

CLASS "C"

OFFICIAL COPY
Public Service Commission
Do Not Remove from this Office

WATER and/or WASTEWATER UTILITIES

(Gross Revenue of Less Than \$200,000 Each)

ANNUAL REPORT

WS907-10-AR

Silver Lake Utilities, Inc.

EXACT LEGAL NAME OF RESPONDENT

636-W / 546-S

Certificate Number(s)

Submitted To The

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

FOR THE

YEAR ENDED DECEMBER 31, 2010

GENERAL INSTRUCTIONS

1. Prepare this report in conformity with the 1984 National Association of Regulatory Utility Commissioners (NARUC) Uniform System of Accounts for Water and Wastewater Utilities as adopted by Rule 25-30.115 (1), Florida Administrative Code.
2. Interpret all accounting words and phrases in accordance with the Uniform System of Accounts (USOA) Commission Rules and the definitions on next page.
3. Complete each question fully and accurately, even if it has been answered in a previous annual report. Enter the word "None" where it truly and completely states the fact.
4. For any question, section, or page which is not applicable to the respondent enter the words "Not Applicable". Do not omit any pages.
5. Where dates are called for, the month and day should be stated as well as the year.
6. All schedules requiring dollar entries should be rounded to the nearest dollar.
7. Complete this report by means which will result in a permanent record. You may use permanent ink or a typewriter. Do not use a pencil.
8. If there is not enough room on any schedule, an additional page or pages may be added provided the format of the added schedule matches the format of the schedule in the report. Additional schedules should reference the appropriate schedules, state the name of the utility, and state the year of the report.
9. If it is necessary or desirable to insert additional statements for the purpose of further explanation of schedules, such statement should be made at the bottom of the page or an additional page. Any additional pages should state the name of the utility, the year of the report, and reference the appropriate schedule.
- 10 The utility shall file the original and two copies of the report with the Commission at the address below, and keep a copy for itself. Pursuant to Rule 25-30.110 (3), Florida Administrative Code, the utility must submit the report by March 31 for the preceding year ending December 31.

Florida Public Service Commission
Division of Water and Wastewater
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

- 11 Pursuant to Rule 25-30.110 (7)(a), Florida Administrative Code, any utility that fails to file its annual report or extension on or before March 31, or within the time specified by any extension approved in writing by the Division of Water and Wastewater, shall be subject to a penalty. The penalty shall be based on the number of calendar days elapsed from March 31, or from an approved extended filing date, until the date of filing. The date of filing shall be included in the days elapsed.

GENERAL DEFINITIONS

ADVANCES FOR CONSTRUCTION - This account shall include advances by or in behalf of customers for construction which are to be refunded either wholly or in part. (USOA)

ALLOWANCE FOR FUNDS USED DURING CONSTRUCTION - this account shall include concurrent credits for allowance for funds used during construction based upon the net cost of funds used for construction and a reasonable rate upon other funds when so used. Appropriate regulatory approval shall be obtained for "a reasonable rate". (USOA)

AMORTIZATION - The gradual extinguishment of an amount in an account by distributing such amount over a fixed period, over the life of the asset or liability to which it applies, or over the period during which it is anticipated the benefit will be realized. (USOA)

CONTRIBUTIONS IN AID OF CONSTRUCTION (CIAC) - Any amount or item of money, services, or property received by a utility, from any person or governmental agency, any portion of which is provided at no cost to the utility, which represents an addition or transfer to the capital of the utility, and which is utilized to offset the acquisition, improvement or construction costs of the utilities property, facilities, or equipment used to provide services to the public. (Section 367.021 (3), Florida Statutes)

CONSTRUCTION WORK IN PROGRESS (CWIP) - This account shall include the cost of water and wastewater plant in process of construction, but not yet ready for services. (USOA)

DEPRECIATION - The loss of service value not restored by current maintenance, incurred in connection with the consumption or prospective retirement of utility plant in the course of service from causes which are known to be in the current operation and against which the utility is not protected by insurance. (Rule 25-30.140 (i), Florida Administrative Code)

EFFLUENT REUSE - The use of wastewater after the treatment process, generally for reuse as irrigation water or for in plant use. (Section 367.021 (6), Florida Statutes)

EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WATER)- (Rule 25-30.515 (8), Florida Administrative Code)
(a) 350 gallons per day
(b) The number of gallons a utility demonstrates in the average daily flow for a single family unit; or
(c) The number of gallons which has been approved by the DEP for a single family residential unit.

EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WASTEWATER) - Industry standard of 80% of Water ERC or 280 gallons per day for residential use.

GUARANTEED REVENUE CHARGE - A charge designed to cover the utility's costs including, but not limited to, the cost of operation, maintenance, depreciation and any taxes, and to provide a reasonable return to the utility for facilities, a portion of which may not be used and useful to the utility or its existing customers. (Rule 25-30.515 (9), Florida Administrative Code)

LONG TERM DEBT - All Notes, Conditional Sales Contracts, or other evidences of indebtedness payable more than one year from date of issue. (USOA)

PROPRIETARY CAPITAL - (For proprietorships and partnerships only) - The investment of a sole proprietor, or partners, in an unincorporated utility. (USOA)

RETAINED EARNINGS - This account reflects corporate earnings retained in the business. Credits would include net income or accounting adjustments associated with correction of errors attributable to a prior period. Charges to this account would include net losses, accounting adjustments associated with correction of errors attributable to a prior period or dividends. (USOA)

FINANCIAL SECTION

TABLE OF CONTENTS

Financial Section	
Identification	F-2
Income Statement	F-3
Balance Sheet	F-4
Net Utility Plant	F-5
Accumulated Depreciation and Amortization of Utility Plant	F-5
Capital Stock	F-6
Retained Earnings	F-6
Proprietary Capital	F-6
Long Term Debt	F-6
Taxes Accrued	F-7
Payments For Services Rendered By Other Than Employees	F-7
Contributions in Aid of Construction	F-8
Cost of Capital Used For AFUDC Calculation	F-9
AFUDC Capital Structure Adjustments	F-10
Water Operating Section	
Water Utility Plant Accounts	W-1
Analysis of Accumulated Depreciation By Primary Account - Water	W-2
Water Operation And Maintenance Expense	W-3
Water Customers	W-3
Pumping and Purchased Water Statistics	W-4
Well and Well Pumps, Reservoirs, and High Service Pumping	W-5
Other Water System Information	W-6
Wastewater Operating Section	
Wastewater Utility Plant Accounts	S-1
Analysis of Accumulated Depreciation By Primary Account - Wastewater	S-2
Wastewater Operation And Maintenance Expense	S-3
Wastewater Customers	S-3
Pumping Equipment, Collecting and Force Mains and Manholes	S-4
Other Wastewater System Information	S-5
Verification	
Verification	V-1

REPORT OF

Silver Lake Utilities, Inc.

(EXACT NAME OF UTILITY)

106 S.W. County Road 721 Okeechobee, Fl. 34974 Mailing Address	106 S.W. County Road 721 Okeechobee, Fl. 34974 Street Address	Glades County
--	---	------------------

Telephone Number (863) 763-3041

Date Utility First Organized 12/3/2007

Fax Number (863) 467-4951

E-mail Address _____

Sunshine State One-Call of Florida, Inc. Member No

41004

Check the business entity of the utility as filed with the Internal Revenue Service:

Individual Sub Chapter S Corporation 1120 Corporation Partnership

Name, Address and phone where records are local 106 S.W. County Road 721
Okeechobee, Fl. 34974 (863) 763-3041

Name of subdivisions where services are provided Lykes Ranch

CONTACTS:

Name	Title	Principal Business Address	Salary Charged Utility
Person to send correspondence: <u>Christopher A. Shoemaker</u>	<u>Utilities Manager</u>	<u>106 S.W. County Road 721</u> <u>Okeechobee, FL 34974</u>	
Person who prepared this report: <u>Carlstedt, Jackson, Nixon & Wilson</u>	<u>CPA's</u>	<u>2560 Gulf-to-Bay Blvd Ste 200</u> <u>Clearwater, FL 33765</u>	
Officers and Managers: <u>Howell L. Ferguson</u>	<u>CEO</u>	<u>400 N. Tampa St. Suite 2200</u> <u>Tampa, Fl. 33602</u>	<u>\$ None</u>
<u>Charles P. Lykes, Jr.</u>	<u>President</u>	<u>Same</u>	<u>\$ None</u>
<u>Carl J. Bauman</u>	<u>CAO, Acting CFO</u>	<u>Same</u>	<u>\$ None</u>
<u>Richard Chase</u>	<u>Secretary</u>	<u>Same</u>	<u>\$ None</u>
			<u>\$</u>

Report every corporation or person owning or holding directly or indirectly 5 percent or more of the voting securities of the reporting utility:

Name	Percent Ownership in Utility	Principal Business Address	Salary Charged Utility
<u>Lykes Bros. Inc.</u>		<u>400 N. Tampa St. Suite 2200</u> <u>Tampa, Fl. 33602</u>	<u>\$</u>
			<u>\$</u>

INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other (1)	Total Company
Gross Revenue:					
Residential_-----		\$ 14,527			\$ 14,527
Commercial_-----		42,315			42,315
Industrial_-----					-
Multiple Family_-----					-
Guarenteed Revenues_-----					-
Other (Specify)_-----					-
Total Gross Revenue_-----		56,842	-	-	56,842
Operation Expense (Must tie to Pages W-3 and S-3)	W-3 S-3	283,341	-		283,341
Depreciation Expense_-----	F-5	43,027	-		43,027
CIAC Amortization Expense_-----	F-8	(642)			(642)
Taxes Other Than Income_-----	F-7	3,770	-	-	3,770
Income Taxes_-----	F-7	-	-		-
Total Operating Expenses_-----		329,496	-		329,496
Net Operating Income (Loss)		(272,654)	-	-	(272,654)
Other Income:					
Nonutility Income_-----		15,724			15,724
Interest Income_-----		-	-		-
-----					-
Other Deductions:					
Miscellaneous Nonutility Expenses_-----					-
Interest Expense_-----		82,508			82,508
Extraord. Loss_-----		-	-		-
-----					-
-----					-
Net Income (Loss)		\$ (339,438)	N/A	N/A	\$ (339,438)

GROSS UTILITY PLANT

Plant Accounts: (101 - 107) Inclusive	Water	Sewer	Plant Other Than Reporting Systems	Total
Utility Plant In Service (101) _____	\$ 1,251,199	N/A	N/A	\$ 1,251,199
Construction Work In Progress (105) _____	57,526			57,526
Other (Specify) Plant held for future use _____	-	-		-
				-
Total Utility Plant _____	\$ 1,308,725	N/A	N/A	\$ 1,308,725

ACCUMULATED DEPRECIATION (A/D) AND AMORTIZATION OF UTILITY PLANT

Account 108	Water	Wastewater	Other Than Reporting Systems	Total
Balance First Of Year _____	\$ 287,744	\$ -	N/A	\$ 287,744
Add Credits During Year:				
Accruals charged to depreciation account _____	43,027	-		43,027
Salvage _____				-
Other credits (specify) _____				-
				-
Total credits _____	43,027	-		43,027
Deduct Debits During Year:				
Book cost of plant retired _____	-	-		-
Cost of removal _____				-
Other debits (specify) _____				
Adjust Depreciation Rates _____	18,271			18,271
Total debits _____	18,271	-		18,271
Balance End of Year _____	\$ 312,500	\$ -	N/A	\$ 312,500

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
December 31, 2010

CAPITAL STOCK (201 - 204)

	Common Stock	Preferred Stock
Par or stated value per share _____	N/A	N/A
Shares authorized _____		
Shares issued and outstanding _____		
Total par value of stock issued _____		
Dividends declared per share for year _____		

RETAINED EARNINGS (215)

	Appropriated	Un-Appropriated
Balance first of year _____	N/A	\$ (676,126)
Charges during the year (specify):		
Current year loss _____	-	(339,438)
Rounding _____		(3)
_____		-
Balance end of year _____	\$ -	\$ (1,015,567)

PROPRIETARY CAPITAL (218)

	Proprietor or Partner	Partner
Balance first of year _____	N/A	N/A
Charges during the year (specify):		
_____	-	-

Balance end of year _____		

LONG TERM DEBT (224)

Description of Obligation (Including Nominal Date of Issue and Date of Maturity)	Interest		Principal Per Balance Sheet Date
	Rate	# of Payments	
_____	%	None	\$ -
_____	%		-
_____	%		-
_____	%		-
Total _____			N/A

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT December 31, 2010
--

Tax Expense (408)

(a)	WATER (b)	SEWER (c)	OTHER (d)	TOTAL (e)
Income Taxes:				
Federal income tax _____	\$ -	\$ -	N/A	\$ -
State income tax _____	-	-		
Taxes Other Than Income:				
State ad valorem tax _____	-	-		
Local property tax _____	1,187	-		1,187
Regulatory assessment fee _____	2,583	-		2,583
Other (Specify): _____	-	-		
_____	-	-		

Total taxes accrued _____	\$ 3,770			\$ 3,770

PAYMENTS FOR SERVICES RENDERED BY OTHER THAN EMPLOYEES

Report all information concerning rate, management, construction, advertising, labor relations, public relations, or other similar professional services rendered the respondent for which aggregate payments during the year to any corporation, partnership, individual, or organization of any kind whatever, amounting to \$500 or more.

Name of Recipient	Water Amount	Wastewater Amount	Description of Service
Lykes Bros. Inc.	\$ 218,574	\$ -	All labor, minor repairs & maintenance and administrative services
Pugh Utilities Services Inc.	12,533		Contract Other
Short Environmental Labs, Inc.	6,928		Contract Testing
Rose, Sundstrom & Bentley, LLP	845		Contract Legal
Cauffield & Sons, Inc.	1,004		Plumbing & Electrical
Johnson Engineering, Inc.	21,430		Contract Engineering
Riles Pump, Inc.	3,281		Pump Repairs
Griffin Fence and Clearing	2,333		Electrical

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
December 31, 2010

CONTRIBUTIONS IN AID OF CONSTRUCTION (271)

(a)	Water (b)	Wastewater (c)	TOTAL (d)
1. Balance first of year _____	\$ -	N/A	\$ -
2. Add credits during year: _____	7,195	-	7,195
3. Total _____	7,195		7,195
4. Deduct charges during year _____			-
5. Balance end of year _____	7,195		7,195
6. Less Accumulated Amortization _____	(642)		(642)
7. Net CIAC _____	\$ 6,553		\$ 6,553

ADDITIONS TO CONTRIBUTIONS IN AID OF CONSTRUCTION DURING YEAR (CREDITS)

Report below all developers or contractors agreements from which cash or property was received during the year.	Indicate "Cash" or "Property"	Water	Wastewater

Sub-total _____		NONE	NONE
Report below all capacity charges, main extension charges and customer connections charges received during the year.			
Description of Charge	Number of Connections	Charge per Connection	
7L Plant Capacity Charge	1	6600	6,600
Meter Fee	1	575	575
Intial Connections	1	20	20
Total Credits During Year (Must agree with line # 2 above) _____		\$ 7,195	\$ -

ACCUMULATED AMORTIZATION OF CIAC

	Water	Wastewater	Total
Balance First of Year _____	\$ -	N/A	\$ -
Add Debits During Year: _____	642	-	642
Deduct Credits During Year: _____	-	-	-
Balance End of Year (Must agree with line #6 above) _____	\$ 642	\$ -	\$ 642

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT December 31, 2010
--

SCHEDULE "A"

SCHEDULE OF COST OF CAPITAL USED FOR AFUDC CALCULATION (2)

CLASS OF CAPITAL (a)	Dollar Amount (1) (b)	Percentage of Capital 0	Actual Cost Rates (d)	Weighted Cost [c x d] (e)
Common Equity	N/A	%	-	%
Preferred Stock		%	-	%
Long Term Debt		%	-	%
Customer Deposits		%	-	%
Tax Credits - Zero Cost		%	-	%
Tax Credits - Weighted Cost		%	-	%
Deferred Income Taxes		%	-	%
Other (Explain)		%	-	%
Total	\$ -	100.00 %		-

- (1) Should equal amounts on schedule B, Column (f), Page F-10.
- (2) Must be calculated using the same methodology used to calculate AFUDC rate approved by the Commission.

APPROVED AFUDC RATE

Current Commission approved AFUDC rate:	<u>None</u> %
Commission order approving AFUDC rate:	_____ %

**WATER
OPERATION
SECTION**

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
December 31, 2010

WATER UTILITY PLANT ACCOUNTS

Acct. No. (a)	Account Name (b)	PREVIOUS YEAR (c)	ADDITIONS (d)	RETIREMENTS (e)	CURRENT YEAR (f)
301	Organization	\$ 170,938	\$ -	\$ -	\$ 170,938
302	Franchises	-	-	-	-
303	Land and Land Rights	3,635	2,213	(5,848)	-
304	Structure and Improvements	116,355	-	-	116,355
305	Collecting and Impounding Reservoirs	-	-	-	-
306	Lake, River and Other Intakes	-	-	-	-
307	Wells and Springs	270,352	-	-	270,352
308	Infiltration Galleries and Tunnels	-	-	-	-
309	Supply Mains	2,639	-	-	2,639
310	Power Generation Equipment	75,083	-	-	75,083
311	Pumping Equipment	67,765	-	(1)	67,764
320	Water Treatment Equipment	251,914	-	-	251,914
330	Distribution Reservoirs and Standpipes	27,333	-	-	27,333
331	Transmission and Distribution Mains	253,585	-	-	253,585
333	Services	-	-	-	-
334	Meters and Meter Installations	14,619	-	-	14,619
335	Hydrants	-	-	-	-
339	Other Plant and Miscellaneous Equipment	-	-	-	-
340	Office Furniture and Equipment	-	-	-	-
341	Transportation Equipment	-	-	-	-
342	Stores Equipment	-	-	-	-
343	Tools, Shop and Garage Equipment	-	-	-	-
344	Laboratory Equipment	-	-	-	-
345	Power Operated Equipment	617	-	-	617
346	Communication Equipment	-	-	-	-
347	Miscellaneous Equipment	-	-	-	-
348	Other Tangible Plant	-	-	-	-
	Total Water Plant	\$ 1,254,835	\$ 2,213	\$ (5,849)	\$ 1,251,199

NOTE: Any adjustments made to reclassify property from one account to another must be footnoted

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER

ACCT. NO. (a)	ACCOUNT NAME (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)(1)	Credits (h)	Accum. Depr. Balance End of year (f-g+h=i) (i)
301	Organization	40	- %	2.50 %	\$ 12,864	\$ 3,325	\$ 4,274	\$ 20,463
302	Franchises	-	- %	- %	-	-	-	-
304	Structure and Improvements	32	- %	3.13 %	6,376	(4,555)	3,642	5,463
305	Collecting and Impounding Reservoirs	-	- %	- %	-	-	-	-
306	Lake, River and Other Intakes	-	- %	- %	-	-	-	-
307	Wells and Springs	30	- %	3.33 %	115,826	(4,068)	9,003	120,761
308	Infiltration Galleries and Tunnels	-	- %	- %	-	-	-	-
309	Supply Mains	35	- %	2.86 %	75	(37)	75	113
310	Power Generation Equipment	20	- %	5.00 %	3,949	(2,072)	3,754	5,631
311	Pumping Equipment	20	- %	5.00 %	15,266	(8,481)	3,388	10,173
320	Water Treatment Equipment	22	- %	4.55 %	27,164	(5,004)	11,462	33,622
330	Distribution Reservoirs and Standpipes	37	- %	2.70 %	8,491	480	738	9,709
331	Transmission and Distribution Mains	43	- %	2.33 %	96,611	1,580	5,909	104,100
333	Services	-	- %	- %	-	-	-	-
334	Meters and Meter Installations	20	- %	5.00 %	1,122	535	731	2,388
335	Hydrants	-	- %	- %	-	-	-	-
339	Other Plant and Miscellaneous Equipment	-	- %	- %	-	-	-	-
340	Office Furniture and Equipment	-	- %	- %	-	-	-	-
341	Transportation Equipment	-	- %	- %	-	-	-	-
342	Stores Equipment	-	- %	- %	-	-	-	-
343	Tools, Shop and Garage Equipment	-	- %	- %	-	-	-	-
344	Laboratory Equipment	-	- %	- %	-	-	-	-
345	Power Operated Equipment	-	- %	- %	-	26	51	77
346	Communication Equipment	-	- %	- %	-	-	-	-
347	Miscellaneous Equipment	-	- %	- %	-	-	-	-
348	Other Tangible Plant	-	- %	- %	-	-	-	-
	Totals				\$ 287,744	\$ (18,271)	\$ 43,027	\$ 312,500

* This amount should tie to Sheet F-5

Note (1): Adjustments to convert to Class B depreciation rates.

WATER OPERATION AND MAINTENANCE EXPENSE

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	
603	Salaries and Wages - Officers, Directors, and Majority Stockholders	
604	Employee Pensions and Benefits	
610	Purchased Water	
615	Purchased Power	6,354
616	Fuel for Power Production	
618	Chemicals	3,766
620	Materials and Supplies	16,552
630	Contractual Services:	
	Billing	
	Operator and Management	181,639
	Testing	5,115
	Other	52,594
640	Rents	57,208
650	Transportation Expense	40
655	Insurance Expense	
665	Regulatory Commission Expenses (Amortized Rate Case Expense)	
670	Bad Debt Expense	
675	Miscellaneous Expenses	(39,927)
	Total Water Operation and Maintenance Expense	\$ 283,341 *

* This amount should tie to Sheet F-3

WATER CUSTOMERS

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
Residential Service					
5/8"	D	1.0	46	45	45
3/4"	D	1.5			
1"	D	2.5			
1 1/2"	D,T	5.0			
General Service					
5/8"	D	1.0	11	12	12
3/4"	D	1.5			
1"	D	2.5	3	3	8
1 1/2"	D,T	5.0	1	1	5
2"	D,C,T	8.0	2	2	16
3"	D	15.0	1	1	15
3"	C	16.0			
3"	T	17.5			
Unmetered Customers		1.0	-	-	-
Other (Specify): Irrigation		1.0	-	-	-
Total			64	64	101

** D = Displacement
C = Compound
T = Turbine

UTILITY NAME: Silver Lake Utilities, Inc.
 SYSTEM NAME: Systemwide

YEAR OF REPORT
 December 31, 2010

PUMPING AND PURCHASED WATER STATISTICS

MONTH (a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January	-	1,069	160	909	909
February	-	779	50	729	729
March	-	896	223	673	672
April	-	877	147	730	730
May	-	1,005	153	852	851
June	-	861	115	746	745
July	-	799	254	545	544
August	-	922	285	637	637
September	-	1,169	389	780	780
October	-	931	64	867	867
November	-	935	135	800	935
December	-	1,057	103	954	953
Total for year	N/A	11,300	2,078	9,222	9,352

If water is purchased for resale, indicate the following.

Vendor N/A
 Point of Delivery N/A

If Water is sold to other water utilities for redistribution, list names of such utilities below:

MAINS (Feet)

Kind of Pipe (Cast Iron, coated steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC	6"	24,200		-	24,200
PVC	3"	13,600		-	13,600
PVC	2"	3,795		-	3,795
PVC	1 1/2"	1,140		-	1,140
PVC	1 1/4"	920		-	920
PVC	1"	4,930		-	4,930
PVC	3/4"	900		-	900

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Basinger Barn 1 WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1994	_____	_____	_____
Types of Well Construction and Casing_____	_____	_____	_____	_____
Casing Diameter and Depth	2" - 90	_____	_____	_____
Well Screen_____	20'	_____	_____	_____
Depth of Wells_____	90'	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2 HP	_____	_____	_____
Motor Type *_____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____
* Submersible, centrifugal				

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description_____	_____	_____	_____	_____
Capacity of Tank_____	_____	_____	_____	_____
Ground or Elevated_____	_____	_____	_____	_____

HIGH SERVICE PUMPING

(a)	(b)	(c)	(d)	(e)
Motors				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
Pumps				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Barn 1 WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day__	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Aerator Tanks_____	_____	_____	_____
Gravity GPD/Sq.Ft_____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator_42 GPH	Pulsefeeder	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Basinger Barn 1 WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 1,050 Gals / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 5
3. Present system connection capacity (in ERCs *) using existing lines. 5
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?
Permitted by the Highlands County Health Department Limited Use Commercial Permit No. LUC017
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection ID No.
Permitted by the Highlands County Health Department Limited Use Commercial Permit No. LUC017
12. Water Management District Consumptive Use Permit #
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Basinger Barn 3 WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1993	_____	_____	_____
Types of Well Construction and Casing_____	_____	_____	_____	_____
Casing Diameter and Depth	2" - 90	_____	_____	_____
Well Screen_____	20'	_____	_____	_____
Depth of Wells_____	90'	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	15 GPM	_____	_____	_____
Motor - HP_____	1/2 HP	_____	_____	_____
Motor Type *_____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	_____	_____	_____	_____
Capacity of Tank_____	_____	_____	_____	_____
Ground or Elevated_____	_____	_____	_____	_____

HIGH SERVICE PUMPING

(a)	(b)	(c)	(d)	(e)
Motors				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
Pumps				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Barn 3 WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_ _ _ _	_____	_____	_____
Type of Source_ _ _ _ _ _ _ _	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_ _ _ _ _ _ _ _	_____	_____	_____
Make_ _ _ _ _ _ _ _	_____	_____	_____
Permitted Capacity (GPD)_ _	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_ _ _ _	_____	_____	_____
Reverse Osmosis_ _ _ _ _	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_ _ _ _ _ _ _ _	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _ _ _ _ _	_____	_____	_____
Gravity GPD/Sq.Ft. _ _ _ _	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	Stenner 85MPH40	_____	_____
Ozone_ _ _ _ _ _ _ _	_____	_____	_____
Other_ _ _ _ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Basinger Barn 3 WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 1,050 GPD / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 5
3. Present system connection capacity (in ERCs *) using existing lines. 5
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number
Permitted by the Highlands County Health Department Permit No. LUC021 Limited Use Commercial
12. Water Management District Consumptive Use Permit Number
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Basinger Grove Barn 4 WTP

WELLS AND WELL PUMPS

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

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Grove Barn 4 WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft_____	_____	_____	_____
Gravity GPD/Sq.Ft_____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .5 GPH	Stenner 85MPH40	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	None	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT	
DECEMBER 31,	2010

SYSTEM NAME: Basinger Grove Barn 4 WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 1,050 GPD / 350 GPD = 3
 2. Maximum number of ERC's that can be served. 6
3. Present system connection capacity (in ERCs *) using existing lines. 6
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
Permitted by the Highlands County Health Department Permit No. LUC017
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number
Permitted by the Highlands County Health Department Permit No. LUC017
12. Water Management District Consumptive Use Permit n/a
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Basinger Barn 10 WTP

WELLS AND WELL PUMPS

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

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Barn 10 WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	14,400	_____	_____
Type of Source_____	Ground	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment Unit Rating_____	_____	_____	_____
Filtration Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection Chlorinator_9 GPH	Pulsatron LPA3EA	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Basinger Barn 10 WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 14,400 Gals Permitted Capacity / 350 Gals per ERC = 41
2. Maximum number of ERC's that can be served. 41
3. Present system connection capacity (in ERCs *) using existing lines. 41
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? n/a
System permitted by the Highlands County Health Department Permint No. LU 28-57 00230
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection ID # 5284153
System permitted by the Highlands County Health Department Permint No. LU 28-57-00230
12. Water Management District Consumptive Use Permit #
SFWMD WUP 22-00146-W
 - a. Is the system in compliance with the requirements of the CUP? Yes
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Basinger Grove Office and Shop WTP

WELLS AND WELL PUMPS

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

* Submersible, centrifugal, etc.

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Basinger Grove Office and Shop WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	12,900	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .5 GPH	Stenner 85MPH40	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Basinger Grove Office and Shop WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 12,900 GPD / 350 GPD = 36.8
2. Maximum number of ERC's that can be served. 36.8 (by SFWMD Permit at 12,900 GPD)
3. Present system connection capacity (in ERCs *) using existing lines. 28.5
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N/
System permitted by the Highlands County Health Department Permit No. 28-57-00221
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number n/a
Highlands County Health Department Permit No. 28-57-00221
12. Water Management District Consumptive Use Permit
SWFWMD No. 28-00317-W at 10,000 GPD Average and 38,760 Maximum GPD
 - a. Is the system in compliance with the requirements of the CUP? Yes
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT	
DECEMBER 31,	2010

SYSTEM NAME: Boar Hammock WTP

WELLS AND WELL PUMPS

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

* Submersible, centrifugal, etc.

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Boar Hammock WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)___	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Boar Hammock WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 1,750 / 350 Gals per ERC = 5
2. Maximum number of ERC's that can be served. 5
3. Present system connection capacity (in ERCs *) using existing lines. 5
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Glades County Health Department Limited Use Commercial Permit Number 22-57-00002
12. Water Management District Consumptive Use Permit # N/A
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

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

WELLS AND WELL PUMPS

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

* Submersible, centrifugal, etc.

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

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

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day _____	_____	_____	_____
Type of Source _____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type _____	Aerator	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

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

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?N.
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit Number
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

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

WELLS AND WELL PUMPS

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

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

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

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day _____	_____	_____	_____
Type of Source _____	Ground Well No. 1 _____	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment Unit Rating _____	_____	_____	_____
Filtration Pressure Sq. Ft. _____	Water Softener _____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection Chlorinator .42 Gal/Hr _____	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

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

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit # N/A
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Boatramp Nursery WTP

WELLS AND WELL PUMPS

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

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Boatramp Nursery WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	5,600	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .9 GPH	Pulsatron LPA3EA	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Boatramp Nursery WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 5,600 GPD / 350 GPD = 16
2. Maximum number of ERC's that can be served. 6
3. Present system connection capacity (in ERCs *) using existing lines. 616
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
System permitted by the Highlands County Health Department Permit No. LU 28-57-00204
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number n/a
Highlands County Health Department Permit No. LUC 28-57-00230
12. Water Management District Consumptive Use Permit
SWFWMD Permit No. 28-00146-W
 - a. Is the system in compliance with the requirements of the CUP? Yes
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months.
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days)/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Brighton Grove Office WTP

WELLS AND WELL PUMPS

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

* Submersible, centrifugal, etc.

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Brighton Grove Office WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	SFWMD .45 MGM	SFWMD .45 MGM	_____
Type of Source_____	Ground	Ground	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	Carbon Filter 25 GPM	Carbon Filter 25 GPM	_____
Make_____	Pentair Model 3150	Pentair Model 3150	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	25 GPM	50 GPM	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Aerator Tanks_____	300 Gal Aerator	300 Gal Aerator	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 GPH	LMI AA7 Meter Pump	LMI AA7 Meter Pump	LMI AA7 Meter Pump
Ozone_____	CL2 to Aerator No. 1	CL2 to Aerator No. 2	CL2 to Storage Tank
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Brighton Grove Office WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 2,500 Gals / 350 Gals per ERC = 7
2. Maximum number of ERC's that can be served. 12
3. Present system connection capacity (in ERCs *) using existing lines. 14
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 1
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP?
N/A System is permitted by the Glades County Health Department Permit Nos. 22-57-964865 and 22-57-967423
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection ID No.
Glades County Health Department Permit No. 22-57-964485 (South Well) and 22-57-967423 (North Well)
12. Water Management District Consumptive Use Permit
SFWMMD WUP 22-00392-W
 - a. Is the system in compliance with the requirements of the CUP? Yes
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Brighton Ranch Office WTP

WELLS AND WELL PUMPS

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

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Brighton Ranch Office WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	SFWMD 0.09 MGD	SFWMD 0.09 MGD	_____
Type of Source_____	Ground	Ground	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	Carbon Filter 57 GPM	Degassifier 25 GPM	Calcite 142 GPM
Make_____	Pentair Model 3150	DeLoach Industries	Miami TO3648
Permitted Capacity (GPD)_____	FDEP 10,500 GPD	_____	_____
High service pumping			
Gallons per minute_____	40 GPM	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment			
Unit Rating_____	_____	_____	_____
Filtration			
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection			
Chlorinator_42 GPH	LMI AA7 Meter Pump	LMI AA7 Meter Pump	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	22 Kw Diesel	22 Kw Diesel	22 Kw Diesel

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Brighton Ranch Office WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 10,500 Gals Permitted Capacity / 350 Gals per ERC = 30
2. Maximum number of ERC's that can be served. 30 .
3. Present system connection capacity (in ERCs *) using existing lines. 40
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 1
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? December 2008
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection ID
FDEP ID# 5284153
12. Water Management District Consumptive Use Permit
SFWMD Permit No. 22-00392-W
 - a. Is the system in compliance with the requirements of the CUP? Yes
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Buckhorn Housing WTP

WELLS AND WELL PUMPS

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

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Buckhorn Housing WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day _____	0.01 MGD	_____	_____
Type of Source _____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	Undersink Point of Use Device at each home	_____	_____
Lime Treatment Unit Rating _____	_____	_____	_____
Filtration Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq. Ft. _____	_____	_____	_____
Disinfection Chlorinator .42 Gal/Hr	Stenner 85MPH40	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Buckhorn Housing WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 33,500 GPD / 350 Gals per ERC = 96
2. Maximum number of ERC's that can be served. 96 (by FDEP Permit 33,000 GPD)
3. Present system connection capacity (in ERCs *) using existing lines. 96 by current permit
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number
FDEP ID No. 5284101
12. Water Management District Consumptive Use Permit Number
SFWMDC WUP 22-00290-W at 0.01 MGD, 3,875,000 Gals/Year
 - a. Is the system in compliance with the requirements of the CUP? Yes
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Farabee Road WTP

WELLS AND WELL PUMPS

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

* Submersible, centrifugal, etc.

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Farabee Road WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	Aeration Tank	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Farabee Road WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit Number
N/A
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Iron Pens WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1995	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" - unk	_____	_____	_____
Well Screen _____	unk	_____	_____	_____
Depth of Wells _____	185	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	22	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	15,840	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Iron Pens WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day _____	_____	_____	_____
Type of Source _____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr _____	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Iron Pens WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 3
3. Present system connection capacity (in ERCs *) using existing lines. 3
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Highlands County Health Department LUC020
12. Water Management District Consumptive Use Permit
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Lake Placid WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1991	_____	_____	_____
Types of Well Construction and Casing_____	Rotary - PVC	_____	_____	_____
Casing Diameter and Depth	8" - 630'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	775'	_____	_____	_____
Diameters of Wells_____	8"	_____	_____	_____
Pump - GPM_____	100 GPM	_____	_____	_____
Motor - HP_____	15	_____	_____	_____
Motor Type *_____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD	72,000	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____

* Submersible, centrifugal, etc.

RESERVOIRS

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

HIGH SERVICE PUMPING

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Lake Placid WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	15,900	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	FDEP 10,610	_____	_____
High service pumping Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment Unit Rating_____	_____	_____	_____
Filtration Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection Chlorinator 6 GPD	Stenner 85MPH40	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Lake Placid WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 41,000 GPD / 350 Gals per ERC = 117
per of ERC's that can be served. 30 (by FDEP Permit No. 5284113 at 10,600 GPD)
3. Present system connection capacity (in ERCs *) using existing lines. 30 by current FDEP permit
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number
FDEP ID No. 5284113
12. Water Management District Consumptive Use Permit Number
SWFWMD No. 20013367 at 15,900 GPD Average 41,000 GPD Peak Month
 - a. Is the system in compliance with the requirements of the CUP? Yes
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Lake Placid Dinner Lake Road WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1985	_____	_____	_____
Types of Well Construction and Casing _____	Rotary - Steel	_____	_____	_____
Casing Diameter and Depth Well Screen _____	4" - unk	_____	_____	_____
Depth of Wells _____	150'	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	2	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD	14,400	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Lake Placid Dinner Lake Road WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	1,200	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility.			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .2 GPH	Pulsefeeder	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Lake Placid Dinner Lake Road WTP

GENERAL WATER SYSTEM INFORMATION

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

- 1. Present ERC's * the system can efficiently serve. 1,400 GPD / 350 GPD = 4
- 2. Maximum number of ERC's that can be served. 4
- 3. Present system connection capacity (in ERCs *) using existing lines. 4
- 4. Future connection capacity (in ERCs *) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs *. 0
- 6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP? N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
- 11. Department of Environmental Protection Permit Number
Private system no permit required
- 12. Water Management District Consumptive Use Permit Number
SWFWMD No. 20013367 at 1,200 GPD Average 1,800 GPD Peak Month
 - a. Is the system in compliance with the requirements of the CUP? Yes
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day)).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Lakeport Road 3140 WTP

WELLS AND WELL PUMPS

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

* Submersible, centrifugal, etc.

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Lakeport Road 3140 WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Lakeport Road 3140 WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Lakeport Road 3600 WTP

WELLS AND WELL PUMPS

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

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Lakeport Road 3600 WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Lakeport Road 3600 WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit # N/A
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

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

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	2002	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool 2	_____	_____	_____
Casing Diameter and Depth _____	2" - 25'	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
Depth of Wells _____	50	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	10,800	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

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

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day _____	_____	_____	_____
Type of Source _____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	Softener	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr _____	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

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

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
 2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit\
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

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

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	2002	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool 2	_____	_____	_____
Casing Diameter and Depth Well Screen _____	2" - 25'	_____	_____	_____
Depth of Wells _____	50	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	10,800	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

* Submersible, centrifugal, etc.

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

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

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	Softener	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator 42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT	
DECEMBER 31,	2010

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

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
 $ERC = (Total\ SFR\ gallons\ sold\ (omit\ 000/365\ days/350\ gallons\ per\ day))$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Muse 21530 County Road 721 WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1955	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool Steel	_____	_____	_____
Casing Diameter and Depth Well Screen _____	2" - unk	_____	_____	_____
Depth of Wells _____	unk	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	15 GPM	_____	_____	_____
Motor - HP _____	1/2	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD Auxiliary Power _____	10,800 None	_____	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Muse 21530 County Road 721 WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	Aeration Tank	_____	_____
Gravity GPD/Sq.Ft._____	Softener	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Muse 21530 County Road 721 WTP

GENERAL WATER SYSTEM INFORMATION

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

- 1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
 - 2. Maximum number of ERC's that can be served. 2
- 3. Present system connection capacity (in ERCs *) using existing lines. 2
- 4. Future connection capacity (in ERCs *) upon service area buildout. n/a
- 5. Estimated annual increase in ERCs *. 0
- 6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
- 9. When did the company last file a capacity analysis report with the DEP? N/A
- 10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
- 11. Department of Environmental Protection Permit Number Private System No. Permit
Private Well System - No Permit Required
- 12. Water Management District Consumptive Use Permit # N/A
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:

- (a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
- (b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: North Island WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	unk	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
Casing Diameter and Depth _____	2" - unk	_____	_____	_____
Well Screen _____	unk	_____	_____	_____
Depth of Wells _____	240'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	1/2 HP	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	14,400	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: North Island WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)___	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: North Island WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 1,050 / 350 Gals per ERC = 3
2. Maximum number of ERC's that can be served. 3 5
3. Present system connection capacity (in ERCs *) using existing lines. 5
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System
Glades County Health Department Limited Use Commercial Permit Number 22-57-00003
12. Water Management District Consumptive Use Permit
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods.
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Palmdale Mulch Facility WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1991	_____	_____	_____
Types of Well Construction and Casing_____	_____	_____	_____	_____
Casing Diameter and Depth	10" - 750'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
Depth of Wells_____	1,535	_____	_____	_____
Diameters of Wells_____	10"	_____	_____	_____
Pump - GPM_____	20 GPM	_____	_____	_____
Motor - HP_____	Goulds 2 HP	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	14,400	_____	_____	_____
Auxiliary Power_____	No	_____	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	HDPE	_____	_____	_____
Capacity of Tank_____	1,500 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

HIGH SERVICE PUMPING

(a)	(b)	(c)	(d)	(e)
Motors				
Manufacturer_____	Baldor	Baldor	_____	_____
Type_____	Electric	Electric	_____	_____
Rated Horsepower_____	5 HP	5 HP	_____	_____
Pumps				
Manufacturer_____	Goulds	Goulds	_____	_____
Type_____	Centrifugal	Centrifugal	_____	_____
Capacity in GPM_____	40 GPM	40 GPM	_____	_____
Average Number of Hours Operated Per Day_____	1.5 Hours	1.5 Hours	_____	_____
Auxiliary Power_____	No	No	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Palmdale Mulch Facility WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day _____	1,800	_____	_____
Type of Source _____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment Unit Rating _____	_____	_____	_____
Filtration Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection Chlorinator 24 GPD	Chemtech 150	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT	
DECEMBER 31,	2010

SYSTEM NAME: Palmdale Mulch Facility WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 14,400 GPD / 350 Gals per ERC = 41
 2. Maximum number of ERC's that can be served. 50
3. Present system connection capacity (in ERCs *) using existing lines. 50
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 1
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
System is permitted by the Glades County Health Department as Limited Use Commercial
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection ID
Glades County Department of Health Limited Use Commercial 22-BID-1168648
12. Water Management District Consumptive Use Permit # SFWMD WUP 22-00274-W
 - a. Is the system in compliance with the requirements of the CUP? Yes
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
 $ERC = (Total\ SFR\ gallons\ sold\ (omit\ 000/365\ days/350\ gallons\ per\ day)).$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Silver Lake Lodge WTP

WELLS AND WELL PUMPS

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

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Silver Lake Lodge WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day _____ Type of Source _____	Ground Well No. 1 _____	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment Unit Rating _____	_____	_____	_____
Filtration Pressure Sq. Ft. _____	Aeration Tank _____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection Chlorinator .42 Gal/Hr _____	Pulseatron _____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Silver Lake Lodge WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs * 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
 $ERC = (Total\ SFR\ gallons\ sold\ (omit\ 000/365\ days/350\ gallons\ per\ day).$

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Todd 8772 Hwy 98 WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1985	_____	_____	_____
Types of Well Construction and Casing _____	rotary PVC	_____	_____	_____
Casing Diameter and Depth Well Screen _____	4" - 100'	_____	_____	_____
Depth of Wells _____	180'	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	1	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	14,400	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Todd 8772 Hwy 98 WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	Chemtech	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

SYSTEM NAME: Todd 8772 Hwy 98 WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
 2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit Number
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Wild Island WTP

WELLS AND WELL PUMPS

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

RESERVOIRS

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

HIGH SERVICE PUMPING

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

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Wild Island WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Wild Island WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 3
3. Present system connection capacity (in ERCs *) using existing lines. 3
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit Permitted by the Highlands County Health Department Permit No. LUC020
12. Water Management District Consumptive Use Permit
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.
(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Wild Island 4040 County Road 621 WTP

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	1975	_____	_____	_____
Types of Well Construction and Casing_____	Cable Tool 2	_____	_____	_____
Casing Diameter and Depth Well Screen_____	2" - 25'	_____	_____	_____
Depth of Wells_____	50'	_____	_____	_____
Diameters of Wells_____	2"	_____	_____	_____
Pump - GPM_____	20 GPM	_____	_____	_____
Motor - HP_____	1	_____	_____	_____
Motor Type *_____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD	14,400	_____	_____	_____
Auxiliary Power_____	None	_____	_____	_____

* Submersible, centrifugal, etc.

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	_____	_____	_____	_____
Capacity of Tank_____	_____	_____	_____	_____
Ground or Elevated_____	_____	_____	_____	_____

HIGH SERVICE PUMPING

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

SYSTEM NAME: Wild Island 4040 County Road 621 WTP

YEAR OF REPORT DECEMBER 31, 2010

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	Ground Well No. 1	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	Softener	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 Gal/Hr	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2010

SYSTEM NAME: Wild Island 4040 County Road 621 WTP

GENERAL WATER SYSTEM INFORMATION

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

1. Present ERC's * the system can efficiently serve. 700 / 350 Gals per ERC = 2
2. Maximum number of ERC's that can be served. 2
3. Present system connection capacity (in ERCs *) using existing lines. 2
4. Future connection capacity (in ERCs *) upon service area buildout. n/a
5. Estimated annual increase in ERCs *. 0
6. Is the utility required to have fire flow capacity? No
If so, how much capacity is required? _____
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.
There are no plans or requirements to increase system capacity or modify the system at this time.
9. When did the company last file a capacity analysis report with the DEP? N/A
10. If the present system does not meet the requirements of DEP rules, submit the following: N/A
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
11. Department of Environmental Protection Permit Number Private System No. Permit
Private Well System - No Permit Required
12. Water Management District Consumptive Use Permit # N/A
 - a. Is the system in compliance with the requirements of the CUP?
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days)/350 gallons per day).

WASTEWATER OPERATION SECTION

Silver Lake Utilities currently has no wastewater plant and is not serving any wastewater customers. This section is not applicable.

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT
DECEMBER 31, 2010

CERTIFICATION OF ANNUAL REPORT

I HEREBY CERTIFY, to the best of my knowledge and belief:

- | | | | |
|--|--------------------------------|----|--|
| YES
<input checked="" type="checkbox"/> | NO
<input type="checkbox"/> | 1. | The utility is in substantial compliance with the Uniform System of Accounts prescribed by the Florida Public Service Commission in Rule 25-30.115 (1), Florida Administrative Code. |
| YES
<input checked="" type="checkbox"/> | NO
<input type="checkbox"/> | 2. | The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission. |
| YES
<input checked="" type="checkbox"/> | NO
<input type="checkbox"/> | 3. | There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial statement of the utility. |
| YES
<input checked="" type="checkbox"/> | NO
<input type="checkbox"/> | 4. | The annual report fairly represents the financial condition and results of operations of the respondent for the period presented and other information and statements presented in the report as to the business affairs of the respondent are true, correct, and complete for the period for which it represents. |

Items Certified

1. <input checked="" type="checkbox"/>	2. <input checked="" type="checkbox"/>	3. <input checked="" type="checkbox"/>	4. <input checked="" type="checkbox"/>	 _____ Howell L. Ferguson, CEO	*
				Date: <u>5/18/11</u>	
1. <input checked="" type="checkbox"/>	2. <input checked="" type="checkbox"/>	3. <input checked="" type="checkbox"/>	4. <input checked="" type="checkbox"/>	 _____ Carl J. Bauman, CAO, Acting CFO	*
				Date: <u>5/5/11</u>	

* Each of the four items must be certified YES or NO. Each item need not be certified by both officers. The items being certified by the officer should be indicated in the appropriate area to the left of the signature.

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