



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

See last page for instructions.

I. General Information for the Month/Year of: Sep-16

A. Public Water System (PWS) Information

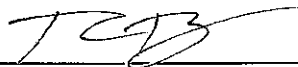
PWS Name:	University Oaks			PWS Identification Number	2381208
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	123	Total Population Served at End of Month:		369	
PWS Owner:	Levy County Board of County Commissioners				
Contact Person:	Jimmy Jones	Contact Person's Title:	Housing Specialist		
Contact Person's Mailing Address:	P.O. Drawer 160	City:	Bronson	State:	Florida
				Zip Code:	32621
Contact Person's Telephone Number:	352-486-5100	Contact Person's Fax Number:	None		
Contact Person's E-Mail Address:	None				

B. Water Treatment Plant Information

Plant Name:	University Oaks			Plant Telephone 352-486-5376	
Plant Address:	1011 NE 109th Street	City:	Archer	State:	Florida
				Zip Code:	32618
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of	228,171				
Plant Category (per subsection 62-699.310(4),	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D		
Licensed Operators	Name	License Number	License Class	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Richard M. Tisdale, Sr.	C	2226	Monday-Friday	
Other Operators:	Richard M. Tisdale, Jr	C	6937	Monday-Friday	
	Wayne R. Davids	C	12391	Monday-Friday	
	Anthony T. Hubbard	C	12902	Monday-Friday	
	Thaddeus W. Tisdale	C	14738	Monday-Friday	
	Ross A Bogert	C	18962	Monday-Friday	
	Danny M. Woodworth	C	21287	Monday-Friday	
	Brenton W. Moring	C	22834	Monday-Friday	

II. Certification by Lead/Chief Operator

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


 Signature and Date 10/7/2016

Ross A. Bogert
 Printed or Typed Name

C 18962
 License Number

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

PWS Identification Number: **2381208** Plant Name: **University Oaks**

III. Daily Data for the Month/Year of: **September 2016**

Means of Achieving Four-Log Virus Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other:

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CGI Calculations or LM Dose-Response Demonstration (Use Applicable Methods Inactivation if Applicable)										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CGI Calculation												
				Peak Flow Rate, gpm	Disinfectant Concentration (C) Before or at First Chlorinator During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Flow, mgd	Temperature of Water, °C	Applied Water, MGD Available	Minimum Residual, mg/L in Distribution System	Operating LM/Dose, in W. Section	Maintained Residual, in W. Section				
1		24	36,500													
2	X	24	36,000												0.60	
3		24	43,333													
4		24	43,333													
5	X	24	43,333												0.60	
6		24	31,000													
7	X	24	31,000												0.70	
8		24	47,500													
9	X	24	47,500												0.70	
10		24	46,666													
11		24	40,666													
12	X	24	40,666												0.80	
13		24	38,500													
14	X	24	38,500												0.80	
15		24	38,500													
16	X	24	38,500												0.60	
17		24	39,000													
18		24	39,000													
19	X	24	39,000												0.50	
20		24	41,000													
21	X	24	41,000												0.50	
22		24	47,000													
23	X	24	47,000												0.60	
24		24	42,000													
25		24	42,000													
26	X	24	42,000												0.60	
27		24	57,500													
28	X	24	57,500												0.60	
29		24	37,000													
30	X	24	37,000												0.60	
31		24														
Total			1,249,497													
Average			41,650													
Maximum			57,500													

LOWEST RESIDUAL 0.5 days checked by operator 13
 DAYS IN MONTH 30

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT. FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Certified Labs of Florida # E821009
 141 Richardson Lane / P.O. Box 444 Melrose, Florida 32666
 Phone: 352-332-9911 Fax: 352-475-5389

Relinquished By: [Signature] Date: 9-22-16 Time: 8:00
 Received By: [Signature] Date: 9-22-16 Time: 8:00

Report Number: 3246-321716 Sub-Contract Lab ID: _____

Lab Receipt Date & Time: SEP 22 2016 [Signature]
 Analysis Date & Time: SEP 22 2016 [Signature]
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: University Oaks

PWS I.D.

2	3	8	1	2	0	8
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PWS Address: 204 Villanova

City: Archer

PWS or PWS Owner's Phone #: _____

Fax #: _____

Collector: Ross A. Boyer

Collector's Phone #: 352-475-2248

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 9-21-16

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹⁶	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ¹⁸	Data Qualifier ¹⁹	Lab Sample #
1	Well #1	12:40	R	8			A			3246-16
2	Well #2	12:44	R	8			A			3246-16
3	1170 NE 100 th Court	12:50	D	7			A			3247-16

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one). 7

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
 Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# 16502)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: SEP 23 2016
 Lab Signature: [Signature] JORAN LANE
 Title: MANAGER

Two Fold Water Engineering, Inc.
 P.O. Box 767
 Melrose, FL 32666
 Phone: 352-475-2248

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹⁶ DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
¹⁷ Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
¹⁸ Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count
¹⁹ Defined in Florida Administrative Code Rule 62-160, Table 1.
²⁰ Complete for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.
 Page 1 of 1