



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: July / 2021

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			
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: Florida 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	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsood	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	C. Tanzler	C	0026255	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	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: 8/1/2021 Thomas M. Felton
 Printed or Typed Name

RECEIVED 0002241
 License Number

AUG 09 2021

DEP Central District

PWS Identification Number: 3354969

Plant Name: Colina Bay

III. Daily Data for the Month/Year of **July** / 2021

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 (v)	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	21000											
2	√	24	16000									1.0		
3		24	12000											
4		24	30000											
5	√	24	14000									0.5		
6		24	16000											
7	√	24	11000									0.5		
8		24	19000											
9	√	24	16000									0.3		
10		24	13000											
11		24	16000											
12	√	24	21000									0.2		
13		24	22000											
14	√	24	17000									0.6		
15		24	26000											
16	√	24	21000									1.0		
17		24	24000											
18		24	24000											
19	√	24	16000									1.0		
20		24	21000										BT	
21	√	24	15000									0.4	Simazine	
22		24	22000											
23	√	24	23000									0.6		
24		24	26000											
25		24	26000											
26	√	24	35000									0.7		
27		24	16000											
28	√	24	12000									0.6		
29		24	24000											
30	√	24	17000									0.5		
31		24	15000											
Total			607000											
Average			19581											
Maximum			35000											

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