

**CLASS "C"**

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**WATER AND/OR WASTEWATER UTILITIES**

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

**ANNUAL REPORT**

OF

WS907-16-AR  
Joe Collins  
Silver Lake Utilities, Inc.  
106 S.W. County Road 721  
Okeechobee, FL 34974-8613

*Submitted To The*

**STATE OF FLORIDA**

RECEIVED  
FLORIDA PUBLIC SERVICE  
COMMISSION  
2017 MAR 28 AM 8:54  
DIVISION OF  
ACCOUNTING & FINANCE

**PUBLIC SERVICE COMMISSION**

FOR THE

**YEAR ENDED DECEMBER 31, 2016**

## GENERAL INSTRUCTIONS

1. Prepare this report in conformity with the 1996 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 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 pages 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 statements should be made at the bottom of the page or on an additional page. Any additional pages should state the name of the utility and 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 Economic Regulation  
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 Accounting and Finance, 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 ( AFUDC )** - This account shall include concurrent credits for allowance for funds used during construction based upon the net cost of funds used for construction purposes 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 utility's property, facilities, or equipment used to provide utility services to the public. (Section 367.021 (3), Florida Statutes)

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

**DEPRECIATION** - The loss in 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 the 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)

## TABLE OF CONTENTS

FINANCIAL SECTION	PAGE
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
Payment 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	PAGE
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 and Mains	W-4
Wells and Well Pumps, Reservoirs, and High Service Pumping	W-5
Sources of Supply and Water Treatment Facilities	W-6
General Water System Information	W-7
WASTEWATER OPERATING SECTION	PAGE
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
Treatment Plant, Pumps and Pumping Wastewater Statistics	S-5
General Wastewater System Information	S-6
VERIFICATION SECTION	PAGE
Verification	V-1

# **FINANCIAL SECTION**

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REPORT OF

Silver Lake Utilities, Inc.  
(EXACT NAME OF UTILITY)

106 SW County Road 721 Okeechobee, FL 34974	106 SW County Road 721 Okeechobee, FL 34974	County
Mailing Address	Street Address	

Telephone Number (863) 763-3041 Date Utility First Organized 12/3/2007  
 Fax Number (863)763-3178 E-mail Address Joe.Collins@lykesranch.com  
 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 located: 106 SW County Road 721 Okeechobee, FL 34974  
(863) 763-3041

Name of subdivisions where services are provided: Lykes Ranch Division, Lykes Citrus Division

CONTACTS:

Name	Title	Principal Business Address	Salary Charged Utility
Person to send correspondence: <u>Joe Collins</u>	<u>President</u>	<u>106 SW County Road 721 Okeechobee, FL 34974</u>	\$ _____
Person who prepared this report: <u>Noah Handley</u>	<u>Utility Manager</u>	<u>106 SW County Road 721 Okeecobee, FL 34974</u>	\$ _____
Officers and Managers: <u>Charles P. Lykes, Jr.</u>	<u>Chief Executive Officer</u>	<u>400 North Tampa Street Ste 1900, Tampa, FL 33602</u>	\$ <u>0</u>
<u>Joe Collins</u>	<u>President</u>	<u>106 SW County Road 721</u>	\$ <u>0</u>
<u>Carl Bauman</u>	<u>Vice President &amp; CFO</u>	<u>400 North Tampa Street, Ste 1900, Tampa, FL 33602</u>	\$ <u>0</u>
<u>Jennifer A. Hayes</u>	<u>Secretary</u>	<u>P.O. Box 1690, Tampa, FL 33601</u>	\$ <u>0</u>
			\$ <u>0</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>100%</u>	<u>400 North Tampa Street Suite 1900 Tampa, FL 33602</u>	\$ <u>0</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
Gross Revenue:					
Residential _____		\$ 26,054	\$ 0	\$ _____	\$ 26,054
Commercial _____		32,542	0	_____	32,542
Industrial _____		_____	_____	_____	_____
Multiple Family _____		_____	_____	_____	_____
Guaranteed Revenues _____		_____	_____	_____	_____
Other (Specify) _____		_____	_____	_____	_____
 Total Gross Revenue _____		 \$ 58,596	 \$ 0	 \$ _____	 \$ 58,596
Operation Expense (Must tie to pages W-3 and S-3)	W-3 S-3	\$ 147,946	\$ _____	\$ _____	\$ 147,946
Depreciation Expense _____	F-5	39,602	_____	_____	39,602
CIAC Amortization Expense _____	F-8	0	_____	_____	0
Taxes Other Than Income _____	F-7	1,884	_____	_____	1,884
Income Taxes _____	F-7	0	_____	_____	0
 Total Operating Expense		 \$ 189,432	 _____	 _____	 \$ 189,432
Net Operating Income (Loss)		\$ -130,836	\$ _____	\$ _____	\$ -130,836
Other Income:					
Nonutility Income _____		\$ 0	\$ _____	\$ _____	\$ 0
_____		_____	_____	_____	_____
Other Deductions:					
Miscellaneous Nonutility Expenses _____		\$ -1,071	\$ _____	\$ _____	\$ -1,071
Interest Expense _____		-21,694	_____	_____	-21,694
_____		-3,710	_____	_____	-3,710
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
 Net Income (Loss)		 \$ -157,311	 \$ _____	 \$ _____	 \$ -157,311



UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

**GROSS UTILITY PLANT**

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other Than Reporting Systems	Total
Utility Plant in Service (101)	\$ <u>1,196,974</u>	\$ _____	\$ _____	\$ <u>1,196,974</u>
Construction Work in Progress (105) _____	_____	_____	_____	_____
Other (Specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Utility Plant _____	\$ <u>1,196,974</u>	\$ _____	\$ _____	\$ <u>1,196,974</u>

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

Account 108	Water	Wastewater	Other Than Reporting Systems	Total
Balance First of Year _____	\$ <u>483,607</u>	\$ _____	\$ _____	\$ <u>483,607</u>
<b>Add Credits During Year:</b>				
Accruals charged to depreciation account _____	\$ <u>39,602</u>	\$ _____	\$ _____	\$ <u>39,602</u>
Salvage _____	_____	_____	_____	_____
Other Credits (specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Credits _____	\$ <u>39,602</u>	\$ _____	\$ _____	\$ <u>39,602</u>
<b>Deduct Debits During Year:</b>				
Book cost of plant retired _____	\$ <u>-536</u>	\$ _____	\$ _____	\$ <u>-536</u>
Cost of removal _____	_____	_____	_____	_____
Other debits (specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Debits _____	\$ <u>-536</u>	\$ _____	\$ _____	\$ <u>-536</u>
Balance End of Year _____	\$ <u>522,673</u>	\$ _____	\$ _____	\$ <u>522,673</u>

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT	
DECEMBER 31,	2016

CAPITAL STOCK ( 201 - 204 )

	Common Stock	Preferred Stock
Par or stated value per share _____	1	_____
Shares authorized _____	_____	_____
Shares issued and outstanding _____	2,315,000	_____
Total par value of stock issued _____	2,315,000	_____
Dividends declared per share for year _____	0	_____

RETAINED EARNINGS ( 215 )

	Appropriated	Un- Appropriated
Balance first of year _____	\$ _____	\$ -2,079,618
Changes during the year (Specify):		
Net Loss _____	_____	-157,311
Adjustments to prior year balance _____	_____	1,004
_____	_____	_____
Balance end of year _____	\$ _____	\$ -2,235,925

PROPRIETARY CAPITAL ( 218 )

	Proprietor Or Partner	Partner
Balance first of year _____	\$ _____	\$ _____
Changes during the year (Specify):		
_____	_____	_____
_____	_____	_____
Balance end of year _____	\$ _____	\$ _____

LONG TERM DEBT ( 224 )

Description of Obligation (Including Date of Issue and Date of Maturity):	Interest		Principal per Balance Sheet Date
	Rate	# of Pymts	
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total _____			\$ _____

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT	
DECEMBER 31,	2016

**TAX EXPENSE**

(a)	Water (b)	Wastewater (c)	Other (d)	Total (e)
Income Taxes:				
Federal income tax _____	\$ 0	\$ _____	\$ _____	\$ 0
State income Tax _____	0	_____	_____	0
Taxes Other Than Income:				
State ad valorem tax _____	0	_____	_____	0
Local property tax _____	0	_____	_____	0
Regulatory assessment fee _____	1,859	25	_____	1,884
Other (Specify) _____	0	_____	_____	0
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Tax Expense _____	\$ 1,859	\$ 25	\$ _____	\$ 1,884

**PAYMENTS FOR SERVICES RENDERED BY OTHER THAN EMPLOYEES**

Report all information concerning outside rate, management, construction, advertising, labor relations, public relations, or other similiar 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. Citrus & Ranch	\$ 80,959	\$ _____	Operations and Maintenance
Short Environmental Laboratorie	\$ 4,075	\$ _____	Laboratory Water Testing
Pugh Utilities Services	\$ 9,858	\$ _____	Operations and Maintenance
Fosters Painting	\$ 900	\$ _____	Maintenance
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

UTILITY NAME: SILVER LAKE UTILITIES, INC.

<b>YEAR OF REPORT</b> DECEMBER 31, 2016
--

**CONTRIBUTIONS IN AID OF CONSTRUCTION ( 271 )**

(a)	Water (b)	Wastewater (c)	Total (d)
1) Balance first of year _____	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
2) Add credits during year _____	\$ _____	\$ _____	\$ _____
3) Total _____	_____	_____	_____
4) Deduct charges during the year _____	_____	_____	_____
5) Balance end of year _____	_____	_____	_____
6) Less Accumulated Amortization _____	_____	_____	_____
7) Net CIAC _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

**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 _____		\$ _____	\$ _____
Report below all capacity charges, main extension charges and customer connection charges received during the year.			
Description of Charge	Number of Connections	Charge per Connection	
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total Credits During Year (Must agree with line # 2 above.) _____			\$ <u>NA</u>

**ACCUMULATED AMORTIZATION OF CIAC (272)**

	Water	Wastewater	Total
Balance First of Year _____	\$ _____	\$ _____	\$ _____
Add Debits During Year: _____	_____	_____	_____
Deduct Credits During Year: _____	_____	_____	_____
Balance End of Year (Must agree with line #6 above.)	\$ <u>NA</u>	\$ _____	\$ <u>NA</u>

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

**SCHEDULE "A"**

**SCHEDULE OF COST OF CAPITAL USED FOR AFUDC CALCULATION (1)**

Class of Capital (a)	Dollar Amount (b)	Percentage of Capital (c)	Actual Cost Rates (d)	Weighted Cost [ c x d ] (e)
Common Equity	\$ <u>NA</u>	<u>      </u> %	<u>      </u> %	<u>NA</u> %
Preferred Stock	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Long Term Debt	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Customer Deposits	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Tax Credits - Zero Cost	<u>      </u>	<u>      </u> %	0.00 %	<u>      </u> %
Tax Credits - Weighted Cost	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Deferred Income Taxes	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Other (Explain)	<u>      </u>	<u>      </u> %	<u>      </u> %	<u>      </u> %
Total	\$ <u>NA</u>	<u>100.00</u> %		<u>NA</u> %

(1) 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>NA</u> %
Commission Order Number approving AFUDC rate:	<u>NA</u>



**WATER  
OPERATING  
SECTION**

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UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

**WATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization _____	\$ 213,527	\$ _____	\$ _____	\$ 213,527
302	Franchises _____	_____	_____	_____	_____
303	Land and Land Rights _____	_____	_____	_____	_____
304	Structures and Improvements _____	111,814	_____	_____	111,814
305	Collecting and Impounding Reservoirs _____	_____	_____	_____	_____
306	Lake, River and Other Intakes _____	_____	_____	_____	_____
307	Wells and Springs _____	251,883	_____	_____	251,883
308	Infiltration Galleries and Tunnels _____	_____	_____	_____	_____
309	Supply Mains _____	_____	_____	_____	_____
310	Power Generation Equipment _____	50,918	_____	_____	50,918
311	Pumping Equipment _____	56,966	2,138	-1,606	57,498
320	Water Treatment Equipment _____	247,622	_____	_____	247,622
330	Distribution Reservoirs and Standpipes _____	20,923	_____	_____	20,923
331	Transmission and Distribution Lines _____	228,932	_____	_____	228,932
333	Services _____	_____	_____	_____	_____
334	Meters and Meter Installations _____	13,240	_____	_____	13,240
335	Hydrants _____	_____	_____	_____	_____
336	Backflow Prevention Devices _____	_____	_____	_____	_____
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 _____	_____	_____	_____	_____
	<b>Total Water Plant _____</b>	<b>\$ 1,196,442</b>	<b>\$ 2,138</b>	<b>\$ -1,606</b>	<b>\$ 1,196,974</b>

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

**ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER**

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (i)
304	Structures and Improvements	40	%	2.50 %	\$ 47,532	\$	\$ 3,846	\$ 51,378
305	Collecting and Impounding Reservoirs		%	%				
306	Lake, River and Other Intakes	32	%	3.13 %	22,748		3,500	26,248
307	Wells and Springs	30	%	3.33 %	152,948		9,786	162,734
308	Infiltration Galleries & Tunnels		%	%				
309	Supply Mains		%	%				
310	Power Generating Equipment	20	%	5.00 %	16,549		2,970	19,519
311	Pumping Equipment	20	%	5.00 %	21,013		2,556	23,569
320	Water Treatment Equipment	22	%	4.55 %	84,359		8,694	93,053
330	Distribution Reservoirs & Standpipes	37	%	2.70 %	11,525		659	12,184
331	Trans. & Dist. Mains	43	%	2.33 %	121,089		6,223	127,312
333	Services		%	%				
334	Meter & Meter Installations	20	%	5.00 %	5,510		772	6,282
335	Hydrants		%	%				
336	Backflow Prevention Devices		%	%				
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	12	%	12.00 %	334		60	394
346	Communication Equipment		%	%				
347	Miscellaneous Equipment		%	%				
348	Other Tangible Plant		%	%				
	Totals				\$ 483,607	\$ 0	\$ 39,066	\$ 522,673 *

\* This amount should tie to Sheet F-5.

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	\$ 0
603	Salaries and Wages - Officers, Directors, and Majority Stockholders	0
604	Employee Pensions and Benefits	0
610	Purchased Water	966
615	Purchased Power	6,652
616	Fuel for Power Production	
618	Chemicals	946
620	Materials and Supplies	4,019
630	Contractual Services:	
	Billing	
	Professional	44,563
	Testing	4,075
	Other	47,154
640	Rents	38,526
650	Transportation Expense	
655	Insurance Expense	
665	Regulatory Commission Expenses (Amortized Rate Case Expense)	
670	Bad Debt Expense	
675	Miscellaneous Expenses	1,045
	Total Water Operation And Maintenance Expense	\$ 147,946 *

\* 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)	
<b>Residential Service</b>					
5/8"	D	1.0	42	42	42
3/4"	D	1.5			
1"	D	2.5			
1 1/2"	D,T	5.0			
<b>General Service</b>					
5/8"	D	1.0	18	18	18
3/4"	D	1.5			
1"	D	2.5	3	3	7.5
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					
Other (Specify)					
<b>** D = Displacement C = Compound T = Turbine</b>			<b>Total</b>	<b>67</b>	<b>67</b>
					<b>103.5</b>

UTILITY NAME: SILVER LAKE UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: ALL SYSTEMS

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	(b)	(c)	(d)	(e)	(f)
	Water Purchased For Resale (Omit 000's)	Finished Water From Wells (Omit 000's)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)]	Water Sold To Customers (Omit 000's)
January		456	35	421	421
February		360	29	331	331
March		445	54	391	391
April		675	90	585	585
May		667	74	593	593
June		667	93	574	574
July		464	70	394	394
August		606	82	524	524
September		535	77	458	458
October		543	85	458	458
November		372	22	350	350
December		229	62	167	167
<b>Total for Year</b>		<b>6,019</b>	<b>773</b>	<b>5,246</b>	<b>5,245</b>

If water is purchased for resale, indicate the following:

Vendor \_\_\_\_\_  
 Point of delivery \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAINS (FEET)**

Kind of Pipe (PVC, 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"	13,225			13,225
PVC	2"	3,133			3,133
PVC	1 1/2"	1,140			1,140
PVC	1 1/4"	920			920
PVC	1"	4,170			4,170
PVC	3/4"	900			900

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

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_____	Bladder Tank	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Basinger Barn 1 WTP

**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_____	_____	_____	_____

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.  
Highlands County Health Department Permit No. LUS ID: 28-57-00198
- 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, 2016
-------------------------------------

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 _____	7,200	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Bladder Tank	_____	_____	_____
Capacity of Tank _____	35 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Basinger Barn 3 WTP

**SOURCE OF SUPPLY**

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

**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	<u>Stenner 85MPH40</u>	_____	_____
Ozone_ _ _ _ _	_____	_____	_____
Other_ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	_____	_____	_____

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  
Highlands County Health Department Permit No. LUS ID: 28-57-00199
- 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, 2016
-------------------------------------

SYSTEM NAME: Basinger Grove Barn 4 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1985	_____	_____	_____
Types of Well Construction and Casing _____	Hammer Iron	_____	_____	_____
Casing Diameter and Depth	4" - 320'	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
Depth of Wells _____	500	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	15	_____	_____	_____
Motor - HP _____	1	_____	_____	_____
Motor Type * _____	Jet Pump	_____	_____	_____
Yields of Wells in 12 Hr GPD	10,800	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder	_____	_____	_____
Capacity of Tank _____	35 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2016

SYSTEM NAME: Basinger Grove Barn 4 WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_ _ _	<u>Projected 880 GPD</u>	_____	_____
Type of Source_ _ _ _ _	<u>Ground Well No. 1</u>	_____	_____

**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	<u>Stenner 85MPH40</u>	_____	_____
Ozone_ _ _ _ _	_____	_____	_____
Other_ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	_____	_____	_____

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  
Highlands County Health Department Permit No. LUS ID: 28-57-00065
- 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  
Highlands County Health Department Permit No. LUS ID: 28-57-00065
- 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, 2016
-------------------------------------

SYSTEM NAME: Basinger Grove Office and Shop 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 _____	6" 240	_____	_____	_____
Well Screen _____	Open Hole	_____	_____	_____
Depth of Wells _____	305	_____	_____	_____
Diameters of Wells _____	6"	_____	_____	_____
Pump - GPM _____	45	_____	_____	_____
Motor - HP _____	2	_____	_____	_____
Motor Type *	Submersible	_____	_____	_____
Yields of Wells GPD Permitted _____	8,000	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel - 1	Steel - 2	_____	_____
Capacity of Tank _____	750 Retention	750 Storage	_____	_____
Ground or Elevated _____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Basinger Grove Office and Shop WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	5,000 GPD	WC28-186111 FDEP	_____
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	<u>Sterner 85MPH40</u>	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

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. 5,000 GPD / 350 GPD = 14  
Per FDEP Construction Permit WC28-186111 May 6, 1991
- 2. Maximum number of ERC's that can be served. 28.5 (by SFWMD Permit at 10,000 GPD)
- 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  
Highlands County Health Department Permit No. LUS ID: 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? \_ No
- 11. Department of Environmental Protection Permit Number n/a  
Highlands County Health Department Permit No. LUS ID: 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, 2016
-------------------------------------

SYSTEM NAME: Boar Hammock WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	2013	_____	_____	_____
Types of Well Construction and Casing _____	Rotary PVC	_____	_____	_____
Casing Diameter and Depth _____	4" - 150'	_____	_____	_____
Well Screen _____	120-150'	30' - .010 slot	_____	_____
Depth of Wells _____	150	_____	_____	_____
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) _____	Bladder Tanks	_____	_____	_____
Capacity of Tank _____	50 and 65 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2016

SYSTEM NAME: Boar Hammock WTP

**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_____	_____	_____	_____

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. 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  
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, 2016
-------------------------------------

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	2" 150'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
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)	Bladder	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

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

**SOURCE OF SUPPLY**

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

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_ _ _ _ _	<u>Aerator 150 Gal</u>	_____	_____
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 GPH	<u>Stenner 85MPH</u>	_____	_____
Ozone_ _ _ _ _	_____	_____	_____
Other_ _ _ _ _	_____	_____	_____
Auxiliary Power_ _ _ _ _	_____	_____	_____

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. 1
- 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 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, 2016
-------------------------------------

SYSTEM NAME: Boar Hammock 4480 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	2" 135'	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
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	18,000	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder	_____	_____	_____
Capacity of Tank _____	35 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Boar Hammock 4480 U.S. 27 WTP

**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 250 Gal	_____	_____
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_____	_____	_____	_____

**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. 1
- 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, 2016
-------------------------------------

SYSTEM NAME: Boatramp Nursery 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 _____	33	42159	_____	_____
Motor - HP _____	2	42159	Replaced 7.5 hp	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells GPM by Permit _____	5,600	Max Flow	FDEP 5284124	_____
Auxiliary Power _____	None	0.0056 MGD	WC28-230920	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel	_____	_____	_____
Capacity of Tank _____	1500	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Boatramp Nursery WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	5600	WC28-230920	_____
Type of Source_____	Ground Well No. 1	Construct Permit	_____

**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	Stenner MPH85	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

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. 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.
- 9. When did the company last file a capacity analysis report with the DEP? N/  
Highlands County Health Department Permit No. LUS ID: 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 Permit Number n/a  
Highlands County Health Department Permit No. LUS ID: 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, 2016
-------------------------------------

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)
<b>Motors</b>				
Manufacturer_____	Baldor	Baldor	_____	_____
Type_____	Electric	Electric	_____	_____
Rated Horsepower_____	5 HP	5 HP	_____	_____
<b>Pumps</b>				
Manufacturer_____	Goulds	Goulds	_____	_____
Type_____	Centrifugal	Centrifugal	_____	_____
Capacity in GPM_____	50 GPM	50 GPM	_____	_____
Average Number of Hours Operated Per Day_____	4	4	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Brighton Grove Office WTP

**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	2 Aerators
Make_____	Pentair Model 3150	Pentair Model 3150	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	15 GPM	15 GPM	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Aerator Tanks_____	300 Gal Aerator	300 Gal Aerator	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator_.42 GPH	Pulsafeeder	Pulsafeeder	Pulsafeeder
Ozone_____	CL2 to Aerator No. 1	CL2 to Aerator No. 2	CL2 to Storage Tank
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

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  
SFWMD WUP 22-00392-W
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- (a) 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, 2016
-------------------------------------

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	22 GPM	_____
Motor Type * _____	Submersible	Submersible	only one well	_____
Yields of Wells in 12 Hr GPD _____	15,840 GPD	15,840 GPD	may operate	_____
Auxiliary Power _____	22 Kw Diesel	22 Kw Diesel	at any time	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	HDPE	_____	_____	_____
Capacity of Tank _____	5,500 Gals	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	Baldor	Baldor	_____	_____
Type _____	Electric	Electric	_____	_____
Rated Horsepower _____	5 HP	5 HP	_____	_____
<b>Pumps</b>				
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.

YEAR OF REPORT DECEMBER 31, 2016
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SYSTEM NAME: Brighton Ranch Office WTP

**SOURCE OF SUPPLY**

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

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	<u>Carbon Filter 57 GPM</u>	<u>Degassifier 25 GPM</u>	<u>Calcite 142 GPM</u>
Make_____	<u>Pentair Model 3150</u>	<u>DeLoach Industries</u>	<u>Miami TO3648</u>
Permitted Capacity (GPD)_____	<u>FDEP 10,500 GPD</u>	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	<u>40 GPM</u>	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 GPH	<u>Pulsafeeder</u>	<u>Pulsafeeder</u>	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	<u>22 Kw Diesel</u>	<u>22 Kw Diesel</u>	<u>22 Kw Diesel</u>

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. 30

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? 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, 2016
-------------------------------------

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 _____	33	_____	_____	_____
Motor - HP _____	3	5 HP to 3 HP	_____	_____
Motor Type * _____	Submersible	40457	_____	_____
Yields of Wells in 12 Hr GPD _____	23,760	55GS30	_____	_____
Auxiliary Power _____	None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel	Steel	_____	_____
Capacity of Tank _____	1500	900	_____	_____
Ground or Elevated _____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Buckhorn Housing WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	0.033 MGD	0.108 MGD 9/11/90	SFWMD 28-00290-W
Type of Source _____	Ground Well No. 1	0.333 MGD 8/22/99	Max Month 484,500 0.10 MGD

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____ se Device/RO at each home	_____	_____	_____
Lime Treatment Unit Rating _____	_____	_____	_____
Filtration Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection Chlorinator .42 Gal/Hr	Stenner 85MPH85	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

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. 33,300 GPD / 350 Gals per ERC = 95.14
- 2. Maximum number of ERC's that can be served. 94.24 (by FDEP Permit 33,300 GPD)  
Maximum number of ERC's that can be served 28.57 ( by SFWMD Permit 10,600 GPD)
- 3. Present system connection capacity (in ERCs \*) using existing lines. 22
- 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  
SFWMD WUP 22-00290-W at 0.01 MGD, 3,875,000 Gals/Year
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- (a) If actual flow data are available from the 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, 2016
-------------------------------------

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 Auxiliary Power _____	10,800 None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank _____ Ground or Elevated _____	amtrol WX203 32 Gals Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SOURCE OF SUPPLY

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

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	Sediment Filter	Aerator	_____
Make_____	_____	150 Gal	_____
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_____	_____	_____	_____

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. 1
- 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, 2016
-------------------------------------

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_____	0.5	_____	_____	_____
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_____	Bladder Tanks 35 and 35 Gals	_____	_____	_____
Ground or Elevated_____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2016

SYSTEM NAME: Iron Pens WTP

**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 _____	_____	_____	_____

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 Permit No. LUS ID: 28-57-000582
- 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, 2016
-------------------------------------

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 _____	5	45 GPM	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in 12 Hr GPD _____	32,400	_____	_____	_____
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/CI2	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Lake Placid WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	15,900 GPD	SWFWMD Permit No.	_____
Type of Source_____	Ground Well No. 1	20013367	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)___	10,600 GPD	FDEP Permit No.	_____
High service pumping	_____	5284113	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator .42 GPH	Stenner 85MPH40	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

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. 30 by FDEP Permit of 10,600 GPD
- 2. Maximum number 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, 2016
-------------------------------------

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	4" - unk	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
Depth of Wells _____	150'	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	2	_____	_____	_____
Motor Type * _____	_____	_____	_____	_____
Yields of Wells in 12 Hr GPD	14,400	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Bladder Tank	_____	_____	_____
Capacity of Tank _____	35 Gals	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2016

SYSTEM NAME: Lake Placid Dinner Lake Road WTP

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	1200	_____	_____
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 GPH	Stenner 84MPH	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2016

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. 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  
Highlands County Health Department Permit No. LUS ID: 28-57-1510263
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, 2016
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SYSTEM NAME: Lakeport Road 2400 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	2" -60'	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
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)	Bladder Tank	_____	_____	_____
Capacity of Tank_____	35 Gals	_____	_____	_____
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.

YEAR OF REPORT  
DECEMBER 31, 2016

SYSTEM NAME: Lakeport Road 2400 WTP

**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 Pump 85MPH	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2016

SYSTEM NAME: Lakeport Road 2400 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. 1
- 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, 2016
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SYSTEM NAME: Lakeport Road 2872 WTP

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1975	_____	_____	_____
Types of Well Construction and Casing _____	Cable Tool	_____	_____	_____
Casing Diameter and Depth	2	_____	_____	_____
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)	Bladder Tank	_____	_____	_____
Capacity of Tank _____	35 Gals	_____	_____	_____
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.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Lakeport Road 2872 WTP

**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_ _ _ _ _ _	_____	_____	_____

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. 1
- 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, 2016
-------------------------------------

SYSTEM NAME: South Moore Haven Cane Farm House 2015 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)	Bladder Tank	_____	_____	_____
Capacity of Tank _____	35 Gal	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: South Moore Haven Cane Farm House 2015 WTP

**SOURCE OF SUPPLY**

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

**WATER TREATMENT FACILITIES**

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

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. 1
- 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,	2016

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

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

**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. _____	Iron Filter	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection Chlorinator .42 Gal/Hr _____	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____ /

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. 1
- 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, 2016
-------------------------------------

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_____	2" - unk	_____	_____	_____
Well Screen_____	_____	_____	_____	_____
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.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Muse 21530 County Road 721 WTP

**SOURCE OF SUPPLY**

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

**WATER TREATMENT FACILITIES**

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

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. 1
- 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).

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 _____	3/4 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) _____	Bladder Tank	_____	_____	_____
Capacity of Tank _____	40 Gal	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2016

SYSTEM NAME: North Island WTP

**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 _____	_____	_____	_____

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, 2016
-------------------------------------

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 _____	2" - unk	_____	_____	_____
Well Screen _____	_____	_____	_____	_____
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) _____	Bladder Tanks	_____	_____	_____
Capacity of Tank _____	35 Gallons	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Silver Lake Lodge WTP

**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	Stenner 85MPH	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

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. 1050 / 350 Gals per ERC = 3
- 2. Maximum number of ERC's that can be served. 4
- 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  
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, 2016
-------------------------------------

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	4" - 100'	_____	_____	_____
Well Screen	_____	_____	_____	_____
Depth of Wells _____	180'	_____	_____	_____
Diameters of Wells _____	4"	_____	_____	_____
Pump - GPM _____	20 GPM	_____	_____	_____
Motor - HP _____	0.75	_____	_____	_____
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)	<u>Bladder Tank</u>	_____	_____	_____
Capacity of Tank _____	35 Gals	_____	_____	_____
Ground or Elevated _____	<u>Ground</u>	_____	_____	_____

**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.

YEAR OF REPORT  
DECEMBER 31, 2016

SYSTEM NAME: Todd 8772 Hwy 98 WTP

**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 85MPH	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

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. 1
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, 2016
-------------------------------------

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 _____	3/4 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	Steel	_____	_____
Capacity of Tank _____	50 Gal	50 Gal	_____	_____
Ground or Elevated _____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2016
-------------------------------------

SYSTEM NAME: Wild Island WTP

**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_____	_____	_____	_____

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. 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  
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, 2016
-------------------------------------

SYSTEM NAME: Wild Island 6663 CR 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 _____	0.75	_____	_____	_____
Motor Type * _____	Centrifugal	_____	_____	_____
Yields of Wells in 12 Hr GPD Auxiliary Power _____	14,400 None	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) Capacity of Tank _____ Ground or Elevated _____	Bladder Tanks 35 and 35 Gals Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____ Type _____ Rated Horsepower _____	Baldor Centrifugal 1 HP	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____ Type _____ Capacity in GPM _____ Average Number of Hours Operated Per Day _____ Auxiliary Power _____	Goulds 20 GPM	_____	_____	_____

UTILITY NAME: Silver Lake Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2016

SYSTEM NAME: Wild Island 6663 CR 621 WTP

**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)_____	350	_____	_____
High service pumping	20	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment_____	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration_____	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection_____	_____	_____	_____
Chlorinator_____	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

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. 1
- 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, 2016
-------------------------------------

SYSTEM NAME: Boar Hammock 5475 U.S. 27 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 Well Screen _____	2" -135'	_____	_____	_____
Depth of Wells _____	182'	_____	_____	_____
Diameters of Wells _____	2"	_____	_____	_____
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 _____	Bladder 35 Gals 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.

YEAR OF REPORT  
DECEMBER 31, 2016

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

**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 _____	_____	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

GENERAL WATER SYSTEM INFORMATION

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

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- 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).

# WASTEWATER OPERATING SECTION

Note: Silver Lake Utilities, Inc. currently only provides water service; therefore, Pages S-1 through S-6 have been omitted from this report as all values would be \$0 or N/A.

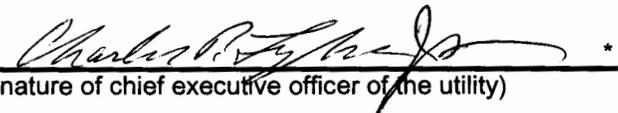
# CERTIFICATION OF ANNUAL REPORT

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

- |  |                                |   |
|--|--------------------------------|---|
| YES<br><input checked="" type="checkbox"/> | NO<br><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<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 2. The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission.  |
| YES<br><input checked="" type="checkbox"/> | NO<br><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<br><input checked="" type="checkbox"/> | NO<br><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**

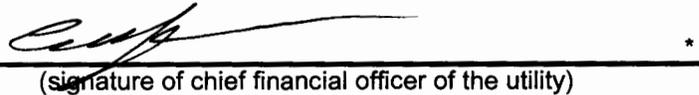
1. <input checked="" type="checkbox"/>	2. <input checked="" type="checkbox"/>	3. <input checked="" type="checkbox"/>	4. <input checked="" type="checkbox"/>
---	---	---	---

 \*

(signature of chief executive officer of the utility)

Date: Charles P. Lykes, Jr. CEO

1. <input checked="" type="checkbox"/>	2. <input checked="" type="checkbox"/>	3. <input checked="" type="checkbox"/>	4. <input checked="" type="checkbox"/>
---	---	---	---

 \*

(signature of chief financial officer of the utility)

Date: Carl Bauman, V.P. & CFO

\* 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.

**Reconciliation of Revenue to  
Regulatory Assessment Fee Revenue  
Water Operations  
Class C**

**Company:** Silver Lake Utilities, Inc. - WS907-16-W

**For the Year Ended December 31, 2016**

(a)	(b)	(c)	(d)
Accounts	Gross Water Revenues Per Sch. F-3	Gross Water Revenues Per RAF Return	Difference (b) - (c)
Gross Revenue:			
Residential	\$ 26,054	\$ 26,054	\$ -
Commercial	\$ 32,542	\$ 32,542	\$ -
Industrial	\$ -	\$ -	\$ -
Multiple Family	\$ -	\$ -	\$ -
Guaranteed Revenues	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -
<b>Total Water Operating Revenue</b>	<b>\$ 58,596</b>	<b>\$ 58,596</b>	<b>\$ -</b>
<b>LESS: Expense for Purchased Water from FPSC-Regulated Utility</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Net Water Operating Revenues</b>	<b>\$ 58,596</b>	<b>\$ 58,596</b>	<b>\$ -</b>

Explanations:

Instructions:

For the current year, reconcile the gross water revenues reported on Schedule F-3 with the gross water revenues reported on the company's regulatory assessment fee return. Explain any differences reported in column (d).