	E Com	hinad Chlori	na (Chloro	-in any	
	traviolet R		┌ Othe			1	Cinornic Di	Oxide	1 020110	1 Conn	Duica Chion	ne (Cinorai	imies)	
					ribution System:	Free Chlo	vrine [	Combin	ed Chlorine	(Chloramine	es) [	Chlorine l	Dioxide	
Турсч	JI DISIIIIC	Ctain Resi	duai iviaimai										January 1	
1836	120000	33000	DIST.	-	CT Calculations, or			rour-Log	Virus inac	uvation, ii .				
2315	STATE OF THE PARTY.	3000				CT Calc	ulations				UV	Dose		
	5.0	The state of					Lowest CT	1000		AL ISSUES				
Young						Disinfectant	Provided		HA STORY					
113	Days Plant Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First				100	Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished	TWO IS NOT	Concentration (C)	Measurement	Customer	SOLON			Lowest	UV Dose	STREET, STREET	Emergency or Abnormal Operating Conditions:
Day of	The second second	Hours plant	The second secon		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Repair or Maintenance Work that Involves
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required.	UV Dose,	mW-	Distribution	Taking Water System Components Out of
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Operation
1	X	24.0			0.2								0.3	
2	X	24.0			0.2								0.7	Control of the contro
3	X	24.0 24.0	0		2.0								0.7	
5	_ ^	24.0	0		2.0								0.7	
6	Х	24.0	20000		2.0								0.6	
7	X	24,0	3000		1.9									E5 10 3 10 3 10 10 10 10 10 10 10 10 10 10 10 10 10
8	X	24.0	0		1.5								0.4	Participation of the same
9	Х	24.0	0										TI TO	
10	X	24.0	18000		0.9			i					0.5	
11	X	24.0	0		0.3								0.7	
12		24.0	0		0.3								0.6	
13	X	24.0	0		0,2								0.5	
14	X	24.0 24.0	0 10000		0.2						- 50		0.2	
15	X	24.0	19000		0.2					_	1	W.Y.	0,2	
17	X	24.0	0		0.3								0.7	
18	X	24.0	0		0.2								0.3	
19		24.0	0		0.4								0.3	
20	X	24.0	20000		0.3								0.5	A STATE OF THE RESERVE OF THE RESERV
21	X	24.0	0		2.0								0.4	
22	Х	24.0	0		0.2								0.2	A STATE OF THE STA
23	X	24.0	19000		0.2						L		0.3	
24	X	24.0	0		0.2								0,5	
25	X	24.0	0		0.3								0.9	
26	v	24.0						-					0.8	
27	X	24.0 24.0	62000 20000		0.4			-					0.6	
29	X	24.0	1000		0.6					-			0.6	
30	X	24.0	19000		2.0									
31		24.0	6700											
Total			142,000											
APPROVISE WATER		The second secon	1.007											

62,000

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

General Information	on for the Month/Year	of: February, 2	2020								
Public Water Syste	m (PWS) Information										
PWS Name:	Sunny Hills					PWS Identification Num	ber. 1670647				
PWS Type:	✓ Community	Non-Transient Non-Commu	inity Tr	ransient Non-Comr	nunity	Consecutive					
Number of Service Conne		594			Total	Population Served at End of Mo	onth: 1,827				
PWS Owner:	US Water Services Corpora	ation				TEXT TO THE	7-1 12 27 27 27				
Contact Person:	Melisa Toteveel				Conta	ct Person's Title:	Compliance Manager				
Contact Person's Mailing	Address: 4939 t	Cross Bayou Blvd			City: New Port Rich	ey State: Florida	Zip Code:	34652			
Contact Person's Telephon	ne Number: 866-7:	53-8292			Conta	ot Person's Fax Number:	727-849-4219				
Contact Person's E-Mail A	ddress: mrot	tteveel@uswatercorp.ne	et			ALC: A REPORT OF THE					
Water Treatment P	lant Information										
Plant Name:	Sunny Hills Wells #4					Plant Telephone Number	(850) 773-28	802			
Plant Address:	153 Vash Circle				City: Chipley	State: Florida	Zip Code:	32428			
Type of Water Treatment I	by Plant:	Raw Ground Water	Purchased Finis	shed Water							
Permitted Maximum Day	Operating Capacity of Plant, g	allons per day:		1,224,000			and the second	The second of the second			
lant Category (per subsec	tion 62-699.310(4), F.A.C.):	V			P	ant Class (per subsection 62-69	9.310(4), F.A.C.): C				
Licensed Operators		Name	R. C. Barrier	License Class	License Number	er	Dav(s) / Shift(s) Worke	d			
ead/Chief Operator:				C	13268	Days 1st Shift					
Other Operators:	George Randall Weekly			С	23173		Supervisor				
					1000						
						College Trans					
	-			-			the second second				
								The state of the s			
						C. S. D. L. B. Print	The Company of the Company	A STATE OF THE REAL PROPERTY.			
		Carlotte and Market an		AS LOUIS OF	Ash Carl			Carlot Barrier Co.			
Certification by Lea	d/Chief Operator	TOTAL NOTA LAND AND AND AND AND AND AND AND AND AND		Photograph and		The state of the s		Parking Named			
		r i ri ii	4-1-1/-1	C. Cal		l	this asset I sadificated	the information			
		ator licensed in Florida, a									
		the best of my knowledge									
		subsection 62-555.320(3									
censed operator staf	fed or visited this plant	during the month indicate	ed above: (1) re	cords of amount	s of chemicals use	ed and chemical feed rate	s; and (2) if applicable, a	ppropriate treatmen			
rocess performance	records. Furthermore, I	agree to provide these ad	dditional operation	ons records to th	e PWS owner so	he PWS owner can retain	them, together with copi	ies of this report, at			
onvenient location for							22 CT22 - 50	4 8			
Donald	Rumaires	3/4/2020	Sharon Purvian	ice			C - 13268				
ignature and Date		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Printed or Type	ed Name			License Nun	nber			

DEP Form 62-555, 900(3)Alternatio

WS Id	lentification	Number:		1670647		Plant Name:	Sunny Hills	Well #4						
_			Ionth/Voor	of:	<b>************************************</b>	February, 2020								
Hell	amy Data	Fort	lonth/Year	ention/Demos		Sant Sant Sant Sant Sant Sant Sant Sant	Chlorine Di	ovide	Ozone	┌ Comb	nined Chlori	ne (Chloran	nines)	
			Virus Inactiv	r (Describe):	ai. j <b>v</b> 11000	morate 1	CHOIDE DE	OALOC	1 Ozone	Com	Julea Cilion	(0		
	traviolet R		-			E 8 011		Combin	ed Chlorine	(Chloramine	es) [	Chlorine I	Dioxide	
ype o	f Disinfec	ctant Resid	dual Maintair	ned in Distr	ibution System:	Free Chlo								
233	12 12 6	NAME OF	TOTAL AND	C	T Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if	Applicable	020000	Mark mark	
		15 43		BANK THE ST		CT Calc	ulations		57 5 NS		UV	Dose		
	Days Plant Staffed or Visited by	Hours plant	Net Quantity of Finished Water		Lowest Residual Disinfectant Concentration (C) Before or at First	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak			Maunum	Lowest Operating	Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work t
Day of the	(Place	in in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water.	CT Required,		mW-	Distribution	Involves Taking Water System Componer Out of Operation
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm*	System, mg/L 0.7	Out of Operation
1	X	24.0	78,800		0.9							De CONTRA	0.7	PORT OF THE WALL TO SEE
2		24.0	69,300										0.7	
3	X	24.0	69,300	1	0.9			-					0.5	
4	X	24.0	87,900		0.9		1				1000		0.7	
5	X	24.0	67,800		1.3		1						0.6	
6	X	24.0			1.1							111111111111111111111111111111111111111	0.3	
7	X	24.0			1,1				-				0.4	
8	X	24.0			1.3									
9		24.0			1.5						1		0.5	
10	X	24.0			1.3								0.7	Maria de la Maria de la Companya de
11	X	24.0			1.3						1 2 50	1 22	0.6	OF STATE OF STATE OF
12	X	24.0			1.5						1		0.5	THE REAL PROPERTY.
13	X	24.0	100,000		1.4						1	Mark Villa	0.4	COY, UT VITTE IN SIGH
14	X	24.0			1,5							12 16	0.2	KIND OF STATE
15	X	24.0		-							1.1.22			MILES RESERVED DESIGNATION
16	X	24.0		-	1.2		E				4-	1	0.7	lett I did I sommet in the dis
18	X	24.0		2.4	1.6		FEWER OF				1 30		0.3	Mark Street Control
19	X	24.0	82,100		1.4						1,175		0,3	
20	X	24.0	106,300	U., L	1.4						1 1 1 2 3	2000	0.4	BETS TO STORY OF THE PARTY OF T
21	X	24.0	94,900		1.5						- 3		0.4	BOT TO THE SECOND SECOND
22	Х	24.0			1.6					-			1177 300	TO THE STATE OF THE PARTY.
23		24.0											0.3	
24	X	24.0			1.6						1		0.6	
25	Х	24.0			1.1					-			0.9	ET TO LEGISLE DOLLAR
26	X	24.0			1.4			-			1		0.8	
27	Х	24.0			1.0							No. of the	0.6	the state of the s
28	X	24.0			1.1								0.6	
29	X	24.0			1.2									
30	-	24.0												
31		24.0	2,782,333											
vial			92,744	1										

129,900

Page 2

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



Signature and Date

DEP Form 62-555, 900(3)Alternate

See Pages 4 for Instructions. General Information for the Month/Year of: February, 2020 A. Public Water System (PWS) Information PWS Identification Number: 1670647 Sunny Hills PWS Name: Transient Non-Community Consecutive Non-Transient Non-Community ✓ Community PWS Type: Total Population Served at End of Month: #REF! #REF! Number of Service Connections at End of Month: US Water Services Corporation PWS Owner: Contact Person's Title: Compliance Manager Contact Person: Melisa Roteveel 34652 City: New Port Rich State: Florida Zip Code: 4939 Cross Bayou Blvd Contact Person's Mailing Address: Contact Person's Fax Number: 727-849-4219 866-753-8292 Contact Person's Telephone Number: mroteveel@uswatercorp.net Contact Person's E-Mail Address. B. Water Treatment Plant Information Plant Telephone Number: (850) 773-2802 Sunny Hills Well # 5 Plant Name: Zip Code: 32428 State: Florida City: 1240 Elkcam Blvd. Plant Address: Purchased Finished Water Raw Ground Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.224.000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Category (per subsection 62-699.310(4), F.A.C.): V Day(s) / Shift(s) Worked License Class | License Number Licensed Operators Name 13268 Days 1st Shift Lead/Chief Operator: Sharon Purviance Days 1st Shift 23173 Other Operators: George Randall Weekly II Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Rumanel 3/4/2020 C - 13268 Sharon Purviance

Page 1

Printed or Typed Name

License Number

WS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5						
			Ionth/Year o	of:		February, 2020								
			Virus Inactiv		al: Free C	hlorine [	Chlorine Di	oxide	Ozone	☐ Comb	ined Chlorin	ne (Chloran	nines)	
	raviolet R			(Describe):	- 7									
Un	raviolet R	autation				Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	s) [	Chlorine I	Dioxide	
ype o	f Disinfec	ctant Resid	iual Maintair	ied in Distr	ibution System:							350000		
				C	T Calculations, or			rout-Log	VII US IIIac	tivation, it z	UVI	Jose		
		THE SHAPE		位 以		CT Calc	ulations				UVI	JU3C		
							Lowest CT			10 P			10.70	
220		100 S		2001		Disinfectant	Provided	W. T. S.			SHALE !			
	There tiles				Lowest Residual	Contact Time	Before or at						Lowest Residual	
253	Days Plant Staffed or		Net Quantity	PERMIT	Disinfectant	(T) at C	First					Minimum	Disinfectant	Emergency or Abnormal Operating
500	Visited by		of Finished		Concentration (C)	Measurement	Customer		The latest the same of the sam		Lowest	UV Dose Required,	Concentration at Remote Point in	Conditions; Repair or Maintenance Work
ay of	The second secon	Hours plant	Company of the Control of the Contro		Before or at First	Point During	During Peak	*****	2	Minimum	Operating UV Dose,	mW-	Distribution	Involves Taking Water System Compon
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-			CT Required,	CALL TOTAL	sec/cm²	System, mg/L	Out of Operation
lonth	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm*	SCOCIII	0,4	
1	X	24.0			0.9									
2		24.0	600								7.		0.4	THE STREET SAY AND IN
3	X	24.0	600		0.8								0.3	
4	X	24.0	1200		0.6						777 30		0.2	
5	X	24.0	550		0.5								0.6	ERROR FOR A
6	X	24.0	550		0.5						-		0.4	THE PROPERTY OF THE PARTY OF TH
7	X	24.0	0		0.8			To do	-		7 77		0.4	The production of the second
8	X	24.0		7.0	0.9									months categorically seed
9		24.0			0.8								0.3	E.79
10	X	24.0	800		1.0								0.5	TARREST MEDICAL MEDICAL SERVICE
11	X	24.0	800		0.5							To the last	0.6	ME LANGUAGE SANCE
12	X	24.0			0.5								0.5	15日,在李俊 化四联合金化
13	X	24.0			0.8								0.6	District Venedaria
14	X	24.0			0.4				1000		E 14'65'		0.4	
15	X	24.0 24.0						11			Part - 1988	262.50	La contraction of	I STATE OF THE PARTY OF THE PAR
16.	v	24.0			0.7								0.4	High Control of the Market Control of the Control o
17	X	24.0			0.8					2 4 1		12453	0.3	ASSESSMENT OF THE PROPERTY OF
19	X	24.0			1.2							1 / / / /	0.5	
20	X	24.0			1.0								0.3	OUTCOME INDIAMINATED BY
21	X	24.0			0.9			-			100	1	0.3	A CONTRACTOR OF THE SECOND SEC
22	X	24.0	800	12111	1.0			1			1	1	3.5	
23		24.0							-			1000	0.6	
24		24.0			1.2			0.0					0.4	
25		24.0			0.9			-			15.50	1000	0.6	Company of the Compan
26		24.0			0.6		-	-				10000	0.4	
27		24.0	-		0.8		-				2.0	ET SU	0.6	
28		24.0			1.0			1				1	0.6	VIII. MESSAE VELA
29		24.0			1,1									
30		24.0	-		-									
31		24,0	700		I	1		1	1					
otal														

2,500

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



S PROKION					
See Pages 4 for Inst	ructions.				
I. General Informatio	n for the Month/Year of: March,	2020			
A. Public Water Syste	m (PWS) Information			PWS Identification Number:	1670647
PWS Name:	Sunny Hills		176-		10/0047
PWS Type:	Community Non-Transient Non-Com	nmunity Transient Non-Comm		nsecutive	#REF!
Number of Service Conne	ctions at End of Month:	#REF!	Total Pop	oulation Served at End of Month:	#RCT!
PWS Owner:	US Water Services Corporation		Ta	Con	npliance Manager
Contact Person:	Melisa Toteveel				Zip Code: 34652
Contact Person's Mailing	Address: 4939 Cross Bayou Blvd		City: New Port Richey		1-849-4219
Contact Person's Telephon	ne Number: 866-753-8292		Contact I	Person's Fax Number: 727	-047-4217
Contact Person's E-Mail	nddress: mrotteveel@uswatercor	p.net_			
B. Water Treatment I	lant Information			Plant Telephone Number:	(850) 773-2802
Plant Name:	Sunny Hills Wells # 1				Zip Code: 32428
Plant Address:	3810 Gable Blvd		City: Chipley	State: Florida	Elp Code. 32120
Type of Water Treatment	by Plant: Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day	Operating Capacity of Plant, gallons per day:	1,224,000			(4) F.A.C.): C
Plant Category (per subse	ction 62-699.310(4), F.A.C.):	V		nt Class (per subsection 62-699.310	y(s) / Shift(s) Worked
Licensed Operators		License Class	License Number		y(s) / Shift(s) worked
Lead/Chief Operator	Sharon Purviance	C	13268	Utility Manager	
Other Operators:	George Randall Weekly	C	23173	Days 1st Shift	The state of the s
Office Operators.	Octige render woods				Secretary and the second
				TARREST STATES	
				C. C. S. C. F. S. C.	II
					Tell Control (Control
					PATRICIA DE TINO
The second second					Market Control of Control
A SALAN DEPART					
				OCCUPATION OF THE PARTY OF THE	<b>公证的证据的证据的证据的证据的证据的</b>
II Certification by L	ead/Chief Operator			antidentified in part I of this	report. I certify that the information
I the undersioned v	ead/Chief Operator vater treatment plant operator licensed in Flori	ida, am the lead/chief operator of the	e water treatment pl	ant identified in part 1 of this	teport. I certify that the international Standar
i, the inderesgree	vater treatment plant operator licensed in Flori ort is true and accurate to the best of my know	vledge and belief. I certify that all di	rinking water treatn	nent chemicals used at this p	iant contorni to 1951 International Summer
provided in this rep	ort is true and accurate to the best of my know ele standards referenced in subsection 62-555.	320(3) F.A.C. I also certify that the	e following addition	al operations records for this	s plant were prepared each day utat a
60 or other applicat	ole standards referenced in subsection 62-555.  affed or visited this plant during the month inc.	digated above: (1) records of amoun	its of chemicals use	d and chemical feed rates; as	nd (2) if applicable, appropriate treatment
licensed operator st	affed or visited this plant during the month inc e records. Furthermore, I agree to provide the	dicated above. (1) records or annual	the PWS owner so t	he PWS owner can retain the	em, together with copies of this report, at a
process performance	e records. Furthermore, I agree to provide the	ese additional operations records to	me i woowner so .		
convenient location	for at least ten years.				
					C - 13268
when we	myrang 4/4/2000	Sharon Purviance			
Signature and Date	with the same of t	Printed or Typed Name			License Number

PWS Identification Number: Plant Name: Sunny Hills Well # 1														
111.31	aily Data	for the N	lonth/Year	of:		March, 2020								
Means	of Achievi	ng Four-Lo	g Virus Inactiv	vation/Remov	val:	hlorine [	Chlorine Di	oxide	Ozone	☐ Comb	ined Chlori	ne (Chlorar	nines)	
T U	traviolet R	adiation	☐ Othe	r (Describe):	6	0.80				,			,	
Type	of Disinfee	ctant Resid	dual Maintair	ned in Distr	ibution System:	Free Chic	rine T	Combin	ed Chlorine	(Chloramine	s) [	Chlorine I	Dioxide	, , , , , , , , , , , , , , , , , , , ,
Unite .	15-26	scope 1	Distance of		T Calculations, or			Four-Log	Virus Inact	tivation, if			DE PASE	
		1				CT Calc		044 205			UVI	7		
12.50							5.05		L Marie S					
Day of	Days Plant Staffed or Visited by Operator	Hours plant	Net Quantity of Finished Water		Lowest Residual Disinfectant Concentration (C) Before or at First	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak			Minimum	Lowest Operating	Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves
the	(Place	ín	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required.	UV Dose,	mW-	Distribution	Taking Water System Components Out of
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm²	System, mg/L	Operation
1		24.0			0.2								0.6	
3	X	24.0 24.0			0.2				_				0.6	
4	X	24.0			0.8	1			_				0.6	
5	X	24.0			0.8								0.8	
6	Х	24.0			0.4								0.9	
7	X	24.0	3000		0.4								0.6	
8		24.0												
9	X	24,0			0.2								0.7	
10	X	24.0			0.5								0.6	
11	X	24.0			0.7								0.5	
12	X	24.0			0.3								0.7	
13	X	24.0			0.3								0.8	
15	_^	24.0		_	0.2			-					0.6	
16	Х	24.0			0.6								0.8	
17	X	24.0			1.2								0.7	
18	X	24.0	0		2.0								0.4	
19	X	24.0			1.0								0.9	
20	X	24.0			0.6								8.0	
21	X	24.0			0.2								0.6	
22	- V	24.0 24.0			0.2			-					0,6	
24	X	24.0			0.2				-				0.6	
25	X	24.0			0.3								0.5	
26	X	24.0			2.0								0.4	
27	X	24.0			2.0								5.0	
28	Х	24.0	20000		1.9								0.6	
29		24.0												
30	X	24.0			2.0								0.6	
31	X	24.0			1.9								0.6	
Total Avgeras		SXIIII	56,000 1,806											

62,000

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information



See Pages 4 for Instructions.

I. General Informatio	n for the Month/Year of: March	n, 2020				
A. Public Water System	m (PWS) Information					
PWS Name:	Sunny Hills			Tanana a a a a a a		
PWS Type.	✓ Community Non-Transient Non-Co	ommunity Transient Non-Con	amunih.	PWS Identification Nu	mber: 1670647	
Number of Service Connec		Annuality		secutive		
PWS Owner:	US Water Services Corporation		Total Popu	ulation Served at End of N	Month: 1,827	
Contact Person:	Melisa Toteveel		T			
Contact Person's Mailing A				erson's Title:	Compliance Manager	
Contact Person's Telephon			City: New Port Richey	State: Florida	Zip Code:	34652
Contact Person's E-Mail A		orn not	Contact Po	erson's Fax Number:	727-849-4219	
B. Water Treatment P		лр.пег				
Plant Name:	Sunny Hills Wells # 4			T		
Plant Address:	153 Vash Circle		In mil	Plant Telephone Numb	(100)	
Type of Water Treatment b	CONTROL STATE AND STATE OF STA	Deschared Feliched Wester	City: Chipley	State: Florida	Zip Code:	32428
		Purchased Finished Water				
	Operating Capacity of Plant, gallons per day:	1,224,000				
	tion 62-699.310(4), F.A.C.):	V		Class (per subsection 62-6		
Licensed Operators		License Class	License Number		Day(s) / Shift(s) Worke	ed
Lead/Chief Operator:		C	13268	Days 1st Shift		
Other Operators:	George Randali Weekly	C	23173	Supervisor		
	N. S. C.					
				100000000000000000000000000000000000000		
						The state of the s
				-		
			CHO CO			
						- Marin
I Certification by Lea	d/Chief Operator	全有化学是可能是是一种				<b>松产为五代环境</b>
I, the undersigned wa	ter treatment plant operator licensed in Flor	ida, am the lead/chief operator of th	e water treatment plan	t identified in part I o	of this report. I certify tha	t the information
provided in this repor	t is true and accurate to the best of my know	vledge and helief I certify that all o	lrinking water treatmer	nt chemicals used at t	this plant conform to NSE	International Standard
60 or other applicable	standards referenced in subsection 62-555.	320(3) EAC Lalso certify that th	e following additional	anarationa racarda f	or this plant wars property	d and day that a
licensed operator staff	fed or visited this plant during the month in	disated shows (1) seconds of second	-tE-1	operations records to	or this plant were prepared	l each day that a
receised operator star	fed or visited this plant during the month in	dicated above: (1) records of amou	nts of chemicals used a	ind chemical feed rat	tes; and (2) if applicable, a	appropriate treatment
process performance	records. Furthermore, I agree to provide the	ese additional operations records to	the PWS owner so the	PWS owner can reta	in them, together with cop	pies of this report, at a
convenient location for	or at least ten years.					
^						
Estront	musicy 46/2020	Sharon Purviance			C - 13268	
Signature and Date		Printed or Typed Name			License Nur	mher
		2			Diceise Nu	aloos.

PWS Id	lentification	n Number:		1670647		Plant Name:	Sunny Hills	Well #4						
IIIAD	aily Data	for the N	Ionth/Year	of:		March, 2020								1577
_	The second second	AL BUSINESS STREET, ST	g Virus Inactiv	Charles and the second	ral: ▼ Free C		Chlorine Di		F 0	1		1001		
	traviolet R			r (Describe):		mornic 1	Chiorine Di	oxide	1 Ozone	Comb	oined Chlori	ne (Chlorar	nines)	
-						E 5 001		0 1:	1011	(Chloramine	,	A1		
Type	f Disinted	ctant Resid	dual Maintai		ibution System:	Free Chlo		1.50.000				Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	1		Contract Contract	
W. P. S.	A DESCRIPTION OF THE PERSON OF			BUS IN		CT Calc	ulations				UV.	Dose		
							Lowest CT	12.20				4000		
	2100					Disinfectant	Provided	3.75						
	Days Plant	Brita H			Lowest Residual	Contact Time	Before or at						Lowest Residual	
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First	B. F.		11, 219, 21		Minimum	Disinfectant	
19 30	Visited by		of Finished		Concentration (C)	Measurement	Customer	The second			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	ALL DO DO DO DO DO	Hours plant	The second section is a second second	Deal Claim	Before or at First	Point During	During Peak	Temp of	all of Water	Minimum CT Required,	UV Dose,	Required, mW-	Remote Point in Distribution	Conditions, Repair or Maintenance Work that
Month	(Place	in Operation	Producted,	Peak Flow Rate, gpd	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	mg-min/L	mW-sectom2	sec/cm <sup>2</sup>	System, mg/L	Involves Taking Water System Components Out of Operation
1	Α,	24.0		Tune, Spa.	Tour From High	Immucs	Hairb	770102	потричения	Mig miles	III W SCC CIII	June City	Djarcus, mg b	Out of Operation
2	Х	24.0			1,4								0.6	
3	X	24.0	105,800		1.4								0.6	
4	X	24.0	86,700		1.0								0.6	
5	X	24.0	94,700		1.4								0.8	
6	X	24.0	101,900		1.3								0.9	
7	X	24.0	102,100		1.4								0,6	
8		24.0	110,400											
9	X	24.0	110,400		1.5			_					0.7	
10	X	24.0	129,000		0.9								0.6	
11	X	24.0	104,600 87,500		0.9				-			_	0.7	
13	X	24.0	95,600		1.0			_	-	-			1.0	
14	X	24.0	89,000		1.0								0.8	
15	- 15	24.0	91,455		1.50									
16	Х	24.0	91,450		1.0								0.8	
17	Х	24.0	106,500		0.7								0.7	
18	X	24.0	84,600		0.9								0.4	
19	X	24.0	95,900		1.1								0.9	
20	X	24.0	11,300		1.0								0.8	
21	X	24.0			1.1							_	0.6	
22	X	24.0 24.0			0.7			-		-	-		0.6	
24	X	24.0		-	1.2			-	-	-		_	0.6	
25	X	24.0		-	1.0		-						0.5	
26	Х	24.0			1.2								0.4	
27	X	24.0			1.3								0.5	
28	X	24.0	109,600		1.0								0.6	
29		24.0	128,600											
30	X	24.0	128,600		1.3								0.6	
31	X	24.0	1 1		1.3								0.6	
Total	March 1		2,958,205											

131,800

Maximum

DEP Form 62-555-900(3)Alternate Page 2

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

l. General Information	n for the Month/Year of: March, 2020					
A. Public Water System	n (PWS) Information					
PWS Name:	Sunny Hills			PWS Identification Num	ber: 1670647	
PWS Type:	✓ Community Non-Transient Non-Community	y Transient Non-Com	munity	Consecutive	1070047	
Number of Service Connec	terms of the second sec	#REF!		Population Served at End	of Month: #REF!	
PWS Owner:	US Water Services Corporation	FAGE:	Total	opulation served at Life t	of Monn. FREE!	
Contact Person:	Melisa Roteveel		Contac	ct Person's Title:	Compliance Manager	
Contact Person's Mailing A	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		City: New Port Rich		Zip Code:	34652
Contact Person's Telephone	The second secon	VII. 0000 - 1		ct Person's Fax Number:	727-849-4219	34032
Contact Person's E-Mail Ad		7	Conta	ot i cisolis i da i tumoci,	121-047-4217	
B. Water Treatment Pl		•				
Plant Name:	Sunny Hills Well # 5			Plant Telephone Number	(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.		City:	State: Florida	Zip Code:	32428
Type of Water Treatment by	- CONTROL OF THE CONT	Purchased Finished Water	City.	Diate. Fiorida	Zip code.	32420
	Operating Capacity of Plant, gallons per day:	1,224,000				
	tion 62-699.310(4), F.A.C.):	1,224,000	Dlant C	lass (per subsection 62-69	00.210(4) E.A.C.); C.	
Licensed Operators	Name	I Jeanna Clare	License Number	lass (per subsection 62-69	99.310(4), F.A.C.): C Day(s) / Shift(s) Works	a
Lead/Chief Operator:		Liceise Class	13268	Days 1st Shift	Day(s) / Shin(s) Work	zu zu
Other Operators:	George Randall Weekly	C				-
Other Operators.	George Randall Weekly	C	23173	Days 1st Shift		
						Line or the
I C vic vi la la	1/61: 60	No. 1 States of Contract States	SECTION ASSOCIATION	ASSERTANCE IN LINE	EAST 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRACTOR DESCRIPTION
I Certification by Lea			White South State		Y California de la companya de la co	
	ter treatment plant operator licensed in Florida, am	-			-	
	t is true and accurate to the best of my knowledge					
Standard 60 or other a	applicable standards referenced in subsection 62-55	55.320(3), F.A.C. I also cert	ify that the followi	ng additional operati	ions records for this plant	were prepared each
day that a licensed op	erator staffed or visited this plant during the month	h indicated above: (1) record	ls of amounts of ch	emicals used and che	emical feed rates; and (2)	if applicable,
appropriate treatment	process performance records. Furthermore, I agree	e to provide these additional	operations records	to the PWS owner s	so the PWS owner can ret	ain them, together with
	at a convenient location for at least ten years.	F				,
copies of this report,	a a continuent to the total ton yours.					
a No	11/10/2000	a			W 14444	
- March 1	muaria, 46/2020	Sharon Purviance			C - 13268	22
Signature and Date		Printed or Typed Name			License Nur	nber

DEP Form 62-555-900(3)Alternate Page 1

PWS Id	entification	n Number:		1670647	KEI OKT TO	Plant Name:	Sunny Hills	Well # 5						
III. D	aily Data	for the M	onth/Year	of:	<b>电影等</b>	March, 2020								
			Virus Inactiv		ral: Free C	hlorine [	Chlorine Di	oxide	☐ Ozone	[ Comb	ined Chloria	ne (Chloran	nines)	
	raviolet R			r (Describe):										
					ibution System:	▼ Free Chl	orine T	Combin	ed Chlorine	(Chloramine	s) [	Chlorine [	Dioxide	
Type o	1 Disinted	ctant Resid	uai Maintail	ned in Disu	T Calculations, or							TUBUR A		
		10000		C	1 Calculations, or			om-ros	VII US III ac	iivation, ii i	UVI	Jose		
	STAN					CT Cat	culations				UVI	3030	1 1 M	
						Disinfectant	Lowest CT Provided							
	Dans Blant				Lowest Residual	Contact Time	Before or at	10000	10.1				Lowest Residual	
	Days Plant Staffed or		Net Quantity	nevinisti	Disinfectant	(T) at C	First				13(9)3	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	61-51		Seals' hours	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Control of the Contro	Hours plant	The second secon		Before or at First	Point During	During Peak	-		Minimum	Operating	Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work th Involves Taking Water System Component
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp or	pH of Water,	CT Required,			Distribution	Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	ing-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1		24.0	500				-						0.6	
2	X	24.0	600		1.4		-	-	-				0.6	
3	X	24.0	600		1.0		-	-	-				0,6	
4	X	24.0	1200		1.0		-	-	-				0.4	
5	X	24.0	550 550		1.0		+		-				0.5	
6	X	24.0	550		1.4		-						0.7	
7	Х	24.0	700	-										
9	X	24.0	800		0.9								0.4	
10	X	24.0	800		0.4								0.4	
11	X	24.0	800		0.3								0.4	
12	X	24.0	800		0.7								0.3	
13	X	24.0	800		0.9								0.3	
14		24.0	900							-	1	-		
15		24.0	800							-		-	0,5	
16	Х	24.0			0.7		-	-	-	-	-	-	0.4	
17	X	24.0			1.4		-	-	-	1	-	_	0.3	
18	X	24.0			1.2		-	-	+	1			0.8	
19	X	24.0			1.0	-	+	1	1				0.5	
20	X	24.0			1.0	1	+	+					0.6	
21	X	24.0			1.0			1					1	
22	X	24.0			0.8								0.4	
23	X	24.0			1.0								0.6	
25	X	24.0			0,2								0.5	
26	X	24.0			0.6					-		-	0.8	
27	X	24.0			0.9					-	-		0.4	
28	X	24.0	2500	0	1.0			-		-	-	-	5.0	-
29		24.0		0						-	-	-	0.5	
30	X	24,0		0	6.0			-	-	-	+	-	0.3	
31	X	24.0			0.4							1	1 .0.7	
Total	\$18 B		15,800											
Avgera	98	1	510											

2,500

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr									
I. General Information	for the Month/Year of:	April, 2020							
A. Public Water System	(PWS) Information								
PWS Name:	Sunny Hills				PWS Identification Number	er 1670647			
PWS Type:		Transient Non-Community	Transient Non-Commi	unity Cons	secutive				
Number of Service Connec		594		Total Popu	lation Served at End of Mon	th: 1,827			
PWS Owner:	US Water Services Corporation								
Contact Person:	Constinue Menage								
Contact Person's Mailing A	7	Bayou Blvd		City: New Port Richey	State: Florida	Zip Code: 34652			
Contact Person's Telephone		- Contract		Contact Pe	rson's Fax Number:	727-849-4219			
Contact Person's E-Mail A		el@uswatercorp.net							
B. Water Treatment Pl	ant Information								
Plant Name:	Sunny Hills Wells # 1				Plant Telephone Number:	(850) 773-2802			
Plant Address:	3810 Gable Blvd			City: Chipley	State: Florida	Zip Code: 32428			
Type of Water Treatment b	7 2 100.11		rchased Finished Water						
Permitted Maximum Day (	Operating Capacity of Plant, gallons	per day:	1,224,000						
Plant Category (per subsec	tion 62-699.310(4), F.A.C.):	V			Class (per subsection 62-699				
Licensed Operators		Name	License Class	License Number		Day(s) / Shift(s) Worked			
Lead/Chief Operator:	Sharon Purviance		C	13268	Utility Manager				
Other Operators:	George Randall Weekly		C	23173	Days 1st Shift				
						CALL STATE OF THE	With the Control		
II. Certification by Lea	d/Chief Operator	<b>在一种的一种的一种企业企业</b>				i i distributioni successive	in marridad		
I, the undersigned wa	ter treatment plant operator l	icensed in Florida, am the	lead/chief operator of the w	ater treatment plant i	dentified in part I of thi	s report. I certify that the informat	ion provided		
in this report is true a	nd accurate to the best of my	knowledge and belief. I d	certify that all drinking water	r treatment chemicals	used at this plant conf	orm to NSF International Standard	60 or other		
annlicable standards	referenced in subsection 62-5	55.320(3), F.A.C. I also	certify that the following add	litional operations rec	cords for this plant were	e prepared each day that a licensed	operator		
staffed or visited this	plant during the month indic	ated above: (1) records of	amounts of chemicals used	and chemical feed ra	tes; and (2) if applicable	le, appropriate treatment process pe	ertormance		
records Furthermore	I agree to provide these add	litional operations records	to the PWS owner so the PV	WS owner can retain t	hem, together with cop	ies of this report, at a convenient lo	ocation for at		
	o, rugree to provide mose man				-				
least ten years.									
, t. W	n	11/200	Charan Dunuianoa			C - 13268			
	Puraner 5	11/9070	Sharon Purviance			License Number			
Signature and Date		9	Printed or Typed Name			Diodise rouniber			

PWS !dentification Number: 6 167-0647

Plant Name Sunny Hills

leans of A	Achieving Fou Radiation	c-Log Virus	Inactivation/Removal *	Other (De	and at		x Free Chlorine		Chlorine Di	iovide		Ozone	Combined	Chlorine (Chloramin
		idual Manta	ined in Distribution Sys		scribe).		X Free Chl	mane		Co	mbened Chlora	ne (Chloramines)	Ci	sloruse Dioxide
						CY Calculations, or UV Dore, to Demonstrate Four-Log Viras loadination, of Applicable*								
	Darries					CT Calor	iatione					UV Dose		Emergency or Almon
by of the Moeth	Staffed or Vinted by Operator		Net Quantity of Finished Water Produced, Gel.	Peak Flow Rate, god	Lowest Rendual Deinfected Croomission (C) Hefore or as First Contener During Peak Flow, mg/L		Lowes CT Provided Believe or at First Cocome During Ped Plon, ang-mod.	Temp of Water, *C	pH of Water, sE Applicable	Marinum CT Required, me-min1.	Lower Operating UV Down, mW- neo/on <sup>2</sup>	Minimum UV Door Required to W-seedan	Lowest Residual Desisfection Consentration of Remote Point in Distribution System, mg/L	Work that Implies To
1	X				1.3								0.6	
-2	X	24	3,000		1.5								0.5	
3	X				1.0								0.4	
4	X				1.5								0.6	
5			-											
6	X	24	20,000		1.9								0.5	
7	X				1.5								0.4	
8	X				1.7								0.5	
9	X				1.4								0.5	
10	X				0.7								0.5	
11	Х		-		1.0								0.6	
12			- 1					0						
13	X		- 1		1.0								0.5	
14	X		- 1		1.2								0.9	
15	Х				0.6								0.6	
16	X		-		0.7								0.7	
17	X		-		0.3								0.4	
18	X				0.3								0.5	
19			-											
20	x	24	18,000		0.2								0.5	
21	X		10,000		0.4								0.5	
22	X		-		0.2								0.3	
23	X		5-14		0.3								0.4	
24	X		-		0.3								0.5	
25	X				0.4								0.6	
26			-											
27	X				0.5								0.5	
28	X				0.5								0.6	
29	X				0.3								0.5	
30	X		-		0.3								0.6	
31	- ~				1									

1.367

20,000

Average

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

occ rages 4 for mist							
. General Information	n for the Month/Year of: April, 2020						
A. Public Water System	n (PWS) Information						
PWS Name:	Sunny Hills			PWS Identification Number:	1670647		
PWS Type:	✓ Community Non-Transient Non-Communit	y Transient Non-Comm	unity Con	secutive			
Number of Service Connec	ctions at End of Month. 594		Total Popu	lation Served at End of Month:	1,827		
PWS Owner:	US Water Services Corporation						
Contact Person;	Melisa Roteveel		Contact Pe	erson's Title. C	Compliance Manager		
Contact Person's Mailing A			City: New Port Richey	State: Florida	Zip Code: 34652		
Contact Person's Telephone			Contact Pe	erson's Fax Number: 72	27-849-4219		
Contact Person's E-Mail A	A STATE OF THE PARTY OF THE PAR						
B. Water Treatment Pl							
Plant Name:	Sunny Hills Wells # 4			Plant Telephone Number:	(850) 773-2802		
Plant Address:	153 Vash Circle		City: Chipley	State. Florida	Zip Code: 32428		
Type of Water Treatment b		Purchased Finished Water					
	Operating Capacity of Plant, gallons per day.	1,224,000					
	tion 62-699.310(4), F.A.C.): V				subsection 62-699.310(4), F.A.C.): C		
Licensed Operators		License Class	License Number		Day(s) / Shift(s) Worked		
Lead/Chief Operator:		C	13268	Days 1st Shift			
Other Operators:	George Randall Weekly	C	23173	Supervisor			
I. Certification by Lea		<b>学师,第三人称为</b>					
	ter treatment plant operator licensed in Florida, am				스트리트 프라이트 (Marine) 로마스트리트 트로그램은 HONGO 등 MARINE (MARINE) (MARINE) (MARINE) (제공 HONGO 등 HONGO 등 MARINE)		
in this report is true as	nd accurate to the best of my knowledge and belief.	I certify that all drinking water	treatment chemicals	used at this plant conform	n to NSF International Standard 60 or other		
applicable standards r	referenced in subsection 62-555.320(3), F.A.C. I als	so certify that the following add	litional operations rec	ords for this plant were pr	repared each day that a licensed operator		
staffed or visited this	plant during the month indicated above: (1) records	s of amounts of chemicals used	and chemical feed ra	tes; and (2) if applicable, a	appropriate treatment process performance		
	. I agree to provide these additional operations reco						
least ten years.	. Lagree to provide allow additional operations reco	i do dio i i i o dinei oo mo i i	TO OTHER SHILL I STAIL I	nom, asgenier man copies	or and report, at a convenient totallor to at		
icast ich years.							
ni: 0-	£ /1 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				160 ALCON		
	0606V/2 somorum	Sharon Purviance			C - 13268		
Signature and Date		Printed or Typed Name			License Number		

entification Number 167-0647

Plant Name: Sunny Hills

Average Maximum

eans of Achie	eving Four-L	onth Year of og Virus Inac	tivation/Removal		April-28		x Free Chlorine		Chlorine E	hoxide		Ozone	Combined	Chlorine (Chloramines)
traviolet Ra	diation		d in Distribution Sy	Other (Des	scribe)		X Free Chi	orine		Co	mbined Chlor	une (Chloranunes)		Chlorine Dioxide
pe of Distrik	ectant Resid	usi Mambaine	in Distribution Sy	Sicin	Charles Towns		1924 77500	I me		Section 1		AT SHEY AS A		BUILD STORY
Marie Marie Marie							Dose to Decrease February	g Vine hat	instine, if Applicable*			COLD III		
		1000				CT Culou	atrique.			1		UV Date		Emagany or Abournal
	Day Plan Staffed or Vasted by Operator (Plane VC)	Hours Plant in Operation	No Questity of Finished Water Produced, and	Peak Flow Rate, god	Lowest Resolval Distribution Conventration (C) Before or at First Customer During Peak Flow, mp. 1.	Disinfection Contact Time (T) at C Messivereiters Point Dissing Pedi Flow, menotes	Lowest CT Provided Before or at Fust Customer During Peak Flow, mg-small.	Temp of West, N	pH of Water, 11 Applicable	Micerata CI Required, my min.	Lowest Operating UV Dose, mW- sectors <sup>2</sup>	Mineman UV Doke Require	Concentration at Remote  1. Point in Distribution System, mg/L.	Opening Cardinane Repai Maintenasor Work that Invol Taking Water System Components Out of Openin
1	Х	24	108,300		1.1								0.6	
2	X	24	98,400		1.0								0.5	
3	Х	24	106,700		1.1								0.4	
4	X	24	126,500		1.3					-			0.6	
5		24	110,150										0.5	
6	X	24	110,150		1.0								0.5	
7	X	24	93,000		1.1					-			0.4	
8	X	24	102,100		1.0					_			0.5	
9	X	24	197,800		1.0								0.5	-
10	X	24	108,600		1.1								0.5	
11	X	24	108,500		1.1								0.6	
12		24	104,000											
13	Х	24	104,000		1.3								0.5	
14	X	24	92,300		1.4								0.9	
15	X	24	110,900		1.4								0.6	
16	X	24	86,900		1.1								0.7	
17	X	24	113,000		1.0								0.4	
18	X	24	122,700		1.2								0.5	
19	_ ^	24	111,250											
20	X	24	111,250		1.6			1					0.5	
21	X	24	88,800		1.0								0.5	
22	X	24	102,700		0.9								0.3	
23	X	24	96,900		1.0								0.4	
24	X	24	104,100		1.1			1					0.5	
25	X	24	101,800		1.1								0.6	
26	-^-	24	111,950		1									
27	X	24	111,950		0.2								0.5	
28	X	24	120,600		1.2								0.6	
29	X	24	96,400		1.0		1						0.5	
30	X	24	113,500		1.2			1.					0.6	
31	1 ×	24	115,500		1.4									
	1		2 105 200			1	1		-					
otal			3,185,200											

106,173

126,500

DEP Form 52-555.900(3)Alternate Page 2

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

. General Information	n for the Month/Year of: April, 2020				
A. Public Water System PWS Name:					
	Sunny Hills			PWS Identification Number:	1679647
PWS Type:	✓ Community Non-Transient Non-Communi	ity Transient Non-Com	munity [	Consecutive	
Number of Service Connect PWS Owner			Total	Population Served at End of Month:	L,827
	US Water Services Corporation	11904			
Contact Person's Mailing A	Melisa Roteveel			ect Person's Title. Complian	nce Manager
Contact Person's Telephone			City: New Port Rich		Zip Code: 34652
Contact Person's E-Mail Ad			Conta	ct Person's Fax Number: 727-849-	1219
B. Water Treatment Pla	ant Information	L			
Plant Name:	Sunny Hills Well # 5				
Plant Address:	1240 Elkcam Blvd.		Las	Plant Telephone Number:	(850) 773-2802
Type of Water Treatment by		Purchased Finished Water	City:	State: Florida	Zip Code: 32428
	perating Capacity of Plant, gallons per day:				
Plant Category (per subsecti		1,224,000			
Licensed Operators	Name		Plant	Class (per subsection 62-699.310(4), F.	
	Sharon Purviance	License Class	License Number		Shift(s) Worked
Other Operators:	George Randall Weekly	C	13268	Days 1st Shift	
omet operators:	Octoge Randar Weekly	C	23173	Days 1st Shift	
SUIDER OF BEING					
THE STATE OF THE S					
				2	
I. Certification by Lead	/Chief Operator	MILE CONTROL OF THE PARTY OF TH	STATE OF THE PARTY		
I, the undersigned water	er treatment plant operator licensed in Florida, am	the lead/chief operator of the u	rater treatment plan	et identife die med Lefel:	
provided in this report	is true and accurate to the best of my knowledge a	and helief I certify that all dain	leine venter tereter	it identified in part 1 of this repo	nt. I certify that the information
60 or other applicable	standards referenced in subsection 62 555 320(2)	EAC I also serif that the f	King water treatme	nt chemicals used at this plant c	onform to NSF International Standard
licensed operator staffe	standards referenced in subsection 62-555.320(3),	r.A.C. I also certify that the is	ollowing additional	operations records for this plan	t were prepared each day that a
process performance re	ed or visited this plant during the month indicated a	above: (1) records of amounts	of chemicals used	and chemical feed rates; and (2)	if applicable, appropriate treatment
process periormance re	ecords. Furthermore, I agree to provide these additional	tional operations records to the	PWS owner so the	PWS owner can retain them, to	gether with copies of this report, at a
convenient location for	at least ten years.				
14: 0					
000	miane 5/1/2020	Sharon Purviance			C - 13268
Signature and Date	1	Printed or Typed Name		2	License Number

DEP Form 62-555\_900(3)Alternate Page 1

PWS Identification Number 167-0647

Plant Name Surrry Hills

Well #5 III. Daily Data for the Month/Year of: April-20 Means of Achieving Four-Log Virus Inactivation/Removal. \* Citraviolet Radiation x Free Chlonge Chlorine Dioxide Other (Describe) Ozone Type of Disinfectant Residual Maintained in Distribution System. Combined Chlorine (Chloramines) X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide CT Calculations, or UV Dose, in Demonstrate Four Log Virus Inscirusions, of Applicables UV Desc. Station or ower Residuel Decisionies ar Virtial by Lowest CT Provided Before Not Questay of Concentration (C) Before in Emergency or Altropped Openix Desinfectant Contact Time (T) or at First Outcome During Lowes lours Plant is Lowest Residual Distribution at First Customer During Operating Conditions, Report of Devel the Min CT Operating UV # C Mose count Point Perk Flow, Cincintion Produced, gal Peak Flow Rute and Temp, of Water, of Applicable Concentration at Remain. Peak Flow, mc1 Dunny Prot Flow, named Required, Dec. mW-Asistenance Work that Involves Minimum OV Dose Required. 1 X 24 Fourt to Distribution System. 600 Taking Water Systems \$00,00° 0.4 Tapm. Components Out of Operation X 24 600 0.8 0.6 3 X 24 700 0.7 0.4 74 X 24 600 1.0 0.5 24 350 0.5 6 X 24 350 0.5 7 X 24 600 0.8 0.8 8 X 24 700 0.7 0.5 9. X 24 600 0.8 0.3 10 X24 700 0.5 0.8 11 X 24 600 1.0 0.7 12 24 300 0.6 13 X 24 300 1.0 14 X 24 700 1.1 1.0 15 X 24 700 1.0 0.7 16 X 24 600 0.6 1.0 X 24 600 0.5 0.5 18 X 24 600 0.5 0.8 19 24 650 0.5 20 X 24 650 0.9 21 X 24 600 0.5 1.0 22 X 24 700 0.4 0.5 23 X 24 600 0.8 0.7 24 X 24 600 0.5 0.5 25 X 24 600 0.5 0.7 26 24 600 0.5 27 X 24 600 1.1 28 X 24 600 1.0 0.8 29 X 24 500 0.8 0.3 30 X 24 600 0.6 1.2 0.5 Total 17,500 Average 583 Maximum

700

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

I. General Informatio	n for the Month/Year of: May, 2020						
A. Public Water System	m (PWS) Information						
PWS Name:	Sunny Hills						
PWS Type:	✓ Community Non-Transient Non-Commun	ib.		PWS Identification Number	r. 1670647		
Number of Service Connec	ctions at End of Month:	**************************************	hand the	rsecutive			
PWS Owner:	US Water Services Corporation	#REF!	Total Pop	ulation Served at End of Mont	h: #REF!		
Contact Person:	Melisa Toteveel						
Contact Person's Mailing A					Compliance Manager		
Contact Person's Telephon			City: New Port Richey	State: Florida	Zip Code: 34652		
Contact Person's E-Mail A			Contact P	erson's Fax Number:	727-849-4219		
B. Water Treatment Pl		1					
Plant Name:	Sunny Hills Wells # 1						
Plant Address:	3810 Gable Blvd		C. Olit	Plant Telephone Number:	(850) 773-2802		
Type of Water Treatment b	y Plant: Raw Ground Water	Purchased Finished Water	City: Chipley	State: Florida	Zip Code: 32428		
Permitted Maximum Day (	Operating Capacity of Plant, gallons per day:	1,224,000					
Plant Category (per subsect	tion 62-699.310(4), F.A.C.): V	1,224,000					
Licensed Operators	Name	License Class	Plant	Class (per subsection 62-699.310(4), F.A.C.): C			
Lead/Chief Operator:	Sharon Purviance	C Class	License Number		Day(s) / Shift(s) Worked		
Other Operators:	George Randall Weekly	c	13268	Utility Manager			
	B. (1.5510)	C	23173	Days 1st Shift			
l. Certification by Lead	d/Chief Operator		STATE AND DESCRIPTIONS				
I, the undersigned wat	er treatment plant operator licensed in Florida, an	the lead/chief operator of the	water treatment plan	identification of first			
provided in this report	is true and accurate to the best of my knowledge	and belief I certify that all dei	water treatment plan	identified in part I of th	is report. I certify that the information		
60 or other applicable	standards referenced in subsection 62-555 320(3)	FAC I plan confict that the	fixing water treatmen	t chemicals used at this	plant conform to NSF International Standard		
licensed operator staff	standards referenced in subsection 62-555.320(3)	character (1)	tollowing additional	operations records for th	is plant were prepared each day that a		
process performance r	ed or visited this plant during the month indicated	above: (1) records of amount	s of chemicals used a	nd chemical feed rates; a	and (2) if applicable, appropriate treatment		
convenient location for	rathermore, ragree to provide these add	litional operations records to th	e PWS owner so the	PWS owner can retain th	nem, together with copies of this report, at a		
Convenient location 10	i at icasi ten years.				,		
- 0. w	1						
A STATE OF THE STA	MUDICA 6/3/2020	Sharon Purviance			C - 13268		
Signature and Date		Printed or Typed Name	~		License Number		
					Procuse Manifel		

WS Ide	entification	Number:			P	lant Name:	Sunny Hills	WEIL # 1						
			onth/Year o	f:	A Chinagan N	May, 2020								
	CA Linia	- Court Loo	Virus Inactiv	ation/Remova	al: Free Ch	lorine [	Chlorine Die	oxide	Ozone	☐ Comb	ined Chlorin	e (Chloran	ines)	
			Virus macrive	(Danariba):	. , ,	,	Cincinn a							
Ult	raviolet Ra	diation		(Describe):		₩ Free Chlo	aina T	Combin	ed Chlorine	(Chloramine	s) [	Chlorine D	rioxide	
ype o	f Disinfec	tant Resid	ual Maintain	ed in Distri	bution System:	₩ Free Chic							Carling Street	SPECIAL PROPERTY OF SECTION AND ADDRESS OF A PARTY OF A
1	22110	C. C. C. C. C.	Contract of the	C	T Calculations, or	UV Dose, to	Demostate l	our-Log	Virus Inaci	iivation, 11 A	UVI	Jace		
- 0.2	E112-16-1		20 E 1883	Charles and Charles		CT Calc	ulations				UVI	JUSC	Social	
	Days Plant Staffed or Visited by		Net Quantity of Finished		Lowest Residual Disinfectant Concentration (C)	Disinfectant Contact Time (T) at C Measurement	Lowest CT Provided Before or at First Customer			Minimum	Lowest Operating	Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operating Condition Repair or Maintenance Work that Involves
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak Flow, mg-	Temp of	nH of Water.	CT Required,	UV Dose,	mW-	Distribution	Taking Water System Components Out of
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow, minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Operation
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L 0.3	Juniutes	Alline	An Harris Co.					0.5	
1	X	24.0	0		0.5								0.4	
2	Х	24.0	0		0.3									
3		24.0	0		0.4								0.5	
4	X	24,0	0		0.3								0.5	
5	X	24.0	0		0.5								0.6	
6	X	24.0	20000		1.0								0.4	
7	Х	24.0			0.7								0.5	
8	X	24.0			0.8								0.6	
9	X	24.0		-	7.5		1						0.2	
10		24.0			0.2								0.3	
11	X	24.0		-	0.6						1		0.4	
12	X	24.0		-	0.3							-	0.3	
13	X	24.0			0.2		1					-	0.5	
14	X	24.0			0.3						-		0.5	
15	X	24.0			0.3					-	-	-	4.0	
16	X	24.0						1	-	-	+	+	0.5	
18	X	24.0			0.3			-	-	-	-	-	0.4	
19	X	24.0			0.2			-	-	1	-		5.0	
20	X	24.0			0.2			-	+	+	1		0.4	
21	X	24.0			0.2		-	-	-	-			0.5	
22	X	24.0	0 0		0.3		-	+	+	-			0.6	
23	X	24.0	0 19000		0.6		-	+		1				
24		24.	0 0			-	-	+	1	1			0.4	
25	X	24.	0 0		0.6		-	+	+				0.5	
26	X	24.			0.2		-	+	_				0.3	
27	X	24.			1.6		+	+					0.5	
28	X	24.			1.0		-	-	1				0.4	
29	X	24.			2.2				1				0.6	5
30	X	24.			2.0	-	-							
31		24	0 81.000	1		1			1					

2,613

62,000

Avgerage Maximum \* Refer to the instructions for this report to determine which plants must provide this information



Signature and Date

See Pages 4 for Instructions. I. General Information for the Month/Year of: May, 2020 A. Public Water System (PWS) Information PWS Name. Sunny Hills PWS Identification Number 1670647 √ Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 594 Total Population Served at End of Month: 1,827 PWS Owner. US Water Services Corporation Contact Person: Melisa Toteveel Contact Person's Title: Compliance Manager Contact Person's Mailing Address: 4939 Cross Bayou Blvd City: New Port Richey State: Florida Zip Code: 34652 Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number 727-849-4219 Contact Person's E-Mail Address: mrotteveel@uswatercorp.net B. Water Treatment Plant Information Plant Name: Sunny Hills Wells # 4 Plant Telephone Number (850) 773-2802 Plant Address: 153 Vash Circle City: Chipley State: Florida Zip Code: 32428 Type of Water Treatment by Plant ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day 1,224,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Sharon Purviance 13268 Days 1st Shift Other Operators: George Randall Weekly 23173 Supervisor II Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. 2 Puninge 6/3/202 Sharon Purviance

Printed or Typed Name

C - 13268

License Number

DEP Form 62-555 900/3\Alternate Page 1

PWS Id	lentification	n Number:		1670647		Plant Name	Sunny Hills	Well #4						
ППП	aily Data	for the N	lonth/Year	of:		May, 2020					172			
			g Virus Inactiv				Chlorine Di	oxide	Ozone	☐ Comb	oined Chlori	ne (Chlorar	nines)	
1	raviolet R			r (Describe):			Calorine Di	0,000	1 02000	,	Jinou Cinoru			
L					ibution System:	Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	(s)	Chlorine I	Dioxide	
Type	Distilled	CIAIII NOSIG	itiai iviaiiitai		T Calculations, or								MILES POR	
					1 Calculations, of	CT Calc		our-Log	VII US III de	ir vacioni, ii :	UV			
8 4						C1 Care	LIGHTALS				Part water		02000	
							Lowest CT	Contract of			The last of			
					Lowest Residual	Disinfectant Contact Time	Provided Before or at	Real Control			A. D. S.	TEN SE	Lowest Residual	
1111	Days Plant	6000000	Net Quantity	ALC: TO	Disinfectant	(T) at C	First					Minimum	Disinfectant	
5 3 3	Staffed or Visited by	13 7 3 8	of Finished	0.7-0.518	Concentration (C)	Measurement	Customer		23		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	1300 0000 0000 1000		Before or at First	Point During	During Peak	120	7.0100	Minimum	Operating	Required,	THE RESERVE THE PARTY OF THE PA	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, "C	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm²	System, mg/L 0.5	Out of Operation
1	X	24.0	98,900		1.0								0.3	
3	Х	24.0	103,200		1.3			-					V.1	
4	X	24.0	121,000		1.0								0.5	
5	X	24.0	114,600		1.6								0.5	
6	X	24.0	106,600		1.6								0.6	
7	Х	24.0	119,800		1.0								0.4	
8	Х	24.0	138,500		1,1								0.5	
9	X	24.0	112,600		1.2								0.6	
10		24.0	132,650									-	0.3	
11	X	24.0	132,650		0.9			-			-	-	0.4	
12	X	24.0			1.2			1	-				0.6	
13	X	24.0 24.0			0.9								0.3	
15	X	24.0			0.3								0.5	
16	X	24.0			0.9								0.5	
17		24.0												
18	Х	24.0	157,050		1,4						-	-	0.5	
19	Х	24.0			0.8		-				-	-	0.5	
20	X	24.0			1.3			-			-		0.4	
21	X	24.0			0.6								0.5	
23	x	24.0			1,0								0.6	
24	- A	24.0												
25	X	24.0			1.5	0							0.4	
26	Х	24.0			1.3								0.5	
27	X	24.0			0.9		-	-	-	-	-		0.3	
28	X	24.0			1.3		-		-	-	-	-	0.3	
29	X	24.0			0.6		-	-	-	-	-		0.3	
30	X	24.0			0.0	-								
31		1 24.0	2 550 900			J		1			-			

114,542

157,050

Avgerage

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructionss.   General Information for the Month/Year of:   May, 2020	FLORIDA								
Public Water System (PWS) Information	See Pages 4 for Instru	ictions.							
FWS Type   Z  Commarky   Non-Transient Non-Community   Transient Non-Community   Consecutive   FWS Type   Z  Commarky   Non-Transient Non-Community   RREF    Total Populations Served at End of Month:   REF    Total Populations Serv	I. General Information	for the Month/Year	r of: May, 2020						
FWS Type   Z  Commarky   Non-Transient Non-Community   Transient Non-Community   Consecutive   FWS Type   Z  Commarky   Non-Transient Non-Community   RREF    Total Populations Served at End of Month:   REF    Total Populations Serv	A Public Water System	(PWS) Information	1			Insurant of the Numb	167	0647	
Number of Service Connections at and of Month:   FREF    Total Population Served at End of Month:   FREF    Total Population Service Servic							d. 107	0011	
Number of Service Connections at End of Month:   BREFF     Touris Operation		∠ Community _	Non-Transient Non-Community		nunity		f Month: #RF	EF1	
Contact Persons: US Water Services Corporation   Contact Persons's Table: Compliance Manager		ons at End of Month:		#REF!	Lotai	Population Served at Life of	Livionus.		
Contact Person's Mailing Address: 4939 Cross Bayou Blvd City: New Yort Rick   State: Florida   Zip Code: 34652   Contact Person's Telephone Number: 366-735-8392   Contact Person's Telephone Number: 366-735-8392   Contact Person's Halling Address: mroteveel@uswatercorp.net   Sware Treatment Plant Information   Plant Telephone Number: (850) 773-2802   Plant Address: Swarp Hills Well # 5   State: Florida   Zip Code: 32428   Plant Telephone Number: (850) 773-2802   Plant Address: [240] Elscam Blvd.   Zip Code: 32428   Plant Address   Zid Plant Blant   Zip Code: 32428   Plant Class (per subsection 62-699 310(4), F.A.C.): C   Plant Address   Zid Plant   Zid Plant	PWS Owner:	US Water Services Corpo	ration		Contr	not Person's Title	Compliance Manage	er	
Contact Person's Mailing Address: 4939 Cross Bayou Bird   Contact Person's Fax Number: 727-849-4219	Contact Person:	Melisa Roteveel							2
Contact Person's F-Mait Address: profeeded@uswatercorp.net    Water Treatment Plant Information   Plant Name: Summy Hills Well #5   City: State: Florida   Zip Code: 32428	Contact Person's Mailing Ad	di vio.			City. New For Ide	act Person's Fax Number:			
Plant Name:   Sumy Hills Well # 5	Contact Person's Telephone	Number: 866-	-753-8292		Cond				
Pearl Name:   Sumy Hills Well# 5   City:   State: Florida   Zip Code: 32428	Contact Person's E-Mail Add		oteveel@uswatercorp.net						
Plant Name: Sunny Hills Well # 5 Plant Address: 1240 Eliceana Blvd.  Type of Water Treatment by Plant:	B. Water Treatment Pla	ant Information				Plant Telephone Number.	(85	0) 773-2802	
Part Address   1240 Elicean Blvd.   Purchased Finished Water   Purchased Finished Water   Permitted Maximum Day Operating Capacity of Plant, gallons per day:   1.224,000   Plant Category (per subsection 62-699.310(4), F.A.C.):   C   Plant Category (per subsection 62-699.310(4), F.A.C.):   V   Plant Category (per subsection 62-699.310(4), F.A.C.):   C   Day(s) / Shift(s) Worked.   C   13268.   Days 1st Shift   Day(s) / Shift(s) Worked.   C   23173   Days 1st Shift   Days 1st S					City:		Zip	Code: 3242	28
Type of Water Freatment by Plant.   Early Class (per subsection 62-699.310(4), F.A.C.):   C	I failt Fiddiess.		D. Cound Mater D		eny.				
Plant Category (per subsection 62-699-310(4), F.A.C.):  V	Type of Water Treatment by	1 BOLLE.	Train di dano Trata						
Plant Category (per subsection 62-699-310(4), FAC.):  Licensed Operators  Lead/Chief Operator:  Other Operators:  George Randall Weekly  Days 1st Shift  Days 1st	Permitted Maximum Day Op	perating Capacity of Plant,	, gallons per day:	1,224,000	Plant	Class (per subsection 62-69	9.310(4), F.A.C.):		
Lead/Chief Operators:    Control of the Control of		on 62-699.310(4), F.A.C.)	J+	License Class			Day(s) / Shift(s)	Worked	AND DESIGNATION OF THE PARTY OF
Other Operators:  George Randall Weekly  C  23173  George Randall Weekly  C  23173  George Randall Weekly  Department of the second of the sec			ivalue	C			- Contract Contract		
Other Operators:  George Randall Weekly  George Randal Weekly  George Randall Weekly  Georg				C	23173	Days 1st Shift			
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Standard 60 or other applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards referenced in subsection 62-333.220(3), The C. Fullo early applicable standards refe	I, the undersigned wa	iter treatment plant of	to the heat of my knowledge a	nd belief I certify that all	drinking water tre	eatment chemicals used	d at this plant con	form to NSI	International
day that a licensed operator staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators are consistent or anticared operators are consistent or anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of an indicated above. (2) records of an indicated above. (3) records of an indicated above. (4) reco	provided in this repor	it is true and accurate	to the best of thy knowledge a	5 320/3) FAC Talso cer	tify that the follo	wing additional operat	ions records for the	nis plant we	re prepared each
day that a licensed operator staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators staffed or visited this plant during the month indicated above. (1) records of anticared operators are consistent or anticared operators are consistent or anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of an indicated above. (1) records of anticared operators are consistent or an indicated above. (1) records of an indicated above. (2) records of an indicated above. (3) records of an indicated above. (4) reco	Standard 60 or other	applicable standards	referenced in subsection 62-33	indicated about: (1) recor	ds of amounts of	chemicals used and ch	emical feed rates:	and (2) if a	pplicable,
appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records.	day that a licensed op	perator staffed or visi	ted this plant during the month	indicated above. (1) record	Lonerations recor	rds to the PWS owner	so the PWS owne	r can retain	them, together with
	appropriate treatment	process performance	e records. Furthermore, I agree	to provide these additional	i operations reco	ab to the 2 in a			
copies of this report, at a convenient location for at least ten years.	copies of this report,	at a convenient locat	tion for at least ten years.						
	2.5							- 13268	
Sharon Purviance C-13268 License Number	Proceeds	2 MAL CANOLS	6/3/2020	Sharon Purviance					to
Signature and Date  Printed or Typed Name	Signature and Date	130		Printed or Typed Name				TOTAL CONTINUE	

WS IA	entification			1670647	REPORT FOR		Sunny Hills							
					iological Management	May, 2020								
			onth/Year		The state of the s		att to Di		C Ozone	┌ Comb	ined Chlorit	ne (Chlorar	nines)	
			Virus Inactiv			norme ]	Chlorine Di	oxide	) Ozone	Come	шки сточи	ic (cinora	inics)	
	raviolet Ra			r (Describe):			-		1 Chlades	(Chloramine	c) [	Chlorine I	liovide	
ype o	f Disinfec	tant Resid	lual Maintair	ned in Distri	ibution System:	▼ Free Chlo							Joane	
VGS)	Company of the State of the Sta			C	T Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if	Applicable*		The state of the s	
						CT Calc	ulations	A CONTRACTOR		Dine se	UVI	Oose		
	Days Plant Staffed or Visited by	Hours plant	Ner Quantity of Finished Water		Lowest Residual Disinfectant Concentration (C) Before or at First	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak			Minimum	Lowest Operating	Minimum UV Dose Required,		Conditions, Repair or Maintenance Work t
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			CT Required,		mW-	Distribution	Involves Taking Water System Componer Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, 'C	If Applicable	mg-min/L	mW-sec/cm <sup>4</sup>	sec/cm <sup>2</sup>	System, mg/L 0.4	Out or Operation
1	X	24.0	600		0.9			-		-			0.6	
2	X	24.0			1.0			-	-					
3		24.0			0.7			-					0.4	
4	X	24.0	the second second second		0.7		-	-					0.3	
5	Х	24.0			1.0								0.7	
6	X	24.0			0.3								0.2	
7	X	24.0			1.3								0.6	
8	X	24.0			1.0								0.4	
9	X	24.0			1.0									
10	X	24.0			0.5								0.3	
12	X	24.0			0.7								0.3	
13	X	24.0			0.5								0.3	
14	X	24.0			0.6						-	-	0.4	
15	X	24.0			0.5						-	-	0.4	
16	X	24.0			0.7					-	-	-	0.5	
17		24.0					-	-	1	-	-	-	0.5	
18	X	24.0			0.6		-	+	-	-	-	+	0.5	
19	X	24.0			0.4		-	-	-	+	<del>                                     </del>		0.4	
20	X	24.0			0.9		-	-	-		1		0.5	
21	X	24.0			0.5		+	1					0.3	
22	X	24.0			0.4		-	1	1				0.4	
23	X	24.0		-	0.3			1						
24		24.0			0,5			1					0.5	
25	X	24.0			1.0						-		0.5	
26	X	24.0			0.4								0.3	
27	X	24.5			0.9								0.6	
29	X	24.			0.4							-	0.5	
30	X	24.			0.4						-	-	0.5	1
31	A	24.	-					1					4	
otal	20000	HEXCOR	18,900											
veen	200		610	7										

1,200

Avgerage

Page 2 DEP Form 62-555.900(3)Alternate

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



FLORIDA					
See Pages 4 for Instru	actions.				
I. General Information	for the Month/Year of: June, 2020				
A. Public Water System				Investories in Number	1670647
	Sunny Hills		110	PWS Identification Number	1070047
PWS Name:	Community Non-Transient Non-Community	Transient Non-Comm		secutive	#REF!
PWS Type: Number of Service Connect	Continuous Las	#REF!	Total Popu	lation Served at End of Month:	173304
	US Water Services Corporation		lo . D	t- Title: Con	npliance Manager
	Melisa Toteveel		Contact Pe	State: Florida	Zip Code: 34652
Contact Person: Contact Person's Mailing A	P1 1		City: New Port Richey		-849-4219
Contact Person's Telephone	Number: 866-753-8292		Contact Pe	rson's Pax (Number: 12)	
Contact Person's E-Mail Ad					
B. Water Treatment Pl	TOI CHO.			Plant Telephone Number:	(850) 773-2802
Plant Name:	Sunny Hills Wells#!		Chial-	State Florida	Zip Code: 32428
Plant Address:	3810 Gable Blvd		City. Chipley	Diano. I fortion	
Type of Water Treatment b	I a C and Water	Purchased Finished Water			
Parmitted Maximum Day (	Operating Capacity of Plant, gallons per day:	1,224,000	Plant	Class (per subsection 62-699.310)	(4), F.A.C.): C
Plant Catagory (per subsect	tion 62-699 310(4), F.A.C.): V	T-i or	License Number	Day	y(s) / Shift(s) Worked
Licensed Operators		License Class		Utility Manager	
Lead/Chief Operator:	Sharon Purviance	C	13268	Days 1st Shift	
Other Operators:	George Randall Weekly	C	23173	Days 1st Sint	
Other Operators.	Ocorge Randan Wester				
					<b>这种大学的原则各等和协会</b>
Il Certification by Le	ad/Chief Operator	37.42年度,於35年度與4年度	THE PARTY OF THE PARTY.	at identified in part I of this	s report. I certify that the information
If Certification by Le	ad/Chief Operator rater treatment plant operator licensed in Florida, and ort is true and accurate to the best of my knowledge	n the lead/chief operator of the	e water treatment pla	nt identified in part I of this	lant conform to NSF International Sta
I, the undersigned w	to true and accurate to the best of my knowledge	and belief. I certify that all d	rinking water treatme	ent chemicais used at this p	a plant were prepared each day that a
provided in this repo	ort is true and accurate to the best of my knowledge le standards referenced in subsection 62-555.320(3	). F.A.C. I also certify that th	e following additions	il operations records for the	s plant were prepared each any
60 or other applicab	le standards referenced in subsection of 55.5250	d above: (1) records of amoun	nts of chemicals used	and chemical feed rates; a	nd (2) if applicable, appropriate reading
licensed operator sta	le standards referenced in subsection 62-555.320(3 affed or visited this plant during the month indicated	ditional operations records to	the PWS owner so th	e PWS owner can retain the	em, together with copies of this report
process performance	e records. Furthermore, I agree to provide these ad-	ditional operations records to			
convenient location	for at least ten years.				
					C - 13268
S. S.	0606/8/7 Danoum	Sharon Purviance			License Number
Signature and Date	WV	Printed or Typed Name			

		MONTH	ILY OPE	RATION	REPORT FOR	PW"Ss	Sunny Hills V	Vell # 1	V GROOM					
VC LA	ntification i				P	ant Name.	Sunty Time v							
VS Ide	intification :	TOTAL STREET	onth/Vear of		A HE SHAPE JO	mc, 2020			Ozone	r- c	nad Chlorin	· (Chloran	ines)	
I, Da	ily Data t	or the M	onth/Year of	tion/Remova	d: Free Ch	lorine [	Chlorine Dio	xide	Ozone	Combi	neu Cinorar	(Cilional		
eans o	f Achieving	g Four-Log	Virus Inactiva	(Describe):						Oblamming	) Г	Chlorine D	ioxide	
- Ulti	raviolet Ra	diation	Other	(Describe).	Lution System	Free Chl	orine [	Combine	ed Chlorine (	Chioramines			BEST THE STATE OF	
pe of	f Disinfect	ant Resid	ual Maintain	ed in Distri	bution System: T Calculations, or U	IV Dose to	Demostate F	our-Log	Virus Inact	ivation, 11 A	pplicable	1000		
1	on Wash	51,561 6		C	T Calculations, of C	CT Cal	culations		WALL TANK		UVI	Jose		
5544			0.00	WAR ST		Creco		Mag. N	No. of Street				是言意思	
500	100	112.26		A LITTLE			Lowest CT						n obtail	
						Disinfectant	Provided Before or at					Minimum	Lowest Residual Disinfectant	
	n nt-ut				Lowest Residual	Contact Time	First	45			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating Conditions
533	Days Plant Staffed or	Bar Carl	Net Quantity		Disinfectant	(T) at C Measurement	The state of the s	Selfering.			Operating	Required,	Remote Point in	
200	Visited by		of Finished		Concentration (C)	Point During	40 40	TO SERVICE SER		Minimum		mW-	Distribution	Taking Water System Components Out of
Day of	Operator	Hours plant			Before or at First	Peak Flow,	Flow, mg-	Temp of	pH of Water,	C1 Required,	mW-sec/cm2	sec/cm <sup>2</sup>	System, mg/L	Operation
the	(Place	in	Producted.	Peak Flow	Customer During Peak Flow, mg/L	minutes	min/L	Water, "	if Applicable	Ing-muri	III W SCO CHI		0.3	
Month	"X")	Operation	gal,	Rate, gpd.	2.0					-	-		0.5	
1	X	24.0			1.5				-	-			0.4	
2	X	24.0			2.0				-	-			0.4	
3	X	24.0			2.0			1					0.6	
4	X	24.0		-	2.0			-	-	-			0.4	
5	X	24.0			2.0			-	-	-				
6	X	24.0			-			-					0.7	
7		24.0			2.2	1		-	_	-			0.5	
8	X	24.		-	2.0			-	-	1			0.4	
9	X	24.		-	2.0			-		+			0,5	
10	X	24.	-	-	2.2			-	-	-			0.6	
11	X	24.	_	-	2.0			+	_				0.5	
12	X	24.	0	-	1.9			+-	-				0.6	
13	X	24		+				+-	-				0.5	
14		24			2.2	-	_	+					0.7	
15	_	24			2.0			-					0.7	
16		24			2.0			1				-	0.0	
17		24	.0		2.0		-	_				-	0.0	
18			1.0 0		2.0							-		
19			0 20000		L	'					_	_	0.	8
20			1.0 0		2	0						+	0.	8
21	_		4.0 0		2.						_	-	0.	.6
23	1000	4	4.0 19000		2.	_						_	0.	.7
24		2	4.0 0		1.						_			.7
25		2	4,0 0		2					_	_		0	.6
20	- Comment	2	4.0 0			.0				_	_			
2			4.0 62000							-				0.5
2	7.000		4.0 20000		2	.0					_		(	).4
2			24.0 1000			.0								
	0 X		24.0 19000											
3			24.0 6700	eno.										
Tota		23/6 110	39,0	300										

1,300

Avgerage 62,000 \* Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

I. General Information	n for the Month	Year of:	June, 2020				
A. Public Water Syster	n (PWS) Inform	ation					
PWS Name:	Sunny Hills	atton					
PWS Type:	✓ Community	Non-Transie	nt Non-Community	Tenniest No. C	7 11-	PWS Identification Number	tr: 1670647
Number of Service Connec		h.	594	Transient Non-Com		nsecutive	
PWS Owner:	US Water Services		394		Total Pop	ulation Served at End of Mont	th: 1,827
Contact Person:	Melisa Toteveel	Corporation					
Contact Person's Mailing A		4939 Cross Bayou B	ud.			erson's Title:	Compliance Manager
Contact Person's Telephone		866-753-8292	vu		City: New Port Richey	State: Florida	Zip Code: 34652
Contact Person's E-Mail Ac		mrotteveel@us	watercorn not		Contact Po	erson's Fax Number:	727-849-4219
B. Water Treatment Pl		THI OTHER POCHES	water corp. Het				
Plant Name:	Sunny Hills Wells						
Plant Address:	153 Vash Circle					Plant Telephone Number:	(850) 773-2802
Type of Water Treatment by		✓ Raw Ground	Mater Durchas	and Cinick ad Miles	City: Chipley	State: Florida	Zip Code: 32428
Permitted Maximum Day O			L Pulcias	sed Finished Water			
Plant Category (per subsect	ion 62,600 210(4) E	A C V		1,224,000			
Licensed Operators	1011-02-057,510(4),1.		V		Plant	Class (per subsection 62-699.	310(4), F.A.C.): C
Lead/Chief Operator:	Charge Demises	Name		License Class	License Number		Day(s) / Shift(s) Worked
Other Operators:		11		C	13268	Days 1st Shift	
omer operators.	George Randall Wee	kly		C	23173	Supervisor	
The property of							
Certification by Lead	I/Chief Onwest		HARLES TO SERVE THE				
Laboration by Lead	Chief Operato	2011 ST 51 ST 51 ST				Addition to the state of	The same of the sa
i, the undersigned water	er treatment plant	operator licensed	in Florida, am the lead	d/chief operator of the	water treatment plant	identified in part I of th	is report. I certify that the information
Protesta in and report	to due and accur	are to the dest of t	ty knowledge and bell	er I certify that all de	inking water treatman	t chaminala wand at this	I d C . None
or or other applicable	Stational de l'Oloi Cil	ccu in subsection	04-333.3ZUL31, F.A.C.	l also certity that the	tallougna additional	anarations records for the	
moonised operator starti	on or Aratten mile	plant during the if	onin indicated above:	(i) records of amount	s of chemicals used a	nd abamical food	1/0) 'C 1: 1:
process performance re	ecords. Furtherm	ore, I agree to pro	vide these additional o	nerations records to the	ne DW/S oumar so the	DIVC	and (2) it applicable, appropriate treatment nem, together with copies of this report, at a
convenient location for	r at least ten vear		The miles additional of	perations records to a	ic I wa owlici so the	r ws owner can retain ti	nem, together with copies of this report, at a
	- Jour	•					
. l. D.		= 10 /2					
Signature and Date	monel	7/8/20		Purviance			C - 13268
Signature and Date			Printed	or Typed Name			License Number

		MONTH	ILY OPER	RATION	REPORT FOR	PW"Ss	Sunny Hills V	G RAV	GROU	AD AAM	LICOICI	OTTOTAL		
WS Ide	entification	Number:	1	670647			Summy rims (	or Car no						
			onth/Year o	f:		une, 2020					1011	. (Chlorom	inac)	
III. Da	CA LINE	- Faur I an	Virus Inactiva	tion/Remova	l: Free Ch	lorine [	Chlorine Dio	xide	Ozone	Comb	ined Chlorin	e (Cinorair	micsj	
Means o	of Acmevin	g rour-rog	Viius inactive	(Describe):								Chlorine D		
Ult	raviolet Ra	idial ion	1 Other		hution System:	₩ Free Chlo	rine [	Combine	ed Chlorine	Chloramine			TOXIGC	
Гуре о	f Disinfec	tant Resid	ual Maintain	ed in Distri	bution System: Calculations, or	IN Doce to	Demostate F	our-Log	Virus Inact	ivation, if A	applicable*			
	il mag	10-11-16	ALL STATES	C	Calculations, or	CT Calc	ulations	100	SCHOOL STATE		UVI	)ose	The same of the sa	
	La Contraction		100000	P. Consider		CI Car	Lindons							
Day of		Hours plant	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required, me-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dosc Required, mW- sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
the	(Place	operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	water, C	II Application	Aug .			0.3	
Month 1	X	24.0			0.6		-	-					0.5	
2	X	24.0			0,8		-	-					0.4	
3	X	24.0			0.8		-						0.4	
4	X	24.0	88,200		0.8		-						0.6	
5	X	24.6	99,800		0.6								0.4	
6	Х	24.0	107,700		1.1		1						0.7	
7		24.0			1.0		+						0.7	
8	X	24.			1.0		-					-	0.3	
9	X	24.			0.9	-	1				1	-	0.5	
10	X	24.			1.0						-	-	0.6	
11	X	24.		_	1.2							-	0.5	
12	X	24.	-	_	1.2						-	+	1	
13	X	24.									-	-	0.5	
14		24.			1.0				-		+	+	0.6	5
15	X	24	_		1.1			-	-	-	1		0.7	7
16	X	24		_	1.0			-	-	+			0.7	
17	X	24			1.2			-	-	_			0.0	50 D
18	X	24			1.1	_		1	-				0.0	6
19		24			1.0			-	+					
20	_	24		_			-	-					0.	
22		24		0	1.2			_			/		0.	
23		24	106,80	_	1.2		_						0.	
24			98,50	_	1.0	_						-	0.	
25		24			1.5							+		6
26	X		4.0 91,80		0.						-		- 0.	
27	X		4.0 123,70		0.	1							0	.5
28			4.0 126,85	_	0.	6					_	_		4
29	X		4.0 126,85	_	0.						-	_		
30			4.0 126,85	00										•
31		2	4.0	50										
Tota	- 100 A 1		3,288,85	50										

109,628

135,100

Avgerage

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



The second second	1053097									
See Pages 4	for Instru	uctions.								
. General Inf	ormation	for the Month/Yea	ar of: June, 2020							
A Dublic Wate	or System	(PWS) Information	n	6/1/2020						
PWS Name:	er System	Sunny Hills					PWS Identification Number	ir.	1670647	
PWS Type:		✓ Community	Non-Transient Non-Commu	nity Tr	ransient Non-Comm	marine,	Consecutive			
	rica Connecti	ions at End of Month:			REF!	Total F	opulation Served at End of	Month:	#REF!	
PWS Owner:		US Water Services Corp	voration							
Contact Person:		Melisa Roteveel					et Person's Title:	Compliance Ma		34652
Contact Person'			39 Cross Bayou Blvd			City: New Port Rich		727 840 4210	Zip Code:	34032
Contact Person'		Number: 866	6-753-8292			Contac	et Person's Fax Number:	727-849-4219		
Contact Person			roteveel@uswatercorp.ne	et						
B. Water Trea	tment Pla	ant Information					Plant Telephone Number:		(850) 773-28	802
Plant Name:		Sunny Hills Well # 5				o:	State: Florida		Zip Code:	
Plant Address:		1240 Elkcam Blvd.				City	State. Fiorida		Lip coot.	
Type of Water	Treatment by	y 1 latit.	✓ Raw Ground Water	Purchased Fin						
Permitted Maxi	imum Day O	perating Capacity of Plan	it, gallons per day:		1,224,000	Plant (	Class (per subsection 62-699	310(4) FAC)	· C	
Plant Category	(per subsecti	ion 62-699.310(4), F.A.C	i.): V		Tr: Class		lass (per subsection oz-ov.	Day(s) / Shi	ft(s) Worke	d
Licensed C			Name		License Class	13268	Days 1st Shift	Duy(0): 011	10/2)	
Lead/Chief	Operator:	Sharon Purviance			C	23173	Days 1st Shift			
Other Opera	ators:	George Randall Weekly	·		C	23173	Days tat ontic			
EXECUTAL STATE					-					
51113023										
					-					
THE RESERVE						·				
					-					
					-					
					-					
San Aller					-					
	(Alberta)									CONTRACTOR OF THE SECOND
II Carriffonti	on by Lan	d/Chief Operator	HEYMING THE STATE OF THE							
			operator licensed in Florida,	am the lead/ch	ief operator of th	ne water treatment	plant identified in par	t I of this rep	ort. I certif	y that the information
I, the under	signed wa	tie true and accurat	pperator licensed in Florida, te to the best of my knowled	dge and belief.	certify that all	drinking water trea	atment chemicals used	at this plant	conform to	NSF International
day that a l	icensed op	perator staffed or vis	sited this plant during the more records. Furthermore, I a	orree to provide	these additional	operations record	s to the PWS owner s	o the PWS ov	wner can ret	tain them, together with
appropriate	treatment	t process performant	ce records. Furthermore, 12	agree to provide	these additional					
copies of th	nis report,	at a convenient loca	ation for at least ten years.							
		( <b>*</b> )	1- 1						C - 13268	
whos ,	Trans	esperature	7/8/2020	Sharon Purv				_	License Nu	mber
Signature and				Printed or T	yped Name					

PWS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well#5						
III. D	aily Data	for the M	lonth/Year	of:		June, 2020								
			Virus Inactiv		ral: Free C	hlorine [	Chlorine Di	oxide	C Ozone	☐ Comb	ined Chloris	ne (Chlorar	nines)	
	raviolet R			r (Describe):										
			ual Maintair	ned in Distri	ibution System:	▼ Free Chlo	rine \( \Gamma\)	Combin	ed Chlorine	(Chloramine	s) [	Chlorine I	Dioxide	
Type o	I DISHIIC	Main Nesie	luar iviamuab	C	T Calculations, or			Cour-Log	Virus Inact	ivation, if	Applicable*	BENEZIS	MAN PERSON	
				C	1 Calculations, or	CT Calc		our bob			UVI	Dose		
		NS ST	THE RESERVE			Cs Calc	thatrons							
	Days Plant Staffed or Visited by		Net Quantity of Finished		Lowest Residual Disinfectant Concentration (C) Before or at First	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak			Minimum	Lowest Operating	Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work th
Day of		Hours plant	Water	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,		UV Dose,	mW-	Distribution	Involves Taking Water System Component
the	(Place "X")	in Operation	Producted,	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
Month.	X	24.0	500	Tune, Elve	0.5								0.4	
2	X	24.0	600		0.6								0.5	
3	X	24.0	600		0.2								0.3	
4	X	24.0			0.6								0.4	
5	Х	24.0	550		0.5								0.3	
6	Х	24.0	550		0.6								0.4	
7		24.0	0										0.2	
8	X	24.0	700		0.4							-	0.3	
9	X	24.0	800		0.7						1		0.5	
10	Х	24.0	800		0,8						-	-	0.4	
11	X	24.0	800		0.6						-	-	0.4	
12	X	24.0	800		0.6		-	-				-	0.4	
13	X	24.0			0.5		-	-				-	1 0.5	
14		24.0					-	-	-	-	-	-	0.5	
15	X	24.0			0.9			-	-		-		0.4	
16	X	24.0			0.3		+	-	-	-			0.5	
17	X	24.0	900		0.4		-	-					0.4	
18	X	24.0	800		0.4		1						0.5	
19	X	24.0			0.6								0.6	
20	X	24.0			0.0		1							
21	X	24.0			0.6								0.5	
23	X	24.0	-		0.5								0.3	
24	X	24.0			0.4								0.4	
25	X	24.0			0.3							-	0.5	
26	X	24.0			0.4						-	-	0.4	
27	X	24.0		)	0.6						-	-	0.5	
28		24.6	2500	)				-	1	-	-		0.2	
29	Х	24.0	700	0	1.3			-	-		-	-	0.2	-
30	X	24.0			0.8		-	-	-		-	-	0.4	
31		24.0			1					1				
Total		1872 OF 1	26,200	-										
Avgera	ge	100000000000000000000000000000000000000	970											

2,500

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

PWS Type:	PWS Name:	em (PWS) Informa Sunny Hills	COL						
Number of Service Connections at End of Meanth  WEEF  Trailester Non-Community  Consecutive  Consecutive  WEEF  Trailester Non-Community  Consecutive  Consecutive  Consecutive  Consecutive  Weight Trailester Non-Community  Weight Trailester Non-Comm			Non-Transport New Co-				PWS Identification Number	1670647	
PWS Owner: US Wider Services Composition  WEEP!   Total Population Served at End of Month: #REF!  Contact Person's Total view    Contact Person's Even    Contact    Contact Person			. Non-translett Non-Comm			nmunity Co	nsecutive	1070047	
Contact Person's Title   Compiliance Manager					#REF!	Total Pop	ulation Served at End of Mont	th: #PECI	
Contact Person's Talley Address  4939 Cross Bayou Blied  Crity New Port Richey  Contact Person's Telephone Number  Scottage Person's Telephone Number  Scottage Person's Telephone Number  Socretary Person's Deliver Number  Summy Hills Wells 81  Plant Telephone Number  Summy Hills Wells 81  Plant Salve Social  Person's Telephone Number  (\$50) 773-2802  Plant Class (Portids  Plant			orporazion				7111011	#ACF:	
Contact Person's Telephone Number: 866-753-8292   Contact Person's Face Number: 277-849-2219    Contact Person's Elephone Number: 866-753-8292   Contact Person's Face Number: 277-849-2219    Contact Person's Face Number: 727-849-2219    Contact Person's Face Number: 728-849-2219    Contact Person'	Contact Person's Mailing		4030 Centa Bergar Blad			Contact P	erson's Title:	Compliance Manager	
Contact Person's E-Mail Address						City: New Port Richey	State: Florida		24662
Water Treatment Plant Information    Plant Address   Salto Gabbe Blief   Plant Gelephone Number: (850) 773-2802     Plant Address   Salto Gabbe Blief   Plant Gelephone Number: (850) 773-2802     Plant Telephone Number: (850) 773-2802     Plant Clargory (per subsection 62-699-310(4), F.A.C.)   V   Plant Class (per subsection 62-699-310(4), F.A.C.)   C     Plant Clargory (per subsection 62-699-310(4), F.A.C.)   V   Plant Class (per subsection 62-699-310(4), F.A.C.)   C     Plant Clargory (per subsection 62-699-310(4), F.A.C.)   V   Plant Class (per subsection 62-699-310(4), F.A.C.)   C     Plant Class (per subsection 62-699-				224		Contact P	erson's Fax Number;		34032
Plant Telephone Number: (850) 773-2802    Plant Madres   Plant Telephone Number: (850) 773-2802   Plant Addres   Plant Telephone Number: (850) 773-2802   Plant Addres   Plant Telephone Number: (850) 773-2802   Plant Telephone Number: (950) 7	Water Treatment I	lant Information	motteveel@uswatercorp.	net					
Plant Telephone Number: (850) 773-2802  Type of Water Treatment by Plant:  Permitted Maximum Day Operating Capacity of Plant, gallons per day:  1,224,000  Plant Capacity of Plant, gallons per day:  1,224,000  Plant Class (per subsection 62-699,310(4), F.A.C.):  V Plant Class (per subsection 62-699,310(4), F.A.C.):  C 13268  Utility Manager  C 13268  Utility Manager  George Randall Weekly  C 23173  Days 1st Shift  Certification by Lead/Chief Operator  the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Stands coursed operator staffed or visited this plant during the month indicated above: (I) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment power on the PWS owner can retain them, together with copies of this report, at the plant conform to the power of the power of the pws owner can retain them, together with copies of this report, at the plant conformation of the pws owner can retain them, together with copies of this report, at the power of the pws owner can retain them, together with copies of this report, at the plant conformation of the pws owner can retain them, together with copies of this report, at the plant conformation of the pws owner can retain them, together with copies of this report, at the plant conformation of the pws owner can retain them, together with copies of this report, at the plant conformation is power to the pws owner can retain them, together with copies of this report, at the plant conformation is power to the pws owner can retain them, together with copies of this report, at the plant conformation is power to the pws owner can retain them, together with copies of this report, at the plant conformation is			I						
Sype of Water Treatment by Plant:	Plant Address:						Plant Telephone Number:	(850) 773-2	1802
ther Operators:    Continue of the continue of	ype of Water Treatment	by Plant:	✓ Raw Ground Water	Durchagad Fi-	dala data	City: Chipley	State: Florida		
Plant Class (per subsection 62-699 310(4), F.A.C):  V Plant Class (per subsection 62-699 310(4), F.A.C): C C STATE OPERATORS  Where Operators: C STATE OPERATORS  C STATE OPERATORS  Days 1st Shift  Days 1st Shift  Days 1st Shift  C STATE OPERATORS  Days 1st Shift  C STATE OPERATORS  Days 1st Shift  C STATE OPERATORS  Days 1st Shift  Days 1st Shift  Days 1st Shift  C STATE OPERATORS  Days 1st Shift  C STATE OPERATORS  Days 1st Shift  D	ermitted Maximum Day	Operating Capacity of P	lant gallons per day:	rolulaseu ni				1-1-	32420
License d Operators Sharon Purviance License Class License Number Day(s) / Shift(s) Worked  C 23173 Days 1st Shift  Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that all drinking water treatment chemicals used at this plant conform to NSF International Stand-chemical operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment location for at least ten years.  Sharon Purviance  Sharon Purviance  C 13268  License Number  Day(s) / Shift(s) Worked  Utility Manager  Day(s) / Shift(s) Worked  Day(s) / Shift(s) Worked  Utility Manager  Day(s) / Shift(s) Worked  Day(s) / Shift(s) Worked  Utility Manager  Day(s) / Shift(s) Worked  Day(s) / Shift(s) Worked  Utility Manager  Day(s) / Shift(s) Worked  Day(s) / Shift(s) Worked  Utility Manager  Day(s) / Shift(s) Worked  Day(s) / Shift(s) Worked  Utility Manager  Day(s) / Shift(s)	lant Category (per subsec	tion 62-699.310(4) F A	C):		1,224,000				
Exercise Class   Exerci	Licensed Operators			200	Table 1	Plant	Class (per subsection 62-699.3	10(4) FAC ): C	
Other Operators:  George Randall Weekly  C  23173  Days 1st Shift  Days 1st Shift  Days 1st Shift  Days 1st Shift  C  23173  Days 1st Shift  D			ranic		License Class	License Number			of an analysis of the same of
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censed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatmen not invenient location for at least ten years.  Sharon Purviance  Sharon Purviance	ovided in this repor	is true and accurat	e to the best of my knowledg	ge and belief. I c	ertify that all dri	nking water treatment	chemicals used at this a	lost County that	me information
ocess performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at	or other applicable	standards reference	ed in subsection 62-555.320(	3), F.A.C. I also	certify that the	following additional o	nerations records Could in	iant conform to NSF I	nternational Stand
nvenient location for at least ten years.  Sharon Purviance  Sharon Purviance	ensed operator staff	ed or visited this pl	ant during the month indicat	ed above: (1) re	cords of amounts	of chemicals used e-	delacions records for this	s plant were prepared	each day that a
nvenient location for at least ten years.  Sharon Purviance  Sharon Purviance	ocess performance i	ecords. Furthermore	re, I agree to provide these a	dditional operation	ons records to the	DIVE anno 11 T	d chemical feed rates; a	nd (2) if applicable, ap	propriate treatmen
Sharon Purviance S/V2020 Sharon Purviance	nvenient location for	r at least ten years.		operati	ons records to the	r ws owner so the F	WS owner can retain the	em, together with copie	es of this report, at
Sharon Purviance Sty2020 Sharon Purviance									
Sharon Purviance Sharon Purviance									
			. 9/./2	5500					



FLORIDA						
See Pages 4 for Instr	for the Month/Year of:	July, 2020				
					Towns of the Number	1670647
. Public Water System	(FWS) Intormation			110	PWS Identification Number:	1070017
PWS Name:	Sunny Hills  Community Non-	Transient Non-Commun	nity Transient Non-Co		secutive	1.827
PWS Type:		594		Total Popu	lation Served at End of Month:	1,027
Number of Service Connec	tions at End of Moteur.				Compl	iance Manager
PWS Owner:	US Water Services Corporation					Zip Code: 34652
Contact Person:	Melisa Toteveel	Rayou Blvd		City: New Port Richey	State: Florida	19-4219
Contact Person's Mailing A	iddi etc.			Contact Pe	erson's Fax Number: 727-84	17-1217
Contact Person's Telephone	e Number .	el@uswatercorp.ne	et			
Contact Person's E-Mail A					In mile Ventur	(850) 773-2802
B. Water Treatment Pl	Sunny Hills Wells # 4				Plant Telephone Number:	Zip Code: 32428
Plant Name:				City: Chipley	State: Florida	Zip code.
Plant Address:	153 Vash Circle	Ground Water	Purchased Finished Water			
Type of Water Treatment b			1,224,000		(2. (22. 210/4)	FAC): C
Permitted Maximum Day	Operating Capacity of Plant, gallons	V V			Class (per subsection 62-699.310(4)	s) / Shift(s) Worked
Plant Category (per subsec	etion 62-699.310(4), F.A.C.):	Name	License Cla	ass License Number		s) / Simus) worked
Licensed Operators		Name	C	13268	Days 1st Shift	
Lead/Chief Operator	Sharon Purviance George Randall Weekly		C	23173	Supervisor	
Other Operators:						
II Certification by Le	ad/Chief Operator	<b>全是被禁</b>	<b>学是是是</b>	SA - vistor treatment nis	nt identified in part I of this r	eport. I certify that the information
provided in this repo 60 or other applicab- licensed operator sta process performance	ort is true and accurate to the	ubsection 62-555.320	0(3), F.A.C. I also certify the	at the following additiona	al operations records for this p	eport. I certify that the information nt conform to NSF International Standard plant were prepared each day that a (2) if applicable, appropriate treatment n, together with copies of this report, at a
CONVENIENT IOURIST	•					C - 13268
	Puriaise 8	1 10 1	Sharon Purviance			

		MONTH	ILY OPE	RATION	REPORT FOR	PW 5s	REATIN	U-II AA	• 0.000					
WS Ide	entification	Number:		1670647	P	lant Name:	Sunny Hills V	WCII #4						
			onth/Year o	f:	W. S. S. S. S. J.	uly, 2020								
(	£ A abimuin	a Four-Log	Virus Inactiva	ation/Remova	al: Free Ch	lorine [	Chlorine Dio	xide	Ozone	┌ Comb	ined Chlorin	e (Chloran	unes)	
neans (	raviolet Ra	g I our-Log	C Other	(Describe):										
UH	raviolet Ka	mianon		. I in Dietri	bution System	Free Chlo				Chloramine		Chlorine E	Dioxide	
ype o	f Disinfec	tant Resid	ual Maintain	led in Distri	bution System:  T Calculations, or	IV Dose to	Demostate F	our-Log	Virus Inact	ivation, if A	applicable*			
11/2	2004729	7-4-5	2 8 Col 2	C	1 Calculations, of	CT Calc		100	Spiriton.	Be Stall	UVI	Oose		
						CICAR	DESCRIPTION OF		AND THE REAL PROPERTY.	JAMES OF THE PARTY				
A LOS			1.2				Lowest CT		1-0					
						Disinfectant	Provided						Lowest Residual	
	Days Plant				Lowest Residual	Contact Time	Before or at First				Pill Orat	Minimum	Disinfectant	it a locustica
	Staffed or		Net Quantity		Disinfectant Concentration (C)	(T) at C Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work tha
	Visited by		of Finished		Before or at First	Point During	During Peak		100	Minimum	Operating	Required, mW-	Distribution	Involves Taking Water System Components
Day of		Hours plant	Water Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose, mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
the	(Place "X")	in Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	Ing-murt	mw-scocm	300 011	0.7	
Month 1	X	24.0			1.0			-					0.7	
2	X	24.0			0.9			-					0.5	
3	Х	24.0			1.3			-					0.7	
4	Х	24.0			1.0		-							
5		24.0			0.9								0.8	
6	X	24.0			1.0		_						0.5	
7	X	24.0			1.0								0.7	
8	X	24.0			1.0								0.9	
9	X	24.0			0.9						-	-	0.8	
10	X	24.0			1.1					-	-	-		
12	^-	24.0						-	-	1	-		0.8	
13	X	24.0			0.9				-	+			0.5	
14	X	24.0			1.0		-	+	+		1		0.7	
15	X	24,0	111,400		0.4		-	-	+				0.6	
16	X	24.			1.0		+	-					0.5	
17	X	24.			1.1		1						0.4	
18	X	24.			1.0						-	-	0.5	
19		24.			1.1					-	-	-	0.7	
20	X	24.			0.8			-	1	+	+		0.4	
21	X	24.			0.9			-	-	-	1	1	0.6	5
23	X	24.	-		0.8		-	-	-	1			0.6	5
24	X	24		)	0.9	-	+	-	1	1			9.0	5
25	X	24	_	_	1.0	-	+	+						
26		24			1.1	-		1					0.:	
27	X	24			0.8							-	0.	
28	X	24		_	0.9							-	0.	211
29		24			1.1						-	-	0.	
30	X		.0 92,50		0.9						1		0.	1
31	A	24	3.353.80											

108,187 187,500

Maximum 187,500 

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



See Pages 4 for Instructions. General Information for the Month/Year of: July, 2020 A. Public Water System (PWS) Information 1670647 PWS Identification Number: Sunny Hills PWS Name: Consecutive Transient Non-Community Non-Transient Non-Community ✓ Community PWS Type: #REF! Total Population Served at End of Month: #REF Number of Service Connections at End of Month: US Water Services Corporation PWS Owner: Contact Person's Title: Compliance Manager Melisa Roteveel Contact Person: Zip Code: 34652 City: New Port Rich State: Florida 4939 Cross Bayou Blvd Contact Person's Mailing Address: 727-849-4219 Contact Person's Fax Number: 866-753-8292 Contact Person's Telephone Number: mroteveel@uswatercorp.net Contact Person's E-Mail Address: B. Water Treatment Plant Information (850) 773-2802 Plant Telephone Number: Sunny Hills Well # 5 Plant Name: 32428 Zip Code: Florida City: 1240 Elkcam Blvd. Plant Address: Purchased Finished Water ✓ Raw Ground Water Type of Water Treatment by Plant: 1,224,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): C V Plant Category (per subsection 62-699.310(4), F.A.C.): Dav(s) / Shift(s) Worked License Number License Class Name Licensed Operators 13268 Days 1st Shift Lead/Chief Operator: Sharon Purviance 23173 Days 1st Shift Other Operators: George Randall Weekly II Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International

Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

0606/1/8 esionen Promonelos C-13268 Sharon Purviance License Number Printed or Typed Name Signature and Date

PWS	dentification	on Number:		1670647		Plant Name:	Sunny Hills	Well # 5						THE THE THE THE
III.	Daily Data	a for the	Month/Year	of:	2000 400 1100 1200	July, 2020	1	, went of t						
Means	of Achiev	ing Four La	g Virus Inacti	institut D										
F 11	traviolet F	mg 1 0m-17				Chlorine [	Chlorine D	ioxide	☐ Ozone	Com	bined Chlor	ine (Chlora	mines)	
-				er (Describe)								on (Ciliota	ituicsj	
Type	of Disinfe	ectant Resi	dual Maintai	ined in Dista	ribution System:	Free Chi	orine [	Combin	ned Chlorine	(Chloramin	es) [	Chlorine	Disaids	
	COLOR	TO BEET			CT Calculations, or			Danie I.	7.7° 7	· · · · · · · · · · · · · · · · · · ·	(3)	Стногие	Dioxide	
				100000000	carountions, o	CTC-1	Demostate	rour-Los	virus inac	divation, if			THE PERSON	THE PARTY OF THE P
	8-10-10-1	D1 50 10	with the	21 A		CTCak	culations				UV	Dose		
		N. Carlot					Lowest CT		South State	- 14 PM				
	Dave Diane					Disinfectant	Provided	- 35				Seller.		
	Days Plant Staffed or		Nac	7 Y 1 75891	Lowest Residual	Contact Time	Before or at					A 13.25	Lowest Residual	
	Visited by		Net Quantity of Finished		Disinfectant	(T) at C	First					Minimum	Disinfectant	
Day of	Operator	Hours plant	Water		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
the	(Place	in	Producted,	Peak Flow	Before or at First Customer During	Point During	During Peak	Tour		Minimum	Operating	Required,		Conditions, Repair or Maintenance Work that
Month	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required.	UV Dose,	mW-	Distribution	Involves Taking Water System Components
1	X	24.0	800	Ture, gpa	0.6	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
2	X	24.0	1700		0.8								0.6	
3	X	24.0	700		0.9								0.4	
4	X	24,0	1500		0.6								0.5	
5		24.0	800										0.4	
6	X	24.0	700		0.3			_						
7	X	24.0	800		0.7		-						0.4	
8	X	24.0	1,200		1.0								0.3	
9	X	24.0	700		0.9			-					0.4	
10	X	24.0	800		0.4			_					0.5	
11	X	24,0	800		0.5								0.3	
12		24.0	700										0.4	
13	X	24.0	700		0.2									
14	X	24.0	1600		0.3								0.3	
15	X	24.0	800		0.2								0.3	
16	X	24.0	700		1.0								0.4	
17	X	24.0	800		1.0								0.5	
18	X	24.0	700		1.0								0.4	
19	x	24.0	800										0,4	
21	X	24.0	700		0.9								0.4	
22	X	24.0	800		0.4								0.5	
23	X	24.0	800		0.9								0.4	
24	X	24.0	800		0.8								0.4	
25	X	24.0	800		0.7								0.7	
26		24.0	800		0.6								0.4	
27	х	24.0	700		1.0									
28	X	24.0	700		0.6								0.5	
29	X	24.0	1600		0.5								0.4	
30	Х	24.0	700		0.5			_					0.2	
31	Х	24.0	800		0.4			_					0.3	
otal	Land Lo		27,300		0,4								0.3	
vgerage		25/23/1	881											
aximun	ATT STATE	10000000	1,700											

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



DEP Form 62-555, 900(3)Alternate

See Pages 4 for Inst	ructions.				
. General Information	on for the Month/Year of: August, 2	2020			
	m (PWS) Information				
	Sunny Hills			PWS Identification Number:	1670647
PWS Name	Community Non-Transient Non-Comm	munity Transient Non-Co		secutive	
PWS Type: Number of Service Conne		#REF!	Total Popu	lation Served at End of Month	#REF!
	US Water Services Corporation				
PWS Owner:	Melisa Toteveel		Contact Pe	erson's Title: Comp	liance Manager
Contact Person:			City. New Port Richey	State: Florida	Zip Code: 34652
Contact Person's Mailing	1200		Contact Po	erson's Fax Number. 727-8	49-4219
Contact Person's Telepho	no ramoer.	net			
Contact Person's E-Mail					
B. Water Treatment I				Plant Telephone Number:	(850) 773-2802
Plant Name:	Sunny Hills Wells # 1		City: Chipley	State: Florida	Zip Code: 32428
Plant Address:	3810 Gable Blvd	Purchased Finished Water		•	
Type of Water Treatment	Oy + time	1.224,000			
Permitted Maximum Day	Operating Capacity of Plant, gallons per day:		Plant	Class (per subsection 62-699.310(4)	, F.A.C.): C
Plant Category (per subse	ection 62-099.510(4), 1.75.C.J.	License Cla		Day(	s) / Shift(s) Worked
Licensed Operator		Ciccise Cia	13268	Utility Manager	
Lead/Chief Operato		C	23173	Days 1st Shift	
Other Operators:	George Randall Weekly	C	23173	Days Iscomit	
				1	
			· · · · · · · · · · · · · · · · · · ·		(P) 中华 (III) 化学 (P) 中华 (III) (P) (P) 中华 (III) (P) (P) 中华 (III) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P
II Certification by L	ead/Chief Operator				. I d'C el et the information
		am the lead/chief operator of	the water treatment pla	nt identified in part I of this r	eport. I certify that the information
provided in this rep	water treatment plant operator licensed in Floric port is true and accurate to the best of my knowle	edge and belief. I certify that an	the following additions	l operations records for this r	lant were prepared each day that a
60 or other applica	ort is true and accurate to the best of my knowledges translated and accurate to the best of my knowledges translated and accurate to the best of my knowledges.	20(3), F.A.C. I also certify that	the following additional	i operations records for time p	(2) if applicable appropriate treatment
licensed operator s	taffed or visited this plant during the month indice records. Furthermore, I agree to provide the	se additional operations records	to the PWS owner so the	e PWS owner can retain them	i, together with copies of this report, at a
process performant	ce records. Furthermore, ragree to provide the	1			
convenient location	n for at least ten years.				
97.4					C - 13268
Symmy	Dunnain 9/1/2020	Sharon Purviance			License Number
Signature and Date		Printed or Typed Name			Dictibe (Minor)
Signature and Date					

Page 1

PWS Id	entification	Number:				Plant Name:	Sunny Hills	Well # 1						
III. D	aily Data	for the M	lonth/Year	of:	<b>全事的企业</b>	August, 2020								
			Virus Inactiv		al: Free C	hlorine [	Chlorine Di	oxide	Ozone	「 Comb	ined Chlorin	ne (Chloran	nines)	
	raviolet R			(Describe):										
					ibution System:	₹ Free Chlo	rine T	Combin	ed Chlorine	(Chloramine	s) [	Chlorine I	Dioxide	71
ype o	Distinted	Aam Resid	iuai ivianitan	icu ili Distri	T Calculations, or			Pour-Los	Virus Inac	tivation, if A	Applicable*	A TOTAL	7720000	
	O LET			C	1 Calculations, of	CT Calc		our bog	THOUSAND THE		UVI	Dose		
		THE PARTY				C1 Cak	(IIdi/Olis			do me'de				
Day of the	Days Plant Staffed or Visited by Operator (Place	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water, if Applicable	Minimum CT Required,	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	и Аррисание	uit-inner:	III W-SCUGII	SCOCIA	0.6	
150	X	24.0	0		1.2			-						
2		24.0	0		1.6								0.4	
3	X	24.0	5000		1.8								0.7	
4	X	24.0	0		1.0								0.6	
5	X	24.0	0		1.0								0,7	
7	X	24.0	0		1.0								0.6	
8	X	24.0			I.1								0.7	
9		24.0	-											
10	Х	24.0	-		1.2							-	0.6	
11	Х	24.0	2000		1,3							_	0.7	
12	Х	24,0	0		1,0		-	-	-	1	-		0.5	
13	Х	24.0			0.9		-	-	-	-	-	-	0.5	
14	X	24.0			1.3			-	-	-			0.5	
15	Х	24.0			1,1		-	-	-	<del>                                     </del>	_			
16		24.0			0.9		-	+					0.7	
. 17	X	24.0			0.3		-	_					0.6	
18	X	24.0		-	0.2		1						0,5	
19	X	24.0			0.2								0.5	
21	X	24.0			0.2								0.3	
22	X	24.0			0.2							-	0.3	
23		24.0							-	-		-	0.3	
24	X	24.0			0.3			-	-	-	-	-	0.3	
25	X	24.0	28000		1,8			-	-	-	+	-	0.5	
26	X	24.0	1		1.5			-	-	+	-	-	0.5	
27	X	24.0			0.6		-	+	-	-	-	+	0.6	
28	X	24.0			0,2		-	-	+	+		-	0.5	
29	X	24.0			0.2		1	+	+	+		1		
30		24.0					-	+	-	+	_		0.3	
31	X	24.	0 0 411,000		0,5						1	1	-1-	

13,258

211,000

Avgerage

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. August, 2020 I. General Information for the Month/Year of: A. Public Water System (PWS) Information PWS Identification Number 1670647 PWS Name: Sunny Hills Non-Transient Non-Community Transient Non-Community Consecutive √ Community PWS Type: 1.827 Total Population Served at End of Month: Number of Service Connections at End of Month: 594 US Water Services Corporation PWS Owner: Contact Person's Title: Compliance Manager Melisa Toteveel Contact Person: City: New Port Richey State: Florida Zip Code: 34652 4939 Cross Bayou Blvd Contact Person's Mailing Address: Contact Person's Fax Number 727-849-4219 866-753-8292 Contact Person's Telephone Number: mrotteveel@uswatercorp.net Contact Person's E-Mail Address: B. Water Treatment Plant Information (850) 773-2802 Plant Telephone Number: Sunny Hills Wells #4 Plant Name Zip Code: 32428 City: Chipley State: Florida Plant Address: 153 Vash Circle Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: 1,224,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day V Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked License Class License Number Licensed Operators Name 13268 Days 1st Shift Lead/Chief Operator: Sharon Purviance Supervisor 23173 Other Operators: George Randall Weekly II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. olas Punnaria 9/1/2006 C - 13268 Sharon Purviance License Number Printed or Typed Name Signature and Date

DEP Form 62-555 900(3)Alternate Page 1

PWS I	lentification	n Number:		1670647		Plant Name:	Sunny Hills	Well #4						
III. D	aily Data	for the N	lonth/Year	of:		August, 2020								
Means	of Achievi	ng Four-Lo	g Virus Inactiv	vation/Remov	ral: ▼ Free C	hlorine [	Chlorine Di	oxide	Conc	┌ Comb	ined Chlori	ne (Chloran	nines)	
T U	traviolet R	adiation	[ Othe	r (Describe):		11.42.11								
Type o	f Disinfe	ctant Resid	dual Maintair	ned in Distr	ibution System:	₩ Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	s) [	Chlorine I	Dioxide	
lineal	M 633 M	150 S T 108	THE TAXABLE		T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if	Applicable*			
79.77						CT Calc		ALC: VID			UVI			
3		3 2 3		Daniel St	Brond W. S.		0.00000		109 -	100				
						Disinfectant	Lowest CT Provided							
3.00	Days Plant	.0-1		0	Lowest Residual	Contact Time	Before or at		are the same				Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Minimum	Disinfectant	
	Visited by	Se 583/9	of Finished		Concentration (C)	Measurement	Customer		1	12 500	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Control by District Control		Before or at First	Point During	During Peak	Town of		Minimum	Operating UV Dose,	Required, mW-	The second secon	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg- min/L		if Applicable	CT Required, mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	Distribution System, mg/L	Out of Operation
Month	"X") X	Operation 24.0	gal 99,600	Rate, gpd	Peak Flow, mg/L	minutes	BHUL	water, c	пэтрупсавіс	of mare	III VI-SCOCIII	Scorem	0.6	out or Spanner
2	_ ^	24.0			1.2									
3	Х	24.0	114,350		0.9								0,4	
4	Х	24.0	107,900		0.9								0.7	
5	Х	24.0	107,300		0.9								0.6	
6	X	24.0	116,600		LI								0.7	
7	X	24.0			1,0								0.6	
8	X	24.0			1.1								0.7	
9		24.0										-	0.6	
10	X	24.0			0.8			-					0.8	
11	X	24.0			0.9			-					0.6	
12	X	24.0			0.8								0.5	
14	X	24.0			1.0								0.5	
15	X	24.0			1.1								0.5	
16		24.0												
17	X	24.0	148,700		0.9								0.7	
18	X	24.0			1.1								0.6	
19	X	24.0			0.9			-			-	-	0.5	
20	X	24.0			1.0			-			-	-	0.3	
21	X	24.0			0.8			-					0.3	
23	_^	24.0			0.0			-						
24	X	24.0			1.0								0.3	
25	X	24.0			0.9								0,3	
26	Х	24.0	103,800		0.6								0.5	
27	X	24.0			0.9								0.5	
28	Х	24.0			0.9						-	-	0.6	
29	Х	24.0			0.4			-	-	-		-	0.5	
30		24.0			0.7		-	-	-	-		-	0.3	
31 Total	X	24.0	123,600		0.7			1	1					.I

122,326

171,100

Avgerage

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

l. General Information	n for the Month/Year of: August, 2020				
A. Public Water System					
PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	✓ Community Non-Transient Non-Community	Transient Non-Com	munity [	Consecutive	
Number of Service Connec		#REF!	Total	Population Served at End of Month:	#REF!
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Roteveel		Conta	ct Person's Title: Complian	nce Manager
Contact Person's Mailing A			City: New Port Rich	State: Florida	Zip Code: 34652
Contact Person's Telephone			Conta	ct Person's Fax Number: 727-849-4	4219
Contact Person's E-Mail Ad					
3. Water Treatment Pl					
Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.		City:	State: Florida	Zip Code: 32428
Type of Water Treatment by		Purchased Finished Water			
	perating Capacity of Plant, gallons per day:	1,224,000			
Plant Category (per subsecti			Plant (	lass (per subsection 62-699.310(4), F.A.	A.C.): C
Licensed Operators	Name	License Class	License Number	Day(s)/	Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	С	13268	Days 1st Shift	
Other Operators:	George Randall Weekly	c	23173	Days 1st Shift	
C. C. C. I. I.	101:00				
Certification by Lead		<b>的</b> 是的 (2) 多数 30 多数	<b>第二章 第二章 第</b>		
i, the undersigned water	er treatment plant operator licensed in Florida, am	the lead/chief operator of the	water treatment p	plant identified in part I of this	report. I certify that the information
provided in this report	is true and accurate to the best of my knowledge a	and belief. I certify that all d	rinking water treat	ment chemicals used at this pla	ant conform to NSF International
Standard 60 or other a	pplicable standards referenced in subsection 62-55	55.320(3), F.A.C. I also certi	fy that the followi	ng additional operations record	Is for this plant were prepared each
day that a licensed ope	erator staffed or visited this plant during the month	indicated above: (1) records	of amounts of ch	emicals used and chemical feed	d rates; and (2) if applicable
appropriate treatment	process performance records. Furthermore, I agree	e to provide these additional	operations records	to the PWS owner so the PWS	owner can retain them together with
copies of this report, at	t a convenient location for at least ten years.		operations records	to the I we owner so the I we	owner can retain them, together with
	25%				
allow P.	OSEN/P paraun	Character Day			
Signature and Date	muney 1/0000	Sharon Purviance			C - 13268
Signature and Date		Printed or Typed Name			License Number

DEP Form 62-555 900(3)/Alternate Page 1

PWS	dentification	on Number:		1670647		Plant Name:	Sunny Hills	Well#				1 01(01	INGLD ! IN	ISHED WATER
IIIR	Daily Data	a for the !	Month/Year	of:		August, 2020	Journ's Ellie	5 W CH # 3						
			g Virus Inacti											
TU	ltraviolet F	Radiation		er (Describe)		blorine [	Chlorine D	ioxide	☐ Ozone	☐ Com	bined Chlor	ine (Chlora	mines)	
-														
Type	of Disinte	ctant Resi	dual Maintai		ribution System:	Free Chle		Combi	ned Chlorine	(Chloramin	es) [	Chlorine	Dioxide	
14.5%				(	CT Calculations, o	UV Dose, to	Demostate	Four-Los	Virus Inac	tivation if	Applicable	*	1	
Regis						CT Calc	culations	2000	, ir as mac	Arranon, n		Dose	LOS LOS CALLES	
	TAX BE	ALTA CALL				THE STREET		Page 1	100-100-		UV	Dose		Minimum Strike Strike Strike
250						Disinfectant	Lowest CT	300						
195	Days Plant				Lowest Residual	Contact Time	Provided Before or at					15 15 10		
-	Staffed or	15 (17 )	Net Quantity	100	Disinfectant	(T) at C	First	100	10. 11 5 8		Service Co.	Minimum	Lowest Residual	
200	Visited by		of Finished	The state of	Concentration (C)	Measurement	Customer	2007	E BUT	E B G L V	Lowest	UV Dose	Disinfectant	
Day of		Hours plant	Service State of the State of t		Before or at First	Point During	During Peak	1 may 1 m		Minimum	Operating	Required,	Concentration at	
the Month	(Place "X")	In .	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required	UV Dose.	mW-	Remote Point in Distribution	Conditions; Repair or Maintenance Work that
1	X	Operation 24.0	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm²	sec/cm <sup>2</sup>	System, mg/L	Involves Taking Water System Components Out of Operation
2	_ ^	24.0	500 600		0.6								0.3	Out of Operation
3	Х	24.0	600		2.6									
4	X	24.0	1200		0.6	-							0.4	
5	Х	24.0	550		0.2	-							0.4	
- 6	X	24.0	550		0.9								0.4	
7	X	24.0	0		0.8								0,4	
8	X	24.0	700		0.9								0.3	
9		24.0	800					-					0.4	
10	X	24.0	800		0.8			-						
11	X	24.0	800		0.9								0.3	
12	X	24.0	800		1.0								0.4	
-13	Х	24.0	800		0.3								0.5	
14	X	24.0	900		0.8								0.4	
16	X	24.0	800		0.8								0.5	
17	Х	24.0	800 900										0.5	
18	X	24.0	800		0.6								0.5	
19	X	24.0	800		0.7						y and the second		0.4	
20	X	24.0	800	-	0.5								0.3	
21	X	24.0	700		0.4								0.4	
22	Х	24.0	800		0.9								0.3	
23		24.0	800							-			0.3	
24	X	24.0	700		0.7				-				- 0.2	
25	X	24.0	700		1.1								0.3	
26	X	24.0	750		0.8							-	0.3	
28	X	24.0	750		1.0						-		0.3	
29	X	24.0	2500		0.8								0.6	
30	^	24.0	700		0.8								0.5	
31	х	24.0	700	-	10									
otal		24.0	25,300		1.0								0.3	
vgerage	2/1 (14)	ant mindle	816											
faximum	a property of	1111	2.500											

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

I. General Information t	for the Month/Year of: September, 20	020			
A. Public Water System	(PWS) Information				
PWS Name: S	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	✓ Community Non-Transient Non-Community	y Transient Non-Comr	nunity Cons	secutive	
Number of Service Connection	ons at End of Month:	#REF!	Total Popul	ation Served at End of Month:	#REF! 1827
PWS Owner: U	US Water Services Corporation				
Contact Person:	Melisa Toteveel		Contact Per	son's Title: Compli	ance Manager
Contact Person's Mailing Add	dress: 4939 Cross Bayou Blvd		City: New Port Richey	State: Florida	Zip Code: 34652
Contact Person's Telephone N			Contact Per	son's Fax Number: 727-849	9-4219
Contact Person's E-Mail Addr					
B. Water Treatment Plan	at Information				
A. (0.000 to 10.000 to 10.	Sunny Hills Wells # I			Plant Telephone Number.	(850) 773-2802
Plant Address. 3	3810 Gable Blvd		City: Chipley	State: Florida	Zip Code: 32428
Type of Water Treatment by I		Purchased Finished Water			
Permitted Maximum Day Ope	erating Capacity of Plant, gallons per day.	1,224,000			
Plant Category (per subsection				lass (per subsection 62-699.310(4),	
Licensed Operators	Name	License Class	License Number	Day(s)	/ Shift(s) Worked
Lead/Chief Operator: S	Sharon Purviance	c	13268	Utility Manager	
Other Operators:	George Randall Weekly	C	23173	Days 1st Shift	
II. Certification by Lead/					是 经
I, the undersigned water	r treatment plant operator licensed in Florida, am	the lead/chief operator of the	water treatment plant	identified in part I of this rep	ort. I certify that the information
provided in this report is	is true and accurate to the best of my knowledge a	and belief. I certify that all dr	inking water treatment	t chemicals used at this plant	conform to NSF International Standard
60 or other applicable st	tandards referenced in subsection 62-555.320(3),	, F.A.C. I also certify that the	following additional of	perations records for this pla	nt were prepared each day that a
licensed operator staffed	d or visited this plant during the month indicated	above: (1) records of amount	ts of chemicals used ar	nd chemical feed rates; and (2	) if applicable, appropriate treatment
	cords. Furthermore, I agree to provide these addi				
convenient location for					
convenient roundin for	an ivent wit j value				
-1, .10	10/2/000	Ct. D. D. C.			C - 13268
	UMarie 10/2/2020	Sharon Purviance			License Number
Signature and Date		Printed or Typed Name			License Number

PWS Id	S Identification Number:   Plant Name:   Sunny Hills Well # I													
THE PARTY	aily Data	for the N	lonth/Year	of:		September, 202	0							
			g Virus Inactiv		the same of the sa	hlorine [		ovide	C Ozone	Comb	ined Chlorit	ne (Chloran	nines)	
	raviolet R			r (Describe):		inorais 1	Chief inc On	O/duc	1 Ozone	1 Come	mica cinora	ic (cinora		
						₩ Free Chlo	· F	Combin	ed Chlorine	(Chloramine	e) [	Chlorine I	Diovide	
Type c	f Disinfe	ctant Resid	lual Maintair	ned in Distr	ibution System:							200000000000000000000000000000000000000	710.000	
	11.00			C	T Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inac	tivation, if A	Applicable*			
						CT Calc	ulations	280	1000		UVI	Jose		
							Lowest CT							
1/200						Disinfectant	Provided			CAUSERS		2540		
	Days Plant				Lowest Residual	Contact Time	Before or at				41,000	S. C. Carlot	Lowest Residual	
100	Staffed or	Dein 2	Net Quantity		Disinfectant	(T) at C	First	1918				Minimum	Disinfectant	
DE CO	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose		Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	Town of	11 (10)	Minimum	UV Dose,	Required, mW-	Remote Point in Distribution	Taking Water System Components Out of
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp or	pH of Water,	CT Required, mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Operation
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	ii Applicanie	10g-muez	mw-scoun	SCOREM	0.3	Spanner.
1	X	24.0			0.8			_					0.4	
2	X	24.0	30000		0.8								0.5	
3	X	24.0	0		0.9								0.6	
5	X	24.0	0		0.8								0.2	
6	_^	24.0												
7	X	24.0	0		0.7								0.5	
8	X	24.0			0.4								0.3	
9	X	24.0	0		0.5								0.2	
10	X	24.0	0		0.5								0.3	
11	X	24.0	0		0.5								0.5	
-12	Х	24.0	0		0.2								0.8	
13		24.0	0										0.3	
14	X	24.0			0,2								0.3	
15	X	24,0			0.3			-		-	-		0.3	
16	X	24.0			0.6			-		-	-		0.5	
17	X	24.0			0.5			-					0,4	
18	X	24.0	_		0.2								0.2	
19	X	24.0			0.2									
21	X	24.0			0.6								0.2	
22	X	24.0			0.4								0.4	
23	X	24.0			0.4								0.3	
24	X	24.0	0		0.5								0.4	
25	X	24.0	0	9	0.3								0.5	
26	X	24.0	0		0.5						-		0.4	
27		24.0	0								-	-	0.5	
28	X	24.0	0		0.2							-	0.5	
29	X	24.0			0.2						-	-	0.4	
30	X	24.0			0.2			1	-	-	-	-	0.5	
31		24.0									1		_	
Total	CO - 19 194		49 000											

1,581

30,000

Avgerage

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

I. General Information	for the Month/Year of: September, 20	020			
A. Public Water System				PWS Identification Number.	1670647
PWS Name:	Sunny Hills   Community   Non-Transient Non-Community	v Transient Non-Comm	nunity Cons	secutive	30.000
PWS Type:		y Libiscic wir com		ation Served at End of Month:	1.827
Number of Service Connect	dons at belo of fronta-		Total Lopus	ation oursed at Cala of Monan.	1,000
PWS Owner:	US Water Services Corporation		Contact Per	son's Title: Com	pliance Manager
Contact Person:	Melisa Toteveel		City: New Port Richey	State: Florida	Zip Code: 34652
Contact Person's Mailing A					849-4219
Contact Person's Telephone			Connectic	30110 1 00 1 100 100 1	
Contact Person's E-Mail Ad					
B. Water Treatment Pla				Plant Telephone Number:	(850) 773-2802
Plant Name:	Sunny Hills Wells # 4		City: Chipley	State: Florida	Zip Code: 32428
Plant Address:	153 Vash Circle	Purchased Finished Water	City. Citipley	Louis, Tioren	
Type of Water Treatment by	y I latt.				
	Operating Capacity of Plant, gallons per day:	1,224,000	Plant (	Class (per subsection 62-699 310(	4) FAC /: C
	tion 62-699.310(4), F.A.C.): V	lx: Class	License Number	Day	(s) / Shift(s) Worked
Licensed Operators		License Class		Days 1st Shift	(5) / Shirt(5) / Oraco
Lead/Chief Operator:	Sharon Purviance	C	13268		
Other Operators:	George Randall Weekly	C	23173	Supervisor	
					THE PARTY OF THE P
II Certification by Lea	d/Chief Operator	The state of the s		il de li maliafabie	report I cortify that the information
I, the undersigned wa	ter treatment plant operator licensed in Florida, an	n the lead/chief operator of the	water treatment plant	t identified in part I of this	report. I certify that the information
' I - J '- this conce	t is true and accurate to the hest of my knowledge	and belief. I certify that all di	rinking water treatmen	it chemicais used at this pia	ill combini to type international standard
co utlimble	standards referenced in subsection 62-555 320(3)	) FAC Talso certify that the	e tollowing additional	operations records for this	plant were prepared each day that a
1: d amorator staf	Fod or visited this plant during the month indicated	above: (1) records of amoun	its of chemicals used a	ind chemical feed rates; and	1 (2) II applicable, appropriate treatment
meanace performance	records. Furthermore, I agree to provide these add	ditional operations records to t	he PWS owner so the	PWS owner can retain ther	n, together with copies of this report, at a
convenient location for	of at least tell years.				
					C - 13268
	0506/6/01 ranoun	Sharon Purviance			License Number
Signature and Date		Printed or Typed Name			LICOISC HUITON

PWS I	S Identification Number: 1670647 Plant Name: Surnry Hills Well #4													
MA	aily Data	for the N	Ionth/Year	of:		September, 202	20							
			g Virus Inacti		val: 🔽 Free C		Chlorine Di	ovide	C Ozone	┌ Comb	sined Chloris	ne (Chlorar	nines)	
	traviolet R		☐ Othe			1	CHIOTHE D	o.duc	1 Ozone	1 Come	ALCO CHIOLE	ac (Cinora	illinessy	
-						₩ Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	s) [	Chlorine [	Dioxide	
Турс	JI Disinice	Main resid	Juai (Viailita)		T Calculations, or									
FEE					1 Calculations, of	CT Calc		Out-Log	VII US III de	tivation, ii z	UVI			
						CTCarc	diations	LANGE TH				- Control	ELEVANOR &	
	W. S.						Lowest CT				Sav malas			
A PART					1 - n - 1 - 1	Disinfectant	Provided		ED BY				Lowest Residual	
100	Days Plant		No Committee	TO PRODUCE	Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First					Minimum	Disinfectant	
1	Staffed or Visited by		Net Quantity of Finished		Concentration (C)	Measurement	Customer		9-01-20-01		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0			0,8								0.3	
2	X	24.0			1.0								0.4	
3	X	24.0	129,000		1.0								0.5	
4	X	24.0	110,900		1.1						-		0.6	
5	X	24.0	118,600		1.0								0.2	
6	-	24.0	138,450		1.1								0,5	
8	X	24.0 24.0	138,450 142,500		0.8					-			0.3	
9	X	24.0	120,900		0.7			-					0.2	
10	X	24.0	97,100		0.7								0.3	
-11	X	24.0	91,400		1.0								0,5	
12	X	24.0	84,600		1.2								0.8	
13		24.0	101,450											
14	Х	24.0	101,450		1.0								0.3	
15	X	24.0	91,800		0.9								0.4	
16	X	24.0	91,200		0.8								0.3	
17.	X	24.0	99,900		0.6								0.5	
18	X	24.0	91,200		1.0								0.4	
19	Х	24.0 24.0	95,400 130,050		1.0					-	-	-	0.4	
20	X	24.0	130,050		1.0					1			0.2	
22	X	24.0	89,000		0.9								0.4	
23	X	24.0	92,500		1.1								0.3	
24	X	24.0	113,100		1.0								0,4	
25	Х	24.0	83,000		0.9								0.5	
26	X	24.0	103,600		1.0								0.4	
27		24.0	94,150											
28	X	24.0	94,150		1.4							-	0.5	
29	X	24.0	109,600		0.8						-		0.4	
30	X	24.0	96,500		0.8			-	-		-	-	0.3	
31 Total		24.0	3 201 500						1				1	

106,717

142,500

Avgerage

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information



See Pages 4 for Instructions.

Public Water System (PWS) Information	I. General Informatio	n for the Month/Year of: September, 2	2020				
FWS Name   Sumy Hills   PVS Identification Number: 1670647							
PWS Type:   Community   Non-Transient Non-Community   Transient Non-Community   Consecutive   Consecutive   Consecutive   REFF      WS Owner   US Water Services Corporation   FREFF   Total Population Served at End of Month:   FREFF     WS Owner   US Water Services Corporation   FREFF   Total Population Served at End of Month:   FREFF     WS Owner   US Water Services Corporation   Contact Presson: Title   Compliance Manager							
Sumber of Service Connections at End of Month: #REF!    Total Population Served at End of Month: #REF!   Total Population Served at End of Month: #REF!   Total Population Served at End of Month: #REF!   Consist Person's Title: Compliance Manager					PWS Identification Number	er. 1670647	
Swaper Survives Corporation   Contact Person's Each Nation   Medical Received   Contact Person's Trick   Compliance Manager		,	ity Transient Non-Com	munity	Consecutive		
Contact Person's Title,   Compliance Manager			#REF!	Total	Population Served at End of	Month: #REF!	
Contact Person's Mailing Address:   6319 Cross Bayou Blvd   City   New Port Real State   Ferroria   [Zip Code   34652]							
Contact Person's Telephone Number: 866-753-8292   Contact Person's Fax Number: 727-849-4219    Contact Person's Fax Number: 727-849-4219   Contact Person's Fax Number: 727-849-4219    Contact Person's Fax Number: 727-849-4219    Contact Person's Fax Number: 727-849-4219    Contact Person's Fax Number: 727-849-4219    Contact Person's Fax Number: 727-849-4219    Plant Telephone Number: (850) 773-2802    Plant Address: 1240 Elborn Bivd.  Type of Water Treatment by Plant: Portida   Zip Code: 32428    Type of Water Treatment by Plant: Plant plant operating Capacity of Plant, gallons per day: 1224,000    Plant Class (per subsection 62-699 310(4), F.A.C.): V   Plant Class (per subsection 62-699 310(4), F.A.C.): C    Licensed Operators:   Sharon Purviance   C   13268   Days 1st Shift    Contact Person's Fax Number   Day(s) / Shift(s) Worked    Contact Person's Fax Number: (850) 773-2802    Plant Class (per subsection 62-699 310(4), F.A.C.): C    Licensed Operators:   Day 1st Shift   Day(s) / Shift(s) Worked    Licensed Operators:   Sharon Purviance   C   23173   Days 1st Shift    Contact Person's Fax Number: (850) 773-2802    Plant Class (per subsection 62-699 310(4), F.A.C.): C    Licensed Operators:   Day(s) / Shift(s) Worked    Licensed Operators:   Day(s) / Shift(s) Worked    Contact Person's Fax Number: (850) 773-2802    Plant Class (per subsection 62-699 310(4), F.A.C.): C    Licensed Operators:   Day(s) / Shift(s) Worked    Licensed Operators:   Day(s) / Shift(s)    Licen						Compliance Manager	
Contact Person's E-Mail Address:   mroteveel@uswatercorp.net						Zip Code:	34652
Water Treatment Plant Information   Plant   Sump Hills Well # 5   Plant Telephone Number: (850) 773-2802   Plant Address: 1240 Elicems Blvd.   State: Plant Department of Plant   Pl				Conta	ct Person's Fax Number:	727-849-4219	
Flant Name:   Sumy Hills Well # 5   Flant Telephone Number: (850) 773-2802		ant Information					
Flant Address: 1240 Elizam Blvd.  Type of Water Treatment by Plant:    Yaw Ground Water   Purchased Finished Water					T		
Type of Water Treatment by Plant:    Permitted Maximum Dey Operating Capacity of Plant, gallons per day:   1,224,000							
Permitted Maximum Day Operating Capacity of Plant, gallors per day:  1,224,000  Plant Class (per subsection 62-699 310(4), F.A.C.):  V Plant Class (per subsection 62-699 310(4), F.A.C.):  C Licensed Operators  Lead/Chief Operator:  Sharon Purviance  C 13268  Days 1st Shift  Days (s) / Shift(s) Worked  C 23173  Days 1st Shift  Certification by Lead/Chief Operator:  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with Standard Date.  Standard	TO SECURE OF THE PARTY OF THE P		Durchaged Chicked Water	City.	State: Florida	Zip Code:	32428
Plant Class (per subsection 62-699 310(4), F.A.C.) C Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked License Number Day(s) / Shift(s) /							
Lead/Chief Operators:    Competition   Compe			1,224,000				
Lead/Chief Operators:  Sharon Purviance  C 13268  Days 1st Shift  Googe Randall Weekly  C 23173  Days 1st Shift  C 23173  Days 1st Shift  T  T  T  T  T  T  T  T  T  T  T  T  T			Tr. d	Plant C			
Other Operators:  George Randall Weekly  C  23173  Days 1st Shift  Days 1st Shift  C  23173  Days 1st Shift  C  23173  Days 1st Shift  C  C  23173  Days 1st Shift  Days 1st Shift  Days 1st Shift  C  Days 1st Shift  Days 1st Shift  C  1st C  Days 1st Shift  Days 1s			License Class			Day(s) / Shift(s) Wor	ked
Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Sharon Purviance  Sharon Purviance  C-13268			<u>C</u>				
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Sharon Purviance  Sharon Purviance  C-13268	Other Operators.	Goorge Randan Weekly	C	23173	Days 1st Shift		
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Sharon Purviance  Sharon Purviance  C-13268							
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appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Sharon Purviance  Signature and Date  C - 13268	day that a licensed one	erator staffed or visited this plant during the month	indicated above: (1)	ry that the following	ng additional operation	is records for this plan	it were prepared each
Sharon Purviance  Co-13268	annronriate treatment t	process performance records. Furthermore I	i ilidicaled above: (1) records	or amounts of ch	emicals used and chem	iical feed rates; and (2	) if applicable,
Signature and Date  C-13268	conies of this report of	to convenient landing front l	e to provide these additional	operations records	to the PWS owner so t	the PWS owner can re	tain them, together with
Signature and Date	copies of this report, a	a convenient location for at least ten years.					
Signature and Date	1	•					
Signature and Date	at covered	munar 10/2/2020	Sharon Purviance			C - 13268	
	Signature and Date	*	Printed or Typed Name			License Nu	amber

11188	Identificat	to for the		10/004/		Plant Name	Supply 113	le Walt	-	OLED SAY	TILK OF	KPUKC	HASED FI	NISHED WATER
14	Daily Da	ta for the	Month/Yea	r of:	FALLED FALLED	September, 2	020	IS WEH #	3					THE WATER
iviean	s of Achie	ving Four-L	og Virus Inac	tivation/Rem	oval-									
	MINAMOREL	Kadiai ion	Oth	er (Decort	A. C.	Chlorine f	Chlorine I	Dioxide	「 Ozone	_				
Type	of Disinf	ectant Dag	:d137 :	ici (Describe	tribution System:			- Toruge	1 Ozona	Con	nbined Chlor	rine (Chlora	mines)	
	I County	octant Nes	idual Mainta	uned in Dis	tribution System:	Free Ch	larina I	- 0					andies)	
				A STATE OF	CT Calculations	- THE CH	iorine 1	Comb	ined Chlorin	e (Chloramir	nes)	Chlorine	DI II	
					CT Calculations, o	r UV Dose, to	Demostate	Four-Lo	g Virus Ina	ctivation if	4 12 14	Chiorine	Dioxide	
				No. of the last		CT Cal	culations	SUITE THE	C	cuvation, II	Applicable	*		
						<b>建设建设设施</b>	All March 1997	I	1	1	UV	Dose	100000	
Day of the fonth	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant	Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before of at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak			Minimum	Lowest Operating	Minimum UV Dose	Lowest Residual Disinfectant Concentration at	Emergen
1	X	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	Peak Flow,	Flow, mg-	Temp of	pH of Water	con .	UV Dose.	Required,	Remote Point in	Emergency or Abnormal Operating
2	X	24.0	500		0.9	minutes	min/l,	Water, OC	if Applicable			mW-	Distribution	Conditions; Repair or Maintenance Work is
3	X	24.0	600		1.0					- S must	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Involves Taking Water System Componen Out of Operation
4	X	24.0	600		1.1								0.3	Out of Operation
5	X	24.0	1200		0.7								0.3	
6	_^	24.0	550		0.8								0.4	
7	X	24.0	550		0.0								0.4	
8	X	24.0	0		1.0								0.3	
9	X	24.0	700		2.0									
0	X	24.0	800		1.2					-			0.5	
1		24.0	800		0,7				-				0.4	
2	X	24.0	800		1.1								0.7	
3	X	24.0	800		1.0					-			0.5	
4	x	24.0	800		1.0					-			0.4	
5	X	24.0	900		0.6					-			0.4	
	X	24.0	800		0.9									
	X	24.0	800		0.7					_			0.5	
	X	24.0	900		1.3								0.2	
	X	24.0	800		1.2								0.3	
	-	24.0	800		0.2								0.4	
	X	24.0	800										0.4	
	X	24.0	700 800		1.5								0.2	
	X	24.0	800		2.0									
	X	24.0	700		1.5							-	0.6	
	X	24.0	700		1.5			_					0.5	
	X	24.0	750		1.7			_					0.4	
		24.0	750		1.4								0.2	
	X	24.0	2500					_					0.3	
	X	24.0	700		1.0			_	_				0.5	
	X	24.0	0		1.9			_					0.4	
		24.0	700	_	1.8			-					0.4	
WE.	THE PARTY		24,600					_					0.8	
ge		THE RE	820										0,0	
m	ACTOR OF E	1000	2.500		iest provide this inc									

DEP Form 62-555 900(3) Attemate Page 2

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr	uctions							
. General Information		Year of: October, 2020	)					
A. Public Water System	(PWS) Informa	ation						
PWS Name:	Sunny Hills					PWS Identification Numb	per: 167064	7
PWS Type:	✓ Community	Non-Transient Non-Communit	y T	ransient Non-Comr		nsecutive		
Number of Service Connec	tions at End of Month	E	Ħ	REF!	Total Pop	outation Served at End of Mo	nth: #REF!	
PWS Owner:	US Water Services	Corporation				me		
Contact Person:	Melisa Toteveel	(4054				erson's Title	Compliance Manager	
Contact Person's Mailing A	ddress:	4939 Cross Bayou Blvd			City: New Port Richey		Zip Coo	de: 34652
Contact Person's Telephone		866-753-8292			Contact I	erson's Fax Number:	727-849-4219	
Contact Person's E-Mail Ac		mrotteveel@uswatercorp.net					10/20	
3. Water Treatment Pl						n	(050) 2	22 2002
Plant Name:	Sunny Hills Wells	1			a: a: 1	Plant Telephone Number:	Zip Coo	73-2802 de: 32428
Plant Address:	3810 Gable Blvd	T. D. C. d. Water	Developed Fig	ich ad Matar	City: Chipley	State: Florida	Zip Coc	JE. 32428
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fin					
Permitted Maximum Day C				1,224,000	Disa	t Class (per subsection 62-69	9 310(4), F.A.C.): C	
Plant Category (per subsect	tion 62-699.310(4), F.			License Class	License Number	Class (per subsection 62-65	Day(s) / Shift(s) Wo	
Licensed Operators		Name		License Class	13268	Utility Manager	Day(s) / Sunt(s) We	JI KOU
Lead/Chief Operator:				C		Utility Manager		
Other Operators:	George Randall We	ekly		C	23173	Days 1st Shift		
				-		_		
				-				
				-				
				-		_		
				-		-		
						1		
				1				
I. Certification by Lea	d/Chief Operato	professional and the second	WIND STATE	NEW HOOCE			<b>不是我们的</b>	
I the undersioned wa	ter treatment plan	nt operator licensed in Florida, an	n the lead/chi	ef operator of the	water treatment pla	nt identified in part I of	this report. I certify	that the information
nrovided in this repor	t is true and accu	rate to the best of my knowledge	and belief. I	certify that all di	rinking water treatme	ent chemicals used at th	is plant conform to N	ISF International Standard
60 as other applicable	standards refere	nced in subsection 62-555.320(3)	FAC Lab	so certify that the	e following additions	d operations records for	this plant were prepa	ared each day that a
bu or other applicable	Standards refere	plant during the month indicated	habouer (1) r	secords of amoun	its of chemicals used	and chemical feed rate	es: and (2) if applicable	le, appropriate treatment
licensed operator stat	ted or visited this	more, I agree to provide these add	litional again	tions records to t	he DWS owner so th	e DWS owner can retain	n them together with	conies of this report at a
			nuonai opera	tions records to t	HE I W S OWHER SO H	c i w s owner can retain	it diein, together min	copies of and report, as a
convenient location for	or at least ten yea	rs.						
	40						2 012	160
Farander	manu	0606/6/11	Sharon Purvi				C-132	
Signature and Date			Printed or Ty	ped Name			License	e Number

PWS I	PWS Identification Number:   Plant Name:   Sunny Hills Well # 1													
III	aily Data	for the N	lonth/Year	of:		October, 2020								
Means	COST AND DESCRIPTION OF THE PERSON NAMED IN	ng Four-Log	g Virus Inactiv			hlorine [	Chlorine Di	oxide	Ozone	☐ Comt	ined Chlori	ne (Chlorat	mines)	
Type	of Disinfed	tant Resid	dual Maintai	ned in Distr	ibution System:	▼ Free Chk	erine [	Combin	ed Chlorine	(Chloramine	s) r	Chlorine I	Dioxide	
21					T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	K		
119				F 1 5 2 2		CT Calc						Dose		
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, OC	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, anW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Monun	X	24.0		Kaic, gpa.	0.2	imputed	iiiii C	0100000	11				0.6	
2	X	24.0			0.6								0.7	
3	X	24.0			0.5								5.0	
4		24.0	0											
5	X	24,0	0		0.6								0.5	
6	X	24.0			0.6								0.3	
7	X	24.0			0.7								0.6	
8	X	24.0			1.0			-					0.7	
9	X	24.0			1.0			_				-	0.7	
10	X	24.0			1.0			_				-	0.8	
- 11		24.0								-	-		0.2	
12	X	24.0			1.8				_				0.7	
13	X	24.0			1.1		-	-		-	1		0.9	
14	X	24.0		-	1.0		<del>                                     </del>	-				1	0.6	
15	X	24.0		-	0.5		-						0.3	
17	X	24.0			0.3								0.4	
18	-	24.0												
19	X	24.0			2.0								0.3	
20	X	24.0	0		2.0								0.5	
21	X	24.0			2.0								0.5	
22	X	24.0			1.9			-				-	0.8	
23	X	24.0			1.0			-		-			0.5	
24	X	24.0			0.9		-	-			-	-	0.7	
25		24.0		-	0.9		-	-			<u> </u>		0.6	
26	X	24.0	-	-	2,0			-	<u> </u>	-			0.5	
27	X	24.0		-	2.0	-	<u> </u>				1	1	0.4	
29	X	24.0			2.0								0.5	
30	^	24.0	-											
31	X	24.0			2,0								0.8	7
70000	1 ^	27.0	02.400				-							

2,981

22,400

Avgerage

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

I. General Information	for the Month/Year of: Octo	ober, 2020			
A. Public Water System	(PWS) Information				
PWS Name:	Sunny Hills			PWS Identification Number	1670647
PWS Type:	Community Non-Transient Non-	Community Transient Non-Comm	munity Cons	secutive	
Number of Service Connec	tions at End of Month. 594		Total Popu	lation Served at End of Month:	1,827
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Totevecl		Contact Per	rson's Title. Comple	iance Manager
Contact Person's Mailing A	ddress: 4939 Cross Bayou Blvd		City: New Port Richey	State: Florida	Zip Code: 34652
Contact Person's Telephone			Contact Per	rson's Fax Number: 727-84	9-4219
Contact Person's E-Mail Ad	Idress: mrotteveel@uswater	corp.net			
B. Water Treatment Pl	ant Information				
Plant Name:	Sunny Hills Wells # 4			Plant Telephone Number.	(850) 773-2802
Plant Address:	153 Vash Circle		City: Chipley	State: Florida	Zip Code: 32428
Type of Water Treatment by	y Plant:	Purchased Finished Water			
Permitted Maximum Day O	perating Capacity of Plant, gallons per day:	1,224,000			
Plant Category (per subsect	ion 62-699.310(4), F.A.C.):	V		Class (per subsection 62-699.310(4),	
Licensed Operators	Name	License Class	License Number	Day(s)	/ Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	C	13268	Days 1st Shift	
Other Operators:	George Randall Weekly	C	23173	Supervisor	
				1	
II Certification by Lead		<b>的变态和特别的影响。</b>			ACCUMANTAL STATE OF THE STATE O
I, the undersigned wat	ter treatment plant operator licensed in Flo	orida, am the lead/chief operator of the	water treatment plant	identified in part I of this rep	ort. I certify that the information
provided in this report	t is true and accurate to the best of my known	owledge and belief. I certify that all dr	rinking water treatmen	t chemicals used at this plant	conform to NSF International Standard
	standards referenced in subsection 62-55				
licensed operator staff	fed or visited this plant during the month	indicated above: (1) records of amoun	ts of chemicals used a	nd chemical feed rates; and (2	2) if applicable, appropriate treatment
process performance i	records. Furthermore, I agree to provide t	these additional operations records to t	he PWS owner so the	PWS owner can retain them	together with conies of this report at a
convenient location for		tirese additional operations records to e	no t iro omici so mo	t 110 omner cuit recuit dieni,	togodier war copies or and report, as a
convenient location to	or at least ten years.				
De formante	2606/PM rushing	Sharon Purviance			C - 13268
Signature and Date		Printed or Typed Name			License Number

PWS Id	lentification	Number:		1670647		Plant Name:	Sunny Hills	Well #4						
III	aily Data	for the N	lonth/Year	of:	25 No. 14 Sept 10	October, 2020								
_	THE REAL PROPERTY AND ADDRESS OF THE PERSON.		y Virus Inactiv		/al: ▼ Free C	hlorine [	Chlorine Di	oxide	Ozone	□ Comb	oined Chlori	ne (Chlorar	nines)	
	raviolet R			r (Describe):			Cinci die Di	0,144		, ,			2772.74 ()	
					ibution System:	₩ Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	es) [	Chlorine I	Dioxide	
Type 0	Disinted	tant Resid	luai .viaintaii	licu ili Disti	T Calculations, or									
					1 Calculations, or	The second secon		rout-Log	Viius mac	tivation, it i	UV	Dose		
						CT Calc	wations				CV	DUSC		
Day of the	(Place	Hours plant in	Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfeotant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-		pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	"X")	Operation	gal:	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	ti Applicable	mg-mur	mw-sec/em	Sourciu	0.6	Out be operation
1	X	24.0			0.8			-					0.7	
3	X	24.0			0.8	-							0.5	
4	^	24.0												
5	Х	24.0			0.6								0.5	
6	X	24.0			0.7								0.3	
7	X	24.0			0.6								0.6	
8	Х	24.0			0.9								0.7	
9	Х	24.0	94,000		0.7								0.7	
10	Х	24.0	103,900		0.8								0.8	
11		24.0	102,550											
-12	Х	24.0	102,550		0.9								0.2	
13	X	24.0	103,300		1.0						-		0.7	
14	X	24.0			1.0						-		0.9	
15	X	24.0			1.1						-	-	0.3	
16	Х	24.0			0.9			-					0.4	
17	X	24.0			1.0		-	-		-				
18		24.0			0.8			-		-			0.3	
19	X	24.0			0.8								0.5	
21	X	24.0			0.9								0.5	
22	X	24.0			1.2								0.8	
23	X	24.0			0.8								0.5	
24	Х	24.0			1.0								0.7	
25		24.0	104,850											
26	X	24.0	104,850		1.1								0.6	
27	Х	24.0	100,000		1.0								0.5	
28	X	24.0	114,800		0.7							-	0,4	
29	X	24.0			1.1					-		-	0.5	
30		24.0			0.5				-		-	-		
31	X	24.0			1.0					1			0.8	
Total			3 330 200											

107,426

129,700

Avgerage Maximum

DEP Form E2-555-900(3)Atternate

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information



And the second second						
See Pages 4 for Inst						
l. General Information	n for the Month	/Year of: October, 2020				
A. Public Water System	n (PWS) Inform	nation				
PWS Name:	Sunny Hills				PWS Identification Number:	1670647
PWS Type:	✓ Community	Non-Transient Non-Communit	y Transient Non-Com	munity	Consecutive	
Number of Service Connec		h.	#REF!	Total I	opulation Served at End of Month	#REF!
PWS Owner.	US Water Services					
Contact Person:	Melisa Roteveel			Contac	t Person's Title: Comp	oliance Manager
Contact Person's Mailing A	1000	4939 Cross Bayou Blvd		City: New Port Rich	State Florida	Zip Code: 34652
Contact Person's Telephone		866-753-8292		Contac	t Person's Fax Number: 727-8	349-4219
Contact Person's E-Mail A		mroteveel@uswatercorp.net				
B. Water Treatment P		n				
Plant Name:	Sunny Hills Well				Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd			City:	State: Florida	Zip Code: 32428
Type of Water Treatment b	ov Plant:	✓ Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day (		Plant, gallons per day:	1,224,000			
Plant Category (per subsec		7.00			lass (per subsection 62-699.310(4)	), F.A.C.): C
Licensed Operators		Name	License Class	License Number	Day(	(s) / Shift(s) Worked
Lead/Chief Operator:			c	13268	Days 1st Shift	
Other Operators:	George Randali We	eekly	C	23173	Days 1st Shift	
						THE RESIDENCE OF THE PROPERTY
II Certification by Lea	ad/Chief Operat	lor		<b>以表示</b>		this area I comificated the information
I, the undersigned wa	ater treatment pla	int operator licensed in Florida, an	n the lead/chief operator of th	e water treatment	plant identified in part I of t	this report. I certify that the information
provided in this repo	rt is true and acc	urate to the best of my knowledge	and belief. I certify that all of	drinking water trea	tment chemicals used at this	s plant conform to NSF International
Standard 60 or other	applicable stand	ards referenced in subsection 62-5	55.320(3), F.A.C. I also cert	ally that the follow	ing additional operations re-	cords for this plant were prepared each
day that a licensed or	nerator staffed or	visited this plant during the mont	h indicated above: (1) record	is of amounts of cl	nemicals used and chemical	feed rates; and (2) if applicable,
appropriate treatmen	t process perform	nance records. Furthermore, I agre	ee to provide these additional	operations records	s to the PWS owner so the I	PWS owner can retain them, together with
copies of this report,	at a convenient	location for at least ten years.				
No. 1992		7				C - 13268
Pormoles	esnoun	1/2/2000	Sharon Purviance			
Signature and Date			Printed or Typed Name			License Number

PWS I	dentification	n Number:		1670647		Plant Name:	Sunny Hills	Well #5						
ППППП	aily Data	for the N	Ionth/Year	of:	S LEADING TO SERVE	October, 2020								
Name and Address of the Owner, where	CHARLES AND ADDRESS OF THE PARTY OF THE PART		g Virus Inactiv		ral: ▼ Free C	hlorine —	Chlorine Di	ovido	C Ozone	I Com	oined Chlori	ne /Chlora	ninec)	
1	traviolet R			r (Describe):			CHOING DI	O.AGC	1 Ozone	Com	Jilled Chlore	no (emora	micsj	
_					ibution System:	₩ Free Chlo	rine T	Combin	ed Chlorine	(Chloramine	s) [	Chlorine I	Dioxide	
Type o	of Disinfec	ctant Kesic	luai Maintai										I	
				(	T Calculations, or		WINDS OF SURE	rour-Log	Virus inac	uvation, it	UV			
			1000			CT Calc	ulations				OVI	Dose	Carlo Carlo	
Day of the	Days Plant Staffed or Visited by Operator (Place	Hours plant	Producted,	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of	pH of Water,	Minimum CT Required, ms-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	*X*) X	Operation 24.0	gal. 500	Kate, gpu.	reak riow, mg/L	Timotes	HIMEDE	mand, C	т гурпсаот	ing innez	min-sco-cin	Societa	0.6	Out of Operators
2	X	24.0	600		1.0								0.4	
3	X	24.0	600		1.0								0.4	
4	Х	24.0	1200		0.7								0.4	
5		24.0	550											
6	Х	24.0	550		0.6								0.5	
7	X	24.0	0		0.6								0.5	
8	X	24.0			1.1								0.3	
9	X	24.0			1.0								0.2	
10	X	24.0			0.4					-	-		0.3	
11	X	24.0	800		1.0				_				0.5	
12		24.0						_	-			-	1.0	
13	X	24.0			0.4					1	-		0.2	
14	X	24.0			1.1					-	-		0.2	
15	X	24.0			0.9		-	_	-	1	1		0.2	
16	X	24.0 24.0		_	0.5		-	-	-	-			0.4	
18	X	24.0			1.1					1			0.3	
19		24.0												
20	Х	24.0			0.4								0.2	
21	X	24.0			0.5								0.4	
22	Х	24.0	800		1.0								0.2	
23	X	24.0	800		1.0							-	0.4	
24	X	24.0			0.3					-	-	-	0.2	
25	X	24.0			0.8				-	-	-	-	0.4	
26		24.0						-	-	-	-	-	0.3	
27	X	24.0			0.3			-	-	-	-	-	0.3	
28	X	24.0			0.6			-	-	-		-	0.4	
29	X	24.0			0.5			-	-	-	-		0.3	
30	X	24.0			0.8			1					0,3	
Total	Α.	24.0	23 600		0.0				1	1	1		1	

761

2,500

Avgerage

Maximum

DEP Form 62-555 900(3)Alternate Page 2

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information



See Pages 4 for Instructions.

Public Water System			ovember, 2020							
PWS Name:	Sunny Hills	ation				l.	WS Identificat	ion Number	1670647	
PWS Type:	✓ Community	Non-Transient No	n-Community	Transient Non-Com	munity	Conse		ion Number.	10/004/	
Number of Service Connect		The state of the s		#REF!			ion Served at E	nd of Month	#REF!	
PWS Owner:	US Water Services			matter.		oui i opuiai	ion bei ved at L	ad of Mount.	#KLIT	
Contact Person:	Melisa Toteveel				Ic	ontact Perso	n's Title	Compliance	Manager	
Contact Person's Mailing A	DOMESTIC STREET, STREE	4939 Cross Bayou Blvd		V	City: New Port		state: Florida	Compilative	Zip Code:	34652
Contact Person's Telephone		866-753-8292			1		n's Fax Number	727-849-42		51052
Contact Person's E-Mail Ad		mrotteveel@uswate	ercorp.net			L-district				THE REAL PROPERTY.
Water Treatment Pla	ant Information		and the first of the control of the							
Plant Name:	Sunny Hills Wells	#1				F	lant Telephone	Number:	(850) 773-2	802
Plant Address:	3810 Gable Blvd				City: Chipley		state: Florida	The state of the same of the s	Zip Code:	
Type of Water Treatment by	Plant:	✓ Raw Ground Wate	r Purchased	Finished Water			2000000			
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsecti	ion 62-699.310(4), F	.A.C.):	V			Plant Cla	ss (per subsecti	on 62-699.310(4), F.A.	C.): C	
Licensed Operators		Name		License Class	License Nu				hift(s) Worke	ed
Lead/Chief Operator:	Sharon Purviance			C	13268	ı	Itility Manager	STEETS SAINES		
Other Operators:	George Randall We	ekly		C	23173		Days 1st Shift			
					The second second		THE RESERVE			
								CONSTRUCTION OF		The state of the s
			Control of the		DESCRIPTION OF THE PARTY OF THE			REAL PROPERTY.		
					THE RESERVE				The Charles	
		The Late of the La			130.00	- 30.00			CONTRACTOR OF THE PARTY OF THE	
				Mark Street	ALTER OF THE			new and the second		Constitution of the second
	Contract to									
	ICI: co	A THE STREET OF STREET		1 - 1 - 1 - 1 - 1 - 1 - 1						
Certification by Lead						SELECTION SE			S. 12 72	
, the undersigned wat	er treatment plan	nt operator licensed in l	florida, am the lead/c	thief operator of the	e water treatme	nt plant ic	lentified in p	part I of this report.	I certify that	the information
		rate to the best of my k								
		nced in subsection 62-								
		plant during the month								
rocess performance r	ecords. Furthern	nore, I agree to provide	these additional ope	rations records to t	he PWS owner	so the PV	VS owner ca	n retain them, toge	ther with cop	ies of this report.
onvenient location for			•					-	•	•
0 0		12/2/20	01.						0	
Signature and Date	mono	12/7/20			No. of Parties	0.01	The state of		C - 13268	
ignature and Date			Printed or	Typed Name					License Nur	nber

DEP Form 62-555.900(3)Alternate Page 1

PWS I	dentificatio	n Number:				Plant Name:	Sunny Hills	Well#1						
			Ionth/Year	of:	No the Control of the	November, 202	20							
			g Virus Inactiv		val:		Chlorine Di		F 0	F		/OL1		
			-	r (Describe)		morme 1	Chiorine Di	oxide	☐ Ozone	1 Com	oined Chlori	ne (Cniorar	nines)	
-	traviolet R					_			1011	· ·		Chlorine I		
Type	of Disinfe	ctant Resid	dual Maintai		ribution System:	Free Chk		5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	ed Chlorine			0	Jioxide	
10637			12 7 4 10	(	CT Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if				
						CT Calc	culations	STATE OF			UV	Dose		
		- 100		STATE OF			1 CT	A STATE OF THE STA			(A.V.)	7-550-04	500	
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, <sup>O</sup> C	pH of Water,	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
- 1		24.0												
2	X	24.0		-10	2.5				The Marie Co			real late	0.5	
3	X	24.0			0,2								0.4	
4	X	24.0			0.2								0,5	
5	X	24.0		25	0.2							11000	0.4	
6	X	24.0			0.2			BURN I			The same		0.5	
7	X	24.0			0,2								0,5	
9	X	24.0			0.2								0.7	
10	X	24.0			0.2						- U 54		0.8	
11	X	24.0		The second	0.2			Estate 1	E CAN DE			19.00	0.7	Market Committee
12	X	24.0			1.2						TO MAN		0.6	
13	X	24.0			1.0			150	1000	Contract of the second		MICH ST	0.6	
14	X	24.0		2 5 5 5	2.0						PLI SIYA		5.0	
15		24.0	0										A STATE OF THE PARTY OF THE PAR	
16	X	24.0	145000		0.3					u i s			0.5	
17	X	24,0	41000		0.2	L. L. L.	A B LEVILLE						0.5	
18	X	24.0	0		0.2							District of	0,6	
19	X	24.0			0.2								0.3	
20	X	24.0			2.0								0.6	
21	X	24.0			1.7							3	0.5	
22		24.0			0.9			-					0.7	
23	X	24.0			2.0			11 Y-3	Cloud Asset			Mary Mary	0.6	
24	X	24.0			1.9			100					0.5	DOLLAR STATE OF THE PARTY OF TH
26	X	24.0			1.2			-17211					0.5	EVENT OF THE
27	X	24.0			1.0								0.5	
28	X	24.0			1.1			1000			E. B. Done		0.5	
29		24.0				70000	1000000	T/A		Total S		1,2500		
30	Х	24.0		W. Cold	0.5	B 11 2 2 10 2	MAN TO BE	BOS S	111111111111111111111111111111111111111	BUS TE	W. W. S. L.		0.5	
31		24.0				E STATE OF					E-18-24			CONTROL OF THE SECOND
Total	Die alleria	13,1142	329,000											
Avgeras	ie .	1	10,613	1										

30,000

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. I. General Information for the Month/Year of: November, 2020 A. Public Water System (PWS) Information PWS Identification Number: 1670647 PWS Name: Sunny Hills Transient Non-Community Consecutive ✓ Community Non-Transient Non-Community PWS Type: 1,827 Total Population Served at End of Month: 594 Number of Service Connections at End of Month: PWS Owner: US Water Services Corporation Contact Person's Title: Compliance Manager Melisa Toteveel Contact Person: Zip Code: 34652 City: New Port Richey State: Florida 4939 Cross Bayou Blvd Contact Person's Mailing Address: 727-849-4219 Contact Person's Fax Number: Contact Person's Telephone Number. 866-753-8292 mrotteveel@uswatercorp.net Contact Person's E-Mail Address: B. Water Treatment Plant Information (850) 773-2802 Plant Telephone Number: Sunny Hills Wells # 4 Plant Name: Zip Code: 32428 City: Chipley State: Florida 153 Vash Circle Plant Address: ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: 1,224,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): V Day(s) / Shift(s) Worked License Number Name License Class Licensed Operators 13268 Days 1st Shift Lead/Chief Operator: Sharon Purviance Supervisor 23173 Other Operators: George Randall Weekly II Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C-13268 Sharon Purviance License Number Printed or Typed Name

PWS	dentification	on Number:		1670647		Plant Name:	Sunny Hills	Well #4					1100	
Ш.	Daily Data	a for the	Month/Year	of:	CONTRACTOR STATE	November, 20:	-							
			g Virus Inacti		uni: Tr									
	ltraviolet R	Padiation				Informe	Chlorine D	ioxide	□ Ozone	☐ Com	bined Chlori	ine (Chlora	mines)	
_				er (Describe)										
Type	of Disinfe	ctant Resi	dual Maintai	ned in Dist	ribution System:	Free Chle	orine [	Combi	ned Chlorine	(Chloramin	es)	Chlorine l	Dioxide	
		12.37		(	CT Calculations, or	UV Dose, to	Demostate	Four-Lo	Virus Inac	ctivation, if	Applicable	*		
315	20.00			17144	ENGLISHED FOR		culations			Terration, Te		Dose		
La Torre				15 11 12 11 2 11 1							UV	Dusc	H 100 37	
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required,		Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components
I	Α)	24.0	gal. 122,150	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm²	System, mg/L	Out of Operation
2	X	24.0			0.7									
3	X	24.0			0.8		1100						0.5	
4	X	24.0			1.0								0.4	
5	X	24.0	108,300		1.1						A STATE		0.5	
6	X	24,0	95,200		1.0								0.4	
7	X	24.0	110,000		1.1	The same							0.5	
8		24.0	117,750						-				0.5	
9	X	24.0	117,750		1.8	Description of								
10	X	24.0	114,900		1.7						-		0.7	
11	X	24.0	110,000	E I I I E	1.1								0,8	
12	X	24.0	121,100		1.0							Contract S	0.7	
13	X	24.0	90,600		1.0								0,6	
14	X	24.0	75,600		1.2	and to be to	100						0.6	
15		24.0	42,650										0,5	
16	X	24.0	42,650		1.2			- 5 - 30		7			0.5	
17	X	24.0	88,600		1.0		ALCOHOL: N		10 To 10				0.5	
18	X	24.0	106,500		1.0	-1 -2 -7							6.0	
19	X	24.0	138,300		0.9								0.3	
20	X	24.0	104,000		1.0	To The State of							0,6	
21	X	24.0	126,800	L Carrier	1.1		ACTA VE					100000	0.5	
22	77	24.0	158,000								Part of the last			
24	X	24.0	158,000		1.0	1					100	THE STREET	0.7	
25	X	24.0	161,900		1.0				124	100		1 1 100	0.6	Parties of the Control of the Contro
26	X	24.0	163,800		1.0							1000	0.5	THE RESERVE AND THE PERSON NAMED IN
27	X	24.0	191,700		1,0		4			AL LOSS			0.5	
28	X	24.0	126,800		1.2	Olester I				24.4			0.5	
29	^	24.0	118,400		1,4								0.5	
30	X	24.0	116,150 116,150											
31	A .	24.0	110,150		1.2	ALICA VILLE					7.5		0,5	
otal		24.0	3,452,400			CE, OL TRAIN	N. S. C.	- 1		ASERIES A	ELECTION .	A CHARLES		
vgerage			115.080											

191,700

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

I. General Information	n for the Month/	Year of:	November, 202	20				· W					
A. Public Water System	n (PWS) Inform:	ation											
PWS Name:	Sunny Hills	ingly never a			TO THE PARTY	15.0			PWS Iden	tification Nu	mber	1670647	
PWS Type:	✓ Community	Non-Transient	Non-Community	/ Tra	ansient Non-Com	munity		_	Consecuti			1070077	
Number of Service Connec	tions at End of Month				EFI	51139		otal Pe	opulation :	Served at En	d of Month:	#REF!	
PWS Owner:	US Water Services (	Corporation	THE REAL PROPERTY.		III VS III RANS								
Contact Person:	Melisa Roteveel			THE RESIDENCE		100	Co	ontact	t Person's	Title:	Compliance	Manager	
Contact Person's Mailing A	ddress:	4939 Cross Bayou Blvd	political series			City:	New Port	Rich	State: F	lorida		Zip Code:	34652
Contact Person's Telephone	Number:	866-753-8292								Fax Number:	727-849-421		
Contact Person's E-Mail Ad	ldress:	mroteveel@uswa	tercorp.net			STILL BY		in 3					
B. Water Treatment Pl	ant Information												
Plant Name:	Sunny Hills Well#:	5	The state of the s		Vie Tool e Tool	13,110		9.3	Plant Tele	phone Numb	er:	(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.			Sur Sun Sun Sun	Series in Cart	City:	West St	99	State: F	lorida		Zip Code:	32428
Type of Water Treatment by	y Plant:	✓ Raw Ground Wa	ter	Purchased Finisi	hed Water								
Permitted Maximum Day O	perating Capacity of F	Plant, gallons per day:		]	,224,000	3646	4.85	6.1	100				
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.):	V				Pla	ant Cla	lass (per su	bsection 62-	699.310(4), F.A.C	C.): C	
Licensed Operators	and Assistance in	Name		10 - 10 Mary 10 - 10 Mary 10 M	License Class	Lice	nse Numb			O more de la		hift(s) Work	ed
Lead/Chief Operator:	Sharon Purviance					13268 Days 1st Shift							
Other Operators:	George Randall Wee	kly		(			23173		Days 1st S	hift		THE STATE OF THE S	
			THE REAL PROPERTY.		THE TRANSPORT					The same			
				100000000000000000000000000000000000000	BORNEY.				3-1-1-5	1000			
									PATE NO.	part of the last		115-11-5	
			The same			500			1550)				
										21 3 1			
	BE DESIGNATION OF THE PARTY OF	TALL THE PARTY OF			-120	- C						//5.1	
	The same								COLUMN TO SERVICE SERV				
									100				
I Certification by Lead					1 1 2								
I, the undersigned wat	ter treatment plant	t operator licensed i	n Florida, am	the lead/chief	operator of the	wate	r treatmen	nt pl	lant iden	tified in pa	art I of this rep	port. I certif	y that the information
provided in this report	is true and accur-	ate to the best of my	knowledge a	and belief. I co	ertify that all d	rinking	g water tr	reatn	ment che	micals use	ed at this plant	conform to	NSF International
Standard 60 or other a	pplicable standard	ds referenced in sub	section 62-55	5.320(3), F.A.	.C. I also certi	fy that	t the follo	owin	ng additie	onal opera	tions records	for this plant	were prepared each
day that a licensed ope	erator staffed or v	isited this plant duri	ng the month	indicated abo	ve: (1) record	of an	nounts of	che	emicals u	ised and cl	nemical feed r	ates: and (2)	if applicable.
appropriate treatment	process performa	nce records. Furthe	rmore. I agree	to provide the	ese additional	nerat	ions reco	erds t	to the PI	WS owner	so the PWS o	wner can ref	ain them, together with
copies of this report, a	t a convenient loc	eation for at least ter	veare	to provide th	coc additional	operac	10113 1000	ius i	to the i	ii o omilei	SO LICT WOO	whor can rec	ani moni, together man
pico oi ans report, a	L. Convenient 100	anion for at reast tel	. jours.										
- a. D		12/7/20	20	at n				- 5					
assurant.	nyma	19/7/20	0	Sharon Purviano			27		1,500			C - 13268	
									License Nur	nber			

DEP Form 62-555..900(3)Alternate Page 1

		on Number:	1 10	1670647		Plant Name:	Sunny Hill:	s Well#:	5					
LUITE	Daily Date	for the A	lonth/Year	of:		November, 20	20							
Means	of Achievi	ing Four-Lo	g Virus Inact	ivation/Remo	wal: Free	Chlorine [	Chlorine D	iovide	☐ Ozone		av saas			
	Itraviolet R			er (Describe)	):		CHOTHOL	IOAGC	1 Ozone	1 Com	bined Chlor	ine (Chlora	mines)	
Type	of Disinfe	ctant Resid	dual Mainta	ined in Dist	ribution System:	Free Chi	orine [	Combi	nod Chloria	(Chloramin				
4936	UNITED BY							Combi	nea Chiorina	(Chloramin	es)	Chlorine	Dioxide	
			C. C. C.	,	CT Calculations, o	r UV Dose, to	Demostate	Four-Lo	g Virus Inac	ctivation, if.	Applicable			
		MISK 3	TASILE.			CT Cal	culations				UV	Dose		
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation 24.0	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, <sup>O</sup> C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
2	X	24.0	2500		1.4								Cytetin, mg D	Out of Operation
3	Х	24.0	2600		1.4								0.8	
4	X	24.0	900	1000	1.0				7.76				1.0	THE EXCEPTION OF THE PARTY OF T
5	X	24.0	800	Carlotte.	2.0								0.8	
6	X	24.0	900		1.9					44111		True II	1.4	
7	X	24.0	0		1,4						NATIOUS!	L V L	1.3	
8		24.0	850			1.0	To the state of				01.00		1.0	
9	X	24.0	850		1.8	Cold Steam							Table 1	SECTION AND STREET
10	X	24.0	900		1.5		COLOT SI			200			1.1	
12	X	24.0	900		1.4	LA CONTRACTOR	TE LEGISLA IN						1.0	
13	X	24.0	800		1.3					7.00			0.9	
14	X	24.0	0		1,3		to the state of	E-Va	0.973				0.8	
15	^	24.0	900 850		1.1								0.8	
16	х	24.0	850			The Salvage of the	5,51			10/10			0,8	
17	X	24.0	800		1.0								0.8	
18	X	24.0	800		1.5					N. A. D. Y	VIII - FI		0.9	
19	X	24.0	800		0.8				1000				0.8	
20	X	24.0	700	Fall Co.	0.8							10 10 10	0.8	
21	X	24.0	800	30 300	0.9								0.6	
22		24.0	750	THE REAL PROPERTY.									0.6	
23	X	24.0	750		1.0		No. of the last							
24	X	24.0	800		0.9	EVER EW			The second				0.6	
25 26	X	24.0	0	Court ly	0.8	CUSTANITA I		1033					0.5	
27	X	24.0	900		0,9	ethr Miles							0.5	
28	X	24.0	800		1.0				A PROPERTY OF		100		0.6	
29	A	24.0	800 850		0.9	ALCONO DE SE		5-5-1	- 100	40.00			0.4	
30	X	24.0	850		ALL AND		des sull				1000	21 7 7 8 8 1	0.4	
31		24.0	830		0.6					18. 3.28	YCU,		0.7	
al		24.0	27,500		THE LOCAL				18, 189				0.7	
gerage	111/4/14/14		917											
ximum			2,500											

Page 2

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



Polymer Page 3 Due in December

A. Public Water System (PWS) Information  PWS Name: Sunny Hills  PWS Identification Number: 1670647
IPWN Name Number 10 /004 /
PWS Type:
Number of Service Connections at End of Month: #REF! Total Population Served at End of Month: #REF!
PWS Owner: US Water Services Corporation
Contact Person: Melisa Toteveel Compliance Manager
Contact Person's Mailing Address: 4939 Cross Bayou Blvd City: New Port Richey State: Florida Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net
3. Water Treatment Plant Information
Plant Name: Sunny Hills Wells # 1 Plant Telephone Number: (850) 773-2802
Plant Address: 3810 Gable Blvd City: Chipley State: Florida Zip Code: 32428
Type of Water Treatment by Plant:   Raw Ground Water Purchased Finished Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,224,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators   Name   License Class   License Number   Day(s) / Shift(s) Worked
Lead/Chief Operator: Sharon Purviance C 13268 Utility Manager
Other Operators: George Randall Weekly C 23173 Days 1st Shift
Other Operations Storige Author News
I Certification by Lead/Chief Operator
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information
provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard
60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a
ou or other applicable standards referenced in subsection 62-33.3.20(3), r.A.c. I also certify that the following autotomate behavioral and following autotomate behavioral and (2) if any line behavioral and (2) if any line behavioral and (2) if any line behavioral and (3) if any
licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment
process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a
convenient location for at least ten years.
Sharon Purviance (7/2021 Sharon Purviance C-13268
Signature and Date Printed or Typed Name License Number

PWS	dentificatio	n Number:				Plant Name:	Sunny Hills	Well#1						
III	Daily Data	a for the N	lonth/Year	of:	CONTRACTOR OF THE	December, 202			***************************************					
			g Virus Inacti		val:   Free (									
			-			niorine	Chlorine D	ioxide	☐ Ozone	☐ Com	bined Chlori	ine (Chlora	mines)	
P-			☐ Othe											****
Type	of Disinfe	ctant Resi	dual Maintai	ned in Dist	ribution System:	Free Chk	orine I	Combin	ned Chlorine	(Chloramine	es)	Chlorine	Dioxide	
5.578			district the second	(	CT Calculations, or	r UV Dose, to	Demostate	Four-Los	Virus Inac	tivation, if	Applicable		The Land Street	
Maria		1		ine Cyale is			culations	The state of			-	Dose		
					ALL SUCIONES	The same of			1701-5		The state of			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of	pH of Water,	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of
1	X	24.0		rearc, gpu.	0.4	BHRUICS	Hun/L	water, C	at Applicable	ing-mile.	mw-sec/cm	sec/cm²	System, mg/L 0.3	Operation
2	X	24.0	86000		0.2								0.3	
3	X	24.0	69000		0.3								0.4	
4	X	24.0	76000		0.5								1.0	
5	Х	24.0	7000		2.0								0.9	
6		24.0	0										0.7	
7	X	24.0	41000		1.6								0.8	
8	X	24.0	24000		2.0								0.4	
9	Х	24.0	0		2.0								1.2	
10	X	24.0	19000		2.0								0.7	
11	X	24.0	0		2.0								0.6	
12	X	24.0	0		2.0								0.6	
13		24.0	0											
14	X	24.0	0		2.0								1.3	
15	X	24.0	0		1,0								1.0	
16	X	24.0	0		1.9								1.0	
17	X	24.0	0		1.8								0.9	
18	Х	24,0	0		1,8								0.9	
19	X	24.0	0		1.5								0.9	
20		24.0	0											
21	X	24.0	0.		1.3				L				0.6	
22	X	24.0	0		1.2								0.6	
23	X	24.0	0		0.5								0.5	
25	X	24.0	0		0.5								0.5	
26	X	24.0	0		0.5								0.4	
27	_^	24.0	0		0.2								0.5	
28	X	24.0	0		0.6								0.7	
29	X	24.0	0		0.6								0.7	
30	X	24.0	0		0.4								0.8	
31	X	24.0	0		0.4								0.8	
Total	HE WAY	27.0	342,000		0.7						L	I	0.3	
Avgerage		N. 18	11,032											

86,000

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



Polymer Page 3 Due in December

See	Pages 4	for	Instruc	tions.
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I. General Informatio	n for the Month/Year of: December, 2	020			
A. Public Water System	m (PWS) Information				
PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	✓ Community Non-Transient Non-Communit	ty Transient Non-Com	munity Con	secutive	
Number of Service Connec	ctions at End of Month: 594			lation Served at End of Month:	1,827
PWS Owner:	US Water Services Corporation				.,
Contact Person:	Melisa Toteveel		Contact Pe	rson's Title: Con	mpliance Manager
Contact Person's Mailing A			City: New Port Richey	State: Florida	Zip Code: 34652
Contact Person's Telephon			Contact Pe	rson's Fax Number: 727	-849-4219
Contact Person's E-Mail A			•		
B. Water Treatment Pl	ant Information				
Plant Name:	Sunny Hills Wells # 4			Plant Telephone Number	(850) 773-2802
Plant Address:	153 Vash Circle		City: Chipley	State: Florida	Zip Code: 32428
Type of Water Treatment b	y Plant:	Purchased Finished Water			
Permitted Maximum Day (	Operating Capacity of Plant, gallons per day:	1,224,000			
Plant Category (per subsect	tion 62-699.310(4), F.A.C.): V		Plant (	Class (per subsection 62-699.310(	4), F.A.C.): C
Licensed Operators	Name	License Class	License Number		r(s) / Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	C	13268	Days 1st Shift	(0)
Other Operators:	George Randall Weekly	C	23173	Supervisor	
			23.73	Caper visor	
II Certification by Lead				<b>自己,这种人</b>	<b>"你是我们的,我们就是我们的。"</b>
I, the undersigned wat	ter treatment plant operator licensed in Florida, am	the lead/chief operator of the	water treatment plant	identified in part I of this r	report. I certify that the information
provided in this report	t is true and accurate to the best of my knowledge a	and belief. I certify that all dri	inking water treatmen	t chemicals used at this pla	nt conform to NSF International Standard
60 or other applicable	standards referenced in subsection 62-555.320(3),	, F.A.C. I also certify that the	following additional of	operations records for this r	plant were prepared each day that a
licensed operator staff	fed or visited this plant during the month indicated	above: (1) records of amount	s of chemicals used a	nd chemical feed rates: and	(2) if applicable appropriate treatment
process performance r	records. Furthermore, I agree to provide these addi	itional operations records to the	e PWS owner so the l	PWS owner can retain them	together with conies of this report at a
convenient location fo	ar at least ten years	monas operacions records to a	ici no onici so me i	W 5 Owner can retain then	i, together with copies of this report, at a
TOUR TOURIST TO					
as we	1606 VV parauru				
	mymarrey 1/ Voc3/	Sharon Purviance			C - 13268
Signature and Date		Printed or Typed Name			License Number

DEP Form 62-555\_900(3)Alternate Page 1

PWS I	dentificatio	n Number:		1670647		Plant Name:	Sunny Hills	Well #4		-				
ETT REAL	III. Daily Data for the Month/Year of: December, 2020													
	Means of Achieving Four-Log Virus Inactivation/Removal:   ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)  ☐ Ultraviolet Radiation ☐ Other (Describe):													
F														· · · · · · · · · · · · · · · · · · ·
Type	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ribution System:	▼ Free Chle	orine [	Combin	ed Chlorine	(Chloramine	:s) [	Chlorine I	Dioxide	
100010		1	132-120	(	CT Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable			THE STATE OF THE S
1000	- 119			150141158		CT Calc					UV			
AFTER ST	THE REAL PROPERTY.								LI COLOR		1 2 2 2 3	nisibu.	Te manne	
	Days Plant Staffed or Visited by		Net Quantity of Finished		Lowest Residual Disinfectant Concentration (C)	Disinfectant Contact Time (T) at C Measurement	Lowest CT Provided Before or at First Customer				Lowest	Minimum UV Dose	Lowest Residual Disinfectant Concentration at	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours plant in	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	Minimum CT Required,	Operating UV Dose,	Required, mW-	Remote Point in Distribution	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	me-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	114,900	Anna, Spin	0.7	Till Till Till Till Till Till Till Till	THE C		- Pp.	The state of	min secent	Scorein	0.3	Out of Operation
2	X	24.0	57,200		0.8								0.4	
3	Х	24.0	39,700		0.9								0.6	
4	X	24.0	37,800		1.1								1.0	
5	X	24.0	82,900		1.0								0,9	
6		24.0	79,550											
7	X	24.0	79,550		1.1								0.8	
- 8	X	24.0	90,500		1.0								0.4	
9	X	24.0	99,500		0.9								1.2	
10	X	24.0 24.0	98,000 104,100		0.8								0.7	
12	x	24.0	113,500		1.2								0.6	
13	- A	24.0	95,500		1,2								0.0	
14	Х	24.0	95,500		0.6							-	1.3	
15	X	24.0	91,000		0.6								1.0	
16	Х	24.0	100,800		0.9					7			1,0	
17	X	24.0	93,000		1.0								0.9	
18	Х	24.0	92,900		0.9								0.9	
19	X	24.0	95,000		1.0								0.8	
20		24.0	113,750											
21	X	24.0	113,750		0.9								0.6	
23	X	24.0	117,600 78,700		1.1			-					0.6	
24	X	24.0	86,800		1.1			_					0.5	
25	X	24.0	93,700		1.0								0.4	
26	X	24.0	102,600		1.0								0.5	
27		24.0	97,850										0.5	
28	Х	24.0	97,850		0.9								0.7	
29	X	24.0	94,800		0.8								0.5	
30	X	24.0	92,800		1.5								0.8	
31		24.0	105,300		1,1								0,3	
Total			2,856,400											
Avgerage	SEAL COLOR	The state of the s	92,142											

117,600

Maximum

DEP Form 62-555 900(3)Alternate Page 2

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information	n for the Month/Year of: December, 20	020										
A Dublic Water Custon												
A. Public Water System PWS Name:			-	,								
	Sunny Hills			PWS Identification Number:	1670647							
PWS Type:	Community Non-Transient Non-Communit		nmunity	Consecutive								
Number of Service Connec		#REF1	Total	Population Served at End of Month:	#REF!							
PWS Owner;	US Water Services Corporation											
Contact Person:	Melisa Roteveel		Cont	act Person's Title: Complian	nce Manager							
Contact Person's Mailing A		***	City: New Port Ric	h State: Florida	Zip Code: 34652							
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219												
Contact Person's E-Mail Address: mroteveel@uswatercorp.net												
B. Water Treatment Pl												
Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802							
Plant Address:	1240 Elkcam Blvd.		City:	State: Florida	Zip Code: 32428							
Type of Water Treatment by	y Plant:	Purchased Finished Water	72									
	perating Capacity of Plant, gallons per day:	1,224,000										
Plant Category (per subsect	ion 62-699.310(4), F.A.C.): V		Plant	Class (per subsection 62-699.310(4), F.,	A.C.): C							
Licensed Operators	Name	License Class			Shift(s) Worked							
Lead/Chief Operator:	Sharon Purviance	c	13268	Days 1st Shift	Sim(b) it timed							
Other Operators:	George Randall Weekly	C	23173	Days 1st Shift								
			20110	Days 13t blitt								
Certification by Lead	t/Chief Operator		Mark To the Total Control									
		4 1 1/1:5	me Zhan Shire	and the state of the state of								
i, the undersigned was	er treatment plant operator licensed in Florida, am	the lead/chief operator of the	e water treatment	plant identified in part I of this	report. I certify that the information							
provided in this report	is true and accurate to the best of my knowledge	and belief. I certify that all d	rinking water trea	tment chemicals used at this pla	ant conform to NSF International							
Standard 60 or other a	pplicable standards referenced in subsection 62-55	55.320(3), F.A.C. I also certi	ify that the follow	ing additional operations record	s for this plant were prepared each							
day that a licensed ope	Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable,											
appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with												
copies of this report, a	copies of this report, at a convenient location for at least ten years.											
Promone	1505/7/2021	Sharen Duning										
Signature and Date	William Comment	Sharon Purviance			C - 13268							
Signature and Date	nature and Date Printed or Typed Name License Number											

DEP Form 62-555.900(3)Alternate Page 1

	Identification			1670647		Plant Name:	Sunny Hill	s Well#.	5					IISHED WATER
III	Daily Data	a for the l	Month/Year	r of:		December, 20	20							
Means	s of Achiev	ing Four-Lo	g Virus Inact	ivation/Remo	val: 🗸 Free									
ΓU	Itraviolet 8	Radiation		er (Describe)		Chorme	Chlorine D	ioxide	☐ Ozone	[ Com	bined Chlor	ine (Chlora	mines)	
Гуре	of Disinfe	ctant Resi	dual Mainta	ined in Dist	ribution System:	Free Chl	т. г	- C. I.	1011	200				
	PACK S	News S	Distance of			- Tive Chi	orine 1	Combi	ned Chlorine	(Chloramin	es)	Chlorine	Dioxide	
					CT Calculations, o	r UV Dose, to	Demostate	Four-Lo	g Virus Inac	ctivation, if	Applicable		A CONTRACTOR	Library Williams
			-21-313			CT Cale	culations			grave a series		Dose		
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X") X	Hours plant in Operation 24.0	Net Quantity of Fraished Water Producted, gal.	Peak Now Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L 0.8	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-see/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
2	X	24.0	3900		0.9								0.7	out of Operation
3	Х	24.0	700		0.9								0.8	
4	X	24.0	800		1.1								0.7	
5	X	24.0	800		1.0								0,6	
6		24.0	800										0.6	
7	X	24.0	800		0.9									
8	X	24.0	800		0.4								0.5	
9	X	24.0	800		0.4								0.7	
10	X	24.0	800		0.7								0.6	
11	Х	24.0	800		1.4								0.8	
12	X	24.0	800		1.3								0.9	
14		24.0	850								-		0.8	
15	X	24.0	850		0.8									
16	X	24.0	900		0.6								0.8	
17	X	24.0	0		0.8								0.7	
8	X	24.0	1000		1.0									
19	X	24.0	700		0,9								0.8	
20	A	24.0	700		0.8								0.7	
1	X	24.0	800	-	60								0.7	
22	X	24.0	1,800		0.9								0.5	
23	X	24.0	600		0.8								0.6	
24	X	24.0	1000		0.7								0.7	
15	Х	24.0	600		0.8								0.7	
6	X	24.0	800		0.8	-	-	-					0.3	
7		24.0	0		-10								0.4	
8	X	24.0	700		1.0		-	-						
9	X	24.0	1600		0.6								0.6	
0	X	24.0	800		1.0			-	-				0.6	
1	X	24.0	800		1.1			-		-			0.6	
I	E-III.SEALIK		27,000										0.9	
erage imum		1-1	871											

DEP Form 62-555 900(3)Alternate Page 2

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

_	S ID:	1670647	Plant Name:	Sunny Hills		
IV.	Summary of Use of Poly	mer Containing Acrylan	nide, Polymer (	Containing l	Epichlorohydrin, and Iron	or Manganese Sequestrant for the Year: * 2020
A	Is any polymer containing the m follows:	onomer acrylamide used at the v	water treatment plan	nt?		the polymer dose and the acry lamide level in the polymer are as
	Polymer Dose ppm =				Acrylamide Level, %'=	
В.	Is any polymer containing the m- polymer are as follows:	onomer epichlorohydrin used at	the water treatment	plant?		, and the polymer dose and the epichlorohy drin level in the
	Polymer Dose ppm =				Epichlorohydrin Level, %1=	
C.	Is any iron or manganese sequest	trant used at the water treatment	plant?	☐ No		questrant, sequestrant dose, ect., are as follows:
	Type of Sequestrant (polyphosph		Aqua Dene			, 504, 410 20 10/10/13,
	Sequestrant Dose, mg/L of phosp	shate as PO4 or mg/L of silicate :	as SiO <sub>2</sub> =			
	If sodium silicate is used, the amo			g/L as SiO <sub>2</sub> =		
				-		

<sup>\*</sup> Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



### Florida Department of Environmental Protection

470 Harrison Avenue Panama City, Florida 32401 Rick Scott Governor

Carlos Lopez-Cantera Lt. Governor

Jonathan P. Steverson Secretary

February 3, 2016

Mr. Gary Deremer, President U.S. Water Services Corporation 4939 Cross Bayou Boulevard New Port Richey, Florida 34652 gderemer@uswatercorp.net

Re: Sunny Hills Water System PWS ID# 1670647

Washington County

Dear Mr. Deremer:

Department personnel conducted a sanitary survey of the above-referenced facility on January 7, 2016. Based on the information provided during the inspection, the system was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records.

The Department appreciates your effort to maintain this system in compliance with state and federal rules. If you have any questions or comments, please contact Mark Sumner at (850) 767-0046 or by e-mail mark.c.sumner@dep.state.fl.us.

Sincerely,

Josie Penton

Environmental Manager

JP/cms

Enclosure: Sanitary Survey Report

c: Scott Grubbs, DEP NWD Pensacola <u>scott.grubbs@dep.state.fl.us</u> Craig Freeman, NWFWMD <u>Craig.Freeman@nwfwater.com</u> Ron Derossett <u>rderossett@uswatercorp.net</u> Randall Weekly <u>gweekly@uswatercorp.net</u>



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
S A N I T A R Y S U R V E Y R E P O R T

GROUND WATER COMM	UNITY SYSTEMS
SYSTEM AND OWNER INFORMATION	<b>建筑是是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>
System Sunny Hills Utilities	County Washington PWSID# 1670647
Address 3810 Gables Blvd.	City Sunny Hills
Phone 850-258-1424 Fax 850-773-2626	Emailgderemer@uswatercorp.net
Owner U.S. Water Services Corporation	Phone 727-848-8292
Address 4939 Cross Bayou Boulevard, Florida 34	659
INSPECTION AND CONTACT INFORMATION	
Date of this survey January 7, 2016	Date of last survey May 23, 2013
DEP Representative(s) Mark Sumner	
Person(s) Contacted Randall Weekley	
Emergency Number 850-258-1424 Cell 850-258-1424	Pager Other
CERTIFIED OPERATORS AND CERTIFICATION NUMBER	
Randall Weekley""C"23173; Back-up operators Jimmy Finch "C" 4545 and Ji	mmv Cook "B"8335
- Tarical House, C 20110, 2001, up operators of many 1 mon C 110 to una c	, 000 0 000
DIRECTIONS TO PLANT OR OFFICE (provide gen	eral directions to the office and/or plant)
From Panama City take 77 north for approximately 24 m	iles, turn right onto Sunny Hills Blvd.,
approximately 1 mile turn left on to Gables Blvd., wa	ter plant is approximately 0.25 miles on left.
SERVICE AREA	
Service Area Characteristics Residential community	EMERGENCY MEDIA CONTACT NUMBERS
Residential community	NAME PHONE NUMBER
Population Served 1827 Basis Billing	Television WMBB channel 13 850-763-6000
Service Connections 594 % Metered 100	WJHG channel 7   850-233-1977   Radio FM   Magic   850-230-5855
Design Capacity (gallons) 2,799,360	Broadcasting 850-250-5655
Design Capacity without best well 1,166,400	Newspaper News Herald 850-747-5000
Storage Capacity 177,500 Avg. Day 159,441	EMERGENCY PREPAREDNESS/STANDBY POWER
Max. Day (GPD) 368, 200 % Design Capacity 13	Emergency Preparedness Plan On file: Syes No Not Rqd
25% Max. Day 92,050 % Storage Capacity 52	The plan includes the following :
	□ Communication Chart    □ Written Agreements    □ Disaster
PERMANENT SOURCES OF RAW WATER:	Plan   ☐ Standby Power Info ☐ Inventories ☐ Other
Ground How Many Wells3	Avg. Day Percentage of Auxiliary Supply 5.6%
□Purchased PWS #'s. NA	Standby Equipment Operated at Least Monthly?
Purchase Limit (GPD) NA	Any Interconnects ☐Yes ☐No
Avg Purchased (GPD) NA	If yes, which systems:
	Comments:
TREATMENT IN USE AT THIS PLANT: (C	HECK ALL THAT APPLY)
Number of Plants 3	
Aeration	□pH Adjustment
Filtration Lime Softening T&O Control	Chlorination-Pre Filt. Hi-Rate
□ Recarbonation       □ Settling       □ Chlorination-Pe         □ Zeolite Softener       □ Coagulation       □ Orthophospha	
Any additional treatment is needed?	For control of what deficiencies? N/A
OPERATOR STAFFING REQUIREMENTS	01-16
Number of Licensed Operators 2 Plant Cat/Class IV/C	Staffing compliant ? ☐ Yes ☐ No Actual visits per week: 6

Well Name or Source	1	4	5
Street name of well	Gables Blvd.	Cash Circle	Elkam Blvd.
Year Drilled	1971	1973	1977
Depth Drilled (feet)	433	436	400
Drilling Method	Rotary	Rotary	Rotary
Length, Outside Casing (feet)	433	204	199
Diameter, Outside Casing (inches)	18	12	6
Material, Outside Casing	Steel	Steel	Steel
Type of Strainer	None	None	None
Depth to Top of Strainer	NA	NA	NA
Type of Grout	Cement	Cement	Cement
Depth to Static Water Level (feet)	86	198	156
Normal Suction Lift (working level-ft)	94	205	158
Pump Type	turbine	turbine	submersible
Horse Power	30	60	20
Normal Yield (GPM/GPD if purchased)	500	517	250
Capacity (GPM / GPD if purchased)	510	600	300
Protection From Surface Water	Yes	Yes	Yes
Is Inundation of Well Possible?	No	No	No
Well Ever Been Contaminated?	No	No	No
Check Valve Present in Line?	Yes	Yes	Yes
Proper Venting?	Yes	Yes	No
Meter Accuracy and Year of Test	-13.2% 3/24/15	+2.9% 3/24/15	-1.9% 3/24/15
Date of Last Servicing?	2014	2015	2016
Auxiliary Capability (if yes, list type)	Yes (LP gas generator)	Yes (Kohler diesel)	Yes (Diesel)
Manual or Automatic?	Manual	Automatic	Manual
Capacity (GPM)	500	600	200
Florida Unique ID# (GPS well tag)	AAA5155	AAA5156	AAA1095

PLANT NUMBER (OR NAME)→	1	2	3	comment
Type of chlorination (if hypo list strength)	Нуро (12.5%)	Нуро (12.5%)	Нуро (12.5%)	
Condition of Chlorination Equipment	Good	Good	Good	
Capacity (PPD, GPD)	30 gpd	30 gpd	30 gpd	
Chlorine Feed Rate (PPD, GPD)	2 gpd	1 gpd	0.17 gpd	
Adequate Housing and Security?	Yes	Yes	Yes	
Associated Well(s) (if any)	1	4	5	
Auxiliary Power Capability?	Yes	Yes	Yes	
O & M Log/Manual Onsite?	Yes	Yes	Yes	
Chlorine Residual (mg/L) / pH	2.0/7.4	1.26/7.4	1.70/7.4	
Chlorine Alarms Functional?	NA	NA	NA	
G Auto Switchover	NA	NA	NA	
Dual System	NA	NA	NA	
Evidence of Leaks	NA	NA	NA	
A Air-Pack Respirator Adequate?	NA	NA	NA	
Ammonia Smells Fresh	NA	NA	NA	
Chained Cylinders	NA	NA	NA	
Fitted Wrench	NA	NA	NA	
Proper Ventilation	NA	NA	NA	
Scale Condition	NA	NA	NA	

Sunny Hills Utilities Page Four

AERATOR	
Type of Aerator	
Tray Area or Weir Length	
Condition of Screens	
Bloodworms	Condition of aerator
Adequate for Fe, H2S control	
COAGULATION Chemical used Purpose	
Blanket visible Settling good?	Flocculation good or poor Carryover
LIME SOFTENING Quicklime or hydrated	
Name of unit	
Size and type	
Any auxiliary chemicals used	
Points of application (in unit)	
Nature and abundance of flux	
Appearance of sludge blanket	
Is settling good?	Excessive carryover
Any filter cementation	
Effluent stability	
Turbidity in clear well	Secondary precipitation
Recarbonation type	
Sludge recirculation Used	
FLUORIDATION Chemical Used Is Dilution	
Strength if Acid	Used(acid)
Corrosion Noted Feeder	
Gelling or Plugging	
Make and Model	
Split Sample Agreement	
Sufficient Analysis	
Feeder Condition	

STABILIZATION	<b>的是在2000年的</b>
Is pH control Practiced?	
Is an index computed?  Yes Langeller  Ryznar  P	□ No (if so, check below below) uckorius □ Larson
Results of index	
Chemical(s) used	
FILTERS & FILTRATION Type of filters	N/A
Size and number	
Length of filter runs	
Can you see filter media?	Clean after backwash?
Are mud balls visible?	Binding?
What is the normal filter rate	
What is the usual backwash rate	
Capacity of filters	Filters overloaded?
Loss in head gauge present?	
At what head loss is BW done?	
Cracks and channeling?	Cementation ever occurred?
Where in relation to filtration is stabilize	ation done?
If high rate, what is turbidity at interface Ra	nge of turbidity in effluent
Can you observe algae in filters?	
Distance from top of media to trough o	verflow
REVERSE OSMOSIS	
Make and type of units	
Pressure required	
Auxiliary chemicals	
Proportion of waste used to product st	reams
Quality of effluent	Stabilization
Type of Pre-treatment	Booster pump
Type of membranes	
ZEOLITE SOFTENING	
Unit mfg. & model	
Resin capacity	Disinfection of beds
Grade of salt for regen.	
Stability of effluent	Resin prevented from escaping?

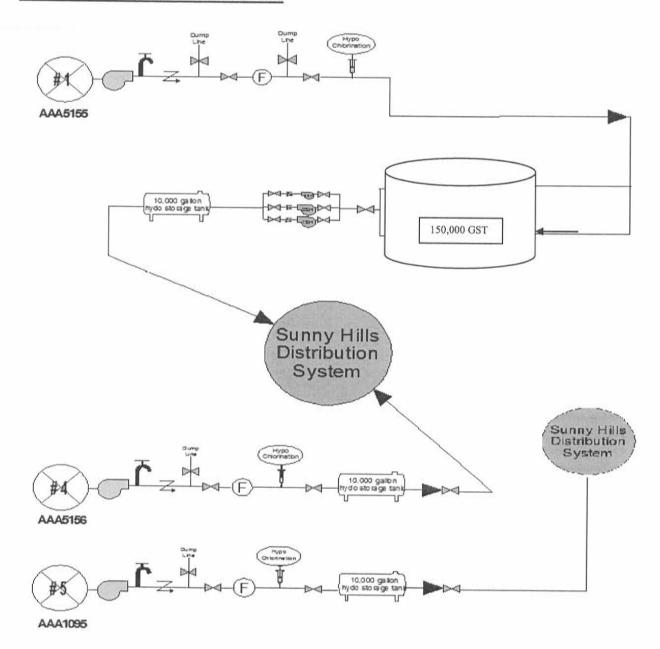
PUMPS AND PUMP PUMP CATEGORY	The second second second second	e at Well #1	Z real plants	Service Service	
PUMP NUMBER→	1	2	3		
PUMP TYPE	Peerless	Peerless	Peerless		
MOTOR HP	10	25	25		
DATE INSTALLED	6/72	6/72	6/72		
CAPACITY (GPM)	100	200	200		
AUXILIARY CAPACITY?	No	No	Yes		
PROPER SECURITY?	Yes	Yes	Yes		
CONDITION OF PUMP	Good	Good	Good		
MAINT. SCHEDULE	2012	2012	2012		
DATE LAST SERVICED	2012	2012	2012		

TANK NUMBER→	1A	1B	1C	4 NEWER	5	6	Comment
TYPE (GROUND, ELEVATED, HYPO)	GROUND	GROUND	HYDRO	HYDRO	HYDRO	GROUND	
Year of Construction				2007	1977	2012	
CAPACITY (GALLONS)	30,000	30,000	10,000	10,000	7,500	150,000	
MATERIAL	STEEL	STEEL	STEEL	STEEL	STEEL	STEEL	
GRAVITY DRAIN CAPACITY/DIAMETER	6"	6"	6"	6"	6"	4"	
OVERFLOW STRUCTURES PROPER?	NA	NA	NA	NA	NA	YES/6"	
BYPASS CAPACITY	YES	YES	YES	YES	YES	YES	
COVERED/SCREENED OPENINGS	NA	NA	NA	NA	NA	FLAPPER	
Pressure Gauge	YES	YES	YES	YES	YES	NO	
On/Off Pressure (PSI)	NA	NA	50/60	50/60	42/52	45/55	
ALTITUDE VALVE UTILIZED?	NA	NA	NA	NA	NA	NA	
HGT. TO BOTTOM OF EL. TANK (FT)	NA	NA	NA	NA	NA	NA	
HGT. TO MAX. WTR. LEVEL(FT)	NA	NA	NA	NA	NA	NA	
DATE OF LAST ANNUAL INSPECTION	SYSTEM	PERSONNEL IN	SPECT TANKS	ON AN ONGOIN	G BASIS		
YEAR OF LAST 5-YEAR INSPECTION	2008	2008	11/2015	11/2015	11/2015	11/2015	
YEAR OF LAST WASHOUT	2008	2008	11/2015	11/2015	11/2015	11/2015	

COMMENTS: The two 30,000 gallon hydro tanks failed a 2008 inspection and are no longer in use. A new 150,000 gallon ground storage was installed in 2012.

	YSTEM			
Material of mains?AC, Cas				ny hydrants? 71
Any fire hydrants < 6" lines?		vn Max. pipe d	iameter 16"	Min. pipe diameter 2"
General operation pressure	50-60 PSI	Lowest pressures	50 PSI Location of low	pressure Zinnia Dr.
Number of dead ends 80	How many v	without flush hydrants?	None F	lushing program? Yes
Number of line valves 470	How often exercised	Annually /	Properly Mapped? Yes	Properly Marked? Yes
System Maps Adequate? Ye	S Any uncleared	d permits? Yes	Any uncleared and i	n use? N/A
Control and the control of the contr		tem have reuse? No		working with utility to identify water loss
CROSS CONNECTION CONTROL				
Cross Connection Control Progr	5 . 50 T. 50 M. G.	전 보장 - (11년 1년	t: CCCP is being follow	ed
Testing Frequency? Annual	Tracking: Hard Copy	✓ ⊠CPU # of BFD	s: _70 Hydrant Meters _	Lift Stations WWTP
Date of Last Audit (commercial	or residential): 2015		lame of Certified BFD Tester: _ I	ndependent testers
Chlorine & pH	Remote 1	Remote 2	Remote 3	Remote 4
Chlorine Residual	1.77	1.44	110111010	Troinioto 4
рН	7.4	7.1		
Location	Birwood Court	Aquarius Driv	е	
COMPLIANCE MO	NITORING	STREET		
Compliance Schedule: The	following parameters are du	ue during the year show	/n.	
Ingressies 0010	1 000	0010		
Inorganics 2018		2018 TTHM	Is/HAA5 2016	Asbestos 2021
VOCs 2018	Radiologicals		Is/HAA5 2016 ndary's 2018	Asbestos 2021 Pb & Cu 2017
VOCs 2018 Nitrate/nitrite 2016	Radiologicals UOCs	2018 Seco		
VOCs 2018 Nitrate/nitrite 2016  System out of compliance with a	Radiologicals UOCs  any of the above parameters?	2018 Seco	ndary's 2018	
Nitrate/nitrite 2016  System out of compliance with a Testing Equipment & Reagents	Radiologicals UOCs  any of the above parameters?  Adequate	2018 Seco	ndary's 2018 t:	
Nitrate/nitrite 2016  System out of compliance with a Testing Equipment & Reagents Bacteriological Sampling Plan:	Radiologicals UOCs  any of the above parameters?  Adequate	No Second Second Second Susp No Second Secon	ndary's 2018  t:	
Nitrate/nitrite 2016  System out of compliance with a Testing Equipment & Reagents Bacteriological Sampling Plan: Disinfection Byproducts Plan:	Radiologicals UOCs  any of the above parameters?  Adequate	No Second Second Second Susp No Second Secon	ndary's 2018  t:	
Nitrate/nitrite 2016  System out of compliance with a Testing Equipment & Reagents Bacteriological Sampling Plan:	Radiologicals UOCs  any of the above parameters?  Adequate Inadequ Adequate Inadequ Adequate Inadequ ANCIAL	No  Jate Comment  Jate Comment  Jate Comment  Jate Comment  Jate Comment	t: t:	

### FLOW DIAGRAM OF THE SYSTEM



### Areas of Concern

Well # 1 flow meter accuracy test conducted on March 24, 2015 was reported at -13.2%. This is above the +/-5% acceptable range. FAC Rule 62 555.350(2)

Recommended Action: Repair or replace the Well #1 flow meter.

Expected date for correction: February 7, 2016

On February 1, 2016, an email was received from the operator stating that a new flow meter has been ordered.

To see any of the above referenced rules, visit http://www.dep.state.fl.us/legal/Rules/rulelistpro.htm#dw

#### RECOMMENDATIONS

#### **#1. CROSS CONNECTION**

Effective May 5, 2014, cross-connection control rules were amended to significantly reduce the overall regulatory burden of cross-connection control requirements on community water systems (CWSs) and their residential customers by: (1) allowing a dual check device to be used as backflow protection at service connections from CWSs to residential premises where there is any type of auxiliary or reclaimed water system; and (2) allowing biennial (every other year) instead of annual testing of backflow preventer assemblies required at service connections from CWSs to residential premises. Furthermore, these rules were amended to require large CWSs - i.e., CWSs serving more than 10,000 persons - to submit annual cross-connection control program reports using a brief new two-page form. These annual reports will enable the Department to better ascertain the operational adequacy of large CWSs and to more efficiently conduct sanitary surveys of large CWSs.

### **#2. OUTSTANDING PERMITS**

Our records indicate that the enclosed list of permits have not been cleared by this office.

Please submit a status report for the permits listed below by February 15, 2016.

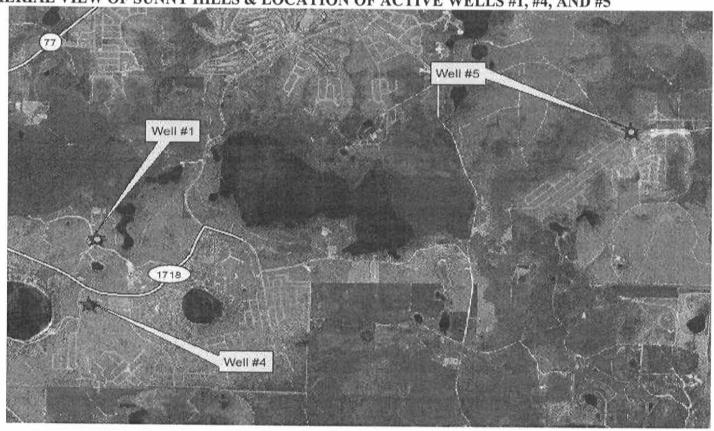
The 'status' would fall into one of the following categories, A, B, C, D, or E:

- A) not started
- B) started, but not completed
- C) completed, but not in use
- D) completed, and in use
- E) project abandoned (will not be built)

For partially-cleared project(s), please indicate the status of the uncleared portion(s) only.

CLEARED	PERMIT NO	PROJECT NAME	DATE ISSUE
No	0275961-002-DSGP/01	Blue Springs Subdivision	June 25, 2007
No	0080182-014-DSGP/01	Washington Blvd Waterline Extension	August 21, 2007





### **PHOTOS**



Well #1 (AAA 5155)

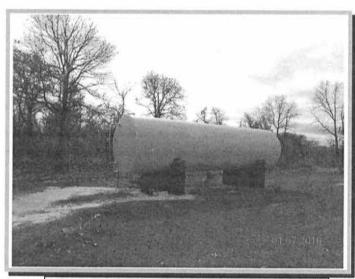


Well#4 (AAA 1095)

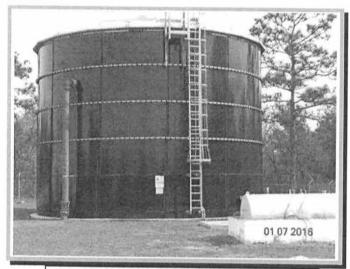
### **PHOTOS**



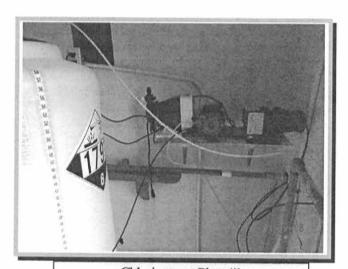
Submersible pump at Well #5 (AAA 5156)



10,000 Gallon Ground Storage Tank at Plant #1

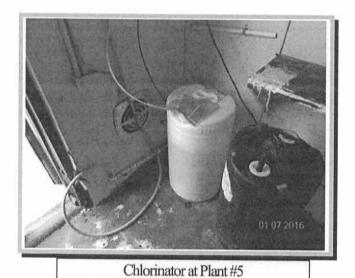


150,000 Ground storage tank



Chlorinator at Plant#1

### **PHOTOS**





10,000 Gallon Ground Storage Tank at Plant #5

INSPECTOR'S SIGNATURE

TITLE <u>ES-3</u> DATE: <u>2/2/2016</u>

REVIEWED BY

TITLE ES-3 DATE: 2/2/2016