



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: 5-2023

Consecutive System Name: Town of Surfside

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 5800

Consecutive System Owner: Town of Surfside

Contact Person: John Nelson

Contact Person's Mailing Address:

Contact Person's Telephone Number: 705 861 4463

Contact Person's E-Mail Address: jnelson@townofsurfside.fl.gov

PWS Identification Number:

Total Population Served at End of Month: 5800

Contact Person's Title: Assistant Public Works Director

City: Surfside

State: FL

Zip Code: 33184

Contact Person's Fax Number:

II. Data for the Month/Year of:

Day of the Month	Type of Disinfectant Residual Maintained in Distribution System:		Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Type of Disinfectant Residual Maintained in Distribution System:		Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Free Chlorine			Combined Chlorine (Chloramines)	Chlorine Dioxide	
1	0.26	<input type="checkbox"/>	Biscaya Drive Fire Hydrant (1453)	17	0.32	<input type="checkbox"/>	Biscaya Drive Fire Hydrant (1453)
2	0.54	<input type="checkbox"/>	88 and aBBOT Fire Hydrant	18	0.54	<input type="checkbox"/>	88 and aBBOT Fire Hydrant
3	0.37	<input type="checkbox"/>	9301 Collins community c. Fire Hydrant	19	0.56	<input type="checkbox"/>	9301 Collins community c. Fire Hydrant
4	0.48	<input type="checkbox"/>	700-95 ST Bay Dr. Fire Hydrant	20	0.49	<input type="checkbox"/>	700-95 ST Bay Dr. Fire Hydrant
5	0.52	<input type="checkbox"/>	Biscaya Drive Fire Hydrant (1453)	21	0.44	<input type="checkbox"/>	Biscaya Drive Fire Hydrant (1453)
6	0.39	<input type="checkbox"/>	88 and aBBOT Fire Hydrant	22	0.57	<input type="checkbox"/>	9301 Collins community c. Fire Hydrant
7	0.34	<input type="checkbox"/>	9301 Collins community c. Fire Hydrant	23	0.49	<input type="checkbox"/>	88 and aBBOT Fire Hydrant
8	0.46	<input type="checkbox"/>	700-95 ST Bay Dr. Fire Hydrant	24	0.39	<input type="checkbox"/>	700-95 ST Bay Dr. Fire Hydrant
9	0.34	<input type="checkbox"/>	Biscaya Drive Fire Hydrant (1453)	25	0.39	<input type="checkbox"/>	Biscaya Drive Fire Hydrant (1453)
10	0.53	<input type="checkbox"/>	88 and aBBOT Fire Hydrant	26	0.56	<input type="checkbox"/>	88 and aBBOT Fire Hydrant
11	0.51	<input type="checkbox"/>	9301 Collins community c. Fire Hydrant	27	0.48	<input type="checkbox"/>	9301 Collins community c. Fire Hydrant
12	0.42	<input type="checkbox"/>	700-95 ST Bay Dr. Fire Hydrant	28	0.42	<input type="checkbox"/>	700-95 ST Bay Dr. Fire Hydrant
13	0.56	<input type="checkbox"/>	Biscaya Drive Fire Hydrant (1453)	29	0.37	<input type="checkbox"/>	Biscaya Drive Fire Hydrant (1453)
14	0.32	<input type="checkbox"/>	88 and aBBOT Fire Hydrant	30	0.33	<input type="checkbox"/>	9301 Collins community c. Fire Hydrant
15	0.49	<input type="checkbox"/>	9301 Collins community c. Fire Hydrant		0.42	<input type="checkbox"/>	88 and aBBOT Fire Hydrant
16	0.58	<input type="checkbox"/>	700-95 ST Bay Dr. Fire Hydrant			<input type="checkbox"/>	

III. Certification by Authorized Representative:

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: *John Nelson*

Printed or Typed Name: John Nelson

License Number or Title: Asst Public Works Director