



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

See page 4 for instructions.

I. General Information for the Month/Year of: Sep / 2023

A. Public Water System (PWS) Information

PWS Name: Colina Bay		PWS Identification Number: 3354969	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 175	
PWS Owner: Colina Recovery, Inc.			
Contact Person: T. Felton		Contact Person's Title: Operator	
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756	
Contact Person's E-Mail Address: generalutilities@AOL.com			

B. Water Treatment Plant Information

Plant Name: Colina Bay		Plant Telephone Number: 877-275-6374	
Plant Address: Caravaggio Loop		City: Montverde	State: FL Zip Code: 34756
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 Plant, gallons per day: 115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	T. Felton	C	0002241
Other Operators:	D. Harris	A	0014540
	K. Ramsod	C	0015224
	T. Levi	C	0012911
	M. McNealy	C	0021734
	C. Tanzler	C	0026255
	T. Haught	C	0025043
	N. Hollis, Jr.	B	0013374
			Day(s)/Shift(s) Worked
			Varies
			Varies
			Varies
			Varies
			Varies
			Varies

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	1 Oct 2023	Thomas M. Felton Printed or Typed Name	0002241 License Number
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DEP Control District

PWS Identification Number: 3354969

Plant Name: Colina Bay

III. Daily Data for the Month/Year of **Sep** / 2023

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (√)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations				UV Dose					
					Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24	15000											
2		24	15000											
3	√	24	16000									0.6		
4		24	25000											
5	√	24	24000									0.5		
6		24	20000											
7		24	19000											
8	√	24	19000									0.7		
9		24	26000											
10	√	24	26000									0.5		
11		24	48000											
12	√	24	47000									0.6	BT	
13		24	18000											
14	√	24	18000									0.2		
15		24	22000											
16		24	21000											
17	√	24	21000									0.4		
18		24	15000											
19	√	24	15000									0.5		
20		24	23000											
21	√	24	22000									0.6		
22		24	63000											
23		24	63000											
24	√	24	62000									0.5		
25		24	11000											
26	√	24	12000									0.8		
27		24	8000											
28	√	24	8000									0.7		
29		24	15000											
30		24	15000											
Total			732000											
Average			24400											
Maximum			63000											

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