

ARMA Water Service, LLC  
 P O Box 771375  
 Ocala, FL 34477-1375  
 (352) 351-1338

FIRST-CLASS MAIL  
 U.S. POSTAGE  
 PAID

PERMIT NO

TYPE OF SERVICE	METER READING		USED	CHARGES
	PRESENT	PREVIOUS		

CUSTOMER		PAY GROSS AMOUNT AFTER THIS DATE
ROUTE	ACCOUNT	
NET AMOUNT TO BE PAID		GROSS AMOUNT TO BE PAID

MAIL THIS STUB WITH YOUR PAYMENT

METER READ		CLASS	TOTAL DUE UPON RECEIPT	LATE CHARGE AFTER DUE DATE	PAST DUE AMOUNT
MONTH	DAY				

090366

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METER READ		CLASS	TOTAL DUE UPON RECEIPT	LATE CHARGE AFTER DUE DATE	PAST DUE AMOUNT
MONTH	DAY				

COM \_\_\_\_\_  
 DCN 2 \_\_\_\_\_  
 TEL 1 \_\_\_\_\_  
 CPC \_\_\_\_\_  
 RCP \_\_\_\_\_  
 SSC \_\_\_\_\_  
 SGA \_\_\_\_\_  
 ADM \_\_\_\_\_  
 CLK \_\_\_\_\_

DOCUMENT NUMBER-DATE

09724 SEP 21 08

FPSC-COMMISSION CLERK

Docket no 090366 wv

**BRUCE WILSON CONSTRUCTION INCORPORATED**

State Certified Building Contractor License number CBC 034280

720 South East 3<sup>rd</sup> Street Ocala, Fl 34471

Phone (352) 690-9606 Fax (352) 690-2066 Cell (352) 216-3997

E-mail [Dustoff46@cox.net](mailto:Dustoff46@cox.net)

August 17, 2009

Mr. Arnaldo Barros  
900 Washington Street  
Hollywood, Fl 33019

RE; Leighton Estates Water System

To whom it may concern;

As the builder of the Leighton Estates Water System I am providing these costs to show the actual expenses to Mr. Barros for the project.

The initial cost of the water plant to include the distribution system was 332,500. When we include the cost of land used for the site and the lots necessary for access the final cost becomes \$ 462,500.

Ongoing testing, maintenance and reports are a monthly expense and are not included in this number.

Should you have a question or need to talk with me please feel free to contact me at any of the above numbers.

Sincerely,



Bruce Wilson

Cc; Mr. Arnaldo Barros

DOCUMENT NUMBER-DATE

09724 SEP 21 8

FPSC-COMMISSION CLERK

09 SEP 21 AM 7:31  
DISTRIBUTION CENTER

Water Plant Costs

1

Date	Chk#	Project	Payee	Amount
5/10/2005	2177	well plant	Anthiem Electric, Inc.	\$1,964.25
7/14/2005	2248	water plant	Ball Fencing, Inc.	\$1,602.00
7/18/2005	2254	water plant	Bruce Wilson	\$2,500.00
7/29/2005	2262	water plant	Bruce Wilson	\$2,500.00
8/26/2005	2282	water plant	Bruce Wilson	\$1,000.00
8/29/2005	2284	water plant	Bruce Wilson	\$1,500.00
8/18/2005	2273	misc. Final/water plant	cash	\$1,000.00
10/13/2004	1879	water plant	City Electric	\$567.10
2/21/2005	2077	Recording fee	Clerk of the Court	\$10.00
no date	2376	water plant	D&T sod	\$1,400.00
11/30/2005	2410	sod right of way water plant	D&T sod	\$2,250.00
2/21/2005	2078	water dist	D.E.P.	\$500.00
3/11/2005	2104	water plant	D.E.P.	\$300.00
1/4/2005	??		DES-CO	\$1,250.00
12/30/2004	1997	leighton water plant	Dave Carroll	\$2,105.00
10/25/2004	1902	Blk B 5, 6	Dave Carroll land clearing	\$5,400.00
7/6/2005	2237	water plant	Dave Carroll land clearing	\$800.00
10/31/2005	2374	5 acres 2.5 water 50/50 plant	Dave Carroll land clearing	\$3,400.00
no date	2187	waterplant	Downtown Underground	\$37,156.00
6/21/2005	2222		Downtown Underground	\$10,000.00
no date	2247	water plant	Downtown Underground	\$5,000.00
7/21/2005	2257	water plant	Downtown Underground	\$3,000.00
9/2/2005	2300	water plant	Downtown Underground	\$7,701.48
6/2/2006	VISA	Abandon wells	Earl's Well Drilling & Pump Svc. Inc	\$1,712.00
10/4/2004	1861	leighton estates	Earl's Well Drilling & Pump Svc. Inc	\$20,000.00
10/25/2005	2364	water plant clean up	Friends Recycling	\$400.00
7/28/2005	2261	water plant sod	Giovanni Chessari	\$5,000.00
8/17/2005	2272	water plant 1000. of 2740. sod	Giovanni Chessari	\$1,000.00
8/30/2005	2289	water plant	J.W.J.	\$20,000.00
4/24/2005	2157	leighton estates	J.W.J. Inc.	\$7,925.00
7/13/2005	2245	water plant	J.W.J. Inc.	\$8,000.00
7/16/2005	2250	water plant	Lowe's	\$66.48
7/18/2005	2253	water plant	Lowe's	\$55.56
8/17/2005	2271	water plant	Lowe's	\$23.97
3/1/2005	Cash	Preliminary power release	Marion County	\$30.00
3/25/2005	2122	NOC	Marion County	\$37.50

**Water Plant Costs**

2

10/26/2004	1903	well use permit	Marion Cty	\$300.00
2/23/2005	2081	right of way permit water plant	Marion Cty	\$380.00
9/20/2004	1845	large plat Marion Cty leighton	Michael Radcliffe Eng. Inc.	\$15.00
11/8/2004	1930		Michael Radcliffe Eng. Inc.	\$2,884.75
12/16/2004	1980	leighton water plant	Michael Radcliffe Eng. Inc.	\$3,465.00
4/8/2005	2139	leighton water	Michael Radcliffe Eng. Inc.	\$10,794.50
7/6/2004	1740	water system	Michael Radcliffe Engineering, Inc.	\$620.00
1/15/2006	2475		Michael Radcliffe Engineering	\$37.40
12/26/2004	1992		On Site Power Inc.	\$1,203.75
2/15/2005	2065		On Site Power Inc.	\$931.22
5/11/2006	VISA		On Site Power Inc.	\$683.70
6/29/2005	2229	sod	Paddock Park Sod	\$1,720.00
8/31/2005	2292	water plant	Paddock Park Sod	\$1,740.00
4/15/2005	2143	water & H block	Pitsch Plumbing Svc Inc.	\$19,709.04
5/19/2005	2192	water plant	Pitsch Plumbing Svc Inc.	\$30,482.23
7/26/2005	2258	water plant	Pitsch Plumbing Svc Inc.	\$5,000.00
9/2/2007	2298	water plant	Pitsch Plumbing Svc Inc.	\$6,501.35
9/25/2005	2331	water plant	Pro Tech	\$315.00
11/30/2005	2409	water plant on acc.	Pro Tech	\$1,700.00
8/14/2006	2681	water system	Pro Tech	\$1,125.00
1/17/2007	2861	water system	Pro Tech	\$500.00
5/11/2006	2590	water plant	Pro Tech Waste Water	\$730.00
3/6/2006	VISA		Pro Tech	\$1,355.00
12/7/2006	VISA		Pro Tech Waste Water	\$1,242.50
6/1/2005	2204	wells	R.M. Barrineau & Assoc. Inc.	\$650.00
10/12/2004	1873	leighton water plant	Radcliffe Eng., Inc.	\$7,869.00
1/16/2006	2475		Radcliffe Eng., Inc.	\$37.40
1/27/2005	2038	waterplant and leighton	Rinker	\$13,876.94
7/26/2005	2260	water plant	SECO	\$178.51
8/22/2005	2279	water plant H1-H6	SECO	\$263.87
11/17/2005	2392	water plant \$100.	SECO	\$546.21
3/22/2007	2917	leighton water pump	SECO	\$120.84
10/10/2005	2341		Seminole Feed	\$47.08

**\$274,181.63**

# AFFIDAVIT OF PUBLICATION

**Star-Banner**  
Published – Daily  
Ocala, Marion County, Florida

*Docket No. 090 366 WU*

STATE OF FLORIDA  
COUNTY OF MARION

Before the undersigned, a Notary Public of Said County and State, who on oath says that they are an authorized employee of the Star-Banner, a daily newspaper published at Ocala, in Marion County, Florida; that the attached copy of advertisement, being a notice in the matter of

**NOTICE OF APPLICATION FOR INITIAL CERTIFICATE OF AUTHORIZATION FOR WATER Section 367.045, Florida Statutes LEGAL NOTICE** Notice is hereby given on pursuant to Section 367.045, Florida Statutes, of the application of ARMA WATER SERVICE, LLC to operate a

was published in said newspaper in the issues of:

9/14 1x

Affiant further says that the said STAR-BANNER is a daily newspaper published at Ocala, in said Marion County, Florida, and that the said newspaper has heretofore been continuously published in said Marion County, Florida, daily, and has been entered as second class mail matter at the post office in Ocala in said Marion County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the person of securing this advertisement for publication in the said newspaper.

Sworn to and subscribed before me this 15<sup>th</sup> day of September, A.D., 2009

*Claire L. Dowling*  
Notary Public



Claire L. Dowling  
(Print, Type or Stamp Name of Notary Public)

Ad #: A000584235

## NOTICE OF APPLICATION FOR INITIAL CERTIFICATE OF AUTHORIZATION FOR WATER

(Section 367.045, Florida Statutes)  
LEGAL NOTICE

Notice is hereby given on pursuant to Section 367.045, Florida Statutes, of the application of ARMA WATER SERVICE, LLC to operate a water utility to provide service to the following described territory in Marion County, Florida:

A portion of the East half of Section 23, Township 16 South, Range 21 East, located at the north section of Leighton Estates near County Road 475-A and SW 32nd Avenue Road, to include the Leighton Estates subdivision.

Any objection to the said application must be made in writing and filed with the Office of the Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, within thirty (30) days of this notice. At the same time a copy of said objection should be mailed to the applicant whose address is set forth below. The objection must state the grounds for the objection with particularity.

September 14, 2009  
#A000584235



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

Doc# 10-090366 UU

See page 4 for instructions.

General Information for the Month/Year AUGUST 2008

A. Public Water System (PWS) Information
PWS Name: LEIGHTON ESTATES
PWS Type: [X] Community [ ] Non-Transient Non-Community
Number of Service Connections at End of Month: 41
PWS Owner: Arnaldo Barros
Contact Person: Arnaldo Barros
Contact Person's Mailing Address: 900 Washington Street
Contact Person's Telephone Number: (954)922-0949
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108
Total Population Served at End of Month: 104
Contact Person's Title: Owner
City: Hollywood State: FL Zip Code: 33019
Contact Person's Fax Number: (954)922-5540

B. Water Treatment Plant Information
Plant Name: LEIGHTON ESTATES
Plant Address: 3125 SW 93RD STREET ROAD

Plant Telephone Number: Michelle -(352)482-0777 Ext. 208
City: Ocala State: FL Zip Code: 34476
Fax # (352) 237-7329
Cell # (352) 216-8100

Type of Water Treated by Plant: [X] Community [ ] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Table with 4 columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Row 1: RICKY WILLIAMSON, C, 8393, DAYS.

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 with copies of this report, at a convenient location for at least ten years.\*\*

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

RICKY WILLIAMSON
Printed or Typed Name

C-8393
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: AUGUST 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				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, °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>				
1		24	9000													
2		24	9000													
3		24	9000													
4	X	24	8200										0.4			
5		24	9000													
6		24	9000													
7		24	9000													
8	X	24	8550										0.5			
9		24	10300													
10		24	10300													
11	X	24	10200										0.5			
12		24	9200													
13		24	9200													
14		24	9200													
15	X	24	9200										0.4			
16		24	8200													
17		24	8000													
18	X	24	8000										0.3			
19		24	9100													
20		24	9100													
21		24	9100													
22	X	24	9100										0.4			
23		24	8500													
24		24	8500													
25		24	8500													
26	X	24	8200										0.5	SAMPLE - 1 WELL, 2 LINES		
27		24	8300													
28	X	24	8300										0.4			
29		24	8200													
30		24	8200													
31		24	8200													
Total			273850													
Average			8834													
Maximum			10300													

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





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

See page 4 for instructions.

**I. General Information for the Month/Year** AUGUST 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RICKY WILLIAMSON	C	8393	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

RICKY WILLIAMSON  
Printed or Typed Name

C-8393  
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

III. Daily Data for the Month/Year of: AUGUST 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations					UV Dose		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
					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, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1		24	9000										
2		24	9000										
3		24	9000										
4	X	24	8200									0.4	
5		24	9000										
6		24	9000										
7		24	9000										
8	X	24	8550									0.5	
9		24	10300										
10		24	10300										
11	X	24	10200									0.5	
12		24	9200										
13		24	9200										
14		24	9200										
15	X	24	9200									0.4	
16		24	8200										
17		24	8000										
18	X	24	8000									0.3	
19		24	9100										
20		24	9100										
21		24	9100										
22	X	24	9100									0.4	
23		24	8500										
24		24	8500										
25		24	8500										
26	X	24	8200									0.5	SAMPLE - 1 WELL, 2 LINES
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PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive

Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104

PWS Owner: Arnaldo Barros

Contact Person: Arnaldo Barros

Contact Person's Mailing Address: 900 Washington Street

Contact Person's Telephone Number: (954)922-0949

Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Contact Person's Title: Owner

City: Hollywood State: FL Zip Code: 33019

Contact Person's Fax Number: (954)922-5540

Fax # (352) 237-7329

Cell # (352) 216-8100

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES

Plant Address: 3125 SW 93RD STREET ROAD

Plant Telephone Number: Michelle -(352)482-0777 Ext. 208

City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  Community  Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800

Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
Signature and Date

RICKY WILLIAMSON  
Printed or Typed Name

C-8393  
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: AUGUST 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water °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>				
1		24	9000													
2		24	9000													
3		24	9000													
4	X	24	8200										0.4			
5		24	9000													
6		24	9000													
7		24	9000													
8	X	24	8550										0.5			
9		24	10300													
10		24	10300													
11	X	24	10200										0.5			
12		24	9200													
13		24	9200													
14		24	9200													
15	X	24	9200										0.4			
16		24	8200													
17		24	8000													
18	X	24	8000										0.3			
19		24	9100													
20		24	9100													
21		24	9100													
22	X	24	9100										0.4			
23		24	8500													
24		24	8500													
25		24	8500													
26	X	24	8200										0.5	SAMPLE - 1 WELL, 2 LINES		
27		24	8300													
28	X	24	8300										0.4			
29		24	8200													
30		24	8200													
31		24	8200													
Total			273850													
Average			8834													
Maximum			10300													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** AUGUST 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RICKY WILLIAMSON	C	8393	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RICKY WILLIAMSON  
 Printed or Typed Name

C-8393  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: AUGUST 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>			
1		24	9000												
2		24	9000												
3		24	9000												
4	X	24	8200										0.4		
5		24	9000												
6		24	9000												
7		24	9000												
8	X	24	8550										0.5		
9		24	10300												
10		24	10300												
11	X	24	10200										0.5		
12		24	9200												
13		24	9200												
14		24	9200												
15	X	24	9200										0.4		
16		24	8200												
17		24	8000												
18	X	24	8000										0.3		
19		24	9100												
20		24	9100												
21		24	9100												
22	X	24	9100										0.4		
23		24	8500												
24		24	8500												
25		24	8500												
26	X	24	8200										0.5	SAMPLE - 1 WELL, 2 LINES	
27		24	8300												
28	X	24	8300										0.4		
29		24	8200												
30		24	8200												
31		24	8200												
Total			273850												
Average			8834												
Maximum			10300												

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



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

Doc Ref no 09036640

See page 4 for instructions.

General Information for the Month/Year SEPTEMBER 2008

A. Public Water System (PWS) Information

PWS Name: LEIGHTON ESTATES
PWS Type: Community
Number of Service Connections at End of Month: 41
PWS Owner: Arnaldo Barros
Contact Person: Arnaldo Barros
Contact Person's Mailing Address: 900 Washington Street
Contact Person's Telephone Number: (954)922-0949
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108
Transient Non-Community
Total Population Served at End of Month: 104
Contact Person's Title: Owner
City: Hollywood State: FL Zip Code: 33019
Contact Person's Fax Number: (954)922-5540

B. Water Treatment Plant Information
Plant Name: LEIGHTON ESTATES
Plant Address: 3125 SW 93RD STREET ROAD

Plant Telephone Number: Michelle -(352)482-0777 Ext. 208
City: OCALA State: FL Zip Code: 34476
Fax # (352) 237-7329
Cell # (352) 216-8100

Type of Water Treated by Plant: Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Table with 5 columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Row 1: RICKY WILLIAMSON, C, 8393, DAYS.

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 with copies of this report, at a convenient location for at least ten years.\*\*

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

RICKY WILLIAMSON
Printed or Typed Name

C-8393
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

SEPTEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp of Water, °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		
1	X	24	8000											0.5	
2		24	8000												
3	X	24	8000											0.4	
4		24	8100												
5		24	8100												
6		24	8100												
7		24	8100												
8	X	24	8100											0.5	
9		24	8200												
10	X	24	8200											0.4	
11		24	8000												
12		24	8000												
13		24	6500												
14		24	6500												
15	X	24	6400											0.5	
16		24	9000												
17		24	9000												
18	X	24	8000											0.7	SAMPLE - 1 WELL, 2 LINES
19		24	10000												
20		24	10000												
21	X	24	10000											0.6	
22		24	10200												
23	X	24	10200											0.5	
24		24	9000												
25		24	9000												
26		24	9000												
27		24	9000												
28		24	9000												
29		24	9000												
30	X	24	7200											0.5	
31		24													

Total	253900
Average	8463
Maximum	10200

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





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

See page 4 for instructions.

**General Information for the Month/Year** SEPTEMBER 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RICKY WILLIAMSON \_\_\_\_\_ C-8393 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:**

SEPTEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		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
				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, °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>		
1	X	24	8000										0.5	
2		24	8000											
3	X	24	8000										0.4	
4		24	8100											
5		24	8100											
6		24	8100											
7		24	8100											
8	X	24	8100										0.5	
9		24	8200											
10	X	24	8200										0.4	
11		24	8000											
12		24	8000											
13		24	6500											
14		24	6500											
15	X	24	6400										0.5	
16		24	9000											
17		24	9000											
18	X	24	8000										0.7	SAMPLE - 1 WELL, 2 LINES
19		24	10000											
20		24	10000											
21	X	24	10000										0.6	
22		24	10200											
23	X	24	10200										0.5	
24		24	9000											
25		24	9000											
26		24	9000											
27		24	9000											
28		24	9000											
29		24	9000											
30	X	24	7200										0.5	
31		24												

Total	253900
Average	8463
Maximum	10200

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** SEPTEMBER 2008

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RICKY WILLIAMSON	C	8393	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RICKY WILLIAMSON  
 Printed or Typed Name

C-8393  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

III. Daily Data for the Month/Year of: SEPTEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations					UV Dose		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
					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, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1	X	24	8000									0.5	
2		24	8000										
3	X	24	8000									0.4	
4		24	8100										
5		24	8100										
6		24	8100										
7		24	8100										
8	X	24	8100									0.5	
9		24	8200										
10	X	24	8200									0.4	
11		24	8000										
12		24	8000										
13		24	6500										
14		24	6500										
15	X	24	6400									0.5	
16		24	9000										
17		24	9000										
18	X	24	8000									0.7	SAMPLE - 1 WELL, 2 LINES
19		24	10000										
20		24	10000										
21	X	24	10000									0.6	
22		24	10200										
23	X	24	10200									0.5	
24		24	9000										
25		24	9000										
26		24	9000										
27		24	9000										
28		24	9000										
29		24	9000										
30	X	24	7200									0.5	
31		24											
Total			253900										
Average			8463										
Maximum			10200										

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** SEPTEMBER 2008

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date RICKY WILLIAMSON C-8393  
Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:**

SEPTEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Treated Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				Peak Flow Rate, gpd	CT Calculations					UV Dose					
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>			
1	X	24	8000											0.5	
2		24	8000												
3	X	24	8000											0.4	
4		24	8100												
5		24	8100												
6		24	8100												
7		24	8100												
8	X	24	8100											0.5	
9		24	8200												
10	X	24	8200											0.4	
11		24	8000												
12		24	8000												
13		24	6500												
14		24	6500												
15	X	24	6400											0.5	
16		24	9000												
17		24	9000												
18	X	24	8000											0.7	SAMPLE - 1 WELL, 2 LINES
19		24	10000												
20		24	10000												
21	X	24	10000											0.6	
22		24	10200												
23	X	24	10200											0.5	
24		24	9000												
25		24	9000												
26		24	9000												
27		24	9000												
28		24	9000												
29		24	9000												
30	X	24	7200											0.5	
31		24													
Total			253900												
Average			8463												
Maximum			10200												

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



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

*Docket 090366 wu*

See page 4 for instructions.

**I. General Information for the Month/Year** OCTOBER 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RICKY WILLIAMSON	C	8393	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RICKY WILLIAMSON  
 Printed or Typed Name

C-8393  
 License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:**

OCTOBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

**Type of Disinfectant Residual Maintained in Distribution System:**

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable:										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	CT Calculations			UV Dose							
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1		24	7000												
2	X	24	7000										0.4		
3		24	10100												
4		24	10100												
5		24	10100												
6	X	24	10000										0.4		
7		24	6600												
8	X	24	6600										0.3		
9		24	9000												
10		24	9000												
11		24	9000												
12		24	9000												
13		24	9000												
14	X	24	9000										0.5		
15		24	7500												
16	X	24	7500										0.4		
17		24	8100												
18		24	8100												
19		24	8100												
20		24	8000												
21	X	24	8000										0.4	SAMPLE - 1 WELL, 2 LINES	
22		24	8900												
23	X	24	8900										0.5		
24		24	8500												
25		24	8500												
26		24	8500												
27		24	8500												
28	X	24	8500										0.4		
29		24	8400												
30		24	8400												
31	X	24	8400										0.4		
Total			262300												
Average			8461												
Maximum			10100												

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





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

See page 4 for instructions.

**General Information for the Month/Year** OCTOBER 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108

PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive

Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104

PWS Owner: Arnaldo Barros

Contact Person: Arnaldo Barros Contact Person's Title: Owner

Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019

Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540

Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208

Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Fax # (352) 237-7329  
Cell # (352) 216-8100

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800

Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator:**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RICKY WILLIAMSON \_\_\_\_\_ C-8393 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: OCTOBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Presence of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	CT Calculations				UV Dose						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>			
1		24	7000												
2	X	24	7000										0.4		
3		24	10100												
4		24	10100												
5		24	10100												
6	X	24	10000										0.4		
7		24	6600												
8	X	24	6600										0.3		
9		24	9000												
10		24	9000												
11		24	9000												
12		24	9000												
13		24	9000												
14	X	24	9000										0.5		
15		24	7500												
16	X	24	7500										0.4		
17		24	8100												
18		24	8100												
19		24	8100												
20		24	8000												
21	X	24	8000										0.4	SAMPLE - 1 WELL, 2 LINES	
22		24	8900												
23	X	24	8900										0.5		
24		24	8500												
25		24	8500												
26		24	8500												
27		24	8500												
28	X	24	8500										0.4		
29		24	8400												
30		24	8400												
31	X	24	8400										0.4		
Total			262300												
Average			8461												
Maximum			10100												

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



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

See page 4 for instructions.

**General Information for the Month/Year** OCTOBER 2008

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  **Community Water**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

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

Signature and Date \_\_\_\_\_ RICKY WILLIAMSON \_\_\_\_\_ C-8393 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:** OCTOBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				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, °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>			
1		24	7000												
2	X	24	7000										0.4		
3		24	10100												
4		24	10100												
5		24	10100												
6	X	24	10000										0.4		
7		24	6600												
8	X	24	6600										0.3		
9		24	9000												
10		24	9000												
11		24	9000												
12		24	9000												
13		24	9000												
14	X	24	9000										0.5		
15		24	7500												
16	X	24	7500										0.4		
17		24	8100												
18		24	8100												
19		24	8100												
20		24	8000												
21	X	24	8000										0.4	SAMPLE - 1 WELL, 2 LINES	
22		24	8900												
23	X	24	8900										0.5		
24		24	8500												
25		24	8500												
26		24	8500												
27		24	8500												
28	X	24	8500										0.4		
29		24	8400												
30		24	8400												
31	X	24	8400										0.4		
<b>Total</b>			262300												
<b>Average</b>			8461												
<b>Maximum</b>			10100												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** OCTOBER 2008

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RICKY WILLIAMSON	C	8393	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator:**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RICKY WILLIAMSON  
 Printed or Typed Name

C-8393  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

OCTOBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

**Type of Disinfectant Residual Maintained in Distribution System:**

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				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, °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>			
1		24	7000												
2	X	24	7000											0.4	
3		24	10100												
4		24	10100												
5		24	10100												
6	X	24	10000											0.4	
7		24	6600												
8	X	24	6600											0.3	
9		24	9000												
10		24	9000												
11		24	9000												
12		24	9000												
13		24	9000												
14	X	24	9000											0.5	
15		24	7500												
16	X	24	7500											0.4	
17		24	8100												
18		24	8100												
19		24	8100												
20		24	8000												
21	X	24	8000											0.4	SAMPLE - 1 WELL, 2 LINES
22		24	8900												
23	X	24	8900											0.5	
24		24	8500												
25		24	8500												
26		24	8500												
27		24	8500												
28	X	24	8500											0.4	
29		24	8400												
30		24	8400												
31	X	24	8400											0.4	
Total			262300												
Average			8461												
Maximum			10100												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** OCTOBER 2008

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date RICKY WILLIAMSON C-8393  
Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

OCTOBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				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, °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>			
1		24	7000												
2	X	24	7800										0.4		
3		24	10100												
4		24	10100												
5		24	10100												
6	X	24	10000										0.4		
7		24	6600												
8	X	24	6600										0.3		
9		24	9000												
10		24	9000												
11		24	9000												
12		24	9000												
13		24	9000												
14	X	24	9000										0.5		
15		24	7500												
16	X	24	7500										0.4		
17		24	8100												
18		24	8100												
19		24	8100												
20		24	8000												
21	X	24	8000										0.4	SAMPLE - 1 WELL, 2 LINES	
22		24	8900												
23	X	24	8900										0.5		
24		24	8500												
25		24	8500												
26		24	8500												
27		24	8500												
28	X	24	8500										0.4		
29		24	8400												
30		24	8400												
31	X	24	8400										0.4		
Total			262300												
Average			8461												
Maximum			10100												

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





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

Docket No. 090366 u0

See page 4 for instructions.

I. General Information for the Month/Year NOVEMBER 2008

A. Public Water System (PWS) Information
PWS Name: LEIGHTON ESTATES
PWS Type: Community
Number of Service Connections at End of Month: 41
PWS Owner: Arnaldo Barros
Contact Person: Arnaldo Barros
Contact Person's Mailing Address: 900 Washington Street
Contact Person's Telephone Number: (954)922-0949
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108
Total Population Served at End of Month: 104
Contact Person's Title: Owner
City: Hollywood State: FL Zip Code: 33019
Contact Person's Fax Number: (954)922-5540

B. Water Treatment Plant Information
Plant Name: LEIGHTON ESTATES
Plant Address: 3125 SW 93RD STREET ROAD

Plant Telephone Number: Michelle -(352)482-0777 Ext. 208
City: OCALA State: FL Zip Code: 34476
Fax # (352) 237-7329
Cell # (352) 216-8100

Type of Water Treated by Plant: Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Table with 4 columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Row 1: RICKY WILLIAMSON, C, 8393, DAYS.

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 with copies of this report, at a convenient location for at least ten years.\*\*

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

RICKY WILLIAMSON
Printed or Typed Name

C-8393
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

NOVEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				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, °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>				
1		24	7100													
2		24	7100													
3	X	24	7000										0.5			
4		24	8100													
5		24	8100													
6		24	8100													
7	X	24	8100										0.7			
8		24	7700													
9		24	7700													
10	X	24	7700										0.5			
11		24	8100													
12	X	24	8100										0.4			
13		24	8100													
14		24	8000													
15		24	8000													
16		24	8000													
17	X	24	8000										0.6			
18		24	10100													
19	X	24	10100										0.7	SAMPLE - 1 WELL, 1 LINES		
20		24	9100													
21		24	9100													
22		24	9100													
23		24	9100													
24	X	24	9000										0.7			
25		24	7200													
26	X	24	7200										0.5			
27		24	8100													
28		24	8100													
29		24	8100													
30		24	8100													
31		24														
Total			245400													
Average			8180													
Maximum			10100													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** NOVEMBER 2008

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Amaldo Barros  
 Contact Person: Amaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Type of Water Treated by Plant:  **Community**  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RICKY WILLIAMSON  
 Printed or Typed Name

C-8393  
 License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

III. Daily Data for the Month/Year of:

NOVEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				Peak Flow Rate, gpd	CT Calculations				UV Dose							
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point 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 Measurement Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1		24	7100													
2		24	7100													
3	X	24	7000										0.5			
4		24	8100													
5		24	8100													
6		24	8100													
7	X	24	8100										0.7			
8		24	7700													
9		24	7700													
10	X	24	7700										0.5			
11		24	8100													
12	X	24	8100										0.4			
13		24	8100													
14		24	8000													
15		24	8000													
16		24	8000													
17	X	24	8000										0.6			
18		24	10100													
19	X	24	10100										0.7	SAMPLE - 1 WELL, 1 LINES		
20		24	9100													
21		24	9100													
22		24	9100													
23		24	9100													
24	X	24	9000										0.7			
25		24	7200													
26	X	24	7200										0.5			
27		24	8100													
28		24	8100													
29		24	8100													
30		24	8100													
31		24														
Total			245400													
Average			8180													
Maximum			10100													

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



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

See page 4 for instructions.

**General Information for the Month/Year** NOVEMBER 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329

Cell # (352) 216-8100

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

RICKY WILLIAMSON  
Printed or Typed Name

C-8393  
License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:**

NOVEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				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, °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>				
1		24	7100													
2		24	7100													
3	X	24	7000										0.5			
4		24	8100													
5		24	8100													
6		24	8100													
7	X	24	8100										0.7			
8		24	7700													
9		24	7700													
10	X	24	7700										0.5			
11		24	8100													
12	X	24	8100										0.4			
13		24	8100													
14		24	8000													
15		24	8000													
16		24	8000													
17	X	24	8000										0.6			
18		24	10100													
19	X	24	10100										0.7	SAMPLE - 1 WELL, 1 LINES		
20		24	9100													
21		24	9100													
22		24	9100													
23		24	9100													
24	X	24	9000										0.7			
25		24	7200													
26	X	24	7200										0.5			
27		24	8100													
28		24	8100													
29		24	8100													
30		24	8100													
31		24														
Total			245400													
Average			8180													
Maximum			10100													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** NOVEMBER 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RICKY WILLIAMSON	C	8393	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RICKY WILLIAMSON  
 Printed or Typed Name

C-8393  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

NOVEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
					CT Calculations					UV Dose						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp. of Water, °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>				
1		24	7100													
2		24	7100													
3	X	24	7000											0.5		
4		24	8100													
5		24	8100													
6		24	8100													
7	X	24	8100											0.7		
8		24	7700													
9		24	7700													
10	X	24	7700											0.5		
11		24	8100													
12	X	24	8100											0.4		
13		24	8100													
14		24	8000													
15		24	8000													
16		24	8000													
17	X	24	8000											0.6		
18		24	10100													
19	X	24	10100											0.7	SAMPLE - 1 WELL, 1 LINES	
20		24	9100													
21		24	9100													
22		24	9100													
23		24	9100													
24	X	24	9000											0.7		
25		24	7200													
26	X	24	7200											0.5		
27		24	8100													
28		24	8100													
29		24	8100													
30		24	8100													
31		24														
Total			245400													
Average			8180													
Maximum			10100													

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





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

See page 4 for instructions.

I. General Information for the Month/Year NOVEMBER 2008

A. Public Water System (PWS) Information

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Amaldo Barros  
 Contact Person: Amaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100

B. Water Treatment Plant Information

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

II. Certification by Lead/Chief Operator

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RICKY WILLIAMSON  
 Printed or Typed Name

C-8393  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: NOVEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				Peak Flow Rate, gpd	CT Calculations					UV Dose						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1		24	7100													
2		24	7100													
3	X	24	7000											0.5		
4		24	8100													
5		24	8100													
6		24	8100													
7	X	24	8100											0.7		
8		24	7700													
9		24	7700													
10	X	24	7700											0.5		
11		24	8100													
12	X	24	8100											0.4		
13		24	8100													
14		24	8000													
15		24	8000													
16		24	8000													
17	X	24	8000											0.6		
18		24	10100													
19	X	24	10100											0.7	SAMPLE - 1 WELL, 1 LINES	
20		24	9100													
21		24	9100													
22		24	9100													
23		24	9100													
24	X	24	9000											0.7		
25		24	7200													
26	X	24	7200											0.5		
27		24	8100													
28		24	8100													
29		24	8100													
30		24	8100													
31		24														
Total			245400													
Average			8180													
Maximum			10100													

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



*Docket No 0903666U*  
**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**

See page 4 for instructions.

**General Information for the Month/Year** DECEMBER 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:   Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RICKY WILLIAMSON	C	8393	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RICKY WILLIAMSON \_\_\_\_\_ C-8393 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

III. Daily Data for the Month/Year of:

DECEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	CT Calculations				UV Dose						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point 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 Measurement Point During Peak Flow, mg-min/L	Temp. of Water, °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>			
1	X	24	8200											0.6	
2		24	8400												
3		24	8400												
4	X	24	8400											0.5	
5		24	9000												
6		24	9000												
7		24	9000												
8	X	24	9000											0.7	
9		24	7000												
10	X	24	6300											0.4	
11		24	9100												
12		24	9100												
13		24	9100												
14		24	9100												
15	X	24	9100											0.5	
16		24	6600												
17		24	6600												
18	X	24	6000											0.6	SAMPLE - 1 WELL, 2 LINES
19		24	8100												
20		24	8000												
21		24	8000												
22	X	24	8000											0.4	
23		24	9400												
24		24	9400												
25		24	9300												
26	X	24	9000											0.4	
27		24	8400												
28		24	8300												
29	X	24	8300											0.5	
30		24	8600												
31	X	24	8600											0.5	
Total			258800												
Average			8348												
Maximum			9400												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** DECEMBER 2008

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RICKY WILLIAMSON	C	8393	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RICKY WILLIAMSON \_\_\_\_\_ C-8393 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

III. Daily Data for the Month/Year of: DECEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	CT Calculations				UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l			
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>		
1	X	24	8200											0.6	
2		24	8400												
3		24	8400												
4	X	24	8400											0.5	
5		24	9000												
6		24	9000												
7		24	9000												
8	X	24	9000											0.7	
9		24	7000												
10	X	24	6300											0.4	
11		24	9100												
12		24	9100												
13		24	9100												
14		24	9100												
15	X	24	9100											0.5	
16		24	6600												
17		24	6600												
18	X	24	6000											0.6	SAMPLE - 1 WELL, 2 LINES
19		24	8100												
20		24	8000												
21		24	8000												
22	X	24	8000											0.4	
23		24	9400												
24		24	9400												
25		24	9300												
26	X	24	9000											0.4	
27		24	8400												
28		24	8300												
29	X	24	8300											0.5	
30		24	8600												
31	X	24	8600											0.5	
Total			258800												
Average			8348												
Maximum			9400												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** DECEMBER 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RICKY WILLIAMSON \_\_\_\_\_ C-8393 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

III. Daily Data for the Month/Year of:

DECEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				Peak Flow Rate, gpd	CT Calculations					UV Dose						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp. of Water, °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>				
1	X	24	8200												0.6	
2		24	8400													
3		24	8400													
4	X	24	8400												0.5	
5		24	9000													
6		24	9000													
7		24	9000													
8	X	24	9000												0.7	
9		24	7000													
10	X	24	6300												0.4	
11		24	9100													
12		24	9100													
13		24	9100													
14		24	9100													
15	X	24	9100												0.5	
16		24	6600													
17		24	6600													
18	X	24	6000												0.6	SAMPLE - 1 WELL, 2 LINES
19		24	8100													
20		24	8000													
21		24	8000													
22	X	24	8000												0.4	
23		24	9400													
24		24	9400													
25		24	9300													
26	X	24	9000												0.4	
27		24	8400													
28		24	8300													
29	X	24	8300												0.5	
30		24	8600													
31	X	24	8600												0.5	
Total			258800													
Average			8348													
Maximum			9400													

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





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

See page 4 for instructions.

**I. General Information for the Month/Year** DECEMBER 2008

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RICKY WILLIAMSON  
 Printed or Typed Name

C-8393  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: \_\_\_\_\_

DECEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, mg/l	Disinfectant Contact Time (T) at C, Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer, mg-min/L	Temp of Water, °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>			
1	X	24	8200											0.6	
2		24	8400												
3		24	8400												
4	X	24	8400											0.5	
5		24	9000												
6		24	9000												
7		24	9000												
8	X	24	9000											0.7	
9		24	7000												
10	X	24	6300											0.4	
11		24	9100												
12		24	9100												
13		24	9100												
14		24	9100												
15	X	24	9100											0.5	
16		24	6600												
17		24	6600												
18	X	24	6000											0.6	SAMPLE - 1 WELL, 2 LINES
19		24	8100												
20		24	8000												
21		24	8000												
22	X	24	8000											0.4	
23		24	9400												
24		24	9400												
25		24	9300												
26	X	24	9000											0.4	
27		24	8400												
28		24	8300												
29	X	24	8300											0.5	
30		24	8600												
31	X	24	8600											0.5	
<b>Total</b>			258800												
<b>Average</b>			8348												
<b>Maximum</b>			9400												

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



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

See page 4 for instructions.

**General Information for the Month/Year** DECEMBER 2008

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RICKY WILLIAMSON	C	8393	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
Signature and Date

RICKY WILLIAMSON  
Printed or Typed Name

C-8393  
License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

III. Daily Data for the Month/Year of:

DECEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	CT Calculations				UV Dose							
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1	X	24	8200												0.6	
2		24	8400													
3		24	8400													
4	X	24	8400												0.5	
5		24	9000													
6		24	9000													
7		24	9000													
8	X	24	9000												0.7	
9		24	7000													
10	X	24	6300												0.4	
11		24	9100													
12		24	9100													
13		24	9100													
14		24	9100													
15	X	24	9100												0.5	
16		24	6600													
17		24	6600													
18	X	24	6000												0.6	SAMPLE - 1 WELL, 2 LINES
19		24	8100													
20		24	8000													
21		24	8000													
22	X	24	8000												0.4	
23		24	9400													
24		24	9400													
25		24	9300													
26	X	24	9000												0.4	
27		24	8400													
28		24	8300													
29	X	24	8300												0.5	
30		24	8600													
31	X	24	8600												0.5	
Total			258800													
Average			8348													
Maximum			9400													

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



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

*Docket no 090366 w u*

See page 4 for instructions.

**I. General information for the Month/Year** JANUARY 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  Community Water  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator:**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date RAY MCVEY C-8623  
Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:** JANUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: •

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
					CT Calculations					UV Dose						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1		24	8700													
2		24	8700													
3		24	8700													
4		24	8700													
5		24	8700													
6	X	24	8700													
7		24	8050											0.5		
8	X	24	8050											0.5		
9		24	8300													
10		24	8300													
11		24	8300													
12		24	8300													
13	X	24	8300											0.6		
14		24	7850													
15	X	24	7850											0.5		
16		24	8820													
17		24	8820													
18		24	8820													
19		24	8820													
20	X	24	8820											0.6	SAMPLE - 1 WELL, 2 LINES	
21		24	8300													
22	X	24	8300											0.5		
23		24	9500													
24		24	9500													
25		24	9500													
26		24	9500													
27	X	24	9500											0.5		
28		24	9550													
29	X	24	9550											0.4		
30		24	9550													
31		24	9550													
<b>Total</b>			271900													
<b>Average</b>			8771													
<b>Maximum</b>			9550													

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



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

See page 4 for instructions.

**General Information for the Month/Year** JANUARY 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Type of Water Treated by Plant:  **Permitted**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

JANUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: •

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								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
					CT Calculations				UV Dose					
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer, mg-min/L	Temp. of Water, °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>		
1		24	8700											
2		24	8700											
3		24	8700											
4		24	8700											
5		24	8700											
6	X	24	8700									0.5		
7		24	8050											
8	X	24	8050									0.5		
9		24	8300											
10		24	8300											
11		24	8300											
12		24	8300											
13	X	24	8300									0.6		
14		24	7850											
15	X	24	7850									0.5		
16		24	8820											
17		24	8820											
18		24	8820											
19		24	8820											
20	X	24	8820									0.6	SAMPLE - 1 WELL, 2 LINES	
21		24	8300											
22	X	24	8300									0.5		
23		24	9500											
24		24	9500											
25		24	9500											
26		24	9500											
27	X	24	9500									0.5		
28		24	9550											
29	X	24	9550									0.4		
30		24	9550											
31		24	9550											
Total			271900											
Average			8771											
Maximum			9550											

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





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

See page 4 for instructions.

**I. General Information for the Month/Year** JANUARY 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:** JANUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	CT Calculations					UV Dose						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point 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 Measurement Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1		24	8700													
2		24	8700													
3		24	8700													
4		24	8700													
5		24	8700													
6	X	24	8700										0.5			
7		24	8050													
8	X	24	8050										0.5			
9		24	8300													
10		24	8300													
11		24	8300													
12		24	8300													
13	X	24	8300										0.6			
14		24	7850													
15	X	24	7850										0.5			
16		24	8820													
17		24	8820													
18		24	8820													
19		24	8820													
20	X	24	8820										0.6	SAMPLE - 1 WELL, 2 LINES		
21		24	8300													
22	X	24	8300										0.5			
23		24	9500													
24		24	9500													
25		24	9500													
26		24	9500													
27	X	24	9500										0.5			
28		24	9550													
29	X	24	9550										0.4			
30		24	9550													
31		24	9550													
Total			271900													
Average			8771													
Maximum			9550													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** JANUARY 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RAY MCVEY \_\_\_\_\_ C-8623 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

JANUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: •

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				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, °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>			
1		24	8700												
2		24	8700												
3		24	8700												
4		24	8700												
5		24	8700												
6	X	24	8700										0.5		
7		24	8050												
8	X	24	8050										0.5		
9		24	8300												
10		24	8300												
11		24	8300												
12	X	24	8300										0.6		
13		24	7850												
14	X	24	7850										0.5		
15		24	8820												
16		24	8820												
17		24	8820												
18		24	8820												
19		24	8820												
20	X	24	8820										0.6	SAMPLE - 1 WELL, 2 LINES	
21		24	8300												
22	X	24	8300										0.5		
23		24	9500												
24		24	9500												
25		24	9500												
26		24	9500												
27	X	24	9500										0.5		
28		24	9550												
29	X	24	9550										0.4		
30		24	9550												
31		24	9550												
Total			271900												
Average			8771												
Maximum			9550												

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



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

See page 4 for instructions.

**General Information for the Month/Year** JANUARY 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date RAY MCVEY C-8623  
Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: JANUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum (C) Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1		24	8700													
2		24	8700													
3		24	8700													
4		24	8700													
5		24	8700													
6	X	24	8700										0.5			
7		24	8050													
8	X	24	8050										0.5			
9		24	8300													
10		24	8300													
11		24	8300													
12		24	8300													
13	X	24	8300										0.6			
14		24	7850													
15	X	24	7850										0.5			
16		24	8820													
17		24	8820													
18		24	8820													
19		24	8820													
20	X	24	8820										0.6	SAMPLE - 1 WELL, 2 LINES		
21		24	8300													
22	X	24	8300										0.5			
23		24	9500													
24		24	9500													
25		24	9500													
26		24	9500													
27	X	24	9500										0.5			
28		24	9550													
29	X	24	9550										0.4			
30		24	9550													
31		24	9550													
Total			271900													
Average			8771													
Maximum			9550													

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



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

Docket no 090366 WU

See page 4 for instructions.

General Information for the Month/Year FEBRUARY 2009

A. Public Water System (PWS) Information

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive
Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104
PWS Owner: Arnaldo Barros
Contact Person: Arnaldo Barros Contact Person's Title: Owner
Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019
Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

B. Water Treatment Plant Information

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208
Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant: [X] [ ] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Table with 5 columns: Licensed Operators, Name, License Class, License Number, Day(s)/Shift(s) Worked. Row 1: RAY MCVEY, C, 8623, DAYS.

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 with copies of this report, at a convenient location for at least ten years.\*\*

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

RAY MCVEY
Printed or Typed Name

C-8623
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** FEBRUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency of Abnormal Operating Conditions, Result of Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>			
1		24	8540												
2		24	8540												
3	X	24	8540										0.5		
4		24	12800												
5	X	24	12800										0.5		
6		24	8900												
7		24	8900												
8		24	8900												
9		24	8900												
10	X	24	8900										0.5		
11		24	8350												
12	X	24	8350										0.5		
13		24	8880												
14		24	8880												
15		24	8880												
16		24	8880												
17	X	24	8880										0.3	SAMPLE - 1 WELL, 2 LINES	
18		24	6850												
19	X	24	6850										0.4		
20		24	12840												
21		24	12840												
22		24	12840												
23		24	12840												
24	X	24	12840										0.4		
25		24	16100												
26	X	24	16100										0.5		
27		24	8000												
28		24	8000												
29		24													
30		24													
31		24													
Total			282920												
Average			10104												
Maximum			16100												

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





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

See page 4 for instructions.

**I. General Information for the Month/Year** FEBRUARY 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
PWS Owner: Arnaldo Barros  
Contact Person: Arnaldo Barros Contact Person's Title: Owner  
Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
Fax # (352) 237-7329  
Cell # (352) 216-8100

Type of Water Treated by Plant:   Purchased Finished Water  
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
Signature and Date

RAY MCVEY  
Printed or Typed Name

C-8623  
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** FEBRUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Reason for Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				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, °C	pH of Water, if Applicable	Minimum [Cl <sub>2</sub> ] Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	8540												
2		24	8540												
3	X	24	8540										0.5		
4		24	12800												
5	X	24	12800										0.5		
6		24	8900												
7		24	8900												
8		24	8900												
9		24	8900												
10	X	24	8900										0.5		
11		24	8350												
12	X	24	8350										0.5		
13		24	8880												
14		24	8880												
15		24	8880												
16		24	8880												
17	X	24	8880										0.3	SAMPLE - 1 WELL, 2 LINES	
18		24	6850												
19	X	24	6850										0.4		
20		24	12840												
21		24	12840												
22		24	12840												
23		24	12840												
24	X	24	12840										0.4		
25		24	16100												
26	X	24	16100										0.5		
27		24	8000												
28		24	8000												
29		24													
30		24													
31		24													
<b>Total</b>			282920												
<b>Average</b>			10104												
<b>Maximum</b>			16100												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** FEBRUARY 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
Signature and Date

RAY MCVEY  
Printed or Typed Name

C-8623  
License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

III. Daily Data for the Month/Year of:

FEBRUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1		24	8540													
2		24	8540													
3	X	24	8540										0.5			
4		24	12800													
5	X	24	12800										0.5			
6		24	8900													
7		24	8900													
8		24	8900													
9		24	8900													
10	X	24	8900										0.5			
11		24	8350													
12	X	24	8350										0.5			
13		24	8880													
14		24	8880													
15		24	8880													
16		24	8880													
17	X	24	8880										0.3	SAMPLE - 1 WELL, 2 LINES		
18		24	6850													
19	X	24	6850										0.4			
20		24	12840													
21		24	12840													
22		24	12840													
23		24	12840													
24	X	24	12840										0.4			
25		24	16100													
26	X	24	16100										0.5			
27		24	8000													
28		24	8000													
29		24														
30		24														
31		24														
Total			282920													
Average			10104													
Maximum			16100													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** FEBRUARY 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  **Community**  **Non-Transient Non-Community**  **Transient Non-Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RAY MCVEY \_\_\_\_\_ C-8623 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** FEBRUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs, Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>			
1		24	8540												
2		24	8540												
3	X	24	8540										0.5		
4		24	12800												
5	X	24	12800										0.5		
6		24	8900												
7		24	8900												
8		24	8900												
9		24	8900												
10	X	24	8900										0.5		
11		24	8350												
12	X	24	8350										0.5		
13		24	8880												
14		24	8880												
15		24	8880												
16		24	8880												
17	X	24	8880										0.3	SAMPLE - 1 WELL, 2 LINES	
18		24	6850												
19	X	24	6850										0.4		
20		24	12840												
21		24	12840												
22		24	12840												
23		24	12840												
24	X	24	12840										0.4		
25		24	16100												
26	X	24	16100										0.5		
27		24	8000												
28		24	8000												
29		24													
30		24													
31		24													
Total			282920												
Average			10104												
Maximum			16100												

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



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

Docket no 090366 wu

See page 4 for instructions.

General Information for the Month/Year MARCH 2009

A. Public Water System (PWS) Information
PWS Name: LEIGHTON ESTATES
PWS Type: Community
Number of Service Connections at End of Month: 41
PWS Owner: Arnaldo Barros
Contact Person: Arnaldo Barros
Contact Person's Mailing Address: 900 Washington Street
Contact Person's Telephone Number: (954)922-0949
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108
Total Population Served at End of Month: 104
Contact Person's Title: Owner
City: Hollywood State: FL Zip Code: 33019
Contact Person's Fax Number: (954)922-5540

B. Water Treatment Plant Information
Plant Name: LEIGHTON ESTATES
Plant Address: 3125 SW 93RD STREET ROAD
City: OCALA State: FL Zip Code: 34476
Plant Telephone Number: Michelle -(352)482-0777 Ext. 208
Fax # (352) 237-7329
Cell # (352) 216-8100

Type of Water Treated by Plant: Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Table with 5 columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Row 1: RAY MCVEY, C, 8623, DAYS.

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 with copies of this report, at a convenient location for at least ten years.\*\*

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date RAY MCVEY C-8623
Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

MARCH 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd	CT Calculations					UV Dose		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
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1		24	8680										
2		24	8680										
3	X	24	8680									0.6	
4		24	8350										
5	X	24	8350									0.5	
6		24	9280										
7		24	9280										
8		24	9280										
9		24	9280										
10	X	24	9280									0.5	
11		24	9100										
12	X	24	9100									0.6	
13		24	9340										
14		24	9340										
15		24	9340										
16		24	9340										
17	X	24	9340									0.6	
18		24	8950										
19	X	24	8950									0.6	
20		24	10100										
21		24	10100										
22		24	10100										
23		24	10100										
24	X	24	10100									0.5	
25		24	7950										
26	X	24	7950									0.6	
27		24	6720										
28		24	6720										
29		24	6720										
30	X	24	6720									0.5	
31		24	6720										
<b>Total</b>			271940										
<b>Average</b>			8772										
<b>Maximum</b>			10100										

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





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

See page 4 for instructions.

**I. General Information for the Month/Year** MARCH 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

MARCH 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, (if Applicable)*										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	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1		24	8680													
2		24	8680													
3	X	24	8680										0.6			
4		24	8350													
5	X	24	8350										0.5			
6		24	9280													
7		24	9280													
8		24	9280													
9		24	9280													
10	X	24	9280										0.5			
11		24	9100													
12	X	24	9100										0.6			
13		24	9340													
14		24	9340													
15		24	9340													
16		24	9340													
17	X	24	9340										0.6			
18		24	8950													
19	X	24	8950										0.6			
20		24	10100													
21		24	10100													
22		24	10100													
23		24	10100													
24	X	24	10100										0.5			
25		24	7950													
26	X	24	7950										0.6			
27		24	6720													
28		24	6720													
29		24	6720													
30	X	24	6720										0.5			
31		24	6720													
Total			271940													
Average			8772													
Maximum			10100													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** MARCH 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

III. Daily Data for the Month/Year of: \_\_\_\_\_

MARCH 2009

Means of Achieving Four-Log Virus Inactivation/Removal: •

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>			
1		24	8680												
2		24	8680												
3	X	24	8680											0.6	
4		24	8350												
5	X	24	8350											0.5	
6		24	9280												
7		24	9280												
8		24	9280												
9		24	9280												
10	X	24	9280											0.5	
11		24	9100												
12	X	24	9100											0.6	
13		24	9340												
14		24	9340												
15		24	9340												
16		24	9340												
17	X	24	9340											0.6	
18		24	8950												
19	X	24	8950											0.6	
20		24	10100												
21		24	10100												
22		24	10100												
23		24	10100												
24	X	24	10100											0.5	
25		24	7950												
26	X	24	7950											0.6	
27		24	6720												
28		24	6720												
29		24	6720												
30	X	24	6720											0.5	
31		24	6720												
Total			271940												
Average			8772												
Maximum			10100												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** MARCH 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Public Water System**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_ 3425108 Plant Name: LEIGHTON ESTATES

III. Daily Data for the Month/Year of: MARCH 2009

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>			
1		24	8680												
2		24	8680												
3	X	24	8680											0.6	
4		24	8350												
5	X	24	8350											0.5	
6		24	9280												
7		24	9280												
8		24	9280												
9		24	9280												
10	X	24	9280											0.5	
11		24	9100												
12	X	24	9100											0.6	
13		24	9340												
14		24	9340												
15		24	9340												
16		24	9340												
17	X	24	9340											0.6	
18		24	8950												
19	X	24	8950											0.6	
20		24	10100												
21		24	10100												
22		24	10100												
23		24	10100												
24	X	24	10100											0.5	
25		24	7950												
26	X	24	7950											0.6	
27		24	6720												
28		24	6720												
29		24	6720												
30	X	24	6720											0.5	
31		24	6720												
Total			271940												
Average			8772												
Maximum			10100												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** MARCH 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RAY MCVEY \_\_\_\_\_ C-8623 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_ 3425108 Plant Name: LEIGHTON ESTATES

III. Daily Data for the Month/Year of: MARCH 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>			
1		24	8680												
2		24	8680												
3	X	24	8680										0.6		
4		24	8350												
5	X	24	8350										0.5		
6		24	9280												
7		24	9280												
8		24	9280												
9		24	9280												
10	X	24	9280										0.5		
11		24	9100												
12	X	24	9100										0.6		
13		24	9340												
14		24	9340												
15		24	9340												
16		24	9340												
17	X	24	9340										0.6		
18		24	8950												
19	X	24	8950										0.6		
20		24	10100												
21		24	10100												
22		24	10100												
23		24	10100												
24	X	24	10100										0.5		
25		24	7950												
26	X	24	7950										0.6		
27		24	6720												
28		24	6720												
29		24	6720												
30	X	24	6720										0.5		
31		24	6720												
Total			271940												
Average			8772												
Maximum			10100												

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





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

*Docket no 090366 wv*

See page 4 for instructions.

**I. General Information for the Month/Year** APRIL 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community Water**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RAY MCVEY \_\_\_\_\_ C-8623 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

III. Daily Data for the Month/Year of:

APRIL 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1	X	24	9250												0.7	
2		24	10300													
3		24	10300													
4		24	10300													
5		24	10300													
6		24	10300													
7	X	24	10300												0.6	
8		24	9150													
9	X	24	9150												0.4	CL2 PUMP GOING BAD
10		24	9080													
11		24	9080													
12		24	9080													
13		24	9080													
14	X	24	9080												0.2	INSTALL NEW CL2 PUMP
15		24	9050													
16	X	24	9050												1.2	
17		24	8400													
18		24	8400													
19		24	8400													
20		24	8400													
21	X	24	8400												0.3	SAMPLE - 1 WELL, 2 LINES
22		24	10300													
23	X	24	10300												0.3	
24		24	8700													
25		24	8700													
26		24	8700													
27		24	8700													
28	X	24	8700												0.5	
29		24	9350													
30	X	24	9350												0.5	
31		24														
Total			277650													
Average			9255													
Maximum			10300													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** APRIL 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:   Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
Signature and Date

RAY MCVEY  
Printed or Typed Name

C-8623  
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: APRIL 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum GI Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24	9250												0.7	
2		24	10300													
3		24	10300													
4		24	10300													
5		24	10300													
6		24	10300													
7	X	24	10300												0.6	
8		24	9150													
9	X	24	9150												0.4	CL2 PUMP GOING BAD
10		24	9080													
11		24	9080													
12		24	9080													
13		24	9080													
14	X	24	9080												0.2	INSTALL NEW CL2 PUMP
15		24	9050													
16	X	24	9050												1.2	
17		24	8400													
18		24	8400													
19		24	8400													
20		24	8400													
21	X	24	8400												0.3	SAMPLE - 1 WELL, 2 LINES
22		24	10300													
23	X	24	10300												0.3	
24		24	8700													
25		24	8700													
26		24	8700													
27		24	8700													
28	X	24	8700												0.5	
29		24	9350													
30	X	24	9350												0.5	
31		24														
Total			277650													
Average			9255													
Maximum			10300													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** APRIL 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:   Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: APRIL 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		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
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum GI Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24	9250										0.7	
2		24	10300											
3		24	10300											
4		24	10300											
5		24	10300											
6		24	10300											
7	X	24	10300										0.6	
8		24	9150											
9	X	24	9150										0.4	CL2 PUMP GOING BAD
10		24	9080											
11		24	9080											
12		24	9080											
13		24	9080											
14	X	24	9080										0.2	INSTALL NEW CL2 PUMP
15		24	9050											
16	X	24	9050										1.2	
17		24	8400											
18		24	8400											
19		24	8400											
20		24	8400											
21	X	24	8400										0.3	SAMPLE - 1 WELL, 2 LINES
22		24	10300											
23	X	24	10300										0.3	
24		24	8700											
25		24	8700											
26		24	8700											
27		24	8700											
28	X	24	8700										0.5	
29		24	9350											
30	X	24	9350										0.5	
31		24												
Total			277650											
Average			9255											
Maximum			10300											

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** APRIL 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:   Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date RAY MCVEY C-8623  
 Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: \_\_\_\_\_

APRIL 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				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, °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			
1	X	24	9250												0.7	
2		24	10300													
3		24	10300													
4		24	10300													
5		24	10300													
6		24	10300													
7	X	24	10300												0.6	
8		24	9150													
9	X	24	9150												0.4	CL2 PUMP GOING BAD
10		24	9080													
11		24	9080													
12		24	9080													
13		24	9080													
14	X	24	9080												0.2	INSTALL NEW CL2 PUMP
15		24	9050													
16	X	24	9050												1.2	
17		24	8400													
18		24	8400													
19		24	8400													
20		24	8400													
21	X	24	8400												0.3	SAMPLE - 1 WELL, 2 LINES
22		24	10300													
23	X	24	10300												0.3	
24		24	8700													
25		24	8700													
26		24	8700													
27		24	8700													
28	X	24	8700												0.5	
29		24	9350													
30	X	24	9350												0.5	
31		24														

Total	277650
Average	9255
Maximum	10300

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





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

See page 4 for instructions.

**I. General Information for the Month/Year** APRIL 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** \_\_\_\_\_

APRIL 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				Peak Flow Rate, gpd	CT Calculations				UV Dose							
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1	X	24	9250												0.7	
2		24	10300													
3		24	10300													
4		24	10300													
5		24	10300													
6		24	10300													
7	X	24	10300												0.6	
8		24	9150													
9	X	24	9150												0.4	CL2 PUMP GOING BAD
10		24	9080													
11		24	9080													
12		24	9080													
13		24	9080													
14	X	24	9080												0.2	INSTALL NEW CL2 PUMP
15		24	9050													
16	X	24	9050												1.2	
17		24	8400													
18		24	8400													
19		24	8400													
20		24	8400													
21	X	24	8400												0.3	SAMPLE - 1 WELL, 2 LINES
22		24	10300													
23	X	24	10300												0.3	
24		24	8700													
25		24	8700													
26		24	8700													
27		24	8700													
28	X	24	8700												0.5	
29		24	9350													
30	X	24	9350												0.5	
31		24														
Total			277650													
Average			9255													
Maximum			10300													

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



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

*Docket No 090366uu*

See page 4 for instructions.

**I. General Information for the Month/Year** MAY 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Public Water**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

III. Daily Data for the Month/Year of: MAY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		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
				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, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1		24	8280										
2		24	8280										
3		24	8280										
4		24	8280										
5	X	24	8280									0.5	
6		24	8900										
7	X	24	8900									0.6	
8		24	8820										
9		24	8820										
10		24	8820										
11		24	8820										
12	X	24	8820									0.5	
13		24	8800										
14	X	24	8800									0.5	
15		24	8480										
16		24	8480										
17		24	8480										
18		24	8480										
19	X	24	8480									0.5	
20		24	7950										
21	X	24	7950									0.5	
22		24	8660										
23		24	8660										
24		24	8660										
25		24	8660										
26	X	24	8660									0.5	SAMPLE - 1 WELL, 2 LINES
27		24	8150										
28	X	24	8150									0.5	
29		24	8150										
30		24	8150										
31		24	8150										
Total			263250										
Average			8492										
Maximum			8900										

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** MAY 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Type of Water Treated by Plant:  Public Water  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: MAY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency/Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>			
1		24	8280												
2		24	8280												
3		24	8280												
4		24	8280												
5	X	24	8280										0.5		
6		24	8900												
7	X	24	8900										0.6		
8		24	8820												
9		24	8820												
10		24	8820												
11		24	8820												
12	X	24	8820										0.5		
13		24	8800												
14	X	24	8800										0.5		
15		24	8480												
16		24	8480												
17		24	8480												
18		24	8480												
19	X	24	8480										0.5		
20		24	7950												
21	X	24	7950										0.5		
22		24	8660												
23		24	8660												
24		24	8660												
25		24	8660												
26	X	24	8660										0.5	SAMPLE - 1 WELL, 2 LINES	
27		24	8150												
28	X	24	8150										0.5		
29		24	8150												
30		24	8150												
31		24	8150												
Total			263250												
Average			8492												
Maximum			8900												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** MAY 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

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

Signature and Date: \_\_\_\_\_ RAY MCVEY \_\_\_\_\_ C-8623 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: MAY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: •

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involve Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, 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, min-mg/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, min-mg/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	8280												
2		24	8280												
3		24	8280												
4		24	8280												
5	X	24	8280										0.5		
6		24	8900												
7	X	24	8900										0.6		
8		24	8820												
9		24	8820												
10		24	8820												
11		24	8820												
12	X	24	8820										0.5		
13		24	8800												
14	X	24	8800										0.5		
15		24	8480												
16		24	8480												
17		24	8480												
18		24	8480												
19	X	24	8480										0.5		
20		24	7950												
21	X	24	7950										0.5		
22		24	8660												
23		24	8660												
24		24	8660												
25		24	8660												
26	X	24	8660										0.5	SAMPLE - 1 WELL, 2 LINES	
27		24	8150												
28	X	24	8150										0.5		
29		24	8150												
30		24	8150												
31		24	8150												
Total			263250												
Average			8492												
Maximum			8900												

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





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

See page 4 for instructions.

**I. General Information for the Month/Year** MAY 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:   Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
Signature and Date

RAY MCVEY  
Printed or Typed Name

C-8623  
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: MAY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

\*CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				Peak Flow Rate, gpd	CT Calculations			UV Dose							
				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, °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>				
1		24	8280												
2		24	8280												
3		24	8280												
4		24	8280												
5	X	24	8280										0.5		
6		24	8900												
7	X	24	8900										0.6		
8		24	8820												
9		24	8820												
10		24	8820												
11		24	8820												
12	X	24	8820										0.5		
13		24	8800												
14	X	24	8800										0.5		
15		24	8480												
16		24	8480												
17		24	8480												
18		24	8480												
19	X	24	8480										0.5		
20		24	7950												
21	X	24	7950										0.5		
22		24	8660												
23		24	8660												
24		24	8660												
25		24	8660												
26	X	24	8660										0.5	SAMPLE - 1 WELL, 2 LINES	
27		24	8150												
28	X	24	8150										0.5		
29		24	8150												
30		24	8150												
31		24	8150												
Total			263250												
Average			8492												
Maximum			8900												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** MAY 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:   Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number:

3425108 Plant Name:

LEIGHTON ESTATES

III. Daily Data for the Month/Year of: MAY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Doses, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place & X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Doses, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Embryonic or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				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, °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>				
1		24	8280													
2		24	8280													
3		24	8280													
4		24	8280													
5	X	24	8280										0.5			
6		24	8900													
7	X	24	8900										0.6			
8		24	8820													
9		24	8820													
10		24	8820													
11		24	8820													
12	X	24	8820										0.5			
13		24	8800													
14	X	24	8800										0.5			
15		24	8480													
16		24	8480													
17		24	8480													
18		24	8480													
19	X	24	8480										0.5			
20		24	7950													
21	X	24	7950										0.5			
22		24	8660													
23		24	8660													
24		24	8660													
25		24	8660													
26	X	24	8660										0.5	SAMPLE - 1 WELL, 2 LINES		
27		24	8150													
28	X	24	8150										0.5			
29		24	8150													
30		24	8150													
31		24	8150													
Total			263250													
Average			8492													
Maximum			8900													

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



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

*Docket No 090366UV*

See page 4 for instructions.

**I. General Information for the Month/Year** JUNE 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: JUNE 2009

Means of Achieving Four-Log Virus Inactivation/Removal: # \_\_\_\_\_

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				Peak Flow Rate, gpd	CT Calculations				UV Dose						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp. of Water, °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>			
1		24	9040												
2	X	24	9040										0.5		
3		24	7850												
4	X	24	7850										0.4		
5		24	8000												
6		24	8000												
7		24	8000												
8		24	8000												
9	X	24	8000										0.5		
10		24	8300												
11	X	24	8300										0.5		
12		24	7660												
13		24	7660												
14		24	7660												
15		24	7660												
16	X	24	7660										0.6	SAMPLE - 1 WELL, 2 LINES	
17		24	8450											CALLED OUT @ 7:40 PM - LOW WATER	
18	X	24	8450										0.6	PRESSURE, PUMP & WELL EQUIP. ALL	
19		24	7440											TRIPPED OUT BECAUSE OF LIGHTNING	
20		24	7440											STRIKE. RESET EQUIP AND WAITED FOR TANK	
21		24	7440											TO FILL. PSI @ TANK WAS 25. LEFT @ 9:00PM	
22		24	7440												
23	X	24	7440										0.5		
24		24	8050												
25	X	24	8050										0.5		
26		24	7640												
27		24	7640												
28		24	7640												
29		24	7640												
30	X	24	7640										0.5		
31		24													

Total	237080
Average	7903
Maximum	9040

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



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

See page 4 for instructions.

I. General Information for the Month/Year JUNE 2009

A. Public Water System (PWS) Information

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

B. Water Treatment Plant Information

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

II. Certification by Lead/Chief Operator

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** JUNE 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations				UV Dose				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>
1		24	9040											
2	X	24	9040									0.5		
3		24	7850											
4	X	24	7850									0.4		
5		24	8000											
6		24	8000											
7		24	8000											
8		24	8000											
9	X	24	8000									0.5		
10		24	8300											
11	X	24	8300									0.5		
12		24	7660											
13		24	7660											
14		24	7660											
15		24	7660											
16	X	24	7660									0.6	SAMPLE - 1 WELL, 2 LINES	
17		24	8450											CALLED OUT@7:40 PM - LOW WATER
18	X	24	8450									0.6		PRESSURE PUMP & WELL EQUIP. ALL
19		24	7440											TRIPPED OUT BECAUSE OF LIGHTNING
20		24	7440											STRIKE. RESET EQUIP AND WAITED FOR TANK
21		24	7440											TO FILL. PSI @ TANK WAS 25. LEFT @ 9:00PM
22		24	7440											
23	X	24	7440									0.5		
24		24	8050											
25	X	24	8050									0.5		
26		24	7640											
27		24	7640											
28		24	7640											
29		24	7640											
30	X	24	7640									0.5		
31		24												
Total			237080											
Average			7903											
Maximum			9040											

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





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

See page 4 for instructions.

**I. General Information for the Month/Year** JUNE 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Type of Water Treated by Plant:  **Public Water System**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_ 3425108 Plant Name: LEIGHTON ESTATES

III. Daily Data for the Month/Year of: JUNE 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °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>				
1		24	9040													
2	X	24	9040											0.5		
3		24	7850													
4	X	24	7850											0.4		
5		24	8000													
6		24	8000													
7		24	8000													
8		24	8000													
9	X	24	8000											0.5		
10		24	8300													
11	X	24	8300											0.5		
12		24	7660													
13		24	7660													
14		24	7660													
15		24	7660													
16	X	24	7660											0.6	SAMPLE - 1 WELL, 2 LINES	
17		24	8450											0.6	CALLED OUT @ 7:40 PM - LOW WATER	
18	X	24	8450											0.6	PRESSURE, PUMP & WELL EQUIP. ALL	
19		24	7440												TRIPPED OUT BECAUSE OF LIGHTNING	
20		24	7440												STRIKE. RESET EQUIP AND WAITED FOR TANK	
21		24	7440												TO FILL. PSI @ TANK WAS 25. LEFT @ 9:00PM	
22		24	7440													
23	X	24	7440											0.5		
24		24	8050													
25	X	24	8050											0.5		
26		24	7640													
27		24	7640													
28		24	7640													
29		24	7640													
30	X	24	7640											0.5		
31		24														
Total			237080													
Average			7903													
Maximum			9040													

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** JUNE 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108

PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive

Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104

PWS Owner: Arnaldo Barros

Contact Person: Arnaldo Barros Contact Person's Title: Owner

Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019

Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540

Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208

Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476

Fax # (352) 237-7329  
Cell # (352) 216-8100

Type of Water Treated by Plant:  **Community Water**  **Purchased Finished Water**

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800

Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
Signature and Date

RAY MCVEY  
Printed or Typed Name

C-8623  
License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: JUNE 2009

Means of Achieving Four-Log Virus Inactivation/Removal: #

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, 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, °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>			
1		24	9040												
2	X	24	9040											0.5	
3		24	7850												
4	X	24	7850											0.4	
5		24	8000												
6		24	8000												
7		24	8000												
8		24	8000												
9	X	24	8000											0.5	
10		24	8300												
11	X	24	8300											0.5	
12		24	7660												
13		24	7660												
14		24	7660												
15		24	7660												
16	X	24	7660											0.6	SAMPLE - 1 WELL, 2 LINES
17		24	8450											0.6	CALLED OUT@7:40 PM - LOW WATER
18	X	24	8450											0.6	PRESSURE PUMP & WELL EQUIP. ALL
19		24	7440												TRIPPED OUT BECAUSE OF LIGHTNING
20		24	7440												STRIKE. RESET EQUIP AND WAITED FOR TANK
21		24	7440												TO FILL. PSI @ TANK WAS 25. LEFT @ 9:00PM
22		24	7440												
23	X	24	7440											0.5	
24		24	8050												
25	X	24	8050											0.5	
26		24	7640												
27		24	7640												
28		24	7640												
29		24	7640												
30	X	24	7640											0.5	
31		24													
Total			237080												
Average			7903												
Maximum			9040												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** JUNE 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** JUNE 2009

Means of Achieving Four-Log Virus Inactivation/Removal: •

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				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, °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>			
1		24	9040												
2	X	24	9040											0.5	
3		24	7850												
4	X	24	7850											0.4	
5		24	8000												
6		24	8000												
7		24	8000												
8		24	8000												
9	X	24	8000											0.5	
10		24	8300												
11	X	24	8300											0.5	
12		24	7660												
13		24	7660												
14		24	7660												
15		24	7660												
16	X	24	7660											0.6	SAMPLE - 1 WELL, 2 LINES
17		24	8450											0.6	CALLED OUT@7:40 PM - LOW WATER
18	X	24	8450											0.6	PRESSURE PUMP & WELL EQUIP. ALL
19		24	7440												TRIPPED OUT BECAUSE OF LIGHTNING
20		24	7440												STRIKE RESET EQUIP AND WAITED FOR TANK
21		24	7440												TO FILL. PSI @ TANK WAS 25. LEFT @ 9:00PM
22		24	7440												
23	X	24	7440											0.5	
24		24	8050												
25	X	24	8050											0.5	
26		24	7640												
27		24	7640												
28		24	7640												
29		24	7640												
30	X	24	7640											0.5	
31		24													
Total			237080												
Average			7903												
Maximum			9040												

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



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

Docket no. 09036640

See page 4 for instructions.

General Information for the Month/Year JULY 2009

A. Public Water System (PWS) Information
PWS Name: LEIGHTON ESTATES
PWS Type: Community
Number of Service Connections at End of Month: 41
PWS Owner: Arnaldo Barros
Contact Person: Arnaldo Barros
Contact Person's Mailing Address: 900 Washington Street
Contact Person's Telephone Number: (954)922-0949
Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

B. Water Treatment Plant Information
Plant Name: LEIGHTON ESTATES
Plant Address: 3125 SW 93RD STREET ROAD
Plant Telephone Number: Michelle -(352)482-0777 Ext. 208
City: OCALA
State: FL
Zip Code: 34476

Type of Water Treated by Plant: Community
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800
Plant Category (per subsection 62-699.310(4), F.A.C.): 5
Plant Class (per subsection 62-699.310(4), F.A.C.): D

Table with 5 columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Row 1: RAY MCVEY, C, 8623, DAYS.

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 with copies of this report, at a convenient location for at least ten years.\*\*

Signature and Date: RAY MCVEY
Printed or Typed Name: RAY MCVEY
License Number: C-8623

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** JULY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: •

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involve Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at a First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum Chlorine Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1		24	7650											
2	X	24	7650										0.5	
3		24	8420											
4		24	8420											
5		24	8420											
6		24	8420											
7	X	24	8420										0.5	
8		24	8800											
9	X	24	8800										0.5	
10		24	7720											
11		24	7720											
12		24	7720											
13		24	7720											
14	X	24	7720										0.5	SAMPLE - 1 WELL, 2 LINES
15		24	6900											
16	X	24	6900										0.5	
17		24	8640											
18		24	8640											
19		24	8640											
20		24	8640											
21	X	24	8640										0.6	
22		24	7050											
23	X	24	7050										0.6	
24		24	7120											
25		24	7120											
26		24	7120											
27		24	7120											
28	X	24	7120										0.5	
29		24	6200											
30	X	24	6200										0.4	
31		24	6200											
Total			238900											
Average			7706											
Maximum			8800											

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





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

See page 4 for instructions.

**I. General Information for the Month/Year** JULY 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Fax # (352) 237-7329  
 Cell # (352) 216-8100

Type of Water Treated by Plant:  **Community**  **Purchased Finished Water**  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RAY MCVEY \_\_\_\_\_ C-8623 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

III. Daily Data for the Month/Year of: JULY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, 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, °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>			
1		24	7650												
2	X	24	7650											0.5	
3		24	8420												
4		24	8420												
5		24	8420												
6		24	8420												
7	X	24	8420											0.5	
8		24	8800												
9	X	24	8800											0.5	
10		24	7720												
11		24	7720												
12		24	7720												
13		24	7720												
14	X	24	7720											0.5	SAMPLE - 1 WELL, 2 LINES
15		24	6900												
16	X	24	6900											0.5	
17		24	8640												
18		24	8640												
19		24	8640												
20		24	8640												
21	X	24	8640											0.6	
22		24	7050												
23	X	24	7050											0.6	
24		24	7120												
25		24	7120												
26		24	7120												
27		24	7120												
28	X	24	7120											0.5	
29		24	6200												
30	X	24	6200											0.4	
31		24	6200												
Total			238900												
Average			7706												
Maximum			8800												

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



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

See page 4 for instructions.

**I. General Information for the Month/Year** JULY 2009

**A. Public Water System (PWS) Information**  
 PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

**B. Water Treatment Plant Information**  
 Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**II. Certification by Lead/Chief Operator:**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

\_\_\_\_\_  
 Signature and Date

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

III. Daily Data for the Month/Year of: JULY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum Chlorine 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		
1		24	7650												
2	X	24	7650											0.5	
3		24	8420												
4		24	8420												
5		24	8420												
6		24	8420												
7	X	24	8420											0.5	
8		24	8800												
9	X	24	8800											0.5	
10		24	7720												
11		24	7720												
12		24	7720												
13		24	7720												
14	X	24	7720											0.5	SAMPLE - 1 WELL, 2 LINES
15		24	6900												
16	X	24	6900											0.5	
17		24	8640												
18		24	8640												
19		24	8640												
20		24	8640												
21	X	24	8640											0.6	
22		24	7050												
23	X	24	7050											0.6	
24		24	7120												
25		24	7120												
26		24	7120												
27		24	7120												
28	X	24	7120											0.5	
29		24	6200												
30	X	24	6200											0.4	
31		24	6200												
Total			238900												
Average			7706												
Maximum			8800												

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



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

See page 4 for instructions.

I. General Information for the Month/Year JULY 2009

A. Public Water System (PWS) Information

PWS Name: LEIGHTON ESTATES  
 PWS Type:  Community  Non-Transient Non-Community  
 Number of Service Connections at End of Month: 41  
 PWS Owner: Amaldo Barros  
 Contact Person: Arnaldo Barros  
 Contact Person's Mailing Address: 900 Washington Street  
 Contact Person's Telephone Number: (954)922-0949  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

PWS Identification Number: 3425108  
 Transient Non-Community  Consecutive  
 Total Population Served at End of Month: 104  
 Contact Person's Title: Owner  
 City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Fax Number: (954)922-5540

B. Water Treatment Plant Information

Plant Name: LEIGHTON ESTATES  
 Plant Address: 3125 SW 93RD STREET ROAD

Fax # (352) 237-7329  
 Cell # (352) 216-8100  
 Plant Telephone Number: Michelle -(352)482-0777 Ext. 208  
 City: OCALA State: FL Zip Code: 34476

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS
Other Operators				

II. Certification by Lead/Chief Operator

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_

RAY MCVEY  
 Printed or Typed Name

C-8623  
 License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES

**III. Daily Data for the Month/Year of:** JULY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								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	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp. of Water, °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>
1		24	7650											
2	X	24	7650										0.5	
3		24	8420											
4		24	8420											
5		24	8420											
6		24	8420											
7	X	24	8420										0.5	
8		24	8800											
9	X	24	8800										0.5	
10		24	7720											
11		24	7720											
12		24	7720											
13		24	7720											
14	X	24	7720										0.5	SAMPLE - 1 WELL, 2 LINES
15		24	6900											
16	X	24	6900										0.5	
17		24	8640											
18		24	8640											
19		24	8640											
20		24	8640											
21	X	24	8640										0.6	
22		24	7050											
23	X	24	7050										0.6	
24		24	7120											
25		24	7120											
26		24	7120											
27		24	7120											
28	X	24	7120										0.5	
29		24	6200											
30	X	24	6200										0.4	
31		24	6200											
Total			238900											
Average			7706											
Maximum			8800											

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



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

See page 4 for instructions.

General Information for the Month/Year JULY 2009

**A. Public Water System (PWS) Information**

PWS Name: LEIGHTON ESTATES PWS Identification Number: 3425108  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 104  
 PWS Owner: Arnaldo Barros  
 Contact Person: Arnaldo Barros Contact Person's Title: Owner  
 Contact Person's Mailing Address: 900 Washington Street City: Hollywood State: FL Zip Code: 33019  
 Contact Person's Telephone Number: (954)922-0949 Contact Person's Fax Number: (954)922-5540  
 Contact Person's E-Mail Address: Cell #(646)765-9054 - Maria's cell #

**B. Water Treatment Plant Information**

Plant Name: LEIGHTON ESTATES Plant Telephone Number: Fax # (352) 237-7329  
 Plant Address: 3125 SW 93RD STREET ROAD City: OCALA State: FL Zip Code: 34476  
 Cell # (352) 216-8100  
 Michelle -(352)482-0777 Ext. 208

Type of Water Treated by Plant:  Community  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65800  
 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAYS
Other Operators:				

**ii. Certification by Lead/Chief Operator**

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

(\*Our clients furnish the chlorine and have been advised of the proper type to purchase) (\*\*Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date \_\_\_\_\_ RAY MCVEY \_\_\_\_\_ C-8623 \_\_\_\_\_  
 Printed or Typed Name License Number

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

PWS Identification Number: \_\_\_\_\_

3425108 Plant Name: \_\_\_\_\_

LEIGHTON ESTATES \_\_\_\_\_

**III. Daily Data for the Month/Year of:** JULY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	Description of Abnormal Operating Conditions, Results of Maintenance Work that Involves Public Water System Components Out of Operation
				CT Calculations					UV Dose						
				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, °C	pH of Water, if Applicable	Minimum Required CT, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	7650												
2	X	24	7650										0.5		
3		24	8420												
4		24	8420												
5		24	8420												
6		24	8420												
7	X	24	8420										0.5		
8		24	8800												
9	X	24	8800										0.5		
10		24	7720												
11		24	7720												
12		24	7720												
13		24	7720												
14	X	24	7720										0.5	SAMPLE - 1 WELL, 2 LINES	
15		24	6900												
16	X	24	6900										0.5		
17		24	8640												
18		24	8640												
19		24	8640												
20		24	8640												
21	X	24	8640										0.6		
22		24	7050												
23	X	24	7050										0.6		
24		24	7120												
25		24	7120												
26		24	7120												
27		24	7120												
28	X	24	7120										0.5		
29		24	6200												
30	X	24	6200										0.4		
31		24	6200												
Total			238900												
Average			7706												
Maximum			8800												

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



**NOTICE OF APPLICATION FOR INITIAL CERTIFICATE  
OF AUTHORIZATION FOR WATER**

(Section 367.045, Florida Statutes)

Docket No. 090366WJ

LEGAL NOTICE

Notice is hereby given on 8/24/09, pursuant to Section 367.045, Florida Statutes, of the application of ARMA WATER SERVICE, LLC to operate a water utility to provide service to the following described territory in Marion County, Florida:

A portion of the East half of Section 23, Township 16 South, Range 21 East, located at the north section of Leighton Estates near County Road 475-A and SW 32<sup>nd</sup> Avenue Road, to include the Leighton Estates subdivision.

Any objection to the said application must be made in writing and filed with the Office of the Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, within thirty (30) days of this notice. At the same time a copy of said objection should be mailed to the applicant whose address is set forth below. The objection must state the grounds for the objection with particularity.



COPY

May 30, 2008

Central District – FL DEP  
Attention: Nathan Hess  
Drinking Water compliance  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803

In response to the Department's Sanitary Survey Report for Leighton Estates, PWS ID #3425108, on May 7, 2008

1. Corrections have been made to the MOR.
2. Sampling Plan is on site in a notebook with other necessary papers.
3. Disinfectant By-Product Plan is on site in a notebook with other necessary papers.
4. There are no isolation valves at this system.
5. This is a looped system; there are no dead-end water mains.
6. Cross-connection control program is on site in the same notebook.

I hereby certify to the correctness of the above information:

A handwritten signature in cursive script that reads "John W. Bryant". The signature is written in black ink and is positioned above a horizontal line.

John W. Bryant, President Pro-Tech Water & Wastewater Services, Inc.



# Florida Department of Environmental Protection

Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803-3767

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

May 7, 2008

Mr. Arnaldo Barros  
900 Washington Street  
Hollywood, FL 33019

OCD-PW-SS-08-0600

Marion County – PW  
Leighton Estates Water System  
PWS ID Number 3425108

Dear Mr. Barros:

This confirms a visit to the subject public water system on May 2, 2008 by Nathan Hess to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than June 13, 2008**. (*You may use the attached response form to indicate the corrective actions taken.*)

If you have any questions, please contact Nathan Hess by e-mail at [Nathan.Hess@dep.state.fl.us](mailto:Nathan.Hess@dep.state.fl.us) or by phone at (407) 894-7555, extension 2276.

Sincerely,

Reggie Phillips, Environmental Supervisor II  
Drinking Water Compliance and Enforcement

RFP/njh  
Enclosures

cc: Wayne Bryant, Pro-Tech Water and Wastewater  
Nathan Hess, DEP Drinking Water Compliance and Enforcement

State of Florida  
 Department of Environmental Protection  
 Central District  
**SANITARY SURVEY REPORT**

Plant Name LEIGHTON ESTATES WATER SYSTEM County Marion PWS ID # 3425108  
 Plant Location 3150 SW 93<sup>rd</sup> Street Road, Ocala, FL 34476 Phone 954-922-0949  
 Owner Name Arnaldo Barros Phone 954-922-0949  
 Owner Address 900 Washington Street, Hollywood, FL 33019  
 Contact Person Arnaldo Barros Title Owner Phone 954-922-0949  
 This Survey Date 5/2/08 Last Survey Date 7/27/05 Last Compliance Inspection Date N/A

**PWS TYPE:** Community

**PLANT CATEGORY & CLASS:** 5D

**MAX-DAY DESIGN CAPACITY:** 65,800 gpd

**PWS STATUS:** Approved

**TREATMENT PROCESSES IN USE**

Hypochlorination

**SERVICE AREA CHARACTERISTICS**

Subdivision

Food Service:  Yes  No  N/A

Number of Service Connections 41

Population Served 104 Basis Operator

**OPERATION & MAINTENANCE LOG:** Yes

Location Water treatment plant

Comments \_\_\_\_\_

**CERTIFIED OPERATOR:** Yes

Operator(s) & Certification Class-Number:

John Anderson C-14185

Hrs/day: *Required* \_\_\_\_\_ *Visit* \_\_\_\_\_ *Actual* \_\_\_\_\_ *Visit* \_\_\_\_\_

Days/wk: *Required* 3 *Actual* 2

Non-consecutive Days?  Yes  No  N/A

Comments Operator is not meeting staffing requirements. Visits must total 0.3 hrs/week.

**MONTHLY OPERATION REPORTS (MORs)**

MORs submitted regularly?  Yes  No  N/A

Data missing from MORs?  No  Yes  N/A

Average Day (from MORs) 8,402 gpd

Maximum Day (from MORs) 19,750 gpd 8/07

Comments Plant category/class and design capacity are not reported on MORs.

Flow Measuring Device Flow Meter

Meter Size & Type 2" Sensus

Date Last Calibrated Unknown

**RAW WATER SOURCE**

GROUND; Number of Wells 1

PURCHASED from PWS ID # \_\_\_\_\_

Emergency Water Source \_\_\_\_\_

Emergency Water Capacity \_\_\_\_\_

**STANDBY POWER SOURCE:** Not Required

Source \_\_\_\_\_

Capacity of Standby (kW) \_\_\_\_\_

Switchover:  Automatic  Manual

Hrs Operated Under Load \_\_\_\_\_

What equipment does it operate?

Well Pumps \_\_\_\_\_

High Service Pumps \_\_\_\_\_

Treatment Equipment \_\_\_\_\_

Satisfy avg. daily demand?  Yes  No  Unknown

Audio-visual alarm?  Yes  No

Comments \_\_\_\_\_

**PLANS AND MAPS**

Coliform Sampling Plan  Yes  No  N/A

D/DBP Monitoring Plan  Yes  No  N/A

Lead and Copper Plan  Yes  No  N/A

Distribution System Map  Yes  No  N/A

Emergency Response Plan  Yes  No  N/A

Comments \_\_\_\_\_

**PREVENTIVE MAINTENANCE/O&M**

Operation & Maintenance Manual  Yes  No

Preventive Maintenance Program  Yes  No

Flushing Program  Yes  No  N/A

Records  Yes  No  N/A

Isolation Valve Exercise  Yes  No  N/A

Records  Yes  No  N/A

Comments \_\_\_\_\_

**CROSS CONNECTION CONTROL**

# BFPAs None noted # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan No Date Unknown

Comments \_\_\_\_\_

**GROUND WATER SOURCE**

Well Number (Florida Unique Well ID #)	1 (AAH2549)			
Year Drilled	2004			
Depth Drilled	170'			
Drilling Method	Combination			
Type of Grout	Neat cement			
Static Water Level	40'			
Pumping Water Level	41'			
Design Well Yield	96 gpm			
Test Yield	110 gpm			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	135'			
Diameter (outside casing)	4"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>100'		
	Reuse Water	N/A		
	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Jacuzzi		
	Model Number	549019		
	Rated Capacity (gpm)	96		
	Motor Horsepower	10		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make Chem-Tech Capacity 15 gpd  
 Chlorine Feed Rate 40%  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant 1.13 Remote 1.04  
 Remote tap location: SW 98<sup>th</sup> Street Road  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Prior to hydropneumatic tank.  
 Booster Pump Info \_\_\_\_\_  
 Comments \_\_\_\_\_

**STORAGE FACILITIES**

(G) Ground (C) Clearwell (E) Elevated  
 (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	40/60		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	On tank		
Date of Inspection	Unknown		
Date of Cleaning	Unknown		

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl <sub>2</sub> capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl <sub>2</sub> residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl <sub>2</sub> leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AERATION (Gases, Fe, & Mn Removal)**

Type \_\_\_\_\_ Capacity \_\_\_\_\_  
 Aerator Condition \_\_\_\_\_  
 Visible Algae Growth \_\_\_\_\_  
 Protective Screen Condition \_\_\_\_\_  
 Frequency of Cleaning \_\_\_\_\_  
 Date Last Inspected/Cleaned \_\_\_\_\_  
 Comments \_\_\_\_\_

**HIGH SERVICE PUMPS**

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DEFICIENCIES:**

**1. Failure to meet staffing requirements for a Category 5 Class D Water Treatment Plant.**

According to the on-site operation & maintenance log, the operator was making only two visits per week. Based on the design capacity the operator is required to make three visits. [Rule 62-699.310(2)(e)4, F.A.C.]

**2. Failure to entirely complete DEP form 62-555.900(3), Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water. Category/class and design capacity are not reported.**

Suppliers of water shall submit monthly operation reports to the appropriate Department of Environmental Protection District Office within ten days after each month of operation per paragraph 62-550.730(1)(d), F.A.C. [Rule 62-555.350(12)(b), F.A.C.]

**3. Failure to provide a written sampling plan for total coliform monitoring.**

Public water systems shall collect total coliform samples at sites that are representative of water throughout the distribution system and in accordance with a written sampling plan that addresses location, timing, frequency, and rotation period. These plans shall be available for review and possible revision on the occasion of a sanitary survey conducted by the Department. Descriptions of sampling locations shall be specific, i.e., numbered street addresses or lot numbers. Pressure tank or plant tap samples are not acceptable for determining compliance. [Rule 62-550.518(1), F.A.C.]

**4. Failure to provide a disinfectant/disinfection byproducts rule monitoring plan.**

The monitoring plans required under 40 CFR 141.132(f) shall be prepared in a format containing all the information in 62-550.821(11), F.A.C. and shall be available for review during sanitary surveys conducted by the Department. [62-550.321(10) and (11), F.A.C.]

An example monitoring plan format can be downloaded from the following website:  
<http://www.dep.state.fl.us/water/drinkingwater/forms.htm>

Submit a copy of the monitoring plan to the Department for review.

**5. Failure to keep records documenting that isolation valves are being exercised.**

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

**6. Failure to keep records documenting that dead-end water mains are being flushed.**

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

**DEFICIENCIES (continued):***out  
rule***7. Failure to establish and implement a cross-connection control program.**

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

**COMMENTS/REMINDERS:**

1. The consumer confidence report (CCR) must be delivered to consumers and the Department no later than **July 1, 2008**, and certification of delivery of the CCR must be submitted to the Department no later than **August 10, 2008**.
2. Lead and copper tap sampling must be conducted during the June through September 2010 monitoring period. Submit an updated sampling plan to Echo Goodner of this office prior to sampling.

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

**3. Provide documentation of last cleaning and inspection for finished water storage tanks.**

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]



**COMMENTS/REMINDERS (continued):**

Ensure proper disinfection and bacteriological evaluation of public water system components in accordance with 62-555.340, F.A.C. Also, ensure proper disposal of heavily chlorinated water from the tank disinfection process.

**4. Provide documentation that the finished-drinking-water meter has been calibrated.**

Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

Inspector MA JL Title Env. Specialist I Date 5/7/08  
Approved by [Signature] Title Environmental Supervisor II Date 5/13/08



Docket # 090366-WU

I, Len Tabor, certify that all Public Water Utilities in Marion County, Florida and appropriate government agencies were mailed the legal notice of application for initial certificate of authorization for water.

ARMA WATER SERVICE, LLC using U.S Postal Service, Pursuant to section 367.045 Florida Statutes.

Len Tabor 9-4-09  
Len Tabor Date  
Agent for  
ARMA WATER SERVICE, LLC

Docket No. 090366-WU

Notarized by: Joyce L. Preston  
9-4-09



9.00  
2,250.00

Doc # No. 090366-WV

O.R. 1130 PAGE 0373  
BOOK

# WARRANTY DEED

82-043601

This Instrument Prepared By:  
JOHN MONTGOMERY GREENE  
ATTORNEY-AT-LAW  
201 N. Magnolia Avenue  
Ocala, Florida 32670

THIS INDENTURE, Made this 5<sup>th</sup> day of October, A.D. 1982,  
BETWEEN LEIGHTON ENTERPRISES, INC., a corporation  
existing under the laws of the State of FLORIDA, having its principal place  
of business in the County of MARION and State of FLORIDA,  
as grantor, and A. N. B. REAL ESTATE INVESTMENTS, INC.  
Whose Post Office address is 3012 E. Commercial Blvd., Ft. Lauderdale, Fla. 33308  
as grantee,

WITNESSETH: That the said grantor, for and in consideration of the sum of Ten and no/100 -----  
----- Dollars to it in hand paid by the said grantee, the receipt  
whereof is hereby acknowledged, has granted, bargained and sold unto the grantee its heirs, successors and  
assigns forever, the following described land situate, lying and being in the County of MARION  
State of Florida, to-wit:

Lots 5, 6 and 7, Block "B"; Lots 1 and 2, Block "C"; Lot 8, Block "D"; Lots 11 and  
16, Block "E"; Lots 1, 2, 3, 4, 5, 6, 7, 9, 10, 12, 13 and 14, Block "H"; Lot 9,  
Block "I"; Lots 2, 8, 9, 11, 12 and 13, Block "J"; Lots 6, 7, 8, 9 and 10, Block "K";  
Lots 5, 6, 7 and 8, Block "L"; Lots 1, 2, 3, 4, 5, 6, 8, 9, 10, 11 and 12, Block "M";  
Lots 2, 3, 4, 5, 6 and 8, Block "N"; Lots 1, 2, 3, 4, 5, 7, 8, 9, 10 and 11, Block "O";  
Lots 3, 4, 5, 6, and 7, Block "P"; Lots 1, Block "Q", LEIGHTON ESTATES, INC.,  
per Plat Book "H", pages 28 and 28A, of the public records of Marion County, Florida  
AND the lots in the unrecorded subdivision described on the reverse hereof.

And the said grantor does hereby fully warrant the title to said land, and will defend the same against the law-  
ful claims of all persons whomsoever, except 19 taxes.

IN WITNESS WHEREOF, the said grantor has caused these presents to be executed and its corporate seal to be  
affixed the day and year above written.

LEIGHTON ENTERPRISES, INC.

By [Signature]  
Raoul Holetz, Jr. President

RECORDED AND RECORD  
VERIFIED  
OCT 21 10 40 AM '82  
GLENN CIRCUIT COURT  
MARION COUNTY, FLA

STATE OF FLORIDA  
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of October 1982, by  
Raoul Holetz, Jr. President of Leighton Enterprises, Inc.  
a Florida corporation, on behalf of the corporation.

[Signature]  
Notary Public, State of Florida at Large  
Notary Public, State of Florida at Large  
Commission Expires July 18, 1983

My commission expires: My Commission Expires

Lot 13, Block 7; Lots 15, 16, 17, 18 and 19, Block 8; Lots 7 through 18, inclusive, Block 9; and Lots 2, 3, 4, 5, 7, and the East 47.5 feet of Lot 8, Block 12; all in LEIGHTON ESTATES, Mobile Home Section, according to the unrecorded plat thereof registered with the Clerk of Circuit Court, Marion County, Florida.