

ORIGINAL

LAW OFFICES
ROSE, SUNDSTROM & BENTLEY, LLP
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FLORIDA 32301

RECEIVED-FPSC

06 OCT -9 AM 10:33

CENTRAL FLORIDA OFFICE
SANLANDO CENTER
2180 W. STATE ROAD 424, SUITE 2118
LONGWOOD, FLORIDA 32779
(407) 830-6331
FAX (407) 830-8522

FREDERICK L. ASCHAUER, JR.
CHRIS H. BENTLEY, P.A.
ROBERT C. BRANNAN
DAVID F. CHESTER
F. MARSHALL DETERDING
JOHN R. JENKINS, P.A.
STEVEN T. MINDLIN, P.A.
CHASITY H. O'STEEN
DAREN L. SHIPPY
WILLIAM E. SUNDSTROM, P.A.
DIANE D. TREMOR, P.A.
JOHN L. WHARTON
WAYNE L. SCHIEFFELBEIN, OF COUNSEL
ROBERT M. C. ROSE (1924-2006)

(850) 877-6555
FAX (850) 656-4029
www.rsbatorneys.com

REPLY TO CENTRAL FLORIDA OFFICE

MARTIN S. FRIEDMAN, P.A.
VALERIE L. LORD
BRIAN J. STREET

October 9, 2006

HAND DELIVERY

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
Florida a Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

RE: Docket No. 060246-WS; Gold Coast Utility Corp.'s Application for an Increase in
Water and Wastewater Rates in Polk, County, Florida
Our File No.: 40057.05

Dear Ms. Bayo:

Gold Coast Utility Corp., provides the following responses to Staff's letter dated
September 8, 2006:

Rule 25-30.440, F.A.C., requires that each utility applying for a rate increase shall provide
two copies of the following engineering information to the Commission, with the exception
of item (1) of which only one copy is required.

1. Rule 25-30.440(1), F.A.C., requires the utility to provide a detailed map, (a) showing
the location and size of the applicant's distribution and collection lines as well as its
plant sites; (b) and the location and respective classification of the applicant's
customers. The map submitted by the utility is not detailed and did not have the
size(s) of water and wastewater lines. In addition, the map does not show the
location and respective classification of the applicant's customers.

DOCUMENT NUMBER-DATE

09300 OCT-9 8

FPSC-COMMISSION CLERK

IP _____
IM _____
R _____
R on map
L _____
C _____
A _____
R _____
A _____
C _____
TH _____

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
Florida Public Service Commission
October 9, 2006
Page 2

RESPONSE: Please refer to the map enclosed with this response. In the Walden Shores mobile home park, the utility primarily serves residential customers. The units are individually metered. There is a swimming pool and a laundry which are general service. In the Village Green development, the buildings are multi-family, and master-metered. There is a swimming pool and a laundry which are general service. The Nalcrest subdivision consists of 500 apartments which are master-metered. The town center is a general service account. The Granada Condominium consists of eight buildings, each of which contains six units. Each unit is individually metered. The utility also provides water service to each building, which are general service accounts. In addition, there is one general service account in the community for the community pool.

2. Rule 25-30.440(2), F.A.C., requires the utility to provide a list of chemicals used for water and wastewater treatment, by type, showing the dollar amount and quantity purchased, the unit prices paid and the dosage rates utilized; the utility did not provide a schedule showing, by month, dollar amount and quantity purchased.

RESPONSE: Please refer to Exhibit 2 attached hereto.

3. Rule 25-30.440(3), F.A.C., requires the utility to submit its most recent chemical analyses for each water system conducted by a certified laboratory covering the inorganic, organic turbidity, microbiological, radio nuclide, secondary and unregulated contaminants specified in Chapter 17-50, F.A.C. The chemical analyses provided by the utility [are] incomplete.

RESPONSE: Please refer to Exhibit 3 attached hereto.

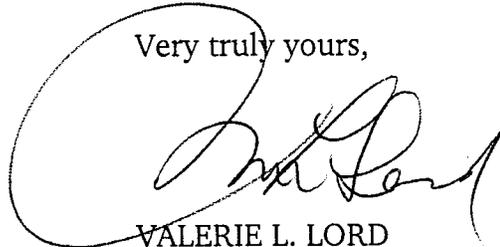
4. Rule 25-30.431(3), F.A.C., requires the utility to submit its most recent wastewater capacity analysis report. The utility failed to provide this document.

RESPONSE: Please refer to Exhibit 4 attached hereto.

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
Florida Public Service Commission
October 9, 2006
Page 3

Please do not hesitate to contact me if you have any questions.

Very truly yours,



VALERIE L. LORD
For the Firm

VLL/tlc
Enclosures

cc: Katherine E. Fleming, Esquire, Office of General Counsel (w/o enc. - via hand del.)
Mr. Troy Rendell, Economic Regulation (w/enclosures - via hand delivery)
Ms. Cheryl Bulecza-Banks, Economic Regulation (w/enclosures - via hand delivery)
Ms. Tracey Biggins, Economic Regulation (w/enclosures - via hand delivery)
Mr. Keith Burge (w/enclosures - via U.S. Mail)
Robert C. Nixon, CPA (w/o enclosures - via U.S. Mail)
Mr. Frank Seidman (w/o enclosures - via U.S. Mail)

M:\1 ALTAMONTE\GOLD COAST UTILITY CORP\(.05) 2005 RATE CASE\PSC Clerk (Response to Deficiency Letter) 04.ltr.wpd

EXHIBIT

tabbles®

2

CHEMICAL PURCHASES 2005

JANUARY 2005 NONE

FEBRUARY 2005 NONE

MARCH 2005

3/30/05 PREFERRED PRODUCTS

4	150LB CHLORINE CYLINDERS	316.00
1	100LB DRUM 65% CCH	125.00
	LIABILITY INSURANCE	6.00
	FUEL SURCHARGE	5.00
	TOTAL	452.00

APRIL 2005 NONE

MAY 2005

5/12/05

HACH COMPANY

	DPD FREE CHLORINE POWDER PILLOWS	50.70
	DPD TOTAL CHLORINE POWDER PILLOWS	51.30
	SHIPPING	12.00
	TAX	7.14
	TOTAL	121.14

5/25/05

PREFERRED PRODUCTS

3	150LB CHLORINE CYLINDERS	232.50
---	--------------------------	--------

1 100 LB DRUM CCH	125.00
1 50 LB PAIL POWERED BACTERIA	400.00
LIABILITY INSURANCE	4.50
FUEL SURCHARGE	5.00

TOTAL	767.00
-------	--------

JUNE 2005 NONE

JULY 2005 NONE

AUGUST 2005

8/2/05 PREFERRED PRODUCTS

2 150LB CHLORINE CYLINDERS	155.00
1 100LB DRUM CCH	125.00
LIABILITY INSURANCE	3.00
FUEL SURCHARGE	5.00

TOTAL	288.00
-------	--------

SEPTEMBER 2005

9/27/05 HACH COMPANY

DPD FREE CHLORINE POWDER PILLOWS	50.70
DPD TOTAL CHLORINE POWDER PILLOWS	51.30
PH 7.00 BUFFER	19.35
PH 10.00 BUFFER	19.35

TOTAL	140.70
-------	--------

OCTOBER 2005

10/04/05 PREFERRED PRODUCTS

4 150LB CHLORINE CYLINDERS	330.00
1 100LB DRUM CCH	125.00

LIABILITY INSURANCE	6.00
FUEL SURCHARGE	10.00

TOTAL	471.00
-------	--------

NOVEMBER 2005

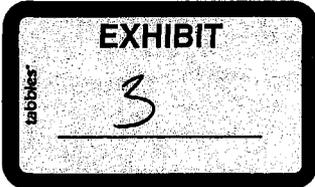
DECEMBER 2005

TOTAL	2239.84
-------	---------

DOSAGE RATES

WWTP 2.5 LBS PER DAY

WTP 1.5 LBS PER DAY





ANALYTICAL RESULTS

Printed: 09/21/06 03:11pm

DAVE PEARCE
GOLD COAST UTILITIES
10389 W LEISURE LN
NALCREST, FL 33856

Regarding:
KEITH BURGE
GOLD COAST UTILITIES
10389 W LEISURE LANE
NALCREST, FL 33856

Project No: 003670, GOLD COAST UTILITIES
Job Name: PWS TABLES 1-4
Job Id: DAVE PIERCE

Inv. No: 176174

Collected by: Customer Sampled

Laboratory	Client
Sample #	Sample #
L210195-1	PWS COMPLIANCE

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
Flags: ND or U-below MDL; IL-meets internal lab limits;MI-matrix interference; NA-not applicable.
Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code
FLDEP Flags: J(#)-estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-exceeds calibration; Q-holding time exceeded;
FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range;I-result between MDL and PQL;
Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;NJ FLO14; PA 68-03756;
Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

Respectfully submitted,

Tiffany Mackie
Project Manager

ANALYTICAL RESULTS

Printed: 09/21/06 03:11pm

Project No: 003670, GOLD COAST UTILITIES
 Job Name: PWS TABLES 1-4
 Job Id: DAVE PIERCE

Inv. No: 176174

Sample Number L210195-1
 Sample Description PWS COMPLIANCE
 Samp. Date/Time/Temp 08/17/06 10:20am NA C
 Receive Date 08/17/06
 Sampled by Customer Sampled
 Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Volatile Organic Compounds							
DICHLORODIFLUOROMETHANE	524.2	U ug/l	1	0.10	0.50	N/A	08/24 02:44 AK
CHLOROMETHANE	524.2	U ug/l	1	0.070	0.50	N/A	08/24 02:44 AK
VINYL CHLORIDE	524.2	U ug/l	1	0.090	0.50	N/A	08/24 02:44 AK
BROMOMETHANE	524.2	U ug/l	1	0.090	0.50	N/A	08/24 02:44 AK
CHLOROETHANE	524.2	U ug/l	1	0.060	0.50	N/A	08/24 02:44 AK
TRICHLOROFUOROMETHANE	524.2	U ug/l	1	0.050	0.50	N/A	08/24 02:44 AK
1,1-DICHLOROETHENE	524.2	U ug/l	1	0.12	0.50	N/A	08/24 02:44 AK
METHYLENE CHLORIDE	524.2	0.56 V ug/l	1	0.14	0.50	N/A	08/24 02:44 AK
TRANS-1,2-DICHLOROETHENE	524.2	U ug/l	1	0.16	0.50	N/A	08/24 02:44 AK
METHYL TERTIARY BUTYL ETHER	524.2	U ug/l	1	0.24	0.50	N/A	08/24 02:44 AK
1,1-DICHLOROETHANE	524.2	U ug/l	1	0.090	0.50	N/A	08/24 02:44 AK
CIS-1,2-DICHLOROETHENE	524.2	U ug/l	1	0.12	0.50	N/A	08/24 02:44 AK
BROMOCHLOROMETHANE	524.2	U ug/l	1	0.20	0.50	N/A	08/24 02:44 AK
CHLOROFORM	524.2	4.6 ug/l	1	0.11	0.50	N/A	08/24 02:44 AK
2,2-DICHLOROPROPANE	524.2	U ug/l	1	0.13	0.50	N/A	08/24 02:44 AK
1,2-DICHLOROETHANE	524.2	U ug/l	1	0.10	0.50	N/A	08/24 02:44 AK
1,1,1-TRICHLOROETHANE	524.2	U ug/l	1	0.070	0.50	N/A	08/24 02:44 AK
1,1-DICHLOROPROPENE	524.2	U ug/l	1	0.11	0.50	N/A	08/24 02:44 AK
CARBON TETRACHLORIDE	524.2	U ug/l	1	0.080	0.50	N/A	08/24 02:44 AK
BENZENE	524.2	U ug/l	1	0.10	0.50	N/A	08/24 02:44 AK
DIBROMOMETHANE	524.2	U ug/l	1	0.17	0.50	N/A	08/24 02:44 AK
1,2-DICHLOROPROPANE	524.2	U ug/l	1	0.070	0.50	N/A	08/24 02:44 AK
TRICHLOROETHENE	524.2	U ug/l	1	0.12	0.50	N/A	08/24 02:44 AK
BROMODICHLOROMETHANE	524.2	4.3 ug/l	1	0.13	0.50	N/A	08/24 02:44 AK
CIS-1,3-DICHLOROPROPENE	524.2	U ug/l	1	0.12	0.50	N/A	08/24 02:44 AK
TRANS-1,3-DICHLOROPROPENE	524.2	U ug/l	1	0.14	0.50	N/A	08/24 02:44 AK

ANALYTICAL RESULTS

Printed: 09/21/06 03:11pm

Project No: 003670, GOLD COAST UTILITIES

Inv. No: 176174

Job Name: PWS TABLES 1-4

Job Id: DAVE PIERCE

Sample Number L210195-1
 Sample Description PWS COMPLIANCE
 Samp. Date/Time/Temp 08/17/06 10:20am NA C
 Receive Date 08/17/06
 Sampled by Customer Sampled

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
1,1,2-TRICHLOROETHANE	524.2	U ug/l	1	0.20	0.50	N/A	08/24 02:44 AK
TOLUENE	524.2	U ug/l	1	0.11	0.50	N/A	08/24 02:44 AK
1,3-DICHLOROPROPANE	524.2	U ug/l	1	0.14	0.50	N/A	08/24 02:44 AK
DIBROMOCHLOROMETHANE	524.2	2.9 ug/l	1	0.050	0.50	N/A	08/24 02:44 AK
1,2-DIBROMOETHANE	524.2	U ug/l	1	0.13	0.50	N/A	08/24 02:44 AK
TETRACHLOROETHENE	524.2	U ug/l	1	0.10	0.50	N/A	08/24 02:44 AK
1,1,1,2-TETRACHLOROETHANE	524.2	U ug/l	1	0.11	0.50	N/A	08/24 02:44 AK
CHLOROBENZENE	524.2	U ug/l	1	0.15	0.50	N/A	08/24 02:44 AK
ETHYL BENZENE	524.2	U ug/l	1	0.060	0.50	N/A	08/24 02:44 AK
M&P-XYLENES	524.2	U ug/l	1	0.20	0.50	N/A	08/24 02:44 AK
BROMOFORM	524.2	0.31 I ug/l	1	0.15	0.50	N/A	08/24 02:44 AK
STYRENE	524.2	U ug/l	1	0.090	0.50	N/A	08/24 02:44 AK
1,1,1,2,2-TETRACHLOROETHANE	524.2	U ug/l	1	0.19	0.50	N/A	08/24 02:44 AK
O-XYLENE	524.2	U ug/l	1	0.13	0.50	N/A	08/24 02:44 AK
XYLENES (TOTAL)	524.2	U ug/l	1	0.130	0.500	N/A	08/24 02:44 AK
1,2,3-TRICHLOROPROPANE	524.2	U ug/l	1	0.24	0.50	N/A	08/24 02:44 AK
ISOPROPYLBENZENE	524.2	U ug/l	1	0.070	0.50	N/A	08/24 02:44 AK
BROMOBENZENE	524.2	U ug/l	1	0.060	0.50	N/A	08/24 02:44 AK
N-PROPYLBENZENE	524.2	U ug/l	1	0.070	0.50	N/A	08/24 02:44 AK
2-CHLOROTOLUENE	524.2	U ug/l	1	0.080	0.50	N/A	08/24 02:44 AK
4-CHLOROTOLUENE	524.2	U ug/l	1	0.11	0.50	N/A	08/24 02:44 AK
1,3,5-TRIMETHYLBENZENE	524.2	U ug/l	1	0.090	0.50	N/A	08/24 02:44 AK
T-BUTYLBENZENE	524.2	U ug/l	1	0.080	0.50	N/A	08/24 02:44 AK
1,2,4-TRIMETHYLBENZENE	524.2	U ug/l	1	0.10	0.50	N/A	08/24 02:44 AK
SEC-BUTYLBENZENE	524.2	U ug/l	1	0.050	0.50	N/A	08/24 02:44 AK
1,3-DICHLOROBENZENE	524.2	U ug/l	1	0.11	0.50	N/A	08/24 02:44 AK

ANALYTICAL RESULTS

Printed: 09/21/06 03:11pm

Project No: 003670, GOLD COAST UTILITIES
 Job Name: PWS TABLES 1-4
 Job Id: DAVE PIERCE

Inv. No: 176174

Sample Number L210195-1
 Sample Description PWS COMPLIANCE
 Samp. Date/Time/Temp 08/17/06 10:20am NA C
 Receive Date 08/17/06
 Sampled by Customer Sampled

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
1,4-DICHLOROBENZENE	524.2	U ug/l	1	0.13	0.50	N/A	08/24 02:44 AK
P-ISOPROPYLTOLUENE	524.2	U ug/l	1	0.10	0.50	N/A	08/24 02:44 AK
1,2-DICHLOROBENZENE	524.2	U ug/l	1	0.14	0.50	N/A	08/24 02:44 AK
N-BUTYLBENZENE	524.2	U ug/l	1	0.090	0.50	N/A	08/24 02:44 AK
1,2-DIBROMO-3-CHLOROPROPANE	524.2	U ug/l	1	0.20	0.50	N/A	08/24 02:44 AK
1,2,4-TRICHLOROBENZENE	524.2	U ug/l	1	0.17	0.50	N/A	08/24 02:44 AK
NAPHTHALENE	524.2	U ug/l	1	0.23	0.50	N/A	08/24 02:44 AK
HEXACHLOROBUTADIENE	524.2	U ug/l	1	0.12	0.50	N/A	08/24 02:44 AK
1,2,3-TRICHLOROBENZENE	524.2	U ug/l	1	0.11	0.50	N/A	08/24 02:44 AK
SURROGATES		% RECOVERY			% Recovery Limits		
BROMOFLUOROBENZENE (SURR)	524.2	79 %	1		70-130		08/24 02:44 AK
1,2-DICHLOROBENZENE-D4	524.2	93 %	1		70-130		08/24 02:44 AK
Metals Analysis							
ARSENIC	200.8	0.00062 I mg/l	1	0.00047	0.0020	08/21 00:00	08/21 22:44 AR
BARIUM	200.8	0.014 mg/l	1	0.000091	0.00050	08/21 00:00	08/21 22:44 AR
BERYLLIUM	200.8	U mg/l	1	0.00012	0.00050	08/21 00:00	08/21 22:44 AR
CADMIUM	200.8	U mg/l	1	0.000048	0.00050	08/21 00:00	08/21 22:44 AR
CHROMIUM	200.8	0.00053 I mg/l	1	0.00016	0.0010	08/21 00:00	08/21 22:44 AR
SODIUM	200.7	3.3 mg/l	1	0.054	0.25	N/A	08/23 22:03 EB
NICKEL	200.8	0.00021 I mg/l	1	0.00019	0.0010	08/21 00:00	08/21 22:44 AR
LEAD	200.8	U mg/l	1	0.000088	0.00050	08/21 00:00	08/21 22:44 AR
ANTIMONY	200.8	0.00013 IV mg/l	1	0.000058	0.00050	08/21 00:00	08/21 22:44 AR
SELENIUM	200.8	U mg/l	1	0.00040	0.0020	08/21 00:00	08/21 22:44 AR
THALLIUM	200.8	0.00013 IV mg/l	1	0.000075	0.00050	08/21 00:00	08/21 22:44 AR
Mercury Analysis							
MERCURY	245.1	U mg/l	1	0.000030	0.00020	08/22 00:00	08/23 13:46 JJ
Asbestos							
ASBESTOS WATER (E86772)	100.2	<0.18 MFL	1	0.18	0.18	N/A	08/19 14:00 SUB

ANALYTICAL RESULTS

Printed: 09/21/06 03:11pm

Project No: 003670, GOLD COAST UTILITIES

Inv. No: 176174

Job Name: PWS TABLES 1-4

Job Id: DAVE PIERCE

Sample Number L210195-1
 Sample Description PWS COMPLIANCE
 Samp. Date/Time/Temp 08/17/06 10:20am NA C
 Receive Date 08/17/06
 Sampled by Customer Sampled

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Disinfection By-Products BROMATE (E83079)	300.1	U ug/l	1	0.20	2.5	08/21 12:00	08/21 20:30 SUB
Chloramine CHLORAMINE (E83079)	4500-CL-D	U Q mg/l	1	0.030	0.10	N/A	08/21 14:47 SUB
Chlorine Dioxide CHLORINE DIOXIDE (E83079)	4500CL02	U Q mg/l	1	0.030	0.10	N/A	08/21 02:47 SUB
Disinfection By-Products CHLORITE (E83079)	300.1	U ug/l	1	0.42	5.0	08/21 12:00	08/21 20:30 SUB
MONOCHLOROACETIC ACID (E83079)	552.1	U ug/l	1	0.56	2.0	09/01 16:00	09/02 09:15 SUB
DICHLOROACETIC ACID (E83079)	552.1	U ug/l	1	0.55	1.0	09/01 16:00	09/02 09:15 SUB
TRICHLOROACETIC ACID (E83079)	552.1	U ug/l	1	0.34	1.0	09/01 16:00	09/02 09:15 SUB
MONOBROMOACETIC ACID (E83079)	552.1	U ug/l	1	0.35	1.0	09/01 16:00	09/02 09:15 SUB
DIBROMOACETIC ACID (E83079)	552.1	U ug/l	1	0.23	1.0	09/01 16:00	09/02 09:15 SUB
TOTAL HAA'S (E83079)	552.1	U ug/l	1	0.79	1.0	09/01 16:00	09/02 09:15 SUB
Ion Chromatography FLUORIDE	300.0	0.053 I mg/l	1	0.030	0.20	N/A	08/18 15:23 EF
NITRATE (AS N)	300.0	U mg/l	1	0.0056	0.050	N/A	08/18 15:23 EF
NITRITE (AS N)	300.0	U mg/l	1	0.016	0.050	N/A	08/18 15:23 EF
TOTAL NITRATE/NITRITE	300.0	U mg/l	1	0.022	0.10	N/A	08/18 15:23 EF
CYANIDE CYANIDE TOTAL, LOW LEVEL	335.4	U mg/l	1	0.0020	0.0050	08/21 10:00	08/21 18:20 IG

**** NOTES CONCERNING THE ABOVE SAMPLE ****

CCB11 Sb @ 0.00042 mg/L

CCB11 TL @ 0.00018 mg/L



ANALYTICAL RESULTS

Printed: 09/25/06 02:07pm

DAVE PEARCE
GOLD COAST UTILITIES
10389 W LEISURE LN
NALCREST, FL 33856

Regarding:

KEITH BURGE
GOLD COAST UTILITIES
10389 W LEISURE LANE
NALCREST, FL 33856

Account No: 003670, GOLD COAST UTILITIES
Project No: 003670, GOLD COAST UTILITIES

P.O. No:
PWSID No:

Inv. No: 176343

Sample Number L211187-1
Sample Description PWS
Samp. Date/Time/Temp 08/30/06 10:10am NA C
Receive Date 08/30/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

DISINFECTION BYPRODUCTS 62-550.310(3)

Cont. ID	Contaminant Name	MCL	Units	Analysis Result	Qual	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert#
2941	CHLOROFORM	70	ug/l	2.8		524.2	0.11	09/03/06	07:05	E86240
2942	BROMOFORM	4.4	ug/l	0.50	I	524.2	0.15	09/03/06	07:05	E86240
2943	BROMODICHLOROMETHANE	0.6	ug/l	3.4		524.2	0.13	09/03/06	07:05	E86240
2944	DIBROMOCHLOROMETHANE	0.4	ug/l	3.3		524.2	0.050	09/03/06	07:05	E86240

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.

Flags: ND or U-below MDL; IL-meets internal lab limits;MI-matrix interference; NA-not applicable.

Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code

FLDEP Flags: J(#)-estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-

exceeds calibration; Q-holding time exceeded;

FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range;I-result between MDL and PQL;

Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;NJ

FL014; PA 68-03756;

Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

Respectfully submitted,

Tiffany Mackie
Project Manager

ANALYTICAL RESULTS

Printed: 09/25/06 02:07pm

DAVE PEARCE
GOLD COAST UTILITIESKEITH BURGE
GOLD COAST UTILITIESAccount No: 003670, GOLD COAST UTILITIES
Project No: 003670, GOLD COAST UTILITIESP.O. No:
PWSID No:

Inv. No: 176343

Sample Number L211187-1
Sample Description PWS
Samp. Date/Time/Temp 08/30/06 10:10am NA C
Receive Date 08/30/06
Sampled by Customer Sampled

SYNTHETIC ORGANICS 62-550.310(4)(b)

Cont. ID	Contaminant Name	MCL	Units	Analysis Result	Qual	Analytical Method	Lab MDL	RDL	Extr Date	Analysis Date	Time	DOH Lab Cert#
2005	ENDRIN	2	ug/l	0.0078	U	508.1	0.007	0.009	09/07/06	09/08/06	16:33	E83079
2010	LINDANE	0.2	ug/l	0.0078	U	508.1	0.007	0.009	09/07/06	09/08/06	16:33	E83079
2015	METHOXYCHLOR	40	ug/l	0.019	U	508.1	0.019	0.049	09/07/06	09/08/06	16:33	E83079
2020	TOXAPHENE	3	ug/l	0.086	U	508.1	0.086	0.17	09/07/06	09/08/06	16:33	E83079
2031	DALAPON	200	ug/l	0.78	U	515.3	0.78	1.0	09/07/06	09/11/06	20:00	E83079
2032	DIQUAT	20	ug/l	0.29	U	549.2	0.29	0.40	09/01/06	09/07/06	21:06	E83079
2033	ENDOTHALL	100	ug/l	2.7	U	548.1	2.7	9.0	09/06/06	09/08/06	17:07	E83079
2034	GLYPHOSATE	700	ug/l	3.2	U	547	3.2	6.0	09/05/06	09/06/06	01:34	E83079
2035	ADIPATE,DI(2-ETHYLHEXYL)	400	ug/l	0.22	U	525.2	0.22	1.5	09/06/06	09/08/06	20:48	E83079
2036	OXAMYL(VYDATE)	200	ug/l	0.52	U	531.1	0.52	2.0	09/06/06	09/07/06	15:38	E83079
2037	SIMAZINE	4	ug/l	0.12	U	508.1	0.12	1.5	09/07/06	09/08/06	16:33	E83079
2039	PHTHALATE,DI(2-ETHYLHEXYL)	6	ug/l	0.48	U	525.2	0.48	1.9	09/06/06	09/08/06	20:48	E83079
2040	PICLORAM	500	ug/l	0.037	U	515.3	0.037	0.10	09/07/06	09/11/06	20:00	E83079
2041	DINOSEB	7	ug/l	0.16	U	515.3	0.16	0.20	09/07/06	09/11/06	20:00	E83079
2042	HEXACHLOROCYCLOPENTADIENE	50	ug/l	0.017	U	508.1	0.017	0.097	09/07/06	09/08/06	16:33	E83079
2046	CARBOFURAN	40	ug/l	0.45	U	531.1	0.45	2.0	09/06/06	09/07/06	15:38	E83079
2050	ATRAZINE	3	ug/l	0.13	U	508.1	0.13	0.29	09/07/06	09/08/06	16:33	E83079
2051	ALACHLOR	2	ug/l	0.014	U	508.1	0.014	0.097	09/07/06	09/08/06	16:33	E83079
2065	HEPTACHLOR	0.4	ug/l	0.025	U	508.1	0.025	0.029	09/07/06	09/08/06	16:33	E83079
2067	HEPTACHLOR EPOXIDE	0.2	ug/l	0.0058	U	508.1	0.005	0.009	09/07/06	09/08/06	16:33	E83079
2105	2,4-DICHLOROPHENOXYACETIC ACID	70	ug/l	0.071	U	515.3	0.071	0.10	09/07/06	09/11/06	20:00	E83079
2110	SILVEX, METHYL ESTER	50	ug/l	0.057	U	515.3	0.057	0.20	09/07/06	09/11/06	20:00	E83079
2274	HEXACHLOROBENZENE	1	ug/l	0.0078	U	508.1	0.007	0.097	09/07/06	09/08/06	16:33	E83079
2306	BENZO(A)PYRENE	0.2	ug/l	0.034	U	525.2	0.034	0.096	09/06/06	09/08/06	20:48	E83079
2326	PENTACHLOROPHENOL	1	ug/l	0.0080	U	515.3	0.008	0.040	09/07/06	09/11/06	20:00	E83079
2383	POLYCHLORINATED BIPHENYLS (PCBs)	0.5	ug/l	0.097	U	508.1	0.097	0.097	09/07/06	09/08/06	16:33	E83079
2931	DIBROMOCHLOROPROPANE	0.2	ug/l	0.0061	U	504.1	0.006	0.020	09/05/06	09/05/06	17:17	E86240
2931	DIBROMOCHLOROPROPANE	0.2	ug/l	0.20	U	524.2	0.20	0.50	09/03/06	09/03/06	07:05	E86240
2946	ETHYLENE DIBROMIDE (EDB)	0.02	ug/l	0.027	UMI	504.1	0.027	0.10	09/05/06	09/06/06	18:30	E86240

ANALYTICAL RESULTS

Printed: 09/25/06 02:07pm

DAVE PEARCE
GOLD COAST UTILITIES

KEITH BURGE
GOLD COAST UTILITIES

Account No: 003670, GOLD COAST UTILITIES
Project No: 003670, GOLD COAST UTILITIES

P.O. No:
PWSID No:

Inv. No: 176343

Sample Number L211187-1
Sample Description PWS
Samp. Date/Time/Temp 08/30/06 10:10am NA C
Receive Date 08/30/06
Sampled by Customer Sampled

Cont. ID	Contaminant Name	MCL	Units	Analysis Result	Qual	Analytical Method	Lab MDL	RDL	Extr Date	Analysis Date	Time	DOH Lab Cert#
2946	ETHYLENE DIBROMIDE (EDB)	N/A	ug/l	0.13	U	524.2	0.13	0.50	09/03/06	09/03/06	07:05	E86240
2959	CHLORDANE	2	ug/l	0.056	U	508.1	0.056	0.097	09/07/06	09/08/06	16:33	E83079

ANALYTICAL RESULTS

Printed: 09/25/06 02:07pm

DAVE PEARCE
GOLD COAST UTILITIES

KEITH BURGE
GOLD COAST UTILITIES

Account No: 003670, GOLD COAST UTILITIES
Project No: 003670, GOLD COAST UTILITIES

P.O. No:
PWSID No:

Inv. No: 176343

Sample Number L211187-1
Sample Description PWS
Samp. Date/Time/Temp 08/30/06 10:10am NA C
Receive Date 08/30/06
Sampled by Customer Sampled

OTHER Cont. ID	CONTAMINANTS Contaminant Name	MCL	Units	Analysis Result	Qual	Analytical Method	Lab MDL	Analysis Date	Time	DOH Lab Cert#
	2-CHLOROTOLUENE	N/A	ug/l	0.080	U	524.2	0.080	09/03/06	07:05	E86240
2210	CHLOROMETHANE	2.7	ug/l	0.070	U	524.2	0.070	09/03/06	07:05	E86240
	HEXACHLOROBUTADIENE	0.4	ug/l	0.12	U	524.2	0.12	09/03/06	07:05	E86240
2412	1,3-DICHLOROPROPANE	N/A	ug/l	0.14	U	524.2	0.14	09/03/06	07:05	E86240
	N-BUTYLBENZENE	N/A	ug/l	0.090	U	524.2	0.090	09/03/06	07:05	E86240
2967	1,3-DICHLOROBENZENE	210	ug/l	0.11	U	524.2	0.11	09/03/06	07:05	E86240
2416	2,2-DICHLOROPROPANE	N/A	ug/l	0.13	U	524.2	0.13	09/03/06	07:05	E86240
2988	1,1,2,2-TETRACHLOROETHANE	0.2	ug/l	0.19	U	524.2	0.19	09/03/06	07:05	E86240
2214	BROMOMETHANE	9.8	ug/l	0.090	U	524.2	0.090	09/03/06	07:05	E86240
2216	CHLOROETHANE	12	ug/l	0.060	U	524.2	0.060	09/03/06	07:05	E86240
2414	1,2,3-TRICHLOROPROPANE	0.02	ug/l	0.24	U	524.2	0.24	09/03/06	07:05	E86240
	TRANS-1,3-DICHLOROPROPENE	N/A	ug/l	0.14	U	524.2	0.14	09/03/06	07:05	E86240
	BROMOCHLOROMETHANE	91	ug/l	0.20	U	524.2	0.20	09/03/06	07:05	E86240
	N-PROPYLBENZENE	N/A	ug/l	0.070	U	524.2	0.070	09/03/06	07:05	E86240
2218	TRICHLOROFLUOROMETHANE	2100	ug/l	0.050	U	524.2	0.050	09/03/06	07:05	E86240
2408	DIBROMOMETHANE	N/A	ug/l	0.17	U	524.2	0.17	09/03/06	07:05	E86240
2993	BROMOBENZENE	N/A	ug/l	0.060	U	524.2	0.060	09/03/06	07:05	E86240
	P-ISOPROPYLTOLUENE	N/A	ug/l	0.10	U	524.2	0.10	09/03/06	07:05	E86240
	NAPHTHALENE	14	ug/l	0.23	U	524.2	0.23	09/03/06	07:05	E86240
2212	DICHLORODIFLUOROMETHANE	1400	ug/l	0.10	U	524.2	0.10	09/03/06	07:05	E86240
	1,3,5-TRIMETHYLBENZENE	10	ug/l	0.090	U	524.2	0.090	09/03/06	07:05	E86240

ANALYTICAL RESULTS

Printed: 09/25/06 02:07pm

DAVE PEARCE
GOLD COAST UTILITIES

KEITH BURGE
GOLD COAST UTILITIES

Account No: 003670, GOLD COAST UTILITIES
Project No: 003670, GOLD COAST UTILITIES

P.O. No: Inv. No: 176343
PWSID No:

Sample Number L211187-1
Sample Description PWS
Samp. Date/Time/Temp 08/30/06 10:10am NA C
Receive Date 08/30/06
Sampled by Customer Sampled

Cont. ID	Contaminant Name	MCL	Units	Analysis Result	Qual	Analytical Method	Lab MDL	Analysis Date	Time	DOH Lab Cert#
	ISOPROPYLBENZENE	N/A	ug/l	0.070	U	524.2	0.070	09/03/06	07:05	E86240
	METHYL TERTIARY BUTYL ETHER	N/A	ug/l	0.24	U	524.2	0.24	09/03/06	07:05	E86240
2410	1,1-DICHLOROPROPENE	N/A	ug/l	0.11	U	524.2	0.11	09/03/06	07:05	E86240
	1,2,4-TRIMETHYLBENZENE	10	ug/l	0.10	U	524.2	0.10	09/03/06	07:05	E86240
2978	1,1-DICHLOROETHANE	70	ug/l	0.090	U	524.2	0.090	09/03/06	07:05	E86240
	1,2,3-TRICHLOROBENZENE	70	ug/l	0.11	U	524.2	0.11	09/03/06	07:05	E86240
2986	1,1,1,2-TETRACHLOROETHANE	1.3	ug/l	0.11	U	524.2	0.11	09/03/06	07:05	E86240
	CIS-1,3-DICHLOROPROPENE	N/A	ug/l	0.12	U	524.2	0.12	09/03/06	07:05	E86240
	SEC-BUTYLBENZENE	N/A	ug/l	0.050	U	524.2	0.050	09/03/06	07:05	E86240
2966	4-CHLOROTOLUENE	N/A	ug/l	0.11	U	524.2	0.11	09/03/06	07:05	E86240
	T-BUTYLBENZENE	N/A	ug/l	0.080	U	524.2	0.080	09/03/06	07:05	E86240

RECEIVED

JAN 30 2006

ENVIRONMENTAL
 ENGINEERING

Lab Receipt Date & Time: 1-24-06 10:34
 Analysis Date & Time: 1-24-06 @ 12:20
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice
 Disinfectant Check: Not Detected Not
 This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Label: _____
 Analysis Requested: (please check all that apply)
 Standard Coliform Test
 HPC
 Other: _____

System Name: GOLD COAST UTILITY CORP.
 System Address: 16389 W. LEISURE LN
 System or Owner's Phone #: (863) 696-0504
 Collector: DK Pearce

PWS I.D.: 3 5 3 1 0 0 8
 City: NALCREST
 Fax #: (863) 696-0504
 Collector's Phone #: (863) 696-0504

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other
 Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other
 Sample Collection Date: 1/24/06

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/L)	pH	Total Coliform Analysis Method: SM9222B				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
1	WELL #1	0920	R			A				031-012406
2	WELL #2	0930	R			A				032-012406
3	LAKE SHORE AT21 CIRCLE DR.	0855	D	0.94		A				033-012406
4	VILLAGE GREEN BLDG C	0840	D	0.94		A				034-012406
5	LAKE MHP 2207 THORNTON	0825	D	0.93		P	P			035-012406
6	GRANADA BLDG A	0810	D	0.90		P	A			036-012406
7	NALCREST 54103 NALCREST RD	0910	D	0.81		P	A			037-012406

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.)

²Defined in Florida Administrative Code Rule 62-160, Table 1
 All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is: (Please see instructions on reverse):
 A certified operator (# C-8184) Employed by a certified lab
 Supervised by a cert operator (# C-8184) Employed by DEP or DOH

Date PWS notified by lab of positive results: 1/25/06 @ 12:55
 Date State notified by lab of positive results: 1/25/06 @ 1:00

Lab Signature: *[Signature]*
 Title: Lab Manager

Name and Mailing Address of Person to Receive Report
 Spectrum Laboratories, Inc.
 P.O. Box 798
 Babson Park, FL 33827

DEP/DOH USE ONLY

Satisfactory (others) Incomplete Collection Information
 Repeat Samples Required (#s: 035, 036, 037) Replacement Samples Required

Date Reviewed by DEP/DOH: 2/2/06
 DEP/DOH Reviewing Official: *[Signature]*

DRINKING WATER BACTERIOLOGICAL REPORT



Spectrum Laboratories, Inc. FORT LAUDERDALE • SAVANNAH • BARBON PARK
 Hwy 17, Babson Park, FL 33027
 Registration No. FB4404

RECEIVED

FEB 27 2006

ENVIRONMENTAL
 ENGINEERING

Contract Number: _____
 Sub-Contract Lab ID: _____
 Analysis Requested: (please check all that apply)
 Standard Coliform Test
 TPC
 Other

Lab Receipt Date & Time: 2/22/06 @ 11:21
 Analysis Date & Time: 2/22/06 @ 1306
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice _____
 Disinfectant Check: Not Detected _____
 This sample does not meet the following NELAP requirements:

Client Name: GOLD COAST Utility Corp.
 Client Address: 14389 W. LEISURE LN
 Client or Owner's Phone #: 863-696-0504
 Collector: DK Pearce

PWS ID: 3531008
 City: NALCREST
 Fax #: same
 Collector's Phone #: 863-696-0504

Source of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other
 Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other
 Sample Collection Date: 2/22/06

To be completed by collector of sample					To be completed by lab					
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Resid (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier?	Lab Sample Number
1	WELL #1	1025	R				A			022206 018
2	WELL #2	1035	R				A			022206 019
3	LAKE SHORE 3023 CIRCLE DR.	0920	D	1.11			A			022206 020
4	VILLAGE GREEN BLDG I	0930	D	1.06			A			022206 021
5	LAKES HRP 2207 THOREAU DR.	0945	D	1.14			A			022206 022
6	GRANADA BLDG A	0955	D	1.17			A			022206 023
7	NALCREST 54103 NALC RD	1015	D	1.02			A			022206 024

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 100. Do not include raw or plant samples in the average.)
 Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is: (Please see instructions on reverse):
 A certified operator (# C-8184) Employed by a certified lab
 Supervised by a cert operator (# C-8184) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
 Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report
 Spectrum Laboratories, Inc.
 P.O. Box 798
 Babson Park, FL 33827

Lab Signature: _____
 Title: Lab Manager

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: 3/3/06
 DEP/DOH Reviewing Official: RS

Sample Type Codes: D - Distribution (Routine Compliance), C - Repeat or Check, R - Raw, H - Entry to Distribution, P - Plant Tap, S - Special (clearance, etc.)
 Analysis Methods: MP - SM9221A, LA - LA118 - 9221B & EC/MP, TMM/MP - SM9221B, HEC - SM9215B



Spectrum Laboratories, Inc. FORT LAUDERDALE • SAVANNAH • BABSON PARK

1 Hwy 17, Babson Park, FL 33827
 Identification No. EB4404

RECEIVED
 MAR 31 2006
 ENVIRONMENTAL
 ENGINEERING

Lab Receipt Date & Time: 3/22/06 @ 10:47
 Analysis Date & Time: 3/22/06 @ 12:51

Well Number: _____ Sub Contract Lab ID: _____
 Analysis Requested: (please check all that apply)
 Standard Coliform Test
 HPC
 Other

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice _____
 Disinfectant Check Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

System Name: GOLD COAST UTILITY CORP.
 Main Address: 10389 W. LEISURE LN
 City/County/Owner's Phone #: _____
 Collector: DK Pearce
 Type of Supply: (check only one)

PWS I.D. 3 5 3 1 0 0 8
 City: NALCREST
 Fax #: _____
 Collector's Phone #: 863-696-4544

Community Water System Non-Transient Non community Water System Transient Non community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other _____
 Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other
 Sample Collection Date: 3/22/06

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	To be completed by lab				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier?	Lab Sample Number
1	Well #1	0950	R			A				009-03220
2	Well #2	1000	R			A				010-03220
3	Lake shore 2023 Circle Dr.	0900	D	0.60		P	P			011-03220
4	Village Green Bldg R	0848	D	0.61		A				012-03220
5	Lakes 10103 Lowell Dr.	0835	D	0.58		A				013-03220
6	Grenada Bldg F	0820	D	0.62		P	P			014-03220
7	Nalcrest + 23108 Nalcrest Rd	0805	D	0.40		A				015-03220

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 100. Do not include raw or plant samples in the average)

0.57
 Date PWS notified by lab of positive results: 03/23/06, 03/24/06
 Date State notified by lab of positive results: 03/28/06

Disinfectant Residual Analysis Method: DPD Colorimetric Other _____
 Reason performing analysis is (Please see instructions on reverse):
 A certified operator (# C-8184) Employed by a certified lab
 Supervised by a cert operator (# C-8184) Employed by DEP or DOH

Name and Mailing Address of Person to Receive Report
Spectrum Laboratories, Inc.
 P.O. Box 798
 Babson Park, FL 33827

Lab Signature: _____
 Title: Lab Manager

DEP/DOH USE ONLY

Satisfactory (others) Incomplete Collection Information
 Repeat Samples Required (# 0110, # 0140) Replacement Samples Required

Date Reviewed by DEP/DOH: 4/4/06
 DEP/DOH Reviewing Official: [Signature]

Sample Type Codes: D - Distribution (Routine Compliance), C - Repeat or Check, R - Raw, H - Entry to Distribution, P - Plant Tap, S - Special (clearance, etc.)
 Analysis Methods: MF - SM9222B, MF - 9222B, MF - 9222B, MF - 9222B, MF - 9222B

Hwy 17, Babson Park, FL 33827
 Telephone No. 884401

RECEIVED

APR 28 2006

ENVIRONMENTAL ENGINEERING

Order Number: _____
 Analysis Requested: (please check all that apply)
 Standard Coliform Test
 HPC
 Other: _____

(Sub-Contract Lab #)

Lab Receipt Date & Time: 4/20/06 @ 11:25
 Analysis Date & Time: 4/20/06 @ 12:35
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice
 Disinfectant Check: Not Detected mg/L
 This sample does not meet the following NELAC requirements:

Client Name: **GOLD COAST UTILITY CORP.**
 Client Address: **10389 W. KEYSURE LN**
 Client or Owner's Phone #: **(863) 696-0504**
 Collector: **D. Pearce**

PWS I.D. **3531008**
 City: **NALCREST**
 Fax #: **(863) 696-0504**
 Collector's Phone #: **(863) 696-0504**

Source of Supply: (check only one)
 Community Water System
 Limited Use System: Bottled Water Private Well Swimming Pool
 Non-Transient Non-community Water System
 Transient Non-community Water System
 Other
 Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other
 Sample Collection Date: **4/20/06**

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	To be completed by lab				
						Total Coliform Analysis Method: SM922B		Fecal or E. coli Analysis Method: SM921E		Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Date Qualifier?	Lab Sample Number
1	WELL # 1	1055					A			013 042006
2	WELL # 2	1445					A			014 042006
3	LAKESHORE 4721 Circle Dr.	0945		1.09			A			015 042006
4	Village Green Bldg "C"	1000		1.12			A			016 042006
5	LAKES MAP 2320 Thoreau Dr.	1012		1.18			A			017 042006
6	Granada "BLDG A"	1023		1.14			A			018 042006
7	NALCREST 54103 NALCREST RD	1036		1.12			A			019 042006

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 500. Do not include raw or plant samples in the average.)

1.13

All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is (Please see instructions on reverse):
 A certified operator (# **C-8184**) Employed by a certified lab
 Supervised by a cert operator (# **C-8184**) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
 Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report
Spectrum Laboratories, Inc.
P.O. Box 798
Babson Park, FL 33827

Lab Signature: _____
 Title: **Lab Manager**
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: **4/28/06**
 DEP/DOH Reviewing Official: _____

Sample Type Codes: D = Distribution (Routine Compliance), C = Repeat or Check, R = Raw, H = Entry to Distribution, P = Plant Tap, S = Special (clearance, etc.)
 Test Methods: MC = SM9221A & D, ME = SM921E, MFC = SM9221B, MFC = SM9221B, MFC = SM9221B, MFC = SM921E



laboratories, Inc. FORT LAUDERDALE • SAVANNAH • BABSON PARK

1 Hwy 17, Babson Park, FL 33827
Licitation No. EB4401

RECEIVED

JUN 01 2006

ENVIRONMENTAL
ENGINEERING

Lab Receipt Date & Time: 5-25-06 10:50

Analysis Date & Time: 05/25/06 @ 1:55

Sample Acceptance Criteria:

Sample Preservation: On Ice Not On Ice

Disinfectant Check: Not Detected

This sample does not meet the following NELAC requirements

port Number: Sub Contract Lab ID

Analysis Requested: (please check all that apply)

Standard Coliform Test

HPC

Other

System Name: GOLD COAST UTILITY CORP.

System Address: 10389 W. LEISURE LANE

System or Owner's Phone #: 863-696-0504

Collector: DPLANCE

Type of Supply: (check only one)

Community Water System

Non-Transient Non-community Water System

Transient Non-community Water System

Limited Use System Bottled Water

Private Well

Swimming Pool

Other

Reason for Sampling: (check only one)

Routine Compliance

Repeat

Replacement

Main Clearance

Well Survey

Other

Sample Collection Date: 5/25/06

PWS ID: 3 5 3 1 0 0 8

City: NALCREST

Tax #: SAME

Collector's Phone #: 863-696-0504

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfected Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B Fecal or E. coli Analysis Method: SM9221E				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier?	Lab Sample Number
1	WELL #1	1020					A			052506-007
2	WELL #2	1015					A			052506-008
3	LAKESHORE 4721 CIRCLE DR	1005		0.76			A			052506-009
4	VILLAGE GREEN BLDG C	0950		0.76			A			052506-010
5	LAKES 2320 THOREAU D.A.	0930		0.77			A			052506-011
6	Granada BLDG A	0915		0.76			A			052506-012
7	NALCREST 54103 NALCREST RD	0900		0.63			A			052506-013

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 10,000. Do not include raw or plant samples in the average.)

0.73

All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: DPD Colorimetric Other

Person performing analysis is (Please see instructions on reverse):

A certified operator (# C-8104)

Employed by a certified lab

Supervised by a cert operator (# C-8184)

Employed by DEP or DOH

Date PWS notified by lab of positive results

Date State notified by lab of positive results

Lab Signature:

Title: Lab Manager

Name and Mailing Address of Person to Receive Report

Spectrum Laboratories, Inc.
P.O. Box 798
Babson Park, FL 33827

DEP/DOH USE ONLY

Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: 6/5/06

DEP/DOH Reviewing Official:

ANALYTICAL RESULTS

Printed: 06/26/06 04:40pm

Regarding:

ATTN: REGINALD BURGE
 LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Account No: 000898, LANIGER ENTERPRISES
 Project No: 000898, LANIGER ENTERPRISES
 Job Id: TOTAL COLIFORM

P.O. No:
 PWSID No:

Inv. No: 171039

Sample Number L207272-1
 Sample Description WELL # 1
 Samp. Date/Time/Temp 06/23/06 10:55am NA C
 Receive Date 06/23/06
 Sampled by Customer Sampled
 Received Temp 1 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	06/24 10:30	06/25 10:30 YR

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
 Flags: ND or U-below MDL; IL-meets internal lab limits; MI-matrix interference; NA-not applicable.
 Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code
 FLDEP Flags: J(#)-estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-exceeds calibration; Q-holding time exceeded;
 FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range; I-result between MDL and PQL;
 Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;
 Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

ANALYTICAL RESULTS

Printed: 06/26/06 04:40pm

ATTN: REGINALD BURGE
 LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Regarding:

LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Account No: 000898, LANIGER ENTERPRISES
 Project No: 000898, LANIGER ENTERPRISES
 Job Id: TOTAL COLIFORM

P.O. No:
 PWSID No:

Inv. No: 171039

Sample Number L207272-2
 Sample Description WELL # 2
 Samp. Date/Time/Temp 06/23/06 10:48am NA C
 Receive Date 06/23/06
 Sampled by Customer Sampled
 Received Temp 1 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	06/24 10:30	06/25 10:30 YR

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
 Flags: ND or U-below MDL; IL-meets internal lab limits; MI-matrix interference; NA-not applicable.
 Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRW = dry wt; ASIS = wet wt; C(#) See attached USB code
 FLDEP Flags: J(#) -estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-exceeds calibration; Q-holding time exceeded;
 FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range; I-result between MDL and PQL;
 Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;
 Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

ANALYTICAL RESULTS

Printed: 06/26/06 04:40pm

ATTN: REGINALD BURGE
 LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Regarding:

LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Account No: 000898, LANIGER ENTERPRISES
 Project No: 000898, LANIGER ENTERPRISES
 Job Id: TOTAL COLIFORM

P.O. No:
 PWSID No:

Inv. No: 171039

Sample Number L207272-3
 Sample Description LAKESHORE
 Samp. Date/Time/Temp 06/23/06 09:50am NA C
 Receive Date 06/23/06
 Sampled by Customer Sampled
 Received Temp 1 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	06/24 10:30	06/25 10:30 YR

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
 Flags: ND or U-below MDL; IL-meets internal lab limits;MI-matrix interference; NA-not applicable.
 Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code
 FLDEP Flags: J(#)-estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-exceeds calibration; Q-holding time exceeded;
 FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range;I-result between MDL and PQL;
 Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;
 Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

ANALYTICAL RESULTS

Printed: 06/26/06 04:40pm

ATTN: REGINALD BURGE
 LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Regarding:

LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Account No: 000898, LANIGER ENTERPRISES
 Project No: 000898, LANIGER ENTERPRISES
 Job Id: TOTAL COLIFORM

P.O. No: Inv. No: 171039
 PWSID No:

Sample Number L207272-4
 Sample Description VIL. GREEN
 Samp. Date/Time/Temp 06/23/06 10:00am NA C
 Receive Date 06/23/06
 Sampled by Customer Sampled
 Received Temp 1 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	06/24 10:30	06/25 10:30 YR

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
 Flags: ND or U-below MDL; IL-meets internal lab limits;MI-matrix interference; NA-not applicable.
 Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code
 FLDEP Flags: J(#)-estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-exceeds calibration; Q-holding time exceeded;
 FLDEP Flags: T-value<MDL; Y-present in blank; Y-improper preservation; B-colonies exceed range;I-result between MDL and PQL;
 Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;
 Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

ANALYTICAL RESULTS

Printed: 06/26/06 04:40pm

Regarding:

ATTN: REGINALD BURGE
 LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Account No: 000898, LANIGER ENTERPRISES
 Project No: 000898, LANIGER ENTERPRISES
 Job Id: TOTAL COLIFORM

P.O. No:
 PWSID No:

Inv. No: 171039

Sample Number L207272-5
 Sample Description LAKES
 Samp. Date/Time/Temp 06/23/06 10:10am NA C
 Receive Date 06/23/06
 Sampled by Customer Sampled
 Received Temp 1 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date,Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	06/24 10:30	06/25 10:30 YR

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
 Flags: ND or U-below MDL; IL-meets internal lab limits; MI-matrix interference; NA-not applicable.
 Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code
 FLDEP Flags: J(#) -estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-
 exceeds calibration; O-holding time exceeded;
 FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range; I-result between MDL and PQL;
 Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;
 Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

ANALYTICAL RESULTS

Printed: 06/26/06 04:40pm

ATTN: REGINALD BURGE
 LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Regarding:

LANIGER ENTERPRISES
 2340 N.E. DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

Account No: 000898, LANIGER ENTERPRISES P.O. No: Inv. No: 171039
 Project No: 000898, LANIGER ENTERPRISES PWSID No:
 Job Id: TOTAL COLIFORM

Sample Number L207272-6
 Sample Description GRANADA
 Samp. Date/Time/Temp 06/23/06 10:20am NA C
 Receive Date 06/23/06
 Sampled by Customer Sampled
 Received Temp I C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	06/24 10:30	06/25 10:30 YR

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
 Flags: ND or U-below MDL; IL-meets internal lab limits; MI-matrix interference; NA-not applicable.
 Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code
 FLDEP Flags: J(#)-estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-exceeds calibration; Q-holding time exceeded;
 FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range; I-result between MDL and PQL;
 Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;
 Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

ANALYTICAL RESULTS

Printed: 06/26/06 04:40pm

Regarding:

ATTN: REGINALD BURGE
LANIGER ENTERPRISES
2340 N.E. DIXIE HIGHWAY
JENSEN BEACH, FL 34957

LANIGER ENTERPRISES
2340 N.E. DIXIE HIGHWAY
JENSEN BEACH, FL 34957

Account No: 000898, LANIGER ENTERPRISES
Project No: 000898, LANIGER ENTERPRISES
Job Id: TOTAL COLIFORM

P.O. No:
PWSID No:

Inv. No: 171039

Sample Number L207272-7
Sample Description NALCREST
Samp. Date/Time/Temp 06/23/06 10:35am NA C
Receive Date 06/23/06
Sampled by Customer Sampled
Received Temp 1 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	06/24 10:30	06/25 10:30 YR

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
Flags: ND or U-below MDL; IL-meets internal lab limits; MI-matrix interference; NA-not applicable.
Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code
FLDEP Flags: J(#) -estimated 1:surr. fail 2:no known QC req. 3:QC fail XR or XRPD; 4:matrix int. 5:improper fld. protocol; L-
exceeds calibration; Q-holding time exceeded;
FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range; I-result between MDL and PQL;
Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;
Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

USBiosYSTEMS

3231NW 7th Ave, Boca Raton, FL 33431
www.usbiosystems.com

CHAIN OF CUSTODY RECORD

Log# 207270 TWS G Quote: _____ Page 1 of 1

Container Type Codes		
AV Amber Vial	ES	Grease Sampler
CV Clear Vial	PPV	Preserved vial
P Plastic	PL C	Plastic container
A Amber Litr	FL J	Fluic Jar
C Clear Jar	ZPCS	Zinc bag
AP Amber Plastic	TELLAR B	Teller bag
AG Amber Glass	WHIRL P	Whirl pak
SJ Soil Jar	G	Soil Jar

Other: _____
 (2oz), 4oz, 8oz, 16oz, 32oz or 1, 40oz other
 Example: AcP = Acid Plastic, Seal = Bag Soil Jar

Company Name GOLD COAST WLLP
 Address: PO Box 9076
 City: Lake Shore State: FL Zip: 33454
 Attn: _____ Fax: 561-965-0504
 email: LUXCO@MSN.COM
 Project Name Total Coliform Proj # _____
 Sampler Signature _____ Phone# _____

1	2	3	4	5	6	7
-	-	471	0.60	0.54	0.56	0.94
SHOR						
Total Coliform						

Matrix Codes		
ED Solid Waste	WW Waste Water	
SD Soil	AFW Analyte Free Water	
SE Sediment	DW Drinking Water	
OL Oil	BU Surface Water	
PE Petroleum	AG Aqueous	
AW Aqueous	SW Source Water	
LI Liquid	O Other	
CS Contaminated Solid		(Please Specify)

Filter Codes		
A. None	E. HCL	I. Ice
B. HNO3	F. MeOH	J. MCAA
C. H2SO4	G. Na2S2O4	K. Zn Acetate
D. NaOH	H. NaHSO4	O. Other

1	2	3	4	5	6	7
10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04
10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04
10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04
10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04
10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04
10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04
10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04
10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04
10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04	10/20/04

REMARKS

10/20/04

ORIGINAL

Signature	Date	Time	Location	Initials	Signature	Date	Time	Location	Initials
<u>[Signature]</u>	<u>11/10/04</u>	<u>11:00</u>	<u>USA</u>	<u>USA</u>	<u>[Signature]</u>	<u>11/10/04</u>	<u>11:00</u>	<u>USA</u>	<u>USA</u>
<u>[Signature]</u>	<u>11/10/04</u>	<u>17:00</u>	<u>USA</u>	<u>USA</u>	<u>[Signature]</u>	<u>11/10/04</u>	<u>17:00</u>	<u>USA</u>	<u>USA</u>

Lab Use Only	
Yes	No / N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ANALYTICAL RESULTS
Printed: 08/02/06 12:00pm

Project No: 000898, LANIGER ENTERPRISES
Job Name: **TOTAL COLIFORM RE-TEST**
Job Id:

Inv. No: 173238

Sample Number L209079-1
Sample Description VIL GREEN BLDG-R
Samp. Date/Time/Temp 07/26/06 10:40am NA C
Receive Date 07/27/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	PRESENT* cfu/100m	1	1.0	1.0	07/27 09:35	07/28 10:25 RB

**** NOTES CONCERNING THE ABOVE SAMPLE ****

TOTAL COLIFORM - See attached Case Narrative or Non-Conformance/Corrective Action Report

Project No: 000898, LANIGER ENTERPRISES
Job Name: TOTAL COLIFORM RE-TEST
Job Id:

Inv. No: 173238

Sample Number L209079-2
Sample Description VIL GREEN UPSTREAM
Samp. Date/Time/Temp 07/26/06 10:30am NA C
Receive Date 07/27/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT* cfu/100m	1	1.0	1.0	07/27 09:35	07/28 10:25 RB

**** NOTES CONCERNING THE ABOVE SAMPLE ****

TOTAL COLIFORM - See attached Case Narrative or Non-Conformance/Corrective Action Report

ANALYTICAL RESULTS
Printed: 08/02/06 12:00pm

Project No: 000898, LANIGER ENTERPRISES
Job Name: **TOTAL COLIFORM RE-TEST**
Job Id:

Inv. No: 173238

Sample Number L209079-3
Sample Description VIL GREEN DOWN STREAM
Samp. Date/Time/Temp 07/26/06 10:55am NA C
Receive Date 07/27/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT* cfu/100m	1	1.0	1.0	07/27 09:35	07/28 10:25 RB

**** NOTES CONCERNING THE ABOVE SAMPLE ****

TOTAL COLIFORM - See attached Case Narrative or Non-Conformance/Corrective Action Report

USBIO SYSTEMS

3231NW 7th Ave, Boca Raton, FL 33431
www.usbiosystems.com

CHAIN OF CUSTODY RECORD

Log# 209079 T#S S Quote: 000898 Page 1 of 1

Container Type Codes		
AV	Amber Vial	ES Embers Beqgar
CV	Clear Vial	FPV Prepreserved Vial
P	Plastic	PLC Plastic container
AL	Amber Litr	PLJ Plastic Jar
CL	Clear Litr	ZLW Ziploc bag
AP	Amber Plastic	T-D, AR E Teflon bag
AG	Amber Glass	WHIRL P Whirlpak
SJ	Sol Jar	G Gelon Jig
Other _____		
Size(s): 2oz, 4oz, 8oz, 16oz, 32oz or 1, 43ml other _____		
Example: 4ozP = 4oz Plastic, 8ozSJ = 8oz Sol Jar		

Matrix Codes*		
SD	Solid Waste	WW Waste Water
SO	Soil	AFW Analytic Free Water
SE	Sediment	DW Drinking Water
OL	Oil	SU Surface Water
P	Petroleum	AQ Aqueous
PL	Polynuclear	BW Source Water
ML	Misc Liquid	O Other
GW	Ground Water	(Please Specify)
EFF	Effluent	
WF	Wastewater	

Pres Codes		
A	None	E HCL
B	HNO3	F MeOH
C	H2SO4	G Na2S2O3
D	NaOH	H NaHSO4
		I LiCl
		J MCAA
		K Zn Acetate
		O Other

Company Name: GOLD COAST PO# _____
 Address: P.O. Box 9076
 City: LAKESHORE State: FL Zip: 33854
 Phone: _____ Fax# _____
 Email: LIVICO@MSN.COM
 Project Name: TOTAL COLIFORM
RE-TEST Proj # _____
 Amplifier Signature: D. Pearce Phone: 888-646-0504

	1	2	3						
	1.61	0.98	1.04						
TOTAL COLIFORM									

Sample #	Location	Date	Time	Matrix	Matrix Code
1	VIL GREEN	7/26/06	1045	DW	
2	VIL GREEN	7/26/06	1030	DW	
3	VIL GREEN	7/26/06	1055	DW	
4					
5					
6					
7					
8					
9					
10					

Sample #	1	2	3	Other	None	1	2	3	Other
TOTAL COLIFORM									

REMARKS

ORIGINAL

YN	Date Received	Y	N	None	1	2	3	Other	Lab Use Only
									Sample INTACT upon arrival? <u>Y</u>
									Received on Wet Ice? Temp <u>4</u>
									Proper Preservative Indicated? <u>Y</u>
									Received within holding time? <u>Y</u>
									Custody seal in place? <u>Y</u>
									No extra rec'd without rec'd space? <u>Y</u>
									Proper Container Used? <u>Y</u>



ANALYTICAL RESULTS
Printed: 08/08/06 11:47am

DAVE PEARCE
GOLD COAST UTILITIES
10389 W LEISURE LN
NALCREST, FL 33856

Regarding:
KEITH BURGE
GOLD COAST UTILITIES
10389 W LEISURE LANE
NALCREST, FL 33856

Project No: 003670, GOLD COAST UTILITIES
Job Name: ~~VILAGE GREEN BLDG R REPEAT~~
Job Id:

Inv. No: 173519

Collected by: Customer Sampled

Laboratory Sample #	Client Sample #
L209428-1	VIL GREEN BLDG. R

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
Flags: ND or U-below MDL; IL-meets internal lab limits;MI-matrix interference; NA-not applicable.
Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code
FLDEP Flags: J(#)-estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-
exceeds calibration; Q-holding time exceeded;
FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range;I-result between MDL and PQL;
Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;NJ
FL014; PA 68-03756;
Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

Respectfully submitted,

Tiffany Mackie
Project Manager

ANALYTICAL RESULTS

Printed: 08/08/06 11:47am

Project No: 003670, GOLD COAST UTILITIES
Job Name: ~~VILLAGE GREEN BLDG R REPEAT~~
Job Id:

Inv. No: 173519

Sample Number L209428-1
Sample Description VIL GREEN BLDG. R
Samp. Date/Time/Temp 07/31/06 10:35am NA C
Receive Date 07/31/06
Sampled by Customer Sampled
Received Temp 2 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	08/01 10:15	08/02 10:15 YR



ANALYTICAL RESULTS

Printed: 08/29/06 12:55pm

DAVE PEARCE
GOLD COAST UTILITIES
10389 W LEISURE LN
NALCREST, FL 33856

Regarding:

KEITH BURGE
GOLD COAST UTILITIES
10389 W LEISURE LANE
NALCREST, FL 33856

Project No: 003670, GOLD COAST UTILITIES
Job Name: MONTHLY PWS TOTAL COLIFORM
Job Id:

Inv. No: 174869

Collected by: Customer Sampled

Laboratory Sample #	Client Sample #
L211132-1	WELL#1
L211132-2	WELL#2
L211132-3	GRANADA BLDG A
L211132-4	NODEREST BLDG 23

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements. Flags: ND or U-below MDL; IL-meets internal lab limits;MI-matrix interference; NA-not applicable. Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code FLDEP Flags: J(#)-estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-exceeds calibration; Q-holding time exceeded; FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range;I-result between MDL and PQL; Lab certification IDs: FLD0H/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;NJ FL014; PA 68-03756; Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

Respectfully submitted,

Tiffany Mackie
Project Manager

ANALYTICAL RESULTS

Printed: 08/29/06 12:55pm

Project No: 003670, GOLD COAST UTILITIES
Job Name: MONTHLY PWS TOTAL COLIFORM
Job Id:

Inv. No: 174869

Sample Number L211132-1
Sample Description WELL#1
Samp. Date/Time/Temp 08/24/06 10:40am NA C
Receive Date 08/24/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	PRESENT cfu/100m	1	1.0	1.0	08/25 12:10	08/26 12:20 TO

ANALYTICAL RESULTS

Printed: 08/29/06 12:55pm

Project No: 003670, GOLD COAST UTILITIES
Job Name: MONTHLY PWS TOTAL COLIFORM
Job id:

Inv. No: 174869

Sample Number L211132-2
Sample Description WELL#2
Samp. Date/Time/Temp 08/24/06 10:50am NA C
Receive Date 08/24/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	08/25 12:10	08/26 12:20 TO

ANALYTICAL RESULTS

Printed: 08/29/06 12:55pm

Project No: 003670, GOLD COAST UTILITIES
Job Name: MONTHLY PWS TOTAL COLIFORM
Job Id:

Inv. No: 174869

Sample Number L211132-3
Sample Description GRANADA BLDG A
Samp. Date/Time/Temp 08/24/06 10:20am NA C
Receive Date 08/24/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	PRESENT cfu/100m	1	1.0	1.0	08/25 12:10	08/26 12:20 TO

ANALYTICAL RESULTS

Printed: 08/29/06 12:55pm

Project No: 003670, GOLD COAST UTILITIES
Job Name: MONTHLY PWS TOTAL COLIFORM
Job Id:

Inv. No: 174869

Sample Number L211132-4
Sample Description NODEREST BLDG 23
Samp. Date/Time/Temp 08/24/06 10:30am NA C
Receive Date 08/24/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	08/25 12:10	08/26 12:20 TO



1237 NW 7th Ave, Boca Raton, FL 33431
www.usbiosystems.com

CHAIN OF CUSTODY RECORD

Log# 21132 T#S _____ Quote 009670 Page 1 of 1

Container Type Codes		
AV Amber Vial	ES	Enzo Sampler
CV Clear Vial	FPV	Prepressurized vial
P Plastic	FLC	Plastic container
AL Amber Litr	FLJ	Plastic Jar
CL Clear Litr	ZPnc	Ziploc bag
AP Amber Plastic	TEDLAR B	Tedlar bag
AO Amber Glass	WHIRL P	Whirl pak
EJ Bal Jar	G	Gator Jug
Other _____		
Sizes: 2oz, 4oz, 8oz, 16oz, 32oz or 1L, 40ml other		
Example: 4ozP = 4oz Plastic, 8ozSJ = 8oz Soil Jar		

Company Name: GOLD COAST Utility PO# _____
 Address: P.O. Box 9076
 City: Leffersville State: TN Zip: 33854
 Attn: _____ Fax# _____
 email: LIVUCE@MISU.COM
 Project Name: Monthly PWS Proj# _____
Total Coliform
 Sampler Signature: [Signature] Phone# 863-496-4504

1	2	3	4				
-	-	6.45	0.78				
<u>Total Coliform</u>	<u>Total Coliform</u>	<u>Total Coliform</u>	<u>Total Coliform</u>				

Matrix Codes*		
SD Solid Waste	WW	Waste Water
SO Soil	AFW	Analytic Free Water
SE Sediment	DW	Drinking Water
OL Oil	SU	Surface Water
PE Petroleum	AQ	Aqueous
NA Nonaqueous	AW	Surface Water
ML Misc. Liquid	SW	Other
GW Ground Water	O	(Please Specify)
EFF Effluent		
INF Influent		

Pres Codes		
A. None	E. HCL	I. Ice
B. HNO3	F. MeOH	J. MCAA
C. H2SO4	G. Na2S2O3	K. Zn Acetate
D. NaOH	H. NaHSO4	O. Other

1	<u>WELL #1</u>	<u>8/24/06</u>	<u>10:00</u>	<u>DW</u>	1	<u>100ML</u>						
2	<u>WELL #2</u>	<u>8/24/06</u>	<u>10:50</u>	<u>DW</u>	1	<u>100ML</u>						
3	<u>WELL #3</u>	<u>8/24/06</u>	<u>10:30</u>	<u>DW</u>	1	<u>100ML</u>						
4	<u>WELL #3</u>	<u>8/24/06</u>	<u>10:30</u>	<u>DW</u>	1	<u>100ML</u>						
5												
6												
7												
8												
9												
0												

1	<u>100ML</u>											
2	<u>100ML</u>											
3	<u>100ML</u>											
4	<u>100ML</u>											
5												
6												
7												
8												
9												
0												

REMARKS

Y/N	Date Required	None	1	2	3	Other	Y	N	MC
	<u>8/24/06</u>	<u>X</u>							
	<u>8/24/06</u>								
	<u>8/25/06</u>								

Lab User Only			
	Yes	No	NA
Sample INTACT upon arrival?			
Received on Wet Ice? Temp _____ °C			
Proper Preservatives Indicated?			
Received within holding time?			
Custody seals intact?			
Vialle rec'd without headspace?			
Proper Containers Used?			

ORIGINAL

ANALYTICAL RESULTS

Printed: 09/05/06 06:50pm

Project No: 003670, GOLD COAST UTILITIES

Inv. No: 175332

Job Name: **PWS COMPLIANCE RE-TEST**

Job Id:

Sample Number L211449-1
Sample Description WELL # 1
Samp. Date/Time/Temp 08/30/06 08:50am NA C
Receive Date 08/30/06
Sampled by Customer Sampled
Received Temp 2 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9221B	U	co1/100m	1	1.0	2.0	08/31 11:30 09/01 11:30 TOB



CHAIN OF CUSTODY RECORD

3231 NW 7th Ave. Boca Raton, FL 33431
www.usbiosystems.com

Log# 211176 T#S _____ Quote: _____ Page 1 of 1

Company Name: GOLD COAST WILLY # 174208
 Address: P.O. Box 9076
 City: LAKE SHORE State: FL Zip: 33854
 Atrn: _____ Fax# _____
 Email: LIVCO@MFW.COM
 Project Name: P105 Compliance Project Proj # _____
 Sampler Signature: D. K. Walker Phone: 888-446-6504

1	2	3	4						
1.01	1.02	1.03	-						
TOTAL COLIFORM	TOTAL COLIFORM	TOTAL COLIFORM	TOTAL COLIFORM						

Container Type Codes

AV Amber Vial	ES Encore Sampler
CV Clear Vial	PPV Prepreserved vial
P Plastic	PLC Plastic container
A Amber Lner	FLJ Plastic Jar
CL Clear Liter	Ziploc Ziploc bag
AP Amber Paste	TEDLAR B Tedlar bag
AG Amber Glass	WHIRL P Whirl pak
BJ Sol Jar	S Galon Jug

Other: _____
 Size(s): 2oz, 4oz, 8oz, 16oz, 22oz or 1L, 48oz other
 Example: 4ozP = 4oz Plastic, 8ozJ = 8oz Sol Jar

Matrix Codes

SD Solid Waste	WW Wastewater
SO Sol	APW Analytical Pure Water
SE Sediment	DW Drinking Water
OL Oil	SU Surface Water
PE Petroleum	AD Aqueous
NA Nonaqueous	SW Source Water
ML Misc. Liquid	A Air
GW Ground Water	O Other
EFF Effluent	(Please Specify)
INF Influent	

Pres Codes

A. None	E. HCL	I. ICS
B. HNO3	F. MeOH	J. MCAA
C. H2SO4	G. Na2S2O3	K. Zn Acetate
D. NaOH	H. NaHSO4	O. Other

1	BRANADA A	8/29/06	DW	1
2	BRANADA B	8/29/06	DW	1
3	BRANADA C	8/29/06	DW	1
4	WELL # 1	8/29/06	DW	1
5				
6				
7				
8				
9				
0				

REMARKS

Y/N	Date Required	Y	N	None	1	2	3	Other

Lab Use Only

Sample INTACT upon arrival?	Yes	No	N/A
Received on Wet Ice? Temp _____ °C			
Proper Preservatives indicated?			
Received within holding time?			
Custody seals intact?			
Volatile rec'd without headspace?			
Proper Containers Used?			

ORIGINAL



Polk County Health Department
Environmental Laboratory
 225 Avenue D, NW
 Vinter Haven, FL 33881
 (863)291-5204
ENVIRONMENTAL ENGINEERING
NELAC CERTIFIED
 Lab ID# E24710

Analysis Date / Time: 9/20/06 3:00
 Analyst: L. Joseph
 Received: [Signature]
 Rel. By: David Pearce Date: 9/20/06

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM / OWNER NAME: GOLD COAST UTILITY CORP. SYSTEM I.D. #: 3531008 SYSTEM PHONE #: 863-646-0504 287-7781
 ADDRESS: 10389 W. LEISURE LN. NALCREST, FL 33856 COUNTY: POLK
 COLLECTOR: DAVID K. PEARCE COLLECTOR'S PHONE #: 863-646-0504 287-7781
 SAMPLE SITE (ADDRESS WHERE SAMPLE WAS TAKEN) / PROJECT: Same as above
 TYPE OF SUPPLY (CIRCLE ONE): COMMUNITY NONTRANSIENT - NONCOMMUNITY TRANSIENT - NONCOMMUNITY
 LIMITED USE PRIVATE REGISTERED
 TYPE OF SAMPLES (CIRCLE ONE): REPEAT COMPLIANCE REPLACEMENT MAIN CLEARANCE WELL SURVEY OTHER

See reverse side for explanation of results.

Coll. Num.	Sample Point	Disinf. Residual	pH	Date & Time Collected	Method of Analysis	Total Coliform	Confirm Feo/E.Coli	Data Qualifier	Sample Number
1	GRANADA CONDOS BLDG G	1.47		9/20/06 1200	MMO-MUG	A	A		4765
2	GRANADA CONDOS BLDG F (UPSTREAM)	1.46		9/20/06 1150	MMO-MUG	A	A		4766
3	GRANADA CONDOS BLDG C (DOWNSTREAM)	1.30		9/20/06 1140	MMO-MUG	A	A		4767
					MMO-MUG				
					MMO-MUG				

Average of disinfectant residuals for routine and repeat samples: 1.41
 Disinfectant Residual Analysis Method: DPD Other
 Person performing analysis:
 A Cert. Operator: # C-8184
 Supervised by a cert. operator: # C-8184
 Employed by cert. lab Employed by DEP/DOH

All test are performed in accordance with NELAC standards.
 Reported by: [Signature]
 Title: Bio Sci I Date: 9/22/06
 Results apply only to the sample.

Date PWS notified by lab of positive sample result: _____ Satisfactory Incomplete Information
 Date DEP/DOH notified by lab of positive sample result: _____ Repeat Samples Required Replacement Samples Required

Name and address of person to receive report
DAVID K. PEARCE
GOLD COAST UTILITY CORP
P.O. BOX 9076
LAKE SHORE, FL 33854

DEP/DOH Reviewing Official: [Signature]
 Date reviewed by DEP/DOH Reviewing Official: 9/28/06
 (863)519-8331



ANALYTICAL RESULTS

Printed: 09/20/06 03:54pm

DAVE PEARCE
GOLD COAST UTILITIES
10389 W LEISURE LN
NALCREST, FL 33856

Regarding:

KEITH BURGE
GOLD COAST UTILITIES
10389 W LEISURE LANE
NALCREST, FL 33856

Project No: 003670, GOLD COAST UTILITIES
Job Name: PWS MONTHLY COMPLIANCE
Job Id:

Inv. No: 176100

Collected by: Customer Sampled

Laboratory Sample #	Client Sample #
L212134-1	WELL # 1
L212134-2	WELL # 2
L212134-3	VILLAGE GREEN BLDG C
L212134-4	WALCREST BLDG 53
L212134-5	WALDEN SHORES 2502 HOLMES
L212134-6	GRANADA BLDG G
L212134-7	LAKESHORE 1525 CLUB

All analyses were performed using EPA, ASTM, NIOSH, USGS, or Standard Methods and certified to meet NELAC requirements.
Flags: ND or U-below MDL; IL-meets internal lab limits;MI-matrix interference; NA-not applicable.
Flags: CFR-Pb/Cu rule; NFL-no free liquids; DRY = dry wt; ASIS = wet wt; C(#) See attached USB code
FLDEP Flags: J(#)-estimated 1:surr. fail 2:no known QC req. 3:QC fail %R or %RPD; 4:matrix int. 5:improper fld. protocol; L-exceeds calibration; Q-holding time exceeded;
FLDEP Flags: T-value<MDL; V-present in blank; Y-improper preservation; B-colonies exceed range;I-result between MDL and PQL;
Lab certification IDs: FLDOH/NELAC E86240; NC 444; SC 96031001; IL/NELAC 200020; VA 00395; KS/NELAC E-10360; TN 02985; GA 917;NJ FLO14; PA 68-03756;
Lab IDs: ADEM 40850; USDA Soil Permit# S-35240; The above results relate only to the samples.

US Biosystems 3231 NW 7th Avenue Boca Raton, FL 33431 (888)862-5227

Respectfully submitted,

Monica Doniro
Project Manager
For: Tiffany Mackie

ANALYTICAL RESULTS

Printed: 09/20/06 03:54pm

Project No: 003670, GOLD COAST UTILITIES
Job Name: PWS MONTHLY COMPLIANCE
Job ID:

Inv. No: 176100

Sample Number L212134-1
Sample Description WELL # 1
Samp. Date/Time/Temp 09/14/06 10:05am NA C
Receive Date 09/14/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	09/15 10:00	09/16 10:00 TO

ANALYTICAL RESULTS
 Printed: 09/20/06 03:54pm

Project No: 003670, GOLD COAST UTILITIES
 Job Name: PWS MONTHLY COMPLIANCE
 Job Id:

Inv. No: 176100

Sample Number L212134-2
 Sample Description WELL # 2
 Samp. Date/Time/Temp 09/14/06 10:10am NA C
 Receive Date 09/14/06
 Sampled by Customer Sampled
 Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	09/15 10:00	09/16 10:00 TO

ANALYTICAL RESULTS
 Printed: 09/20/06 03:54pm

Project No: 003670, GOLD COAST UTILITIES
 Job Name: PWS MONTHLY COMPLIANCE
 Job Id:

Inv. No: 176100

Sample Number L212134-3
 Sample Description VILLAGE GREEN BLDG C
 Samp. Date/Time/Temp 09/14/06 10:40am NA C
 Receive Date 09/14/06
 Sampled by Customer Sampled
 Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT	cfu/100m	1	1.0	1.0	09/15 10:00 09/16 10:00 TO

ANALYTICAL RESULTS

Printed: 09/20/06 03:54pm

Project No: 003670, GOLD COAST UTILITIES
 Job Name: PWS MONTHLY COMPLIANCE
 Job Id:

Inv. No: 176100

Sample Number L212134-4
 Sample Description WALCREST BLDG 53
 Samp. Date/Time/Temp 09/14/06 09:45am NA.C
 Receive Date 09/14/06
 Sampled by Customer Sampled
 Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	09/15 10:00	09/16 10:00 TO

ANALYTICAL RESULTS

Printed: 09/20/06 03:54pm

Project No: 003670, GOLD COAST UTILITIES
Job Name: PWS MONTHLY COMPLIANCE
Job Id:

Inv. No: 176100

Sample Number L212134-5
Sample Description WALDEN SHORES 2502 HOLMES
Samp. Date/Time/Temp 09/14/06 10:25am NA C
Receive Date 09/14/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	09/15 10:00	09/16 10:00 TO

ANALYTICAL RESULTS

Printed: 09/20/06 03:54pm

Project No: 003670, GOLD COAST UTILITIES
Job Name: PWS MONTHLY COMPLIANCE
Job Id:

Inv. No: 176100

Sample Number L212134-6
Sample Description GRANADA BLDG G
Samp. Date/Time/Temp 09/14/06 10:00am NA C
Receive Date 09/14/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date,Time	Test Date, Time,Analyst
Microbiology TOTAL COLIFORM	SM9223B	PRESENT cfu/100m	1	1.0	1.0	09/15 10:00	09/16 10:00 TO

ANALYTICAL RESULTS

Printed: 09/20/06 03:54pm

Project No: 003670, GOLD COAST UTILITIES
Job Name: PWS MONTHLY COMPLIANCE
Job Id:

Inv. No: 176100

Sample Number L212134-7
Sample Description LAKESHORE 1525 CLUB
Samp. Date/Time/Temp 09/14/06 10:50am NA C
Receive Date 09/14/06
Sampled by Customer Sampled
Received Temp 3 C Iced (Y/N): Y

Parameter	Method	Result	DIL	MDL	PQL	Prep Date, Time	Test Date, Time, Analyst
Microbiology TOTAL COLIFORM	SM9223B	ABSENT cfu/100m	1	1.0	1.0	09/15 10:00	09/16 10:00 TO



Laboratories, Inc. FORT LAUDERDALE • SAVANNAH • BARBON PARK

40 Hwy 17, Babson Park, FL 33827
Certification No. EB4404

RECEIVED

OCT 25 2005

ENVIRONMENTAL
ENGINEERING

Report Number _____
Analysis Requested: (please check all that apply)
 Standard Coliform Test
 HPC
 Other

Sub-Contract # _____

Lab Receipt Date & Time: 10/19/05 @ 1:40
Analysis Date & Time: 10/19/05 @ 12:45
Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice
Disinfectant Check Not Detected
This sample does not meet the following NELAC requirements

System Name: Lake Wales Utility Co.
System Address: 14389 W. LEISURE LN
System or Owner's Phone #: 696-1128
Collector: DK Pearce

PWS I.D. 3531008
City: NALCREST, FL
Fax #: Same
Collector's Phone #: 696-1128

Type of Supply: (check only one)

- Community Water System
 - Non-Transient Non-community Water System
 - Transient Non-community Water System
 - Limited Use System
 - Bottled Water
 - Private Well
 - Swimming Pool
 - Other
- Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other

Sample Collection Date: 10/19/05

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM922B Fecal or E. coli Analysis Method: SM9221E				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
1	WELL #1	1000	R				A			086-101905
2	WELL #2	1010	R				A			087-101905
3	Lakeshore 3023 Circle Dr.	0900	D	0.81			A			088-101905
4	Village GRN Bldg I	0850	D	0.83			A			089-101905
5	The LAKES 2320 Thoreau	0835	D	0.92			A			090-101905
6	Granada Bldg D	0820	D	0.80			A			091-101905
7	Nalcrest 4411 Nalcrest Rd	0805	D	0.67			A			092-101905

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: DPD Colorimetric Other
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# 08184) Employed by a certified lab
 Supervised by a cert operator (# 08184) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report
Spectrum Laboratories, Inc.
P.O. Box 798
Babson Park, FL 33827

Lab Signature: _____
Title: Lab Manager
 Satisfactory DEP/DOH USE ONLY
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: 10/27/05
DEP/DOH Reviewing Official: RA

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MC = SM9220 & D; TML = 0221B & EC/AMC; BMO/AMC = 014922B; HPC = SM9215B



Laboratories, Inc. FORT LAUDERDALE • SAVANNAH • BABSON PARK

940 Hwy 17, Babson Park, FL 33827
 Certification No. FB4404

RECEIVED

NOV 30 2005

ENVIRONMENTAL
ENGINEERING

Lab Receipt Date & Time: 11/16/05 @ 12:55
 Analysis Date & Time: 11/16/05 @ 1:15

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice
 Disinfectant Check Not Detected
 This sample does not meet the following NELAP requirements:

Report Number: _____ Sub Contract/Lab ID: _____
 Analysis Requested: (please check all that apply)
 Standard Coliform Test
 TPC
 Other

System Name: _____
 System Address: LAKE WALES UTILITY CO., LTD.
 System or Owner's Phone #: 863-696-1128
 Collector: DK Pearce

PWS I.D. 3 5 3 1 0 0 8
 City: PALMCREST
 Fax #: Same
 Collector's Phone #: 863-696-1128

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other
 Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other
 Sample Collection Date: 11/16/05

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B Fecal or E. coli Analysis Method: SM9221E				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
1	Well # 1	1210	R				A			031-111605
2	Well # 2	1200	R				A			032-111605
3	Lakeshore 2023 Circle Dr.	1145	D	0.87			A			033-111605
4	Village Green Bldg R	1130	D	0.89			A			034-111605
5	The Lakes 10763 Lowell Dr.	1120	D	0.88			A			035-111605
6	Granada Bldg F	1105	D	1.05			A			036-111605
7	Nalcrest 23108 Nalcrest Rd	1050	D	0.74			A			037-111605

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is (Please see instructions on reverse):
 A certified operator (# C-8184) Employed by a certified lab
 Supervised by a cert operator (# C-8184) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
 Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report
Spectrum Laboratories, Inc.
 P.O. Box 798
 Babson Park, FL 33827

Lab Signature:
 Title: Lab Manager

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

NOV 30 2005

¹DEP Sample Type Codes: D - Distribution (Routine Compliance), C - Repeat or Check, R - Raw, H - Entry to Distribution, P - Plant Tap, S - Special (clearance, etc.)
²Analysis Methods: ME - SM9222B & DE - EHE - 9221B & EOMUG - MEOMUG - SM9222B, HPC - SM9219B



Laboratories, Inc. FORT LAUDERDALE • SAVANNAH • BABSON PARK

10 Hwy 17, Babson Park, FL 33827
 Certification No. ER4404

RECEIVED

DEC 27 2005

ENVIRONMENTAL
 ENGINEERING

Lab Receipt Date & Time: 12/21/05 @ 11:50

Analysis Date & Time: 12/21/05 @ 12:15

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice _____ C
 Disinfectant Check Not Detected _____ mg/l
 This sample does not meet the following NELAC requirements:

Report Number _____ Sub-Contract Lab ID _____
 Analysis Requested: (please check all that apply)
 Standard Coliform Test
 HPC
 Other _____

System Name: GOLD COAST UTILITY CORP.

PWS I.D. 3 5 3 1 0 0 8

System Address: 10389 W. LEISURE LN

City: MALCREST, FL

System or Owner's Phone #: (863) 696-0504

Fax #: (863) 696-0504

Collector: ALK PEARCE

Collector's Phone # _____

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Public Use System Bottled Water Private Well Swimming Pool Other _____
 Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other _____
 Sample Collection Date: 12/20/05

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/L)	pH	Total Coliform Analysis Method: SM9222B Fecal or E. coli Analysis Method: SM9221E				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
1	Well #1	0800	R				A			046-122105
2	Well #2	0810	R				A			048-122105
3	Lakeshore 1823 Circle Dr.	0820	D	1.01			A			049-122105
4	Village Green BLDG P	0835	D	1.02			A			050-122105
5	Lakes 3422 Walden Shores	0850	D	0.99			A			051-122105
6	Granada BLDG H	0915	D	0.95			A			052-122105
7	Malcrest 32101 Malcrest Rd	0935	D	0.93			A			053-122105

¹Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 900. Do not include raw or plant samples in the average.)

²Defined in Florida Administrative Code Rule 62.160, Table 1
 All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: DPD Colorimetric Other _____
 Person performing analysis is (Please see instructions on reverse):
 A certified operator (# C-8184) Employed by a certified lab
 Supervised by a cert operator (# C-9184) Employed by DEP or DOH

Date PWS notified by lab of positive results _____

Date State notified by lab of positive results _____

Lab Signature:

Title: Lab Manager

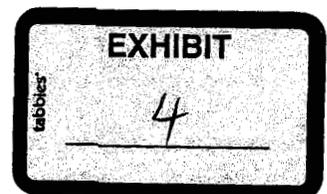
Name and Mailing Address of Person to Receive Report
Spectrum Laboratories, Inc.
 P.O. Box 798
 Babson Park, FL 33827

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information * Please use system name indicated
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: 12/28/05
 DEP/DOH Reviewing Official:

¹ Sample Type Codes: D - Distribution (Routine Compliance), C - Repeat or Check, R - Raw, N - Entry to Distribution, P - Plant Tap, S - Special (clearance, etc.)
² Test Methods: ME - SM9222B & D; ME - 9221B & EC/MUC; MFC/MUC - SM9223B; HPC - SM9215B



EXHIBIT

4

tabbles

UPDATED CAPACITY ANALYSIS REPORT

LAKE WALES UTILITY COMPANY

POLK COUNTY

FLA110434

EXPIRES JULY 05, 2005

DECEMBER 2004

**THE COLINAS GROUP, INC.
2031 E. EDGEWOOD DRIVE
SUITE 5
LAKELAND, FL 33803
863-669-9141**

TABLE OF CONTENTS

	Page
Chapter 1 - Introduction.....	1
Chapter 2 - Existing Conditions.....	1
Chapter 3 - Future Conditions.....	2
Chapter 4 - Summary and Conclusion.....	2
Recommendations.....	2
Chapter 5 - Signature Certifications.....	3

**CHAPTER 1
INTRODUCTION**

The wastewater treatment plant that serves The **Lake Wales Utility Company** is rated at 0.200 mgd. It is a ring steel type III, operated in the contact stabilization mode, with chlorine as the disinfectant. The effluent goes to a polishing pond then to a 3½ acre spray field. The plant site consists of: a blower/laboratory building, a 65,043 Contact chamber; a 128,228 g. re-air basin, a 128,228 g. digester; a 83,169 g. clarifier with 314.6 s.f. surface area; a 13,008 g. chlorine contact tank, a 4 acre polishing pond and 1,690 s.f. of sludge drying beds. The spray field is off site. Residuals from this plant are dried and stockpiled. The station to lift the wastewater to the plant from the developments is off site.

This plant was constructed for the exclusive use of the Lake Wales Utility Company. To date no connections outside the service area have been made.

This is an updated report. Charles Freed completed the last report in October 1998 when the application for the current permit was submitted. Then was amended in May of 1999.

**CHAPTER 2
EXISTING CONDITIONS**

Permitted Capacities:

The permitted capacity of the plant and the effluent system is 0.200 mgd. This has been limited by the rated capacity of the spray field. Residuals are dried in sludge beds and have been hauled to Ft. Mead for disposition. This facility is now closed and the dried sludge, in powder form, is currently being stored until DEP approves land application of the powder either on the plant site or in the spray field.

Flow Records-mgd

Year	Monthly	3 MADF (High)	AADF
2002	0.128	0.163	0.127
2003	0.121	0.159	0.124
2004	0.119	0.152	0.121

The flows are measured by reading the totalizer on the chart that is the result of the effluent from the chlorine contact chamber passing through a V notch weir. Records were obtained by searching the DMRs available in the utility company's office.

Seasonal Variations

The flow is domestic the customer base does have slight seasonal variations. The ratio of the high 3 MADF to the AADF in 2003 was 1.27.

Updated Flow and Loading Information

Design Loadings (est)		Current Loadings
250	CBOD	87
250	TSS	75
40	N	Not recorded
0.200	mgd	0.121

CHAPTER 3 FUTURE CONDITIONS

Population Projections

This facility experiences seasonal variations. The park is generally full for the winter months. The service area for the Lake Wales Utility Company has several undeveloped areas. However there are no current plans to develop these areas. The current service area includes Nalcrest, Lake Shore, Walden Shores, Village Green and Granada Condominiums. These total 1254 available units. Of these 1200 are occupied. The current flow to the plant is 60% of the rated capacity of the plant. Should these areas become fully developed the flow will increase to 0.126 mgd or 63% of the plant.

Flow Projections

The high 3 MADF is expected to increase slightly over the next five years but not to exceed the capacity of the plant. All flow is domestic.

CHAPTER 4 SUMMARY AND CONCLUSIONS

Time Required for the 3 MADF to Reach the Permitted Capacity

The highest average 3 MADF flow over the last three years was 81% of the rated capacity of the plant. Since the development appears to be quite slow we do not foresee the 3 MADF exceeding the plants rated capacity during the life of the new permit. A report to increase the capacity of the treatment system will be submitted under separate cover.

Recommendation for Expansion

No new construction is recommended at this time.

The physical capacity of the plant is 0.450 mgd. The rating has been limited to 0.200 mgd by the Department of Environmental Protection questioning the ability of the spray field to handle the design flow.

Expansion Schedule

None at this time.

**CHAPTER 5
CERTIFICATIONS**

I am fully aware of and intend to comply with the recommendations and schedules included in this report.

David K Pearce, Manager Date
Lake Wales Utility Company
P. O. Box 9076
Lakeshore, FL 33854
863-696-1128

The information contained in this report is true and correct to the to best my knowledge. The report was prepared in accordance with sound engineering principles , and I have discussed the recommendations and schedules with the permittee and/or the permittee's delegated representative.

Charles S Freed 1/20/09
Charles S. Freed, P.E. 29022 Date
The Colinas Group, Inc.
2031 E. Edgewood Dr. Suite 5
Lakeland, FL 33803
863-669-9141

**OPERATION AND MAINTENANCE
PERFORMANCE REPORT**

LAKE WALES UTILITY COMPANY

POLK COUNTY, FLORIDA

FLA110434

PERMIT EXPIRES 07-04-05

FIELD EVALUATION 12-09-04

DECEMBER 2004

THE COLINAS GROUP, INC.
2031 E. EDGEWOOD DRIVE – SUITE 5
LAKELAND, FL 33803
863-669-9141

TABLE OF CONTENTS

		Page
Chapter 1	Introduction	1
Chapter 2	Physical Condition	
	Aeration Basin	
	Clarifier	2
	Digester	2
	Chlorine Contact Tank	2
	Air Handling System	3
	Effluent Disposal	3
Chapter 3	Treatment Efficiency	4
Chapter 4	Performance Trends	5
	Influent	5
	3MADF	5
	Ground Water Quality	5
	General	5
Chapter 5	Operation and Maintenance	5
Chapter 6	Collection System Evaluation	6
Chapter 7	Problems, Deficiencies and Corrective Actions	6
Chapter 8	Signatures	7
Appendix A	Table I	8
Appendix B	Maps and Flow Diagram	10
Appendix C	Contracts and Certifications	15

CHAPTER 1 INTRODUCTION

The wastewater treatment plant that serves **The Lake Wales Utility Company** is rated at 0.200 mgd. The plant is a ring steel whose top is approximately 10' above ground. It is a Type III, contact stabilization facility with chlorine used as a disinfectant and the effluent going to a polishing pond then to a 37 acre spray field. The plant site components are; a blower/laboratory building, a 65,043 Contact chamber; a 128,228 g. re-air basin, a 128,228 g. digester; a 83,169 g. clarifier with 881.4 s.f. surface area; a 13,008 g. chlorine contact tank, a 2.1 acre polishing pond and 1,690 s.f. of sludge drying beds. The spray field is off site. The design capacity is 0.450 mgd. The capacity is currently limited to 0.200 mgd do the imposed limitations on the spray field.

The operator's log, current permit, and operator's license are in the chlorine/laboratory building. All flow into the plant is from 5 developments and is domestic. Flow is measured by reading a totalizer that records the flow as it passes over a V notch weir located on the effluent line from the chlorine contact chamber. A trash container is on site in which to place screenings and other debris. There are no lights, noises or odors coming from the plant that could annoy neighbors. The closest of whom is 500 feet away.

All effluent parameters have been met. Should the operation of the plant continue in the way it has in the past we see all the limits continuing to be met.

Permitted Capacities

- 1) The 2004 AADF is 0.114 mgd. or 57% of the rated capacity. The residuals are treated on site. The effluent is dispersed through one of two percolation ponds.
- 2) The effluent disposal system limits the plant capacity.
- 3) The wastewater passes through a re-aeration basin then goes to the clarifiers, then to chlorine contact before being pumped to the ponds. A portion of the sludge from the clarifier is returned to the head end of the aeration tank and a portion of the sludge is wasted to the digester.

Additional Information

- 1) Land abutting the development is available for development.
- 2) We do not know the date when the plant was constructed.
- 3) The engineer is unaware of any letters of violations or non-compliance.

CHAPTER 2 PHYSICAL CONDITION

Contact Basin 65,043 gal: circular steel g.

The color of the mixed liquor was brown. Air to the tanks was providing an excellent roll and mix. There are no signs of overflows. There was no sign of leaks on the outside walls of the tanks. The tanks had no solids on the bottom.

Clarifier – 83,169 g. circular steel 881.4 s.f. surface area;

The baffles, weirs were level. No scum was seen on the surface of the tanks and the blanket was 40" down. The return lines were all open. A light blanket had formed over the stilling basin. The effluent was clear and no solids were seen leaving the chamber. The skimmer box was working properly.

Chlorine Contact Chamber – 13,008 g. circular steel:

No solids were seen leaving the chamber. The liquid in the chamber is clear. Gas chlorine is introduced into this tank. The V Notch weir was clean and free of algae.

Digester – 128,228 g. circular steel:

Air was going into the tank. The liquid was brown. The walls of the tank were clean.

Re-aeration chamber 128,220 circular steel;

The mixed liquor was dark brown and the air was providing an excellent roll. No build up of scum or solids was seen on the walls of the tank. A grated walkway provides access to the aeration piping, This walkway needs to be monitored and possibly be replaced during the time of this permit.

Air Handling System:

Two blowers were in place. They are located in the chlorine/laboratory building. They alternate cycles. There were no leaks noted in the air system.

Effluent Disposal – 2.1 acre polishing pond and a 37 acre spray field.

The area around the pond has been maintained and there are no signs of erosion along the banks of the pond. The water is clear. The water from the pond is pumped to a 37 acre spray field. Grass along the banks and top of the dike has been maintained. No trash has been allowed to accumulate in the ponds site or around the ponds. A 40 HP pump transmits the water to the spray field. The motor wiring is in excellent condition. The spray heads are set approximately 6' above the ground. Access to the heads is through grass paths which have been maintained. All heads were working on the day of the inspection.

Physical Condition:

- 1) There is no evidence of overloading.
- 2) All pipes are open and in working condition.
- 3) The clarifier is producing a good quality effluent.
- 4) The top of the plant is free of trash and debris.

Process	Physical Condition.			
	Spills or overflows	General	Operating	Adequate
Aeration Basins	No	Good	Yes	Yes
Clarifier	No	Good	Yes	Yes
Chlorine Contact	No	Good	Yes	Yes
Air Handling	N/A	Good	Yes	Yes
Effluent Disposal	N/A	Excellent	Yes	Yes
Digester	No	Good	Yes	Yes
Sludge Beds	No	Excellent	Yes	Yes

CHAPTER 3 TREATMENT EFFICIENCY

Treatment Units

Since we do not have the design parameters, the influent values are assumed to be: CBOD5 = 250; TSS = 250; Total N = 40 all in mg/l. This is typical for domestic wastewater. Influent TSS and CBOD5 were recorded monthly in 2002-2003 and 2004. They averaged 87 for CBOD5 and 75 for the TSS. Over the years for which records are available the effluent parameters have been

The effluent parameters are:

<u>parameter</u>	<u>design</u>	<u>Actual</u>	<u>% Removal as based influent.</u> <u>reports</u>
CBOD5	20	5.28	94
TSS	20	2.14	97
pH	6.0 - 8.5	6.9 -7.8	N/A
N	40	not measured	
FC	100#	1	N/A

As shown on Table 1 the effluent CBOD5 has ranged from 1 to a high of 18 in September of 2004. TSS has ranged from zero to a high of 8.5 in March of 2003. The fecal has ranged from <1 to a high of 9 in May of 2004. The chlorine residuals have varied from 0.52 to 0.84.

Samples of the effluent for CBOD5, TSS and Fecal are taken monthly. The flow, pH and total chlorine residuals are taken every weekday. Effluent samples are taken at the discharge from the chlorine contact tank. The plant is not required to sample for nitrate.

Flow data since January of 2001 through June of 2004 are shown in Table 1. These are a compilation of DMR's from the files at the Utility company office.

CHAPTER 4 PERFORMANCE TRENDS

Influent

Thirty-Three months of flow data are available. Flows during the winter months can be as much as 2.5 times the summer flows.

Three Month Average Daily Flows

The highest 3 MADF for the reported months is 81 % of the rated capacity of the plant. This occurred once March of 2002.

Ground Water Quality

Monitoring is required for the spray field. All samples have been properly taken and reported.

General

Provisions to bypass the plant were installed when the plant was constructed. To our knowledge this piping has never been used and there have been no overflows of wastewater from the plant or the collection system.

CHAPTER 5 OPERATION AND MAINTENANCE

Record Drawings

As constructed plans are on file in the utility company office.

Operation and Maintenance Manual

An operation and maintenance manual is available in the building housing the laboratory.

Operation and Maintenance Log

The operator keeps an updated maintenance log at the plant site. Equipment used in the plant process is listened to and observed on every plant visit. Maintenance usually occurs on an as needed basis. All proper documents are on site save the O&M manual.

CHAPTER 6
COLLECTION SYSTEM EVALUATION

All flow into the plant is domestic. The flows on days during and shortly after a rain indicate a slight increase in the influent. However all effluent parameters have and continue to be met therefore the plant can treat the excess water.

CHAPTER 7
PROBLEMS, DEFICIENCIES AND CORRECTIVE ACTIONS

As a result of the field review of the Lake Wales Utility Company facility we have the following comment:

The parameters noted in the permit are being met and should continue to be met.

These flows appear to be slightly high after a rain.

CERTIFICATIONS

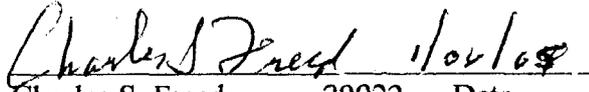
I am fully aware of and intend to comply with the recommendations and Schedules included in this report.

I am fully aware of and intend to comply with the recommendations and schedules included in this report.

David K. Pearce, Manager Date
Lake Wales Utility Company
P.O. Box 9076
Lakeshore, FL 33854
863-696-1128

David Pearce C-8832 Date
Lake Wales Utility Company
P.O. Box 9076
Lakeshore, FL 33854
863-696-1128

The information contained in this report is true and correct to the best of my knowledge. The report was prepared in accordance with sound engineering principles, and I have discussed the recommendations and schedules with the lead operator and the permittee and/or the permittee's delegated representative and agree that the facilities, when properly operated and maintained, will comply with all the applicable statutes and rules of the department.


Charles S. Freed 29022 Date
The Colinas Group
2031 E. Edgewood Dr. Suite 5
Lakeland, FL 33803-3601
863-669-9141

APPENDIX A

TABLE I

TABLE I
LAKE WALES UTILITY COMPANY

<i>M/Y</i>	<i>MAD F</i>	<i>3 MADF</i>	<i>% CAP</i>	<i>AADF</i>	<i>CBOD</i>	<i>TSS</i>	<i>PH MIN</i>	<i>PH MAX</i>	<i>NO3</i>	<i>FC</i>	<i>Cl2 RES</i>	
Ja-02	0.160	0.137	68	0.114	2.26	<1	7.3	7.6	--	1.3	0.55	
M-02	0.154	0.163	81	0.119	3.3	1.0	7.2	7.5	--	8	0.61	
My-02	0.081	0.118	59	0.120	2/75	1.25	7.1	7.5	--	<1	0.56	
Ju-02	0.124	0.099	49	0.124	2.6	-0-	6.8	7.6	--	0.77	0.53	
Se-02	X	0.120	54	0.114	2.57	1.	7.0	7.3	--	0.73	0.52	
Nv-02	0.141	0.124	62	0.123	2.7	1.5	7.1	7.4	--	0.77	0.52	
Fe-03	0.151	0.159	79	0.139	4.6	2.7	6.9	7.3	--	0.60	0.59	
Ap-03	0.126	0.147	73	0.126	7.0	4.5	7.1	7.8	--	0.33	0.52	
Jn-03	0.118	0.106	53	0.128	2.7	0.7	7.3	7.6	--	<1	0.53	
Au-03	0.131	0.116	64	0.129	5.8	0.75	7.2	7.5	--	<1	0.53	
Ot-03	0.095	0.108	54	0.126	12.0	-0-	7.2	7.5	--	<1	0.68	
Dc-03	0.145	0.125	62	0.124	11.8	-0-	7.0	7.5	--	<1	0.51	
Ja-04	0.155	0.145	72	0.124	11.8	2.8	7.2	7.5	--	<1	0.52	
Ma-04	0.144	0.152	76	0.131	14.3	5.8	7.2	7.6	--	6	0.52	
My-04	0.080	0.113	56	0.122	12.5	6.5	7.3	7.6	--	9	0.60	
Jl-04	0.096	0.087	43	0.120	9.1	7.5	7.3	7.6	--	6.5	0.58	
Se-04	0.140	0.108	54	0.119	18.0	3.5	6.8	7.1	--	6.5	0.57	

APPENDIX B

DRAWINGS AND MAPS

FLORIDA-POLK CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

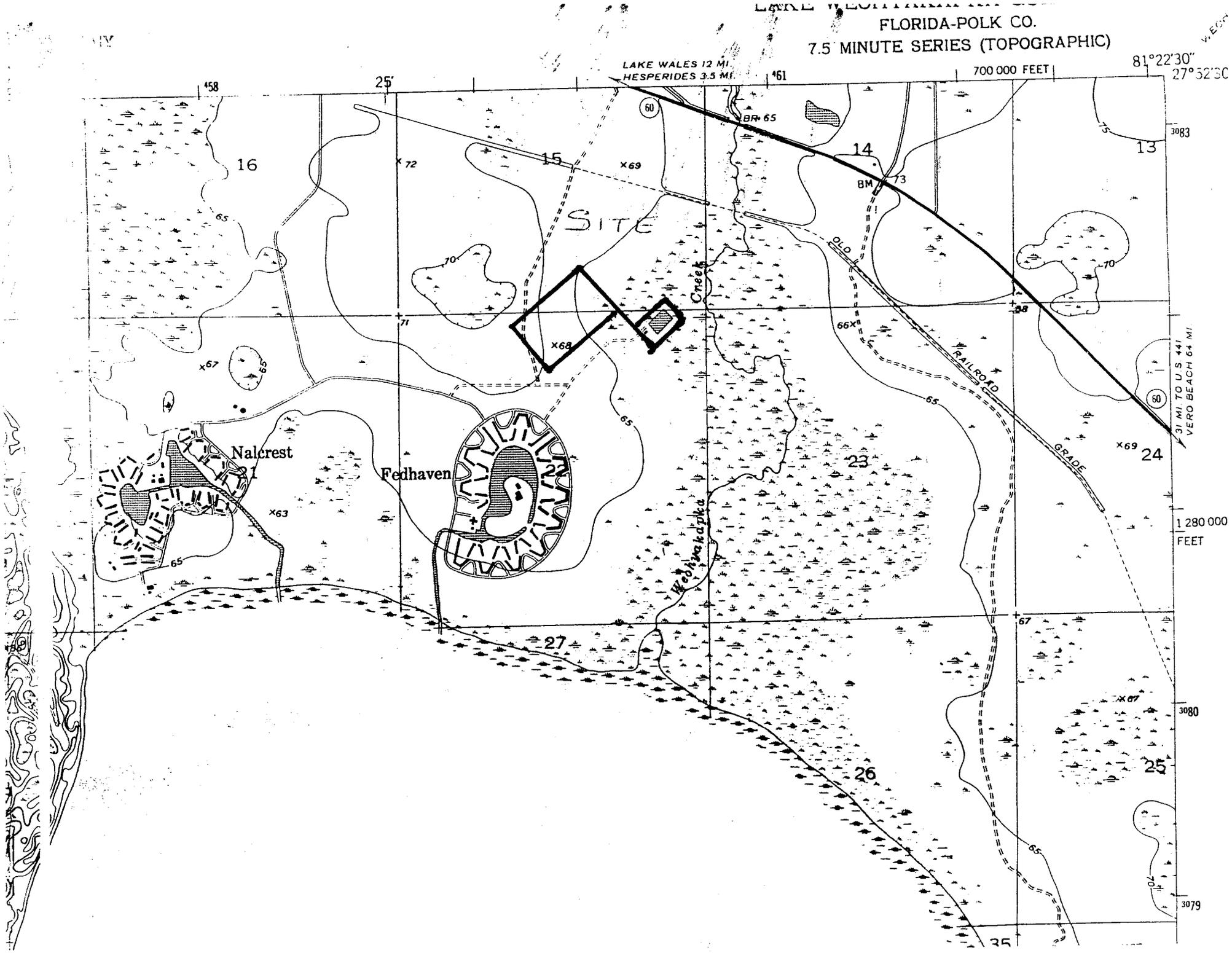
81°22'30"
27°32'30"

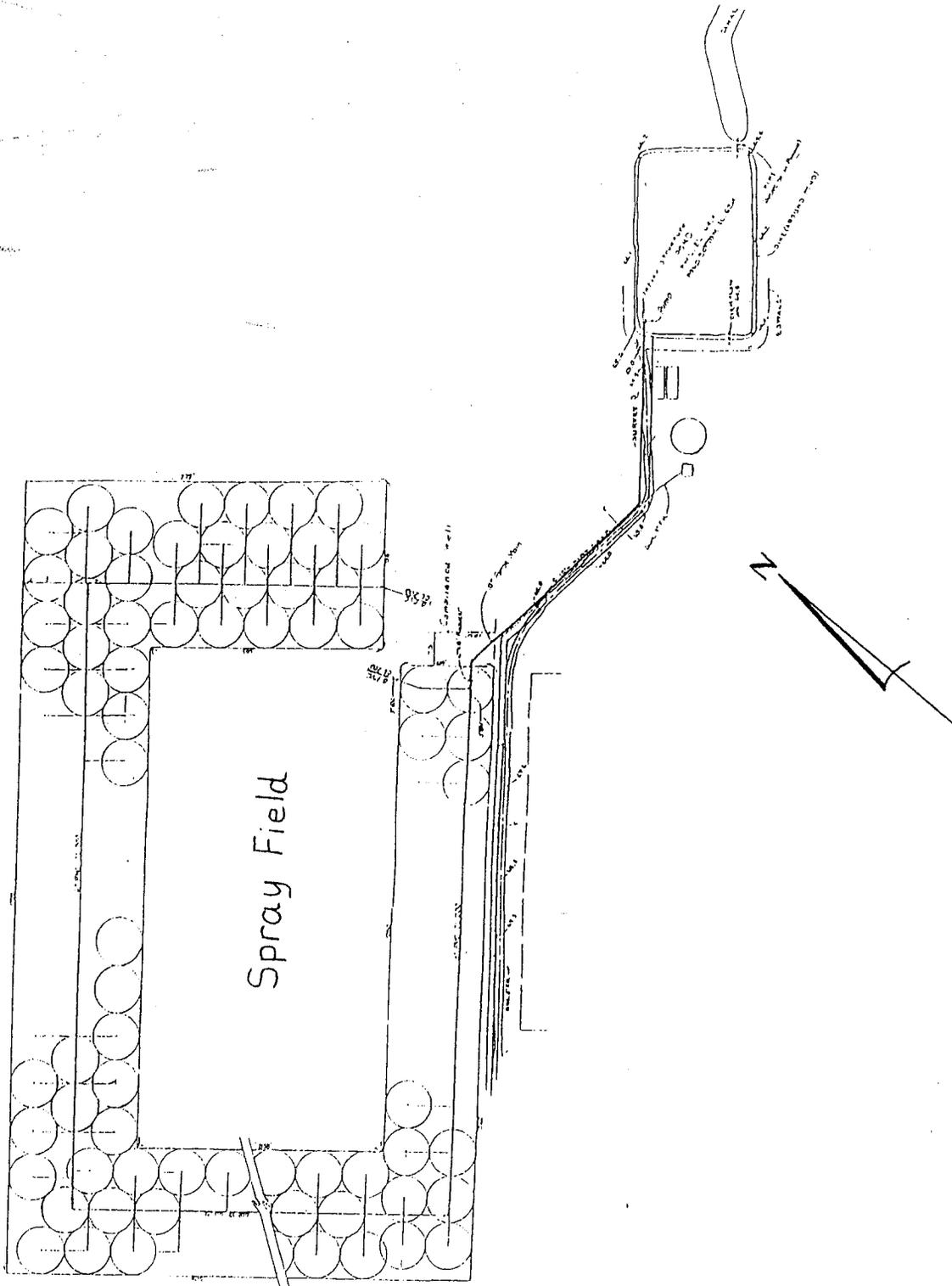
LAKE WALES 12 MI
HESPERIDES 3.5 MI

700 000 FEET

31 MI TO U.S. 441
VERO BEACH 64 MI

1 280 000
FEET





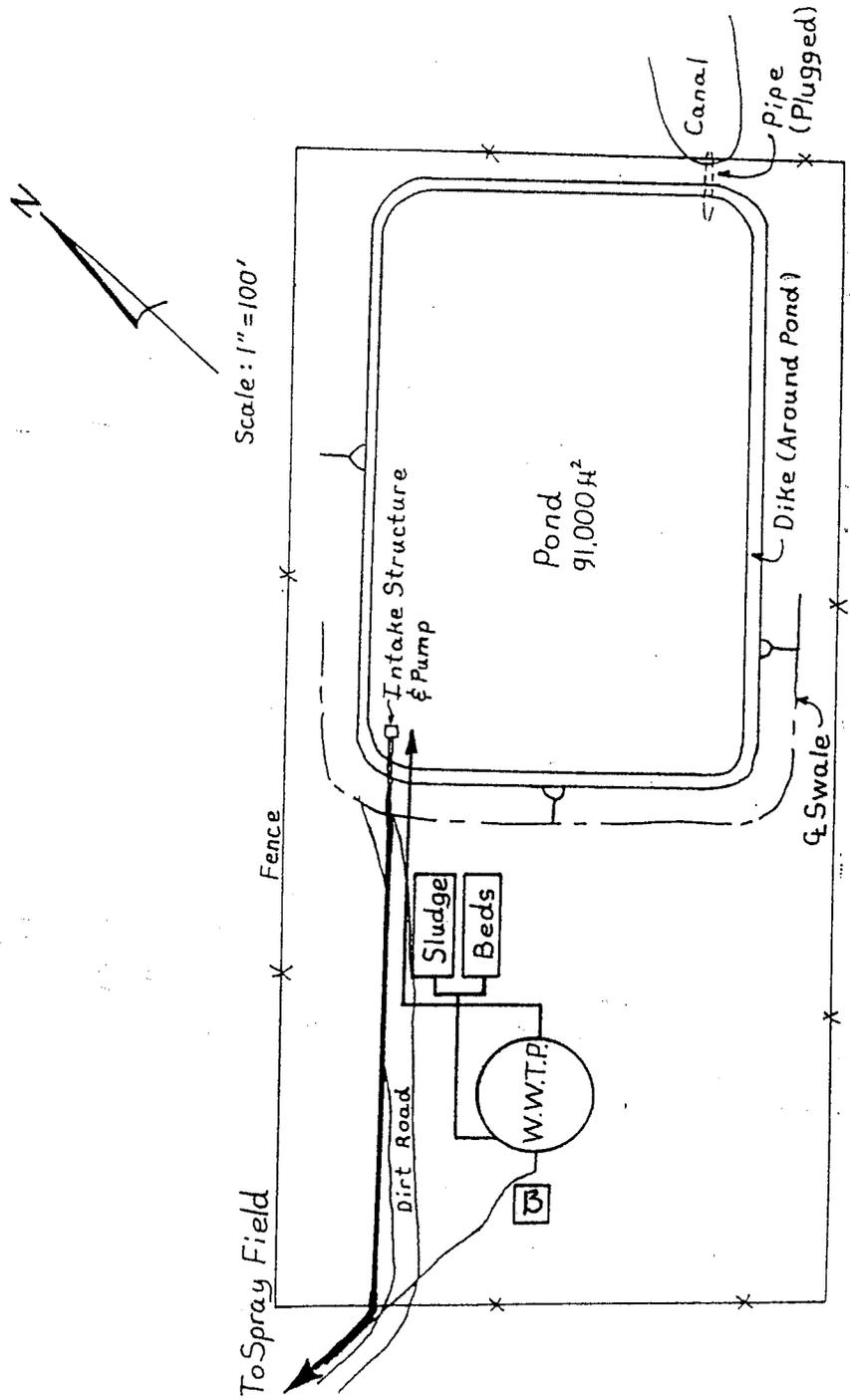
THE COLINAS GROUP, INC.
 41 Lake Morton Drive
 Lakeland, FL 33801

941-688-1804

F 941-688-4812

LAKE WALES UTILITY COMPANY
WWTF
SPRAY FIELD SITE PLAN

Drawn	Chkd	Draw No.	Date	Job No.
		1-3	8-98	98C-131



THE COLINAS GROUP, INC.
 41 Lake Morton Drive
 Lakeland, FL 33801

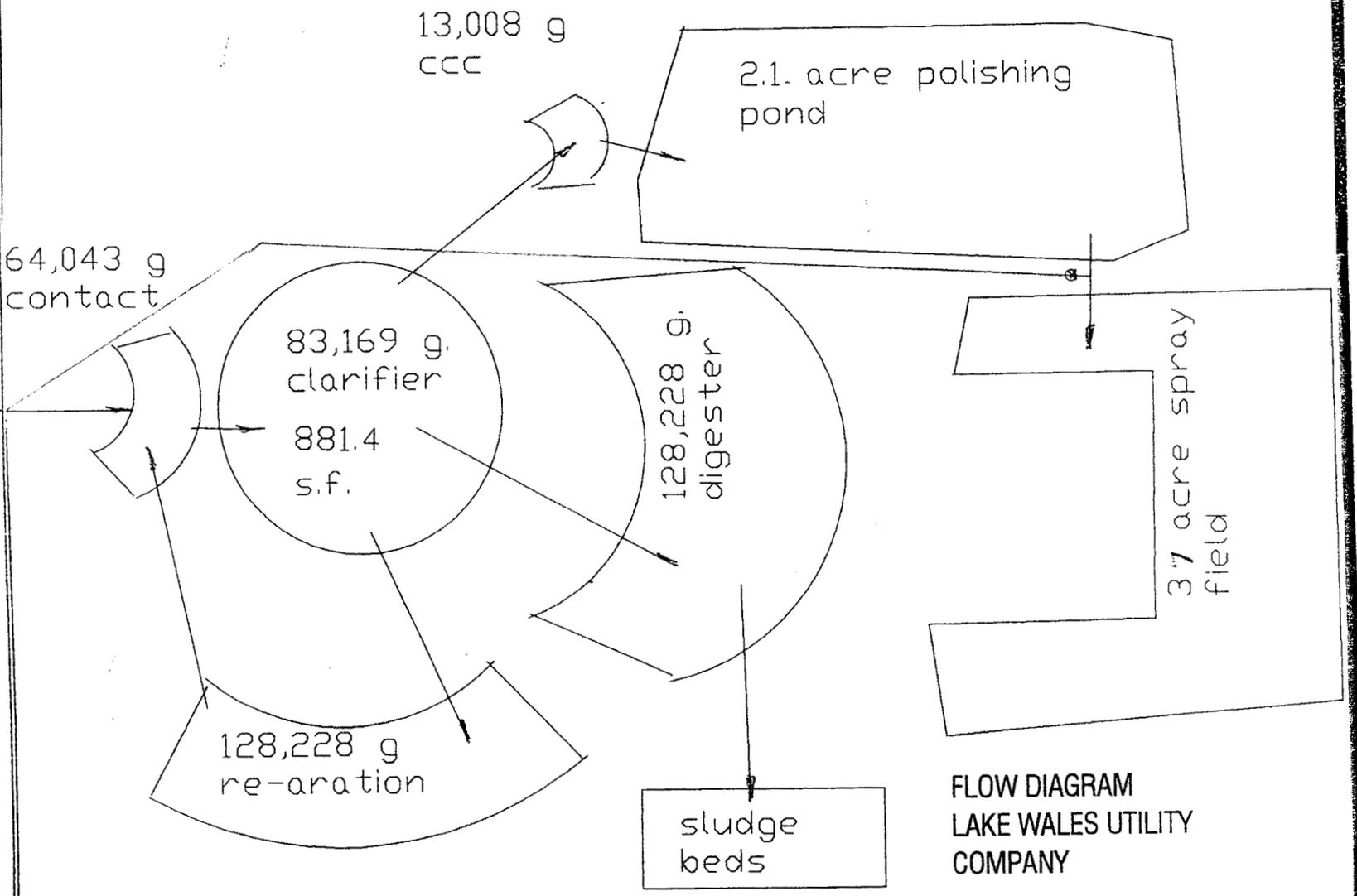
941-688-1804

F 941-688-4812

LAKE WALES UTILITY COMPANY
 WWTF
 SITE PLAN

Drawn	Chked	Draw No.	Date	Job No.
		2-3	8-98	98C-131

FLOW DIAGRAM
LAKE WALES UTILITY
COMPANY



THE COLINAS GROUP, INC.

2031 E. Edgewood Dr. Suite 5
Lakeland, Florida 33803-3601

863-669-9141 F863-669-1742

Draw	Chkd	Draw No.	Date	Job No.
			12/06	7000

APPENDIX C
CONTRACTS AND CERTIFICATIONS

CERTIFICATE OF CALIBRATION

MEMBER:
AMERICAN WATER WORKS ASSOC.
INSTRUMENT SOCIETY OF AMERICA
MEASUREMENTS & DATA SOCIETY
U.S.A.

A.W.K. INDUSTRIES, INC.

P.O. BOX 607267 · ORLANDO, FLORIDA 32860 · PHONE (407) 293-1329 · FAX (407) 294-6244

THIS WILL CERTIFY THAT THE HERIN LISTED INSTRUMENTS WERE CALIBRATED IN ACCORDANCE WITH NORMALLY ACCEPTED PRACTICES AND MANUFACTURERS RECOMMENDED PROCEDURES.

REFERENCES: DEPT. OF AGRICULTURE, CIRCULAR 843
ISCO OPEN CHANNEL FLOW HANDBOOK FOURTH EDITION
FLUID MECHANICS, DODGE & THOMPSON

DATE CALIBRATED 12/7/2004

INSTRUMENT I.D. Greyline SLT Plus S/N 12239 Effluent

Honeywell Recorder 90 deg. V

OWNER/ LOCATION Lake Wales Utilities

WWTP Nalcrest

COMMENTS/ACTIONS Stopped flow ref. zero .

Checked at rate. Swept Recorder, 4/20 mA.

CALIBRATED BY *Alvin W. Klntts*

Alvin W. Klntts CCST 11847