



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: October 2020	966 - 6
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A. Public Water System (PWS) Information

PWS Name: Colina Bay Homeowners Association Inc.		PWS Identification Number: 335-4969	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 75		Total Population Served at End of Month: 175	
PWS Owner: Colina Bay Homeowners Assoc			
Contact Person: Joshua Jeppeson		Contact Person's Title: President	
Contact Person's Mailing Address: 882 Jackson Avenue		City: Winter Park	State: FL Zip Code: 32789
Contact Person's Telephone Number: 352-504-8595		Contact Person's Fax Number:	
Contact Person's E-Mail Address: joshuajeppesen@yahoo.com			

B. Water Treatment Plant Information

Plant Name: Colina Bay Homeowners Association Inc. WTP		Plant Telephone Number: 352-504-8595		
Plant Address: Caravaggio Loop		City: Montverde	State: FL Zip Code: 34756	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115000				
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	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Trevor Powell	C	17573	3 days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

<i>Trevor Powell</i>	11/5/2020	Trevor Powell	C - 17573
Signature and Date		Printed or Typed Name	License Number

RECEIVED
12/03/2020
DIVISION OF WATER
RESOURCE MANAGEMENT

PWS Identification Number: 335-4969
 Plant Name: Colina Bay

III. Daily Data for the Month/Year of: October-20				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)				
Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation				Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide						
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	x	24	19,500		1.10								0.70	
2		24	19,500											
3		24	19,500											
4		24	19,500											
5	x	24	16,500		1.10								0.80	
6		24	16,500											
7	x	24	28,000		1.20								0.80	
8		24	28,000											
9	x	24	22,000		1.10								0.70	
10		24	22,000											
11		24	22,000											
12	x	24	23,500		1.00								0.70	
13		24	23,500											
14	x	24	21,500		1.10								0.60	
15		24	21,500											
16	x	24	24,000		1.30								0.90	
17		24	24,000											
18		24	24,000											
19	x	24	12,500		1.20								0.80	
20		24	12,500											
21	x	24	25,500		1.10								0.70	
22		24	25,500											
23	x	24	21,333		1.20								0.80	
24		24	21,333											
25		24	21,333											
26	x	24	26,000		1.20								0.80	
27		24	26,000											
28	x	24	21,500		1.20								0.80	
29		24	21,500											
30	x	24	22,000		1.10								0.70	
31		24	22,000											
Total			673,999											
Average			21,742											
Maximum			28,000											