

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

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John Soll on	I am duly authorized to sign this report on behalf accurate to the best of my knowledge and belief.	Certification by Authorized Representative	8 8 0	640	0.32	0. 56	00 42	0.51	000 53	68.0	26,0	0,39	0,34	0 52	800	0.37	10.59	920	System, mg/L	Concentration at Remote Point in Distribution	Lowest Residual Disinfectant	of Disinfectant Residua	Daily Data for the Month/Year of:	Contact Person's E-Mail Address:	Contact Person's Telephone Number:	Contact Person's Mailing Address:	Contact Person:	Consecutive System Owner:	Number of Service Connections at End of Month:	Consecutive System Type:	Consecutive System Name:	
	his report on behalf of the cowledge and belief.	arized Representative	75 56 - 00£		Beind of	Biscava Drive	-95 ST	or collins	200	Biscowa Oriv	95 57	orcollins	DI'S S	AVA Drive	-95 51	collins	age pur	BISCOMB Drive		Emergency or Abnormal Operal Whole that Involves Taking		Type of Disinfectant Residual Maintained in Distribution System:	hty car of:	ress: juebane han of	Number: 305 Bb/ 488	iress:	3	Town of Surfside	- 11	ommunity	System Name: To John Continue of Syches	
John	am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. ccurate to the best of my knowledge and belief.	St. Mary Style Visit Co.	仁	270	BOT FIRE HYDIG	Fire HUDRONT!	Bayof Fire HWD	comultue fire Ho	Teire Hubrani	T	D + 10	20	TOR	e HUDRATIC	Srifing HUD	comunity c. fire Huma	e -	Fire HuDrawT (1	Operation	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Takine Water System Components Out of		System: Free Chlorine		Surtishe Al-agal	63			8		Non-Transient Non-Community	5-2017	
Med	in Part I o		N PACK	(BONO)	0E IM C	14539	FQ 1/1 28	Dec with	26	140 SY	70 774	Dan 23	7 22	*	H	Ť	1 18	453) 17	Menth	nce Day	-	ne			Conta	City:	Conta		Total	O Trai		
Son	I ce		•	0.42	0 33	0.37	0.42	84.0	0,56	0 39	0.39	0 49	0.57	D.44	0.49	056	0.54	0.32	System, mg/L	Concentration at Remote Point in Distribution	Disinfectant	Combined Chlorine (Chloramines)			Contact Person's Fax Number:	Surface	Contact Person's Title: Asset		Total Population Served at End of Month:	Transient Non-Community		
Ast Public Works Director	rtify that the information provided in this report is true and	The state of the s		No.	5	Biscova Drive Fire Hy Dran	700-95 ST Bay Dr Fire	BB and all BOTT fire Hydra	colli	Biscova Drive Fire Hy Draft	75 56 - 0	188 and a BBOTT fire HyDro	930 Collins comunity fire	BISCOVE Drive Dire HUDGON (1	95 57	9301 COlling Committy C Fire HyD	BB and abbott five Hydran	Biscaya Drive Fire Hydronic 145	Out of Operation	Harrigency or Abnormal Operating Conductus; Repair or Maintenance Work that Involves Taking Water System Components		Chloramines) L. Chlorine Dioxide			er:	State: FC Zip Code: 5 2/8 4	Jarks Vi		End of Month: 5800		PWS Identification Number:	
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DEP Form 62-555.900(4) Effective August 28, 2003

Printed or Typed Name

License Number or Title