

# HC Waterworks, Inc.

November 12, 2014

RECEIVED-FPSC  
14 NOV 17 AM 9:14  
COMMISSION  
CLERK

Office of Commission Clerk  
Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399

**Re: Docket No. 140158-WS – Application for increase in water and wastewater rates in Highlands County by HC Waterworks, Inc. – Response to Deficiencies**

Dear Commission Clerk,

HC Waterworks, Inc. hereby submits its response to Staff's Deficiency Letter dated October 31, 2014.

1. **Maps:** Please find enclosed one copy of the revisions to the maps previously submitted with the original filing.
2. **Chemical Analysis:** Please find enclosed copies of the chemical analysis requested. For the radionuclides, these tests are taken every six (6) years. The last test was in 2009 and was performed by Aqua Utilities Florida, Inc. The next test is not required until 2015.
3. **Monthly Operating Reports:** Please find attached. For the "water loss reports", these are not required to be filed with DEP. The previous owner, Aqua Utilities Florida, Inc. submitted this information as informational only. HC does not submit this information with its MORs since it is not required. However, see attached internal report for the period requested for informational purposes only. Since this information is not required to be submitted as part of the required MOR reports, HC does not believe this is a deficiency.
4. **MFR Schedules E-2; E-3; and E-14:**
  - a. Revised E-2 is attached. Revised E-1 is also attached.
  - b. Revised E-2 is attached. Revised E-1 is also attached.
  - c. Revised E-3 is attached.

COM \_\_\_\_\_  
 AFD   1    
 APA \_\_\_\_\_  
 ECO   1+2 Maps    
 ENG   1    
 GCL   1    
 IDM \_\_\_\_\_  
 TEL \_\_\_\_\_  
 CLK \_\_\_\_\_

5. (Numbered 6 on letter) **MFR Schedules E-1 & E-2:** Revised Schedules E-1 and E-2 attached.
6. (Unnumbered on letter): **Wastewater MFR Schedule E-2 and E-14:** HC Waterworks respectfully disagrees that the consumption at the cap presented on MFR Schedule E-14 does not match the capped consumption on MFR E-2. The capped consumption on MFR Schedule E-14, page 7 of 7 is 5,171; and the capped consumption on MFR Schedule E-2(s) is also 5,171. Perhaps the staff was erroneously referring to the "Consolidated Consumption" which also adds in the consumption over the cap. There are no revisions necessary for this item. See attached Schedules originally filed with highlighted amounts. Revised MFR Schedules E-1 and E-2 are attached.

Further, in response to PSC Audit Request No. HC6, it was discovered that the balance for both Long Term Debt and Common Equity for the previous year ended June 30, 2013 were in error and did not reflect the actual balance sheet of the utility. This has been corrected on Revised MFR Schedule D-1 and D-2 attached. As a result the overall rate of return was revised. Revised MFR Schedules B-1 and B-2 are also attached.

As additional information, the average residential consumption is 2,518 gallons. Assuming a usage of 4,000 gallons, under the proposed rates a residential bill will increase by \$4.48 a month. On the wastewater side, assuming the same usage of 4,000 gallons, a residential bill will reduce by (\$21.43) a month. In addition, if the customer is a water and wastewater customer, the residential bill will reduce by (\$16.95) a month.

Should you have any questions, please contact me at (727) 848-8292, ext. 245.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Troy Rendell", written in a cursive style.

Troy Rendell  
Manager of Regulated Utilities  
*// HC Waterworks, Inc.*

**SHORT Environmental Laboratories, Inc.**

10405 U.S. 27 S Sebring, FL 33876 (863) 655-4022  
800 833-4022 Shortlah@strato.net fax: (863) 655-5820



**Report Cover Page**

Client: **Short Utility Service, Inc.**  
Address: **P.O. Box 1088**

City, St, Zip: **Sebring, FL 33871-1088**  
Attention: **Wendell Faircloth**

Report #: **2009050167**

Report Date: **5/15/2009**

Project **Leisure Lakes**

**Inorganics, Secondaries, VOCs, SOCs, Radiologicals**

Sample date: **April 13, 2009**

Sample #'s **331699**

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

Item	Pages	Qualifier	Explanation
Cover Page:	1		
Report of Analysis: DW Original	7	U	Compound was analyzed for but not detected.
Attachments: Chain of Custody	1	I	Result is between the PQL and the MDL.
Sampler cert	1	Q	Sample was analyzed out of holding time.
		J	Estimated value; value may not be accurate
<b>Total Pages:</b>	<b>10</b>		

The results contained in this report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

David W. Murto  
Laboratory Director

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.





Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET\*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/09
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 4/13/2009

PWS ID (From Page 1): 6280064

Sample Number (From Page 1): 331699

Lab Assigned Report Number or Job ID: 331699

Group(s) Analyzed & Results attached for compliance with Chapter 62 550, F.A.C. (Check all that apply):

- Inorganics: All 17, Partial, Nitrate, Nitrite, Asbestos Only
Synthetic Organics: All 30, All Except Dioxin, Partial, Dioxin Only
Volatile Organics: All 21, Partial
Disinfection Byproducts: Trihalomethanes, Haloacetic Acid, Bromate, Chlorite
Radionuclides: Single Sample, Qtrly Composite\*\*
Secondary: All 14, Partial
Lead & Copper

Were any analyses subcontracted? (x) Yes ( ) No

If yes, please provide DOH certification Numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

CERTIFICATION

I, David W. Murto, Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: David W. Murto Date: 5/12/2009

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ( ) Yes ( ) No Sample Analysis Info Satisfactory: ( ) Yes ( ) No

- Replacement Sample(s) Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): MCL(s) Exceeded, Detection(s), Missing Analyte Sheet, Location Unsatisfactory, Other:
Revised Report Requested (circle or highlight group(s) above)
Incomplete Report
Analysis Unsatisfactory

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

Radionuclides

62-550.310(6)

Report Number / Job ID: 331699

PWS ID (From Page 1): 6280064

Contam ID	Contaminant Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L	2.0	U	900.0 - D5174	2	3	1.9	4/28/2009	1729	E84129
4002	Gross Alpha (Incl Uranium)	***	pCi/L	2.0	U	EPA 900.0	2	3	1.9	4/20/2009	1459	E84129
4006	Combined Uranium (U-234, U-235, & U-238)	****	pCi/L	0.04	U	ASTM D5174	0.04	0.667		4/28/2009	1729	E84129
		30	ug/L					1				E84129
4020	Radium - 226	5	pCi/L	1.0		EPA 903.1	0.05	1	0.2	4/23/2009	1545	E84129
4030	Radium - 228			0.2	U	EPA Ra-05	0.2	1	0.2	4/27/2009	1634	E84129

\*\* If the results exceed 5 pCi/L, a measurement for radium-226 is required.

\*\*\* If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

\*\*\*\* If uranium (U) is reported as a measurement of activity (pCi/L) it will be converted to a mass measurement (ug/L) by multiplying the result by 1.5.

All results meet the requirements of NELAC, except as noted.

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62.160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

# SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, GULDSMART, FL 34677 813-855-1844 fax 813-855-2218



Short Environmental Laboratories  
 Short Utility #8  
 Sample ID: P.O.E. 331699

April 29, 2009  
 Sample No.: 91104.01  
 PWS ID: \_\_\_\_\_

## Radionuclides 62-550.310(6)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl Uranium)	***	pCi/L	2.0	U1	EPA 900.0	2.0	3	1.9	04/20/09	14:59	E84129
4006	Combined Uranium	20	pCi/L	0.04	U	ASTM D5174	0.04	---	---	04/28/09	17:29	E84129
4020	Radium-226	5*	pCi/L	1.0		EPA 903.1	0.05	1	0.2	04/23/09	15:45	E84129
4030	Radium-228	5*	pCi/L	0.2	U1	EPA RA-05	0.2	1	0.2	04/27/09	16:34	E84129

\* Combined Limit

\*\*\* If the results exceed 5 pCi/L, a measurement for radium-226 is required.

If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

\* Qualifiers:

- U Analyte was undetected. Indicated concentration is method detection limit.
- U1 Analyte was not detected. Indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.



**PUBLIC WATER SYSTEM CONTAMINANT  
MONITORING GUIDANCE FOR CALENDAR YEAR 2014**

**SYSTEM NAME: Leisure Lakes/Covered Bridge**

**PWS ID #: 6280064**

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2014	Monthly In 2014	Quarterly In 2014	SemiAnnual (2 in 2014)	One Time in 2014
ASBESTOS (62-550.511)	<b>X</b>				
NITRATE AND NITRITE (62-550.512)					<b>X</b>
INORGANIC CONTAMINANTS (62-550.513)	<b>X</b>				
TOTAL TRIHALOMETHANES & HALOACETIC ACIDS <b>40 CFR 141 Subpart V, <u>Stage 2</u></b> Disinfectants and Disinfection Byproducts Rule			<b>*X</b>		
VOLATILE ORGANIC CONTAMINANTS (62-550.515)	<b>X</b>				
SYNTHETIC ORGANIC CONTAMINANTS (62-550.516)	<b>X</b>				
MICROBIOLOGICAL (62-550.518)		<b>X</b>			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L ( <b>Stage 1</b> Disinfectants and Disinfection Byproducts Rule)		<b>X</b>			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	<b>X</b>				
SECONDARY CONTAMINANTS (62-550.520)	<b>X</b>				
LEAD AND COPPER 40 CFR 141 Subpart I				<b>**X</b>	

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2014(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

**\*** Continue increased monitoring for TTHMs and HAA5s under Stage 2 of the Disinfectants and Disinfection Byproducts Rule by collecting 2 dual sample sets/quarter during the first (January/February/March), second (April/May/June) and third (July/August/September) calendar quarters of 2014. A dual sample set consists of a set of two samples collected at the same time and location, with one sample for analyzed for TTHMs and one sample analyzed for HAA5s. Each set of dual samples must be collected at the two different locations (and during the specific week of the month) identified in your DEP approved Stage 2 monitoring plan.

Following the third calendar quarter of 2014, stay on increased monitoring for both TTHMS and HAA5s at the rate of 2 dual sample sets/quarter, until the Locational Running Annual Average TTHM concentrations are less than 0.060 mg/L AND the Locational Running Annual Average HAA5 concentrations are less than 0.045 mg/L, at EACH location.

**\*\*** Collect two sets of samples for Lead and Copper (in accordance with your approved sampling plan) in 2014. Collect the first set of samples sometime between January 1 and June 30, 2014. Collect your second set of samples sometime between July 1 and December 31, 2014. Submit the first set of results to DEP by 7/10/14, and the second set by 1/10/15. Please note, the number of sites that are sampled must be in accordance with the number of sites required for Standard monitoring NOT Reduced monitoring.

**PUBLIC WATER SYSTEM CONTAMINANT  
MONITORING GUIDANCE FOR CALENDAR YEAR 2013**

**SYSTEM NAME: Leisure Lakes/Covered Bridge**

**PWS ID #: 6280064**

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2013	Monthly In 2013	Quarterly In 2013	SemiAnnual (2 in 2013)	One Time in 2013
ASBESTOS (62-550.511)	X				
NITRATE AND NITRITE (62-550.512)					X
INORGANIC CONTAMINANTS (62-550.513)	X				
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L ( <b>Stage 1</b> Disinfectants and Disinfection Byproducts Rule)			*X		X
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L <b>Stage 1</b> Disinfectants and Disinfection Byproducts Rule)			*X		X
VOLATILE ORGANIC CONTAMINANTS (62-550.515)	X				
SYNTHETIC ORGANIC CONTAMINANTS (62-550.516)	X				
MICROBIOLOGICAL (62-550.518)		X			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L ( <b>Stage 1</b> Disinfectants and Disinfection Byproducts Rule)		X			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	X				
SECONDARY CONTAMINANTS (62-550.520)	X				
LEAD AND COPPER 40 CFR 141 Subpart I	X				

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2013(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

\* Continue quarterly monitoring for TTHMs and HAA5s during the first (January/February/March), and second (April/May/June) calendar quarters of 2013. Stay on quarterly monitoring for both TTHMs and HAA5s until the Running Annual Average TTHM concentration is less than 0.060 mg/L AND the running annual average HAA5 concentration is less than 0.045 mg/L, OR until the four most recent sets of consecutive quarterly samples are each less than the MCLs for both TTHMs and HAA5s. Please note, if your water system is still on increased (quarterly) Stage 1 monitoring after the third calendar quarter of 2013, it will be required to initiate  monitoring at the rate of 2 dual samples/quarter, during the fourth calendar quarter of 2013.







Please note, if you do qualify to return to Annual monitoring for TTHMs and HAA5s after the monitoring during the first and second calendar quarters of 2013 has been performed, you will still be required to collect an Annual set of samples for TTHMs and HAA5s during the third calendar quarter (July/August/September) of 2013.



**PUBLIC WATER SYSTEM CONTAMINANT  
MONITORING GUIDANCE FOR CALENDAR YEAR 2012**


**SYSTEM NAME: Leisure Lakes/Covered Bridge**

**PWS ID #: 6280064**


CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2012	Monthly In 2012	Quarterly In 2012	SemiAnnual (2 in 2012)	One Time in 2012
ASBESTOS (62-550.511)					*X
NITRATE AND NITRITE (62-550.512)					X
INORGANIC CONTAMINANTS (62-550.513)					X
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L ( <b>Stage 1</b> Disinfectants and Disinfection Byproducts Rule)					 X
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L ( <b>Stage 1</b> D/DBPR)					 X
VOLATILE ORGANIC CONTAMINANTS (62-550.515)					X
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)					 X
MICROBIOLOGICAL (62-550.518)		X			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L ( <b>Stage 1</b> D/DBPR)		X			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	X				
SECONDARY CONTAMINANTS (62-550.520)					X
LEAD AND COPPER 40 CFR 141 Subpart I					 X

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2012(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

\* Our records indicate that your water system does NOT have any Asbestos Cement (AC) pipe or components. If this is correct, complete Parts I and II of form 62-555.900(10) and submit it to the DEP by December 31, 2012. If your water system does contain any AC pipe/components you will have to complete Parts I and III of form 62-555.900(10) and receive DEP approval of your sampling plan prior to collecting your Asbestos sample. Your Asbestos sample must be collected by December 31, 2012.

 Collect one Annual set of samples for TTHMs and HAA5s during the third calendar quarter (July/August/September) of 2012.

 Collect one full set of samples for all of the SOCs (except Dioxin) sometime during the 2012 calendar year.

 Collect samples for Lead and Copper (in accordance with your approved sampling plan) sometime between June 1 and September 30, 2012. Submit the analyses results to the DEP by no later than October 10, 2012.

**PUBLIC WATER SYSTEM CONTAMINANT  
MONITORING GUIDANCE FOR CALENDAR YEAR 2010**

**SYSTEM NAME: Leisure Lakes/Covered Bridge**

**PWS ID #: 6280064**

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2010	Monthly In 2010	Quarterly In 2010	One Time in 2010	Other
ASBESTOS (62-550.511)	<b>X</b>				
NITRATE AND NITRITE (62-550.512)				<b>X</b>	
INORGANIC CONTAMINANTS (62-550.513)	<b>X</b>				
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)				<b>*X</b>	
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)				<b>*X</b>	
VOLATILE ORGANIC CONTAMINANTS (62-550.515)	<b>X</b>				
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)	<b>X</b>				
MICROBIOLOGICAL (62-550.518)		<b>X</b>			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)		<b>X</b>			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	<b>X</b>				
SECONDARY CONTAMINANTS (62-550.520)	<b>X</b>				
LEAD AND COPPER 40 CFR 141 Subpart I	<b>X</b>				
WATER QUALITY PARAMETERS 40 CFR 141 Subpart I					<b>**X</b>

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2010(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

\* Collect your Annual set of samples for TTHMs and HAA5s during the third calendar quarter (July/August/September) of 2010.

\*\* Contact Michele Stewart of the South District FDEP Office (239) 332-6975 ext 189, to identify which Water Quality Parameters you must monitor for, the locations the samples must be collected from, and at what frequency the samples must be collected.



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**  
 (82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Short Environmental Laboratories, Inc.  
 10405 US 27 S Sebring, FL 33876  
 PH: 863-655-4022 FAX: 863-655-5820  
 DOH# E85458

Delivered By: Jack Williams  
 Lab Receipt Date & Time: 10-07-14 08:33  
 Analysis Date & Time: 10-7-14 1400  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4.4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 13840 Sub-Contract Lab ID: \_\_\_\_\_

LU # 28-57-

Analysis Requested: (check all that apply) Building Permit #

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other

System Name: Lake Josephine #3 / Sebring Lakes #4 518 PWS I.D. 6 2 8 1 0 6 2

Address: 1949 Canary Way City: Sebring

System or Owner's Phone #: 727-848-8292 Fax #: 727-849-4219

Collector: Jack Williams Collector's Phone #: 352-342-4974

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other

Sample Collection Date: 10-6-14

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> Coli, SM9223 B				
						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
LJ-1	Well #1 - Plant 3	16:38	R	—	7.7		A	A		437076
LJ-2	10809 Hwy 27 (m.m.)	18:47	D/T	3.0	7.8		A	A		437077
LJ-3	Well #1 - Plant 4	18:32	R	—	7.5		A	A		437078
LJ-4	Well #2 - Plant 4	18:19	R	—	7.9		A	A		437079
LJ-5	4904 Grand Concourse	17:11	D/T	3.0	8.0		A	A		437080

Average of disinfectant residuals for distribution routine & repeat samples<sup>5</sup>  
 Free chlorine, Total chlorine, or Combined chlorine (circle one) 3.0

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other

Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# C 21440)  
 Supervised by certified operator (# )  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 1-8/14  
 Lab Signature: [Signature]  
 Title: Insect Mgr  
Client

Name and Mailing Address of person to Receive Report  
US Water Services Corp.  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item I.6. <sup>2</sup> For Analysis Methods see Instructions Item II.6  
<sup>3</sup> Please circle appropriate selection. <sup>4</sup> Defined in Florida Administrative Code Rule 92-150, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**  
(82-550.730 Reporting Form Effective 01/1995, Revised 02/2010)

Short Environmental Laboratories, Inc.  
10405 US 27 S Sebring, FL 33876  
PH: 863-655-4022 FAX: 863-655-5820  
DOH# E85458

Delivered By: Jack Williams  
Lab Receipt Date & Time: 9-9-14 01:520  
Analysis Date & Time: 5-9-14 01:20

Sample Acceptance Criteria:  
Sample Preservation:  On Ice  Not On Ice 42 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 114350 Sub-Contract Lab ID: \_\_\_\_\_

LU # 28-57-   
Building Permit #

**Analysis Requested:** (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other \_\_\_\_\_

System Name: Lake Josephine / Sebring Lakes 578

PWS I.D. 6281062

Address: 1949 Canary Way

City: Sebring

System or Owner's Phone #: 727 848-8292

Fax #: 727-849-4219

Collector: Jack Williams

Collector's Phone #: 352-342-4974

**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 all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 9-8-14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : Colilert, SM9223 B				
						Non- Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci, Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
LJ-1	Well # 1 - Plant 3	13:05	R	-	8.0	A	A			435502
LJ-2	Silver-Oaks Clubhouse	11:17	D/T	1.56	8.1	A	A			435503
LJ-3	Well # 1 - Plant 4	09:55	R	-	7.9	A	A			435504
LJ-4	Well # 2 - Plant 4	10:03	R	-	7.9	A	A			435505
LJ-5	5339 Waterway	10:22	D/T	2.2	8.1	A	A			435506

Average of disinfectant residuals for distribution routine & repeat samples<sup>5</sup>

Free chlorine,  Total chlorine, or  Combined chlorine (circle one)

1.88

**Disinfectant Residual Analysis Method:**

- DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is** (see instructions on reverse):

- A certified operator (# 221440)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or IDOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the sample.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 9/11/14

Lab Signature: [Signature]

Title: Project Manager  
client folder

Name and Mailing Address of person to Receive Report

U.S. Water Services Corp  
4939 Cross Bayou Blvd  
New Port Richey, FL 34652

- DEP/DOH USE ONLY**
- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item I.4. <sup>2</sup> For Analysis Methods see Instructions Item II.6  
<sup>3</sup> Please circle appropriate selection. <sup>4</sup> Defined in Florida Administrative Code Rule 61-160, Title I  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.







**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**  
(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Short Environmental Laboratories, Inc.**  
10405 US 27 S Sebring, FL 33876  
PH: 863-655-4022 FAX: 863-655-5820  
DOH# E85458

Delivered By: Jack Williams  
Lab Receipt Date & Time: 7-8-14 @ 1500  
Analysis Date & Time: 7-8-14 @ 1530

Sample Acceptance Criteria:  
Sample Preservation:  On Ice  Not On Ice 4.8 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 112861 Sub-Contract Lab ID: \_\_\_\_\_

LU # 28-57-

Analysis Requested: (check all that apply)

Building Permit #

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other \_\_\_\_\_

System Name: Lake Josephina / Sebring Lakes<sup>518</sup> PWS I.D. 6280162

Address: 1949 Canary Way City: Sebring

System or Owner's Phone #: 727-845-8292 Fax #: 727-849-4219

Collector: Jack Williams Collector's Phone #: 352-342-4974

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 7-8-14

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disin- fectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> Colient. SM9223 B				
						Non- Coliform	Total Coliform	Fecal <i>E. coli</i> / Enterococci/ Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
L51	Plant-3-Well-1	11:12	R	-	7.9		A	A		431290
L52	Plant-3-Well-2	11:14	R	-	8.1		A	A		431291
L53	Plant-4-Well-1	14:26	R	-	8.2		A	A		431292
L54	Plant-4 Well-2	14:20	R	-	7.6		A	A		431293
L55	5306 Felicity Ave.	13:10	D/F	.65	8.1		A	A		431294
L56	2700 Oak Beach	14:40	D/F	3.1	8.1		A	A		431295

Average of disinfectant residuals for distribution routine & repeat samples<sup>5</sup>  
Free chlorine, Total chlorine, or Combined chlorine (circle one) 1.87

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# 21440)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or IDOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 7/10/14  
Lab Signature: [Signature]  
Title: Project Manager

*orig in client folder*

Name and Mailing Address of person to Receive Report  
U.S. Water Services Corp  
4939 Cross Bayou Blvd.  
NPR, FL 34652

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.6. <sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection. <sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table I.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT  
DEP/DOH Form Report, Former Effective 11/1994, Revised 02/01/02

Short Environmental Laboratories, Inc.  
 10405 US 27 S Sebring, FL 33876  
 PH: 863-655-4022 FAX: 863-655-5820  
 DOH# E85458

Delivered By: [Signature]  
 Lab Receipt Date & Time: 6-3-14 @ 1615  
 Analysis Date & Time: 6-3-14 @ 1615

Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice 7/4/0  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAP requirements:

Report Number: 112175 Sub-Contract Lab ID: \_\_\_\_\_ LU # 28-57-

Analysis Requested: (check all that apply) Building Permit # \_\_\_\_\_

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other \_\_\_\_\_  
 System Name: Lake Josephine/Sebring Lakes 518 PWS I.D. 6280162  
 Address: 1949 Canyon Way City: Sebring  
 System or Owner's Phone #: 888-540-4765 Fax #: 888-540-4219  
 Collector: Jack W. Adams Collector's Phone #: 888-342-4974

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment)-additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 6/3/14

To be completed by collector of sample						To be completed by lab					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Coliert, SM9223 B					
						Non-Coliform	Total Coliform	Fecal Coliform	Coliphage	Date Qualifier	Lab Sample #
L11	Plant 3, Well 1	12:10	R	0			A	A			42937
L12	Plant 3, Well 2	12:30	R	0	7.55		A	A			42938
L13	Plant 4, Well 1	12:55	R	0	8.55		A	A			42939
L14	Plant 4, Well 2	11:30	R	0	7.81		A	A			42940
L15	5111 Majesty Ave	11:30	D	3.2	8.74		A	A			42941
L16	2445 Oak Branch	11:40	D	5.0	8.32		A	A			42942

Average of disinfectant residuals for distribution routine & repeat samples: 4.1  
 Free chlorine, Total chlorine, or Combined chlorine (circle one)

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other \_\_\_\_\_  
 Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# C. BIANCO)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAP standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 6/5/14  
 Lab Signature: [Signature]  
 Title: Project Manager  
CRJ - Chief Tester

Name and Mailing Address of person to Receive Report  
US Water Services Corp  
403A Cross Bayou Blvd  
NPR FL 34452

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1) or Sample Type or otherwise than 1) or 2) For Analysis Methods see instruction class 11)   
 2) or Sample Type or otherwise than 1) or 2) For Analysis Methods see instruction class 11)   
 3) or Sample Type or otherwise than 1) or 2) For Analysis Methods see instruction class 11)   
 4) or Sample Type or otherwise than 1) or 2) For Analysis Methods see instruction class 11)



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**  
(52-550.730 Reporting Format Effective 01/1996, Revised 02/2010)

**Short Environmental Laboratories, Inc.**  
 10405 US 27 S Sebring, FL 33876  
 PH: 863-655-4022 FAX: 863-655-5820  
 DOH# E85458

Delivered By: Jack Williams  
 Lab Receipt Date & Time: 10-07-14 2:08 PM  
 Analysis Date & Time: 10-7-14 01:47 PM  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice 4.4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 14842 Sub-Contract Lab ID: \_\_\_\_\_

LU # 28-57-

Analysis Requested: (check all that apply)

Building Permit #

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other \_\_\_\_\_

System Name: Leisure Lakes - Covered Bridge #518 PWS I.D. 6280064

Address: 140 Woodside Dr. City: Lake Placid

System or Owner's Phone #: 727-848-8292 Fax #: 727-849-4217

Collector: Jack Williams Collector's Phone #: 352-342-4974

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 10-6-14

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disin- fectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> Coliert, SM9223 B				
						Non- Coliform	Total Coliform	Fecal E. coli, Enterococci, Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
LL-1	Well # 1	11:55	R	-	7.9		A	A		437084
LL-2	Well # 2	12:03	R	-	7.8		P	A		437085
LL-3	101 Parkview Cir.	12:14	D/T	3.0	7.9		A	A		437086
LL-4	4 Pinecrest St.	12:22	D/T	3.4	8.0		A	A		437087

Average of disinfectant residuals for distribution routine & repeat samples\*  
 Free chlorine, Total chlorine, or Combined chlorine (circle one) 3.2

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# C21440)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: 10-8-14 12:00 PM

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 10/8/14  
 Lab Signature: [Signature]  
 Title: Project Manager

Client

Name and Mailing Address of person to Receive Report  
U.S. Water Services Corp.  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I K. <sup>2</sup> For Analysis Methods see Instructions item II 4.  
<sup>3</sup> Please circle appropriate selection. <sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include new or plastic samples in the average.



**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**  
(62-550.730 Reporting Form Effective 01/1995, Revised 02/2010)

**Short Environmental Laboratories, Inc.**  
10405 US 27 S Sebring, FL 33876  
PH: 863-655-4022 FAX: 863-655-5820  
DOH# E85458

Delivered By: Jack Williams  
Lab Receipt Date & Time: 9-9-14 @ 1520  
Analysis Date & Time: 5-9-14 @ 1511

Sample Acceptance Criteria:  
Sample Preservation:  On Ice  Not On Ice 42 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 114351 Sub-Contract Lab ID: \_\_\_\_\_

LU # 28-57-

Analysis Requested: (check all that apply)

Building Permit #

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other \_\_\_\_\_

System Name: Leisure Lakes - Covered Bridge # 578 PWS I.D. 6280064

Address: 140 Woodside Dr. City: Lake Placid

System or Owner's Phone #: 727-848-8292 Fax #: 727-849-4219

Collector: Jack Williams Collector's Phone #: 352-342-4974

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 all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 9-8-14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> Colifert, SM9223 B				
						Non-Coliform	Total Coliform	Fecal <u>E. coli</u> Enterococci, Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
LL-1	Well # 1	15:56	R	-	8.0		A	A		435507
LL-2	Well # 2	16:08	R	-	8.3		A	A		435508
LL-3	101 Parkwood Cir.	16:21	D/T	1.94	8.0		A	A		435509
LL-4	4 P.crest St.	16:32	D/T	2.9	8.1		A	A		435510

Average of disinfectant residuals for distribution routine & repeat samples<sup>5</sup>  
Free chlorine, Total chlorine, or Combined chlorine (circle one) 2.42

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# C21440)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 9/11/14

Lab Signature: [Signature]

Title: Project Manager

colifert folder

Name and Mailing Address of person to Receive Report  
U.S. Water Services Corp.  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item 1.6. <sup>2</sup> For Analyte Methods see Instructions Item 1.6.  
<sup>3</sup> Please circle appropriate selection. <sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plain samples in the average.



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**  
(62-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

Short Environmental Laboratories, Inc.  
10405 US 27 S Sebring, FL 33876  
PH: 863-655-4022 FAX: 863-655-5820  
DOH# E85458

Delivered By: J. Williams  
Lab Receipt Date & Time: 8-5-14 10:15 AM  
Analysis Date & Time: 8-5-14 1545

Sample Acceptance Criteria:  
Sample Preservation:  On Ice  Not On Ice 4.4 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 113523 Sub-Contract Lab ID: \_\_\_\_\_

LU # 28-57-

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other \_\_\_\_\_

Building Permit #

System Name: Loiside Lakes 518 PWS I.D. 6280064  
Address: 140 Woodside Dr City: Lake Placid  
System or Owner's Phone #: 904-540-9765 Fax #: 727-849-4219  
Collector: Sack Williams Collector's Phone #: 352-342-4974

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 8-4-14

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> Colient, SM9223 B				
						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, Coliphage	Data Qualifier <sup>1</sup>	Lab Sample #
LL-1	Well-1	11:24	R	-	8.1		A	A		433209
LL-2	Well-2	12:14	R	-	7.9		A	A		433210
LL-3	101 Parkview Cir	12:04	D/T	2.2	8.0		A	A		433211
LL-4	4 Pinecrest St.	11:55	D/T	3.3	8.0		A	A		433212

Average of disinfectant residuals for distribution routine & repeat samples<sup>2</sup>  
 Free chlorine,  Total chlorine, or  Combined chlorine (circle one) 2.75

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# CO1440)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 8/5/14  
Lab Signature: [Signature]  
Title: Chief Manager

Name and Mailing Address of person to Receive Report  
U.S. Water Services Corp  
4939 Cross Bayou Blvd  
NPR, FL 34652

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see instructions item 1.6. <sup>2</sup> For Analysis Methods see instructions item 2.6.  
<sup>3</sup> Please circle appropriate selection. <sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or pilot samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT  
(52-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Short Environmental Laboratories, Inc.  
10405 US 27 S Sebring, FL 33876  
PH: 863-655-4022 FAX: 863-655-5820  
DOH# E85458

Delivered By: Jack Williams  
Lab Receipt Date & Time: 7-7-14 @ 1:50  
Analysis Date & Time: 7-9-14 1540 L  
Sample Acceptance Criteria:  
Sample Preservation:  On Ice  Not On Ice 4.8 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 112862 Sub-Contract Lab ID: \_\_\_\_\_

LU # 28-57-

Analysis Requested: (check all that apply)

Building Permit #

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other \_\_\_\_\_

System Name: Leisure Lakes WTP 518

PWS I.D. 6280064

Address: 140 Woodside Dr.

City: Lake Placid

System or Owner's Phone #: 904-540-9765

Fax #: 727-849-4219

Collector: Jack Williams

Collector's Phone #: 352-342-4774

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 all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 7-7-14

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Colilert, SM9223 B				
						Non- Coliform	Total (Coliform)	Fecal <u>E. coli</u> Enterococci, Coliphage	Data Qualifier	Lab Sample #
LL1	101 Parkview Ct.	15:17	P/T	.54	7.9		A	A		431296
LL2	4 Pinecrest St.	15:31	P/T	3.0	8.0		A	A		431297
LL3	Well # 1	14:58	R		7.9		A	A		431298

Average of disinfectant residuals for distribution routine & repeat samples  
Free chlorine, Total chlorine, or Combined chlorine (circle one) 1.77

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# C21440)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 7/10/14

Lab Signature: Jack Williams

Title: Project Manager

orig in client folder

DEP/DOH USE ONLY

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

Name and Mailing Address of person to Receive Report  
W.S. Water Services Corp.  
4939 Cross Bayou Blvd.  
NPR, FL 34652

<sup>1</sup> For Sample Types see Instructions item I.6. <sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection. <sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table I.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(22-590.730 Reporting Format Effective 01/19/05, Revised 10/2010)

Short Environmental Laboratories, Inc.  
10405 US 27 S Sebring, FL 33876  
PH: 863-655-4022 FAX: 863-655-5620  
DOH# E85458

Delivered By: \_\_\_\_\_  
Lab Receipt Date & Time: 4/14/14  
Analysis Date & Time: 6-4-14 12:15 PM

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: 11283 Sub-Contract Lab ID: \_\_\_\_\_ LU # 28-57- \_\_\_\_\_

Analysis Requested: (check all that apply) Building Permit # \_\_\_\_\_

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other \_\_\_\_\_

System Name: Leisure Lakes #574 PWS I.D. 4280044

Address: 140 Woodside Dr City: Lake Wales

System or Owner's Phone #: 904-540-9765 Fax #: 787-844-4219

Collector: Jack Williams Collector's Phone #: 352-343-4774

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Web Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other \_\_\_\_\_

Sample Collection Date: 6/3/14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Colert, SM923 E				
						Non-Coliform	Total Coliform	Fecal Coliform/Enterococci Coliforms	Data Qualifier	Lab Sample #
W1	Well 1	16:10	R	0	8.03	A	A			42925
W2	101 Parkview Circle	17:20	D	1.5	7.81	A	A			42924
W3	4 Pinecrest St	17:40	D	1.3	8.15	A	A			42926

Average of disinfectant residuals for distribution routine & repeat samples:  
Free chlorine, Total chlorine, or Combined chlorine (circle one) 1.4

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other \_\_\_\_\_

Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# 21440)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAP standards, and the results relate only to the samples.  
Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 6/11/14  
Lab Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Name and Mailing Address of person to Receive Report  
US Water Services Corp  
4434 Cross Bay Blvd  
NPR FL 33452

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

For details, refer to the Florida Department of Health website at www.floridahealth.gov. For analysis methods, refer to the Florida Department of Health website at www.floridahealth.gov. For information on reporting results, refer to the Florida Department of Health website at www.floridahealth.gov. For information on the reporting format, refer to the Florida Department of Health website at www.floridahealth.gov. For information on the reporting format, refer to the Florida Department of Health website at www.floridahealth.gov.





**III. Daily Data for the Month/Year of:** December, 2013

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpl	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
													UV Dose		
1		24.0	111,500												
2	X	24.0	111,500		2.9								2.0		
3	X	24.0	123,000		5.8								3.0		
4	X	24.0	114,000		3.0								2.0		
5	X	24.0	139,000		3.3								2.2		
6	X	24.0	109,000		2.4								1.8		
7	X	24.0	101,000		2.9								2.0		
8		24.0	117,000												
9	X	24.0	117,000		2.3								1.7		
10	X	24.0	127,000		4.1								2.8		
11	X	24.0	109,000		3.8								2.4		
12	X	24.0	114,000		3.6								2.6		
13	X	24.0	100,000		3.7								2.8		
14	X	24.0	99,000		4.1								2.4		
15		24.0	93,000												
16	X	24.0	93,000		3.5								2.9		
17	X	24.0	116,000		2.7								2.2		
18	X	24.0	96,000		3.6								2.4		
19	X	24.0	98,000		3.9								2.2		
20	X	24.0	80,000		4.1								3.2		
21	X	24.0	103,000		3.9								3.6		
22		24.0	95,000												
23	X	24.0	95,000		2.7								2.1		
24	X	24.0	115,000		3.1								2.5		
25	X	24.0	88,000		4.1								3.4		
26	X	24.0	95,000		3.9								3.5		
27	X	24.0	92,000		3.6								3.3		
28	X	24.0	110,000		3.8								3.0		
29		24.0	104,000												
30	X	24.0	104,000		4.1								2.6		
31	X	24.0	94,000		4.0								3.2		
Total			3,263,000												
Average			105,258												
Maximum			153,000												

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





See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** December, 2013

**A. Public Water System (PWS) Information**

PWS Name:	Lake Josephine Plant #4	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	75
PWS Owner:	US Water Services Corporation		
Contact Person:	Melisa Roteveel	Contact Person's Title:	
Contact Person's Mailing Address:	PO Box 2480	City:	New Port Rich State: Florida Zip Code: 34652
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	941-378-3554
Contact Person's E-Mail Address:	mroteveel@uswatercorp.net		

**B. Water Treatment Plant Information**

Plant Name:	Lake Josephine Plant #4	Plant Telephone Number:	941-377-9456	
Plant Address:	5313 Knight Ave	City:	Sebring State: Florida Zip Code: 33875	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>
Lead/Chief Operator:	Howard Short	A	3304	Operator
Other Operators:	Ron Derossett	A	3531	Operation Manager

**II. Certification by Lead/Chief Operator**

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

Ron Derossett 1/3/14  
Signature and Date

Ron Derossett  
Printed or Typed Name

A 3531  
License Number

PWS ID:	5284137	Plant Name:	Lake Josephine Plant #4
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**III. Daily Data for the Month/Year of:** December, 2013

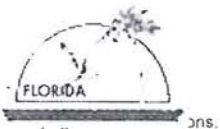
Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l		
1		24.0	37,350												
2	X	24.0	37,350		3.3									2.2	
3	X	24.0	34,500		3.4									2.4	
4	X	24.0	40,700		3.0									2.2	
5	X	24.0	45,900		3.1									2.4	
6	X	24.0	33,800		2.7									2.0	
7	X	24.0	35,000		2.4									1.9	
8		24.0	44,000												
9	X	24.0	44,000		2.9									2.6	
10	X	24.0	27,200		3.4									2.8	
11	X	24.0	34,000		3.8									2.6	
12	X	24.0	30,300		3.1									2.2	
13	X	24.0	32,200		2.8									1.9	
14	X	24.0	47,400		3.0									2.1	
15		24.0	51,050												
16	X	24.0	51,050		3.2									2.3	
17	X	24.0	43,100		3.1									2.2	
18	X	24.0	40,100		2.5									2.0	
19	X	24.0	42,200		2.6									2.1	
20	X	24.0	39,900		3.2									2.2	
21	X	24.0	47,700		3.6									2.4	
22		24.0	40,100												
23	X	24.0	40,100		3.5									2.5	
24	X	24.0	51,200		2.7									2.0	
25	X	24.0	40,900		3.2									2.3	
26	X	24.0	48,000		3.0									2.4	
27	X	24.0	36,700		2.8									2.2	
28	X	24.0	53,500		3.6									3.0	
29		24.0	44,800		4.0										
30	X	24.0	44,800		4.0									3.2	
31	X	24.0	42,300		3.8									3.0	
Total			1,295,000												
Average			41,774												
Maximum			53,500												

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





**MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS**

Daily Finished-Water Production for the Month/Year of : December 2013											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	111,500	37,350									148,850
2	111,500	37,350									148,850
3	123,000	34,500									157,500
4	114,000	40,700									154,700
5	139,000	45,900									184,900
6	109,000	33,800									142,800
7	101,000	35,000									136,000
8	117,000	44,000									161,000
9	117,000	44,000									161,000
10	127,000	27,200									154,200
11	109,000	34,000									143,000
12	114,000	34,800									148,800
13	100,000	32,200									132,200
14	99,000	47,400									146,400
15	93,000	51,050									144,050
16	93,000	51,050									144,050
17	116,000	43,100									159,100
18	96,000	40,100									136,100
19	98,000	42,200									140,200
20	80,000	39,900									119,900
21	103,000	47,700									150,700
22	95,000	40,100									135,100
23	95,000	40,100									135,100
24	115,000	51,200									166,200
25	88,000	40,900									128,900
26	95,000	48,000									143,000
27	92,000	36,700									128,700
28	110,000	53,500									163,500
29	104,000	44,800									148,800
30	104,000	44,800									148,800
31	94,000	42,300									136,300
Total											4,548,700
Avg											146,732
Max											184,900

PWS ID:	5284137	Plant Name:	Lake Josephine Plants 3 & 4
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**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \*** 2013

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No  Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, % <sup>1</sup> =	
--------------------	--	------------------------------------	--

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % <sup>1</sup> =	
--------------------	--	---	--

C. Is any iron or manganese sequestrant used at the water treatment plant?  No  Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =	
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =	

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



HC Waterworks, Inc. (Leisure Lakes)

USAGE AND BILLING REPORT

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13		
Read Period					03/28/13-05/01/13	05/01/13-06/03/13	06/03/13-07/01/13	07/01/13-08/01/13	08/01/13 - 09/03/13	9/3/13 - 10/1/13	10/01/13 - 11/01/13	11/01/13-12/02/13		
Billed					05/07/13	06/06/13	07/05/2013	08/06/13	09/09/13	10/4/13	11/08/13	12/17/13	Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month					1,316,000	1,244,000	1,531,000	1,561,306	1,321,570	1,179,920	1,213,000	1,550,900	10,917,696	1,364,712
Purchased Water					0	0	0	0	0	0	0	0	0	0
Total Gross Source					1,316,000	1,244,000	1,531,000	1,561,306	1,321,570	1,179,920	1,213,000	1,550,900	10,917,696	1,364,712
Monthly Water Revenue					\$11,423.57	\$8,481.86	\$7,563.85	\$17,099.51	\$8,287.32	\$7,478.45	\$8,691.62	\$8,573.06	\$77,599.24	\$9,699.91
Water Gallons Used/Billed					758,000	437,000	311,000	715,000	412,000	294,000	478,000	457,000	3,862,000	482,750
Water Gallons Flushing/Maint					236,250	222,750	652,000	209,250	222,750	252,000	167,400	279,000	2,241,400	280,175
Filters					173,712	164,208	202,092	206,092	186,300	186,300	186,300	186,300	1,491,304	186,413
Estimated Use - Water Breaks					0	396000	336000	372000	396000	336000	372000	372000	2,580,000	322,500
Total Use					1,167,962	1,219,958	1,501,092	1,502,342	1,217,050	1,068,300	1,203,700	1,294,300	10,174,704	1,271,838
Percentage Unaccounted For					11.25%	1.93%	1.95%	3.78%	7.91%	9.46%	0.77%	16.55%	6.81%	6.81%
Water Gallons Unaccounted					148,038	24,042	29,908	58,964	104,520	111,620	9,300	256,600	742,992	92,874
Monthly Sewer Revenue					\$16,032.03	\$9,723.16	\$8,899.36	\$9,194.21	\$9,552.77	\$8,867.81	\$10,098.07	\$10,100.12	\$82,467.53	\$10,308.44
Sewer Gallons Used/Billed					756,000	436,000	311,000	357,000	411,000	294,000	472,000	456,000	3,493,000	436,625
					35 days	33 days	28 days	31 days	33 days	28 days	31 days	31 days		
					35	33	28	31	33	28	31	31		
OTHER USAGES:							1,190,092	787,342	805,050	774,300	725,700	837,300		

HC Waterworks, Inc. (Leisure Lakes)

USAGE AND BILLING REPORT

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14		
Read Period	12/2-1/2	1/2-2/3	2/3-3/3	3/3-4/1	4/1-5/1	5/1-6/2	6/2-7/1	7/1-8/1						
Billed	1/8/14	2/6/14	3/6/14	4/3/14	5/7/14	6/5/14	7/7/14	8/6/14					Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month	1,823,400	1,805,300	2,035,420	2,100,300	2,425,500	2,317,700	2,186,400	1,720,100					16,414,120	2,051,765
Purchased Water	0	0	0	0	0	0	0	0					0	-
Total Gross Source	1,823,400	1,805,300	2,035,420	2,100,300	2,425,500	2,317,700	2,186,400	1,720,100					16,414,120	2,051,765
Monthly Water Revenue	\$8,756	\$10,159	\$9,397	\$10,019	\$9,105	\$8,180	\$7,768	\$7,600					\$70,984	\$8,873
Water Gallons Used/Billed	493,000	660,000	572,000	649,000	533,000	414,000	334,000	298,000					3,953,000	494,125
Water Gallons Flushing/Maint	697,500	576,000	907,200	783,000	1,215,000	1,296,000	1,174,500	1,116,000					7,765,200	970,650
Filters	160,459	158,866	179,117	184,826	213,444	203,958	192,403	151,369					1,444,443	180,555
Estimated Use - Water Breaks	372,000	384,000	336,000	348,000	360,000	384,000	348,000	144,000					2,676,000	334,500
Total Use	1,722,959	1,778,866	1,994,317	1,964,826	2,321,444	2,297,958	2,048,903	1,709,369					15,838,643	1,979,830
Percentage Unaccounted For	5.51%	1.46%	2.02%	6.45%	4.29%	0.85%	6.29%	0.62%					3.51%	3.51%
Water Gallons Unaccounted	100,441	26,434	41,103	135,474	104,056	19,742	137,497	10,731					575,477	71,935
Monthly Sewer Revenue	\$10,319	\$11,194	\$10,902	\$11,804	\$10,566	\$9,601	\$9,130	\$8,949					\$82,465	\$10,308
Sewer Gallons Used/Billed	489,000	657,000	570,000	629,000	519,000	388,000	321,000	297,000					1,525,000	190,625
	31	32	28	29	30	32	29	31						
OTHER USAGES:	1,229,959	1,118,866	1,422,317	1,315,826	1,788,444	1,883,958	1,714,903							



**HC Waterworks, Inc. (Lake Josephine & Sebring Lakes)  
USAGE AND BILLING REPORT**

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13		
Read Period					03/27/13-05/01/13	05/01/13-06/03/13	06/03/13-07/01/13	07/01/13-08/01/13	08/01/13-09/03/13	9/3/13-10/1/13	10/01/13-11/01/13	11/01/13-12/02/13		
Billed		Avg Daily May	Avg Daily June	Avg Daily July	05/07/13	06/06/13	07/05/2013	08/06/13	09/09/13	10/4/13	11/08/13	12/06/13	Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month		162,835	146,853	168,059	5,047,900	4,405,600	5,154,600	6,151,900	4,959,025	4,609,900	4,476,500	4,558,000	39,363,425	4,920,428
Purchased Water		-	-	-	-	-	-	-	-	-	-	-	0	0
Total Gross Source		162,835	146,853	168,059	5,047,900	4,405,600	5,154,600	6,151,900	4,959,025	4,609,900	4,476,500	4,558,000	39,363,425	4,920,428
Monthly Water Revenue		Avg Daily May	Avg Daily June	Avg Daily July	31,582	27,897	24,066	26,510	25,979	22,845	28,269	25,226	\$212,372.87	\$26,546.61
Water Gallons Used/Billed		73,429	65,788	60,714	2,570,000	2,171,000	1,700,000	1,978,000	1,987,000	1,569,000	2,240,000	1,918,000	16,133,000	2,016,625
Water Gallons Flushing/Maint					2,016,000	1,765,800	2,570,400	2,902,000	2,181,600	2,055,600	2,001,000	2,326,500	17,818,900	2,227,363
Filters					312,836	272,144	403,758	362,842	299,641	280,650	273,504	272,338	2,477,713	309,714
Estimated Use - Water Breaks					-	-	-	-	-	7,900	3,600	-	11,500	1,438
Total Use					4,898,836	4,208,944	4,674,158	5,242,842	4,468,241	3,913,150	4,518,104	4,516,838	36,441,113	4,555,139
Percentage Unaccounted For					2.95%	4.46%	9.32%	14.78%	9.90%	15.11%	-0.93%	0.90%	7.42%	7.42%
Water Gallons Unaccounted					149,064	196,656	480,442	909,058	490,784	696,750	(41,604)	41,162	2,922,312	365,289
Monthly Sewer Revenue					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sewer Gallons Used/Billed					0	0	0	0	0	0	0	0	0	0
					35 days	33 days	28 days	31 days	33 days	28 days	31 Days	31 days		
					35	33	28	31	33	28	31	31		

Other Usages:

2,974,158 3,264,842 2,481,241 2,344,150 2,278,104 2,598,838

HC Waterworks, Inc. (Lake Josephine & Sebring Lakes)

USAGE AND BILLING REPORT

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14		
<b>Read Period</b>	12/2-1/2	1/2-2/3	2/3-3/3	3/3-4/1	4/1-5/1	5/1-6/2	6/2-7/1	7/1-8/1						
<b>Billed</b>	1/8	2/6/14	3/6/14	4/4/14	5/7/14	6/5/14	7/7/14	8/6/14					<b>Annual Totals</b>	<b>Annual Averages</b>
<b>Total Well Withdrawal Per Calendar Month</b>	4,684,100	4,088,800	5,095,000	4,118,600	3,851,500	3,951,600	3,874,800	4,154,640					33,819,040	4,227,380
<b>Purchased Water</b>	0	0	0	0	0	0	0	0					0	-
<b>Total Gross Source</b>	4,684,100	4,088,800	5,095,000	4,118,600	3,851,500	3,951,600	3,874,800	4,154,640					33,819,040	4,227,380
<b>Monthly Water Revenue</b>	\$26,987	\$28,130	\$26,820	\$30,359	\$26,786	\$27,604	\$24,805	\$26,237					\$217,728	27,216
<b>Water Gallons Used/Billed</b>	2,134,000	2,345,000	2,122,000	2,441,000	2,123,000	2,173,000	1,812,000	1,958,000					17,108,000	2,138,500
<b>Water Gallons Flushing/Maint</b>	1,891,000	1,616,000	1,590,400	1,464,500	1,410,000	1,616,000	1,769,000	1,891,000					13,247,900	1,655,988
<b>Filters</b>	334,651	213,778	265,760	212,969	194,348	203,817	214,350	226,436					1,866,110	233,264
<b>Estimated Use - Water Breaks</b>	0	0	0	0	0	0	0	0					0	-
<b>Total Use</b>	4,359,651	4,174,778	3,978,160	4,118,469	3,727,348	3,992,817	3,795,350	4,075,436					32,222,010	4,027,751
<b>Percentage Unaccounted For</b>	6.93%	-2.10%	21.92%	0.00%	3.22%	-1.04%	2.05%	1.91%					4.72%	4.72%
<b>Water Gallons Unaccounted</b>	324,449	(85,978)	1,116,840	131	124,152	(41,217)	79,450	79,204					1,597,030	199,629
<b>Monthly Sewer Revenue</b>														
<b>Sewer Gallons Used/Billed</b>														
	31	32	28	29	30	32	29	31						

Other Usages: 2,225,651 1,829,778 1,856,160 1,677,469 1,604,348 1,819,817 1,983,350



# FLORIDA Water Loss Report 2012

Volume is in 1,000 of gallons		<u>Total</u>													
<u>System Name</u>			<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep- 12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>	<u>YTD Totals</u>
Permitted Max Day Capacity (GPD)	<u># ERUs</u>														
<b>Leisure Lakes</b>	<b>574</b>	<b>Wtr Produced</b>	997.0	1,230.0	1,244.0	1,278.0	1,398.0	1,337.0	1,081.0	945.0	749	1,127.0	1,022.0	1,443.0	<b>13,850.5</b>
72,000		On-Site Usage	6.0	7.0	6.0	8.0	12.0	10.0	10.0	10.0	10.0	10.0	10.0	50.0	<b>149.0</b>
		Flushing Est.	381.2	388.7	113.7	141.2	65.0	105.0	110.0	110.0	-	344.0	372.0	309.6	<b>2,440.4</b>
		Line Breaks	-	-	-	-	-	10.0	-	50.0	-	-	-	10.0	<b>70.0</b>
		Fire Use	-	-	-	-	-	-	-	-	-	-	-	-	-
		Other Company Use	387.2	395.7	119.7	149.2	77.0	125.0	120.0	170.0	10.0	354.0	382.0	369.6	<b>2,659.4</b>
		Wtr Sold	529.0	521.8	580.3	598.0	452.3	428.9	479.6	227.4	298.3	315.7	418.0	511.2	<b>5,360.5</b>
		Monthly Loss	80.8	312.5	544.0	530.8	868.7	783.1	481.4	547.6	440.2	457.3	222.0	562.2	<b>5,830.6</b>
		Monthly % % Total	8.1%	25.4%	43.7%	41.5%	62.1%	58.6%	44.5%	57.9%	58.8%	40.6%	21.7%	39.0%	<b>42.1%</b>
		"Loss"	53.1%	42.4%	46.6%	46.8%	32.4%	32.1%	44.4%	24.1%	39.9%	28.0%	40.9%	35.4%	<b>38.7%</b>

Schedule of Water Net Operating Income

Florida Public Service Commission

HC Waterworks, Inc.  
 Docket No. 140158-WS  
 Historical Test Year Ending June 30, 2014  
 Historical & Pro Forma

Revised Schedule: B-1 Revised  
 Page: 1 of 1  
 Preparer: W T Rendell

Explanation: Provide the calculation of net operating income for the test year. If amortization (Line 4) is related to any amount other than an acquisition adjustment, submit an additional schedule showing a description and calculation of charge.

Line No.	(1) Description	(2) Per Books Test Year	(3) Utility Test Year Adjustment	(4) Adjusted Test Year	(5) Requested Revenue Adjustment	(6) Requested Annual Revenues	(7) Supporting Schedules
1	OPERATING REVENUES	390,596	20,767	411,363	89,879	501,242	B-4, E-2
2	Operation & Maintenance	299,336	6,117	305,453	1,761	307,214	B-5, B-3
3	Depreciation, net of CIAC Amort., U&U	95,608	(4,768)	90,840	0	90,840	B-13, B-3
4	Amortization		(78,581)	(78,581)	0	(78,581)	B-3
5	Taxes Other Than Income	59,409	(4,175)	55,234	4,045	59,278	B-15, B-3
6	Provision for Income Taxes	0	0	0	0	0	C-1, B-3
7	OPERATING EXPENSES	454,352	(81,406)	372,946	5,805	378,751	
8	NET OPERATING INCOME	(63,755)	102,173	38,417	84,074	122,491	
9	RATE BASE	2,680,005	(1,008,503)	1,671,502		1,671,502	A-1
10	RATE OF RETURN	-2.38%		2.30%		7.33%	



Schedule of Sewer Net Operating Income

Florida Public Service Commission

HC Waterworks, Inc.  
 Docket No. 140158-WS  
 Historical Test Year Ending June 30, 2014  
 Historical & Pro Forma

Revised

Schedule: B-2  
 Page: 1 of 1  
 Preparer: W T Rendell

Explanation: Provide the calculation of net operating income for the test year. If amortization (Line 4) is related to any amount other than an acquisition adjustment, submit an additional schedule showing a description and calculation of charge.

Line No.	(1) Description	(2) Per Books Test Year	(3) Utility Test Year Adjustment	(4) Adjusted Test Year	(5) Requested Revenue Adjustment	(6) Requested Annual Revenues	(7) Supporting Schedules
1	OPERATING REVENUES	111,686	7,993	119,678	(45,838)	73,841	B-4, E-2
2	Operation & Maintenance	79,399	(3,439)	75,959	(898)	75,061	B-6, B-3
3	Depreciation, net of CIAC Amort., U&U	(372)	(4,288)	(4,660)	0	(4,660)	B-14, B-3
4	Amortization		(4,569)	(4,569)	0	(4,569)	B-3
5	Taxes Other Than Income	8,903	(1,432)	7,471	(2,063)	5,409	B-15, B-3
6	Provision for Income Taxes	0	0	0	0	0	C-1, B-3
7	OPERATING EXPENSES	87,930	(13,728)	74,202	(2,961)	71,241	
8	NET OPERATING INCOME	23,755	21,721	45,477	(42,877)	2,600	
9	RATE BASE	64,598	(29,150)	35,448		35,448	A-2
10	RATE OF RETURN	36.77%		128.29%		7.33%	

**Taxes Other Than Income**

**Florida Public Service Commission**

**HC Waterworks, Inc.**  
**Docket No. 140158-WS**  
 Historical Test Year Ending June 30, 2014

**Revised**      Schedule: B-15      Revised  
 Page: 1 of 1  
 Preparer: W T Rendell

Explanation: Complete the following schedule of all taxes other than income.  
 For all allocations, provide description of allocation and calculations.

Line No.	(1) Description	(2)	(3) Regulatory Assessment Fees (RAFTs) 4.50%	(4) Payroll Taxes	(5) RE & Personal Property Tax on U&U	(6) Other	(7) Total
<b>Water</b>							
1	Test Year Per Books		22,745	0	35,164	1,500	59,409
2							
3	Adjustments to Test Year (Explain)						
4	RAF on Adj'd Rev - RAF Per Books		(4,233)				(4,233)
5	Property Tax NU&U Adj				(3,987)		(3,987)
	Pass through Property Tax Increase				5,384		
	Property Tax on Pro Forma Plant				162		
6	To Reclassify License Expense			0		(1,500)	(1,500)
7	Total Test Year Adjustments		(4,233)	0	1,559	(1,500)	(9,720)
8	Adjusted Test Year		18,511	0	36,722	0	49,688
9							
10							
11	RAFTs Assoc. with Revenue Increase		4,065				4,065
12							
13	Total Adjusted		22,576	0	36,722	0	53,753
<b>Sewer</b>							
14	Test Year Per Books		6,547	0	2,357	0	8,903
15							
16	Adjustments to Test Year (Explain)						
17	RAF on Adj'd Rev - RAF Per Books		(1,161)				(1,161)
18	Property Tax Reclass & NU&U Adj				(271)		(271)
19	Payroll Adjustments			0			0
20	Total Test Year Adjustments		(1,161)	0	(271)	0	(1,432)
21	Adjusted Test Year		5,386	0	2,086	0	7,471
22							
23	RAFTs Assoc. with Revenue Increase		(2,062)				(2,062)
24							
25	Total Pro Forma		3,323	0	2,086	0	5,409

Recap Schedules: B-1, B-2    Source Schedule: B-3  
 Payroll taxes: FICA=7.65%, Fed & State Unemployment=0.41%



**Schedule of Requested Cost of Capital**

13 Month Average balance

**HC Waterworks, Inc.**

**Docket No. 140158-WS**

Historical Test Year Ending June 30, 2014

Historical [ X ] Projected [ ]

**Florida Public Service Commission**

Revised Schedule: D-1 Revised

Page: 1 of 2

Preparer: W T Rendell

Explanation: Provide a schedule which calculates the requested Cost of Capital on a 13-month average basis. If a year-end basis is used submit an additional schedule reflecting year-end calculations.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Line No.	Class of Capital	Reconciled To Test Yr Rate Base	Ratio	Cost Rate	Weighted Cost Rate	Cost	Supporting Schedules
<b>COMPOSITE WATER &amp; SEWER</b>							
1	Long-Term Debt	552,951	32.39%	4.25%	1.38%		D-2, D-5
2	Short-Term Debt	0	0.00%	0.00%	0.00%		D-2
3	Preferred Stock	0	0.00%	0.00%	0.00%		D-2
4	Common Equity	1,147,540	67.23%	8.84%	5.94%		D-2
5	Customer Deposits	6,459	0.38%	2.00%	0.01%		D-2
6	Accumulated Deferred Income Taxes	0	0.00%	0.00%	0.00%		D-2
7							
8	Total	<u>1,706,950</u>	<u>100.00%</u>		<u>7.33%</u>		

**Reconciliation of Capital Structure to Requested Rate Base**

**Florida Public Service Commission**

13 Month Average Balance

**HC Waterworks, Inc.**

Revised

Schedule:

D-2

Revised

**Docket No. 140158-WS**

Page:

1 of 1

Historical Test Year Ending June 30, 2014

Preparer:

WT Rendell

Historical [ X ] Projected [ ]

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base.  
Explain all adjustments. Submit an additional schedule if a year-end basis is used.

Line No.	Class of Capital	(1)		(2)		(3)	(4)	(5)
		Prior Year 6/30/2013	Test Year 6/30/2014	Test Year Average†	Reconciliation Adjustments Pro rata	Reconciled To Test Yr Rate Base	Supporting Schedules	
1	Long-Term Debt	839,728	798,035	818,881	(265,930)	552,951	D-5	
2	Short-Term Debt	0	0	0	0	0	D-4	
3	Preferred Stock	0	0	0	0	0	D-3	
4	Common Stock	2,187,582	1,211,269	1,699,426	(551,885)	1,147,540		
5	Customer Deposits	3,462	15,667	9,565	(3,106)	6,459	D-7	
6	Accumulated Deferred Income Taxes	0	0	0	0	0	C-6	
7								
8	Total	<u>3,030,772</u>	<u>2,024,971</u>	<u>2,527,871</u>	<u>(820,922)</u>	<u>1,706,950</u>	A-1	



**Rate Schedule - Water**

**Florida Public Service Commission**

**HC Waterworks, Inc.**  
**Docket No. 140158-WS**  
 Historical Test Year Ending June 30, 2014  
 Water [ X ] or Sewer [ ]

**Revised** Schedule: E-1w  
 Page: 1 of 1  
 Preparer: W T Rendell

Explanation: Provide a schedule of present rates and proposed rates.

	(1)	(2)	(3)
Line No.	Class/Meter Size	Prior to Filing	Proposed Rates
<b>1 Residential</b>			
2	5/8" X 3/4"	18.92	21.36
3	3/4"	28.38	32.04
4	1"	47.31	53.40
5	1-1/2"	94.61	106.80
6	2"	151.38	170.88
7	3"	302.77	341.76
8	4"	473.07	534.00
9	6"	946.15	1,068.00
10	8"	1,513.83	1,708.80
11	10"	2,176.13	2,456.40
12	<i>Gallonage Charge, per 1,000 gallons</i>		
13	0 - 6,000 gal.	6.46	6.97
14	6,001 - 12,000 gal.	9.71	10.45
15	Over 12,000 gal.	12.93	13.94
16			
<b>17 General Service</b>			
18	5/8" X 3/4"	18.92	21.36
19	3/4"	28.38	32.04
20	1"	47.31	53.40
21	1-1/2"	94.61	106.80
22	2"	151.38	170.88
23	3"	302.77	341.76
24	4"	473.07	534.00
25	6"	946.15	1,068.00
26	8"	1,513.83	1,708.80
27	10"	2,176.13	2,456.40
28	<i>Gallonage Charge</i>	7.25	8.06
29			
<b>30 Irrigation</b>			
31	5/8" X 3/4"	18.92	21.36
32	3/4"	28.38	32.04
33	1"	47.31	53.40
34	1-1/2"	94.61	106.80
35	2"	151.38	170.88
36	3"	302.77	341.76
37	4"	473.07	534.00
38	<i>Gallonage Charge, per 1,000 gallons</i>		
39	0 - 6,000 gal.	6.46	6.97
40	6,001 - 12,000 gal.	9.71	10.45
41	Over 12,000 gal.	12.93	13.94
42			
<b>43 Private Fire Protection</b>			
44	2"	12.62	14.24
45	3"	25.23	28.48
46	4"	39.43	44.49
47	6"	78.85	88.99
48	8"	126.16	142.38
49	10"	181.34	204.67

Rate Schedule - Sewer

Florida Public Service Commission

HC Waterworks, Inc.  
 Docket No. 140158-WS  
 Historical Test Year Ending June 30, 2014  
 Water [ ] or Sewer [ X ]

Revised Schedule: E-1s  
 Page: 1 of 1  
 Preparer: W T Rendell

Explanation: Provide a schedule of present rates and proposed rates.

	(1)	(2)	(3)
Line No.	Class/Meter Size	Prior to Filing	Proposed Rates
1	<b>Residential</b>		
2	All Meter Sizes	22.59	14.56
3			
4	Gallonage cap (gallons)	6,000	6,000
5	Gallonage Charge, per 1,000	7.64	4.29
6			
7			
8	<b>General Service</b>		
9	5/8" X 3/4"	22.59	14.56
10	3/4"	33.90	21.85
11	1"	56.50	36.41
12	1-1/2"	112.98	72.82
13	2"	180.78	116.51
14	3"	361.54	233.02
15	4"	564.91	364.10
16	6"	1,129.83	728.19
17	8"	1,807.20	1,165.11
18	10"	2,598.61	1,674.85
19	Gallonage charge	9.16	5.15
20			
21	<b>Flat Rate</b>		
22			
23	<b>Residential Wastewater Only (RWO)</b>		
24	Monthly Flat Rate	-	21.28
25	<b>Gen. Svc. Wastewater Only</b>		
26	Monthly Flat Rate	-	14.56



Revenue Schedule at Present and Proposed Rates

Florida Public Service Commission

HC Waterworks, Inc.  
 Docket No. 140158-WS  
 Historical Test Year Ending June 30, 2014  
 Water [ X ] or Sewer [ ]

Revised Schedule: E-2w (Revised)  
 Page: 1 of 1  
 Preparer: W T Rendell

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

Line No.	(1) Class/Meter Size	(2) Test Year Bills	(3) TY Cons in 1,000 gal.	(4) Test Year Rate	(5) Test Year Revenue	(6) Adjusted Bills	(7) Adjusted Cons	(8) Rate Prior to Filing	(9) Revenue at Rate Prior	(10) ProForma Block Cons	(11) Repressed Block Cons	(12) Proposed Rate/W/rpsn	(13) Revenue at Rpsn Rates
1	<b>Residential</b>												
2	5/8" X 3/4"	10,998		18.92	208,082	10,998		18.92	208,082			21.36	234,917
3	3/4"	0		28.38	0	0		28.38	0			32.04	0
4	1"	24		47.31	1,135	24		47.31	1,135			53.39	1,281
5	1-1/2"	12		94.61	1,135	12		94.61	1,135			106.79	1,281
6	2"	0		151.38	0	0		151.38	0			170.86	0
7	3"	0		302.77	0	0		302.77	0			341.71	0
8	4"	0		473.07	0	0		473.07	0			533.93	0
9	Gallonge Charge, per 1,000 gallons												
10	0 - 6,000 gal.		20,612	6.46	133,154	(49)	20,563	6.46	132,837	0	20,563	6.97	143,324
11	6,001 - 12,000 gal.		5,133	9.71	49,841	(4)	5,129	9.71	49,803	(186)	4,943	10.45	51,656
12	Over 12,000 gal.		2,094	12.93	27,075		2,094	12.93	27,075	(76)	2,018	13.94	28,133
13	Total Residential	11,034	27,839		420,423	11,034	27,786		420,068	(262)	27,524		460,593
14	Average Bill				38.10		2.518		38.07				41.74
15													
16	<b>General Service</b>												
17	5/8" X 3/4"	48		18.92	908	48		18.92	908			21.36	1,025
18	3/4"	0		28.38	0	0		28.38	0			32.04	0
19	1"	0		47.31	0	0		47.31	0			53.39	0
20	1-1/2"	0		94.61	0	0		94.61	0			106.79	0
21	2"	9		151.38	1,362	9		151.38	1,362			170.86	1,538
22	3"	12		302.77	3,633	12		302.77	3,633			341.71	4,101
23	4"	0		473.07	0	0		473.07	0			533.93	0
24	6"	0		946.15	0	0		946.15	0			1,067.86	0
25	8"	0		1,513.83	0	0		1,513.83	0			1,708.57	0
26	Gallonge		2,514	7.25	18,227		2,514	7.25	18,227	2,514	2,514	8.06	20,263
27	Total General Serv	69	2,514		24,130	69	2,514		24,130	2,514	2,514		26,926
28	Average Bill				349.71				349.71				390.24
29													
30	<b>Irrigation</b>												
31	5/8" X 3/4"	0		18.92	0	0	NA	18.92	0			21.36	0
32	Gallonge Charge, per 1,000 gallons												
33	0 - 6,000 gal.		0	6.46	0	0		6.46	0	0	0	6.97	0
34	6,001 - 12,000 gal.		0	9.71	0	0		9.71	0	0	0	10.45	0
35	Over 12,000 gal.		0	12.93	0	0		12.93	0	0	0	13.94	0
36	Block 4		0		0	0			0	0			0
37	Total Irrigation	0	0		0	0	0		0	0	0		0
38	Average Bill												
39													
40	<b>Fire Protection</b>												
41	2"	0	NA	12.62	0	0		12.62	0			14.24	0
42	3"	0	NA	25.23	0	0		25.23	0			28.48	0
43	4"	0	NA	39.43	0	0		39.43	0			44.49	0
44	6"	0	NA	78.85	0	0		78.85	0			88.99	0
45	8"	0	NA	126.16	0	0		126.16	0			142.38	0
46	10"	0	NA	181.34	0	0		181.34	0			204.67	0
47	Total Fire Protect	0	NA		0		NA		0	NA			0
48	Average Bill												
49													
50	<b>Subtot Billd Rev</b>	11,103	30,353		444,554	11,103	30,300		444,198	2,252	30,038		487,519
51	Unbilled Revenues				(48,000)								
52	Guaranteed Revenues				2,144				2,144				2,144
53	Misc. Service Charge				13,021				13,021				13,021
54	Adjustments to Customers				(355)								
55	<b>Tot Billed Rev</b>				411,363				459,363				502,684
56	Booked Revenue per GL				390,596								
57	Adjustments to Booked				0								
58	Bkd Rev Adjstd				390,596								
59	Difference				20,767		5.3%						

Revenue Schedule at Present and Proposed Rates

Florida Public Service Commission

HC Waterworks, Inc.  
Docket No. 140158-WS

Revised Schedule: E-2s  
Page: 1 of 1  
Preparer: WT Rendell

Historical Test Year Ending June 30, 2014

Water [ ] or Sewer [ X ]

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

Line No.	(1) Class/Meter Size	(2) Test Yr Bills	(3) TY Usage in 1,000 gal.	(4) Test Year Rate	(5) Test Year Revenue	(6) Adjusted Bills	(7) Adjusted Usage	(8) Rate Prior to Filing	(9) Revenue at Rate Prior	(10) Proposed Rate	(11) Revenue at Proposed
1	<b>Residential</b>										
2	All meter Sizes	3,549		22.59	80,172	3,549		22.59	80,172	14.56	51,673
3	Gallorage cap (gallons)		6,000				6,000				
4	Capped Usage	-	5,171	7.64	39,506	(6)	5,165	7.64	39,461	4.29	22,158
5	Usage Above Cap	-	388				388				
6											
7	Total Residential	<u>3,549</u>	<u>5,559</u>		<u>119,678</u>	<u>3,549</u>	<u>5,553</u>		<u>119,633</u>		<u>73,831</u>
8	Average Bill				33.72				33.71		20.80
9											
10	<b>General Service</b>										
11	5/8" X 3/4"	0		22.59	0	0		22.59	0	14.56	0
12	3/4"	0		33.90	0	0		33.90	0	21.85	0
13	1"	0		56.50	0	0		56.50	0	36.41	0
14	1-1/2"	0		112.98	0	0		112.98	0	72.82	0
15	2"	0		180.78	0	0		180.78	0	116.51	0
16	3"	0		361.54	0	0		361.54	0	233.02	0
17	4"	0		564.91	0	0		564.91	0	364.10	0
18											
19	Gallorage	-	0	9.16	0	0		9.16	0	5.15	0
20											
21											
22	Total General Serv	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>		<u>0</u>
23	Average Bill				-				-		-
24											
25	<b>Fiat Rate</b>										
26	Res. Wastewater Only			-	0	0		-	0	-	0
27	Subtot Res Flat Rate	<u>0</u>			<u>0</u>	<u>0</u>			<u>0</u>		<u>0</u>
28	Cmrl. Wastewater Only	0		-	0	0		-	0	-	0
29									0		0
30	Total Wastewater Only	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>		<u>0</u>
31	Average Bill				-				-		-
32											
33											
34											
35	<b>Subtotal Billed Rev</b>	<u>3,549</u>	<u>5,559</u>		<u>119,678</u>				<u>119,633</u>		<u>73,831</u>
36	Unbilled Revenues				0				0		0
37	Guaranteed Revenues				0				0		0
38	Misc. Service Charge				0				0		0
39	Adjust to Customer Bills				(46)						
40	<b>Total Billed Revenue</b>				<u>119,678</u>				<u>119,633</u>		<u>73,831</u>
41	Booked Revenue per GL				111,686						
42	Adjustments to Booked				0						
43	Booked Revenue Adjusted				111,686						
44	Difference & % Difference				7,993						7.2%



Revenue Schedule at Present and Proposed Rates

Florida Public Service Commission

HC Waterworks, Inc.  
Docket No. 140158-WS

Revised Schedule: E-2s  
Page: 1 of 1  
Preparer: W T Rendell

Historical Test Year Ending June 30, 2014  
Water [ ] or Sewer [ X ]

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

Line No.	(1) Class/Meter Size	(2) Test Yr Bills	(3) TY Usage in 1,000 gal.	(4) Test Year Rate	(5) Test Year Revenue	(6) Adjusted Bills	(7) Adjusted Usage	(8) Rate Prior to Filing	(9) Revenue at Rate Prior	(10) Proposed Rate	(11) Revenue at Proposed
1	<b>Residential</b>										
2	All meter Sizes	3,549		22.59	80,172	3,549		22.59	80,172	14.56	51,673
3	Gallage cap (gallons)		6,000				6,000				
4	Capped Usage	-	5,171	7.64	39,506	(6)	5,165	7.64	39,461	4.29	22,158
5	Usage Above Cap	-	388				388				
6											
7	Total Residential	<u>3,549</u>	<u>5,559</u>		<u>119,678</u>	<u>3,549</u>	<u>5,553</u>		<u>119,633</u>		<u>73,831</u>
8	Average Bill				<u>33.72</u>				<u>33.71</u>		<u>20.80</u>
9											
10	<b>General Service</b>										
11	5/8" X 3/4"	0		22.59	0	0		22.59	0	14.56	0
12	3/4"	0		33.90	0	0		33.90	0	21.85	0
13	1"	0		56.50	0	0		56.50	0	36.41	0
14	1-1/2"	0		112.98	0	0		112.98	0	72.82	0
15	2"	0		180.78	0	0		180.78	0	116.51	0
16	3"	0		361.54	0	0		361.54	0	233.02	0
17	4"	0		564.91	0	0		564.91	0	364.10	0
18											
19	Gallage	-	0	9.16	0	0	0	9.16	0	5.15	0
20											
21											
22	Total General Serv	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>		<u>0</u>
23	Average Bill				<u>-</u>				<u>-</u>		<u>-</u>
24											
25	<b>Flat Rate</b>										
26	Res. Wastewater Only			-	0	0		-	0	-	0
27	Subtot Res Flat Rate	<u>0</u>			<u>0</u>	<u>0</u>			<u>0</u>		<u>0</u>
28	Comml. Wastewater Only	0		-	0	0		-	0	-	0
29									0		0
30	Total Wastewater Only	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>		<u>0</u>
31	Average Bill				<u>-</u>				<u>-</u>		<u>-</u>
32											
33											
34											
35	<b>Subtotal Billed Rev</b>	<u>3,549</u>	<u>5,559</u>		<u>119,678</u>				<u>119,633</u>		<u>73,831</u>
36	Unbilled Revenues				0				0		0
37	Guaranteed Revenues				0				0		0
38	Misc. Service Charge				0				0		0
39	Adjust to Customer Bills				(46)						
40	<b>Total Billed Revenue</b>				<u>119,678</u>				<u>119,633</u>		<u>73,831</u>
41	Booked Revenue per GL				<u>111,686</u>						
42	Adjustments to Booked				0						
43	Booked Revenue Adjusted				<u>111,686</u>						
44	Difference & % Difference				7,993						7.2%

**Billing Analysis Schedules**

**Florida Public Service Commission**

**HC Waterworks, Inc.**

Schedule: E-14

**Docket No. 140158-WS**

Page: 7 of 7

Historical Test Year Ending June 30, 2014

Preparer: W T Rendell

Water [ ] or Sewer [ X ]

Customer Class: Residential

Meter Size: 5/8" X 3/4"

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons and begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

Line No.	(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)
	Consumption Level	Number of Bills	Cumulative Bills	Consumed (1) X (2)	Gallons (2)	Cumulative Gallons (5)	Reversed Bills (6)	Consolidated Factor [(1)X(6)]+(5) (7)	Percentage of Total (8)
1	0	1103	1,103	-	-	-	2,446	-	0.00%
2	1	852	1,955	852	852	852	1,594	2,446	15.33%
3	2	780	2,735	1,560	2,412	2,412	814	4,040	43.39%
4	3	505	3,240	1,515	3,927	3,927	309	4,854	70.64%
5	4	172	3,412	688	4,615	4,615	137	5,163	83.02%
6	5	74	3,486	370	4,985	4,985	63	5,300	89.67%
7	6	31	3,517	186	5,171	5,171	32	5,363	93.02%
8	7	12	3,529	84	5,255	5,255	20	5,395	94.53%
9	8	5	3,534	40	5,295	5,295	15	5,415	95.25%
10	9	2	3,536	18	5,313	5,313	13	5,430	95.57%
11	11	4	3,540	44	5,357	5,357	9	5,456	96.37%
12	13	2	3,542	26	5,383	5,383	7	5,474	96.83%
13	14	2	3,544	28	5,411	5,411	5	5,481	97.34%
14	15	1	3,545	15	5,426	5,426	4	5,486	97.61%
15	18	1	3,546	18	5,444	5,444	3	5,498	97.93%
16	20	1	3,547	20	5,464	5,464	2	5,504	98.29%
17	39	1	3,548	39	5,503	5,503	1	5,542	98.99%
18	56	1	3,549	56	5,559	5,559	-	5,559	100.00%