

# FLORIDA UTILITY SERVICES 1, LLC

3336 GRAND BOULEVARD • SUITE 102 • HOLIDAY, FLORIDA 34690

352-302-7406 • MIKE@FUS1LLC.COM

FILED 10/25/2018  
DOCUMENT NO. 06786-2018  
FPSC - COMMISSION CLERK

10/24/2018

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

Re: Application for transfer for Sunrise Water, LLC in Polk County.  
Docket # 20180174

Dear Commission Clerk:

Following is the company response to the deficiency letter dated 10/16/18.

1. **Filing fee**- Filing fee check is enclosed.
2. **Ownership**- Michael Smallridge is 100% owner of the LLC
3. **Purchase Price**- See enclosed spreadsheet.
4. **Condition of system**- see enclosed spreadsheet and documents.
5. **Permits**- see enclosed permits and email from Polk County Health Department.
6. **DEP Reports**- the Polk county health department regulates drinking water systems on behalf of DEP in Polk County. Enclosed are the requested documents.
7. **Tariff Sheets**- Beside the standard change of Name and address, once approved by the Commission, there are no requested changes to the tariff sheets. I have enclosed a copy of the customer's bill.
8. **Economies of scale**- See enclosed.
9. **Notice of Application**- See enclosed notice for staff approval. Please notify me as soon as the notice is approved so I can get them mailed out. Affidavits of noticing will be sent to the clerk's office.

On behalf of the utility,

  
Michael Smallridge

RECEIVED-FPSC

2018 OCT 25 AM 11:58

COMMISSION  
CLERK

Check received with filing and forwarded  
to Fiscal for deposit. Fiscal to forward  
deposit information to Records.

Initials of person who forwarded check:



Allocation of Alturas & Sunrise purchase price.

System	Request NBV	Ratio	Purchase Price
Alturas	\$22,095	48.56%	\$43,657
Sunrise	<u>\$23,404</u>	<u>51.44%</u>	<u>\$46,243</u>
	\$45,499	100.00%	\$89,900

# 3.

Schedule of Estimated and Actual Costs  
for 5,000 Gallon Hydro Tank Replacement

**Sunrise Water, LLC**

Polk County

WU870

1. New Tank	Estimated	\$35,000
2. Crane	Estimated	\$2,000
3. New Concrete Saddles	Estimated	\$4,000
4. Replumb from Well to New Tank	Estimated	\$2,000
5. Boil Water/Recission Notices, Test	Estimated	\$719
6. New Misc Parts for New Tank	Estimated	\$1,000
		<hr/>
		\$44,719

#4

**Mike Smallridge**

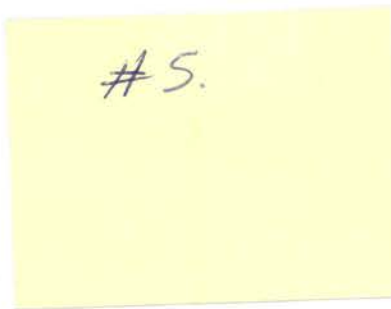
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**From:** Joseph, Lisa A [Lisa.Joseph@flhealth.gov]  
**Sent:** Monday, October 22, 2018 4:36 PM  
**To:** MIKE@FUS1LLC.COM  
**Subject:** permits  
**Attachments:** Alturas Water Permit.pdf; Sunrise Permit.pdf

Mr. Smallridge,  
Attached are copies of your permits you requested.

Thank you,

*Lisa Joseph*  
Environmental Scientist I  
Florida Department of Health-Polk  
Phone: 863-519-8330 ext. 2040  
Phone: 863-578-2040  
Fax: 863-534-0245  
[Lisa.Joseph@FLHEALTH.GOV](mailto:Lisa.Joseph@FLHEALTH.GOV)



Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.



## RECEIPT – PWS ANNUAL FEE

THIS DOCUMENT DOES NOT CERTIFY THAT THIS PWS IS IN COMPLIANCE  
WITH REGULATORY REQUIREMENTS

PWS Number: 6531739  
Permit Year: 2018-2019

Location: **SUNRISE WATER LLC**  
STATE ROAD 542 WEST  
AUBURNDALE, FL 33823

Fee Amount: \$700.00  
Receipt #: 09077  
Date Paid: 8/13/2018  
Issue Date: 07/01/2018  
Expires: 6/30/2019

Issued To: **SUNRISE WATER-MICHAEL SMALLRIDGE**  
3336 GRAND BLVD STE #102  
HOLIDAY, FL 34690

  
Florida Department of Health in Polk County  
2090 East Clower Street, Bartow, Florida 33830

DEPARTMENT COPY

PWS NO.	INVOICE NO.	INVOICE DATE	REMIT AMOUNT
6531739	2018-2019-6531739	6/20/2018	\$ 700.00

**Office use ONLY**

Object Code - State:

001020 - 500

Object Code -County

001094 - 200

Org Code: 64365338358

Expansion Option: WC

PWS #: 6531739

**PLEASE RETURN THIS STUB WITH PAYMENT TO:**

Florida Department of Health in Polk County

Attn: DRINKING WATER DEPARTMENT

2090 East Clower Street

Bartow, FL 33830





Vision: To be the Healthiest State in the Nation

Environmental Health
2090 East Clower Street, Bartow, FL 33830
Phone (863) 519-8330

SANITARY SURVEY REPORT

DATA INPUT

Date: 07/31/2018
Initials: MN

COMPLIANCE RESULTS

I, C, M, F, O checkboxes with O checked

System/Plant Name, Plant Location, Owner Name, Owner Address, Owner Email, Contact Person, Alternate Contact, This Survey Date, County, Polk, PWS ID#, Sunrise Water LLC, State Road 542 West, Auburndale, Sunrise Water LLC, 3336 Grand Blvd. Suite 102, Holiday, FL 34690, records@fus1llc.com, Michael Smallridge, Manager/Owner, mike@fus1llc.com, none, n/a, n/a, 07/31/2018, 06/01/2018, 6531739, none, 863-904-5574, 352-302-7406, none, 352-302-7406, n/a

PWS TYPE & CLASS [X] Community [ ] Non-transient Non-Community [ ] Transient Non-Community

PWS STATUS [X] Approved System [ ] Accepted System [ ] Unapproved System

SERVICE AREA CHARACTERISTICS

Subdivision and convenience store, Food Service: [X] Yes [ ] No [ ] N/A

GENERAL SURVEY COMMENTS

Copy of this report will be sent to the water system.
This sanitary survey was conducted after the water system was sold to the current ownership.

#6.

DEFICIENCIES

ACTION TAKEN:

Table with 2 columns: DEFICIENCIES and ACTION TAKEN. Contains 9 rows of deficiency descriptions and corresponding actions like 'Under Enforcement'.

Matthew A. Nickerson

Inspector

Reviewer

PA SITE ID

Handwritten signature of Ron Stadelbacher

Title Environmental Specialist II

Title ENV. SUPERVISOR II

Forward Date 07/31/2018

Review Date 7/31/18

**MONITORING COMPLIANCE DATA**  
**{Last Twelve Months}**

COMPLIANCE GROUP	MONITORING	REPORTING	EXCEEDANCE	MCL
Chemical	compliant	compliant	none	none
Bacteriological	compliant	compliant	none	none

Items checked with an (x) are explained below.

**COMMENTS**

none

**PERMITS/APPROVALS/ACCEPTANCES**

Project Name	Approval Number	Approval Date	Connections Approved	Microfilm #
Sunrise Utilities Hydropneumatic Tank Replacement & Improv.	354615-01	06/06/2017	N/A	Oculus
Sun Acres water plant (switching from gas to liquid Cl2)	5395-1739-A1	12/07/1995	274	N/A
Sun Acres Development (New Tank)	5377-6836-A	03-08-1977	Unk	Unk
Sun Acres S/D(distribution)	6836	01/03/1964	Unk	Unk

**COMMENTS**

None

**ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}**

OGC Case Number	Referral Date	Resolution Date	Comments
07-653PW1739A	02/07/2007	02/20/2007	Lead and copper sampling results for 2006, not received on time
08-653PW1739B	09/18/2008	12/10/2008	Numerous deficiencies
09-653PW1739A	09/23/2009	01/19/2010	Failure to pay annual fee
12-653PW1739A/B	04/17/2012	05/09/2012	Numerous deficiencies
13-653PW1739A	02/26/2013	06/25/2013	Failure to monitor for rads
15-653PW1739	12/13/2015	n/a	Failure to address tank issues on last tank inspection report.



System Name: Sunrise Utilities

PWS ID# 6531739  
 Survey Date 07/31/2018

**TREATMENT PROCESSES IN USE**

hypochlorination

Is any additional treatment needed? None at this time  
 For control of what deficiencies? N/A

**DISTRIBUTION SYSTEM**

**Comments**

Pipe Size Range/Type(s)	6" - 2" PVC & Galv.	
New/Altered Piping @ Plant(s) Color Coded & Labeled	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Flow Measuring Device Type/Size/Location	Inline, 4", after check valve	Inline, 2", before check valve (backup)
Flow Measuring Device Reading (gallons)	not recorded	not recorded
Point of Entry Taps for Each Plant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Backflow Prevention Devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cross-connections Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bacteriological Sampling Plan Date	12/4/2000	
Satisfactory Bacteriological Sampling Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
System Records Retention Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Records to be stored at
Lead & Copper Sampling Plan Date	08/06/1993	owners office in Holiday
Disinfection By-Products Sampling Plan Date	06/20/2014	
Cross-connection Control Program Plan Date	plan on site, no date	
Satisfactory Cross-connection Control Program Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Emergency Preparedness/Response Plan Date	updated emergency plan	
Current Drinking Water Distribution System Map	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Asbestos Waiver or Plan Date	Waiver 01/01/2011	
Additional Comments		none

**OPERATION & MAINTENANCE**

**Comments**

Certified Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operator Name	Gaines Alexander	Consta Flow	
Operator Certification Class-Number	C-5472		
Operator Phone Number	863-519-2599		
Operator Cell Phone Number	863-287-2417		
Operator Fax Number	863-965-1733		
Operator Mailing Address	5574 Commercial Blvd, Winter Haven, FL 33880		
Operator E-mail Address	gains@constaflow.com		
Operation & Maintenance Log	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operation and Maintenance Manual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operator Visitation Frequency → → → →	Required	Actual	
	Hrs/wk	0.3	1.5
	Days/wk	3	3
Non-consecutive Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Monthly Operation Reports Submitted Regularly & Timely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Data Missing From Monthly Operation Reports	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Plant Category - Class	V-D		
Number of Service Connections	258		
Present Population Served	730		
Population Basis	Oracle		
Population Seasonal (Timeframes)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Water System Used Over 60 Days Per Year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Number of Water Users 6 - 9 Months Per Year	n/a		
Number of Water Users Over 9 Months Per Year	730		
System Average Day Demand (Last 12 Months)	46,124	gpd	
System Maximum Day Demand (Last 12 Months)	76,400	gpd	
System Firm Capacity (Calculate assuming largest pump is out of service)	216,000	gpd	
System Maximum Day Design Capacity	792,000	gpd	
Adequate Flushing Program (Frequency)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Based on 24 hour well pumping	
Sufficient Valve Exercising	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	flushing has not started	
Additional Comments		exercising has not started	
		Permitted capacity = 250,000 gpd	



Plant Name: Sunrise Utilities

PWS ID# 6531739  
 Survey Date 07/31/2018

**GROUND WATER SOURCES**

Well Number	1	2		
WMD Permit Number	20003214	20003214		
Florida Unique Well ID Number	AAD6710	AAD6709		
Grout Type	unknown	Cement		
Well Completion Date	1963	1984		
6'x6'x4" Concrete Pad / Condition	Yes / fair	Yes / fair		
Depth Drilled (feet)	750'	150'		
Well Contamination History	none listed	none listed		
Drilling Method	unknown	Rotary		
Casing Material	black steel	black steel		
Casing Diameter (inches)	8"	4"		
Casing Length (feet)	unknown	unknown		
Well Inundation Possible	Not Likely	Not Likely		
SET BACKS (feet)	Septic Tank	110'	112'	
	WW Plant	N/A	N/A	
	WW Plumbing	50'	50'	
	Other Sanitary Hazard	Private Pool 63'	Private pool 53'	
PUMP	Type	submersible	submersible	
	Manufacturer	unknown	unknown	
	Model Number	unknown	unknown	
	Rated Capacity (gpm)	400	150	
MOTOR	Manufacturer	Franklin Electric	Goulds	
	Model Number	unknown	unknown	
	Horsepower	25	7.5	
Well Casing 12" Above Pad	Yes	Yes		
Well Casing Sanitary Seal	watertight	watertight		
Raw Water Sampling Tap	compliant	compliant		
Above Ground Check Valve	yes	yes		
Secured / Housed	yes	yes		
Well Vent Protected	yes	yes		
Comments	Pressure relief valve on AAD6709 is not be functioning correctly.			

**AUXILIARY POWER SOURCE**

	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
Type	Olympian	
Description	G20F3 Propane Gas	
Functional	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Automatic Switchover	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Exercised Under Continuous Load Frequently	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	312.44 hours
Operates All Necessary Equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Capacity Satisfies System Average Daily Water Demand	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments		none

Plant Name: Sunrise Utilities

PWS ID# 6531739  
 Survey Date 07/31/2018

**DISINFECTION**

Type	Chlorination				Comments
Phase	<input type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid				
Number of Feeders	1				
Adequate Air-Pak	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Alarms					
Loss of Cl <sub>2</sub> Capability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Loss of Cl <sub>2</sub> Residual	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Cl <sub>2</sub> Leak Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Fresh Ammonia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Injection Point Location(s)	Prior to storage				
Automatic Switchover	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Reserve Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Capacity	[liquid (gpd)]	[gas(lb/day)]	30 gpd		
Adequate Ventilation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Room Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Safety Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				no safety equipment found
Feed Rate or Stroke [liquid (%)]	100% / 100				eye wash and show not working
Sign of Leaks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Feeder(s) Manufacturer	Pulsafeeder				
Housed or Protected	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Chained Cylinders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Plant Residuals	[mg/l]	Free	1.1	Total	n/a
Remote Residuals	[mg/l]	Free	0.2	Total	n/a
Scales Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Repair Kits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
DPD Test Kit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Additional Comments:	Chlorine pump and solution containers are not protected				

**STORAGE FACILITIES**

	(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell (R) Retention											
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Tank Type/Number	H/1			H/2								
Capacity (gal)	3000			6000								
Material	Steel			Steel								
Gravity Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By-Pass Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected Openings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Glass / Level Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fittings for Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On/Off Pressure (PSI)	40/60			40/60								
Secured Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height to Minimum Water Level	N/A			N/A								
Height to Maximum Water Level	N/A			N/A								
Tank Equipped With Access Manhole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Inspection Report Date	12/2012			05/2013								
Comments:	H/1 has been valved off from the system, no longer used. H/2 tank inspection is past due.											



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: SUNRISE UTILITIES PWS I.D. # 

6	5	3	1	7	3	9
---	---	---	---	---	---	---

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: STATE ROAD 542 WEST

City: AUBURNDALE ZIP Code: 33823

Phone #: (863)510-1318 Fax #: \_\_\_\_\_ E-Mail Address: YOURWATERUTILITY@GMAIL.COM

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 373571DW1 Sample Date: 08/01/2018 Sample Time: 01:06 AM  PM (Circle One)

Sample Location (be specific): POE Location Code: POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 6.3 mg/L Field pH: 7.7

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Distribution                               | <input type="checkbox"/> Routine Compliance (with 62-550)           | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Entry Point (to Distribution)              | <input type="checkbox"/> Confirmation of MCL Exceedance*            | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites **             | <input type="checkbox"/> Clearance (permitting)                   |
| <input type="checkbox"/> Raw (at well or intake)                    | <input type="checkbox"/> Other: _____                               |   |
| <input type="checkbox"/> Max Residence Time                         | <input type="checkbox"/> Sampling Procedure Used or Other Comments: |   |
| <input type="checkbox"/> Avg Residence Time                         |   |   |
| <input type="checkbox"/> Near First Customer                        |   |   |

2018 Triennial

\* See 62-550.500(6) for requirements and restrictions  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\* See 62-550.550(4) for requirements and  
attach a results page for each site.

**SAMPLER CERTIFICATION**

I, Jennifer Alexander (Print Name), Sampler (Print Title), do HEREBY CERTIFY

that the above public water system and collection information is complete and correct.

Signature: Jennifer Alexander Date: 9/17/18  
 Certified Operator # 21471 Phone #: 863 965 2595 Sampler's Fax: \_\_\_\_\_  
 Sampler's E-Mail: \_\_\_\_\_



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)

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2019

ATTACH CURRENT DOH ANALYTE SHEET\*

Phone #: 407-339-5984

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION**(to be completed by lab)

Date Sample(s) Received: 08/02/18

PWS ID (From Page 1): 6531739

Sample Number (From Page 1): 373571DW1

Lab Assigned Report # or Job ID: 373571

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

All Except Asbestos

Partial

Nitrate

Nitrite

Asbestos

Synthetic Organics

All 30

All Except Dioxin

Partial

Dioxin Only

Volatile Organics

All 21

Partial

Disinfection Byproducts

Trihalomethanes

Haloacetic Acids

Chlorite

Bromate

Radionuclides

Single Sample

Qtrly Composite\*\*

Secondaries

All 14

Partial

**LAB CERTIFICATION**

I, Jefferson S. Flowers, Technical Director, 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:



Date: 08/17/18

\* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and 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.

**CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES**

**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**Compliance Determination** (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory  Yes  No

Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_

Date Notified: \_\_\_\_\_

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

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

Report Number / Job ID: 373571DW1  
PWS ID (From Page 1): 6531739

INORGANIC CONTAMINANTS  
62-550.310(1)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1038	Nitrate+Nitrite(as N)	10	mg/L	0.200	U	EPA300.0	0.200	08/02/18		E83018
1040	Nitrate (as N)	10	mg/L	0.200	U	EPA300.0	0.200	08/02/18	12:30 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.200	U	EPA300.0	0.200	08/02/18	12:30 PM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	08/07/18		E83018
1010	Barium	2	mg/L	0.00680		EPA200.8	0.00200	08/07/18		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	08/07/18		E83018
1020	Chromium	0.1	mg/L	0.00100	U	EPA200.8	0.00100	08/07/18		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	08/03/18		E83018
1025	Fluoride	4	mg/L	0.200	U	EPA300.0	0.200	08/02/18		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	08/07/18		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	08/09/18		E83018
1036	Nickel	0.1	mg/L	0.00100	U	EPA200.8	0.00100	08/07/18		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	08/07/18		E83018
1052	Sodium	160	mg/L	11.3		EPA200.7	0.500	08/02/18		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	08/07/18		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	08/07/18		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	08/07/18		E83018

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 373571DW1  
PWS ID (From Page 1): 6531739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	08/07/18		E83018
1017	Chloride	250	mg/L	23.5		EPA300.0	0.400	08/02/18		E83018
1022	Copper	1	mg/L	0.00390		EPA200.8	0.00100	08/07/18		E83018
1025	Fluoride	2	mg/L	0.200	U	EPA300.0	0.200	08/02/18		E83018
1028	Iron	0.3	mg/L	0.263		EPA200.7	0.0100	08/02/18		E83018
1032	Manganese	0.05	mg/L	0.0219		EPA200.7	0.0100	08/02/18		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	08/07/18		E83018
1055	Sulfate	250	mg/L	1.00	U	EPA300.0	1.00	08/02/18		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	08/07/18		E83018
1905	Color	15	CU	5.00	U	SM2120 B	5.00	08/02/18	02:03 PM	E83018
1920	Odor	3	TON@40C	1.00	U	SM2150 B	1.00	08/02/18	12:35 PM	E83018
1925	pH	6.5 -8.5	pH	8.07	Q	SM4500-H B	0.0100	08/06/18	02:27 PM	E83018
1930	Total Dissolved Solids	500	mg/L	430		SM2540 C	2.50	08/03/18		E83018
2905	Foaming Agents	0.5	mg/L	0.570		SM5540 C	0.200	08/03/18	09:30 AM	E83018



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

VOLATILE ORGANICS  
62-550.310(2)(b)

Report Number / Job ID: 373571DW1  
PWS ID (From Page 1): 6531739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA524.2	0.200	0.5	08/06/18		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2990	Benzene	1	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018
2996	Styrene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	08/06/18		E83018



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

SYNTHETIC ORGANICS  
62-550.310(2)(c)

Report Number / Job ID: 373571DW1  
PWS ID (From Page 1): 6531739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lat Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	08/08/18	08/09/18		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	08/08/18	08/09/18		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	08/08/18	08/09/18		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	08/08/18	08/09/18		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	08/06/18	08/08/18		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	08/02/18	08/03/18		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	08/03/18	08/15/18		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		08/09/18		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	08/03/18	08/07/18		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		08/15/18		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA525.2	0.0700	0.07	08/03/18	08/07/18		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	08/03/18	08/07/18		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	08/06/18	08/08/18		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	08/06/18	08/08/18		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	08/08/18	08/09/18		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		08/15/18		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA525.2	0.100	0.1	08/03/18	08/07/18		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA525.2	0.200	0.2	08/03/18	08/07/18		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	08/08/18	08/09/18		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	08/08/18	08/09/18		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	08/06/18	08/08/18		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	08/06/18	08/08/18		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	08/08/18	08/09/18		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	08/03/18	08/07/18		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	08/06/18	08/08/18		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	08/08/18	08/09/18		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	08/08/18	08/09/18		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	08/08/18	08/09/18		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	08/08/18	08/09/18		E83018



**Flowers Chemical Laboratories, Inc.**  
481 Newburyport Ave.  
Altamonte Springs, FL 32701  
Bus: 407-339-5984  
Fax: 407-260-6110

**Flowers Chemical Labs-South**  
West Park Industrial Plaza  
571 N.W. Mercantile Pl., Ste. 111  
Port St. Lucie, FL 34986  
Bus: 772-343-8006  
Fax: 772-343-8089

**Flowers Chemical Labs-North**  
812 S.W. Harvey Greene Dr.  
Madison, FL 32340  
Bus: 850-973-6878  
Fax: 850-973-6878

**Flowers Chemical Labs-Keys**  
3980 Overseas Highway  
Ste. 103  
Marathon, FL 33050  
Bus: 305-743-8598  
Fax: 305-743-8598

www.flowerslabs.com

Client: \_\_\_\_\_ Public Water System Name: Sunrise Utility - Polk

Address: \_\_\_\_\_ PWS ID#: 653 1739 P.O. # \_\_\_\_\_

Phone: \_\_\_\_\_ FCL Lab Coordinator: \_\_\_\_\_ Kit#: \_\_\_\_\_

Consta Flow, Inc  
5574 Commercial Blvd  
Winter Haven, FL 33880

Public Water System Type:  Community  Non-Community  Limited Use Commercial / Public  Non-transient / Non Community

Sampled By (PRINT): Jennifer Alexander COMMENTS: 2018 Triennial

Sampler Signature: [Signature] Date Sampled: 8/1/18

**DRINKING WATER - Chain of Custody F.A.C. 62 - 550**

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES										Field					
						NONE	NaOH	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	Primary Inorg.	Secondary	VOCs	SOCs	NO <sub>3</sub> /NO <sub>2</sub>	TTHM	THAA	Pb/Cu	GA/RA228 RA228	Asbestos	pH
1	POE	8/1/18	1306	373571DWT							X	X	X	X	X			X		7.7	63
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>[Signature]</u>	8/2/18	8:35	<u>[Signature]</u>	8/2/18	8:35	<u>[Signature]</u>	8/2/18	11:50	<u>[Signature]</u>	8/2/18	11:50



KNL Environmental Testing  
3202 N. Florida Ave.  
Tampa, FL 33603

Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES  
62-550.310(6)

KNL Report Number/Job ID: 18.8526  
PWS ID(From Page 1):

Client ID: Flowers Chemical Lab 373571DW1

Contam ID	Contam 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)	15 ***	pCi/L	5.5		EPA 900.0	0.9	3	1.0	8-9-18	1520	E84025
4020	Radium-226	5	pCi/L	2.8		EPA 903.0	0.5	1	0.6	8-16-18	1158	E84025
4030	Radium-228		pCi/L	0.7	U	EPA Ra-05	0.7	1	0.4	8-14-18	1111	E84025

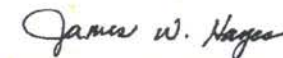
Reporting Format 62-550.730  
Effective January 1995, Revised February 2010.

- \* Qualifier Codes: U = indicates that the compound was analyzed for but not detected.  
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- \*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- \*\*\* If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.
- \*\*\*\* If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Page of

Test results meet all requirements of the NELAC standards. Statement of estimated uncertainty available upon request. Test results refer only to sample(s) listed.  
Contact person: Jim Hayes (813) 229-2879.

Approved by:



James W. Hayes  
Laboratory Director

## 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)

Lab Name: KNL Environmental Testing Florida DOH Certification #: E84025 Certification Expiration Date: June Renewal

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 3202 N. Florida Ave. Tampa, FL 33603 Phone #: 813-229-2879

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 8-3-18

PWS ID (From Pg 1): 653 1739 Sample # (From Pg 1): 373571 DW1 Lab Assigned Report # or Job ID: 18,8526

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

<b>Inorganics</b> <input type="checkbox"/> All Except Asbestos <input type="checkbox"/> Partial <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Asbestos	<b>Synthetic Organics</b> <input type="checkbox"/> All 30 <input type="checkbox"/> All Except Dioxin <input type="checkbox"/> Partial <input type="checkbox"/> Dioxin Only	<b>Volatile Organics</b> <input type="checkbox"/> All 21 <input type="checkbox"/> Partial	<b>Disinfection Byproducts</b> <input type="checkbox"/> Trihalomethanes <input type="checkbox"/> Haloacetic Acids <input type="checkbox"/> Chlorite <input type="checkbox"/> Bromate	<b>Radionuclides</b> <input checked="" type="checkbox"/> Single Sample <input type="checkbox"/> Qtrly Composite**	<b>Secondaries</b> <input type="checkbox"/> All 14 <input type="checkbox"/> Partial
--	--	---	--	---	---

### LAB CERTIFICATION

I, James W. Hayes, Laboratory Director, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature:  Date: 8-17-18

\* 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.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**  
 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_



Check Box That Applies To Your Location

Flowers Chemical Laboratories, Inc.

481 Newburyport Ave.  
Altamonte Springs, FL 32701  
Bus: 407-339-5984  
Fax: 407-260-6110

Flowers Chemical Labs-South

West Park Industrial Plaza  
571 N.W. Mercantile Pl., Ste. 111  
Port St. Lucie, FL 34986  
Bus: 772-343-8006  
Fax: 772-343-8089

Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr.  
Madison, FL 32340  
Bus: 850-973-6878  
Fax: 850-973-6878

Flowers Chemical Labs-Keys

3980 Overseas Highway, Ste. 103  
Marathon, FL 33050  
Bus: 305-743-8598  
Fax: 305-743-8598



(Consta Flow)

18.8526-035

DOWNLOAD REPORTS, INVOICES AND CHAINS OF CUSTODY [www.flowerslabs.com](http://www.flowerslabs.com)

Client: KHL Project Name: \_\_\_\_\_ P.O. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Client Contact: \_\_\_\_\_ FAX: \_\_\_\_\_  
 FCL Project Manager: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Requested Due Date: 10 Day Standard OR MM DD YY Rush Charges May Apply  
 Sampled By (PRINT): \_\_\_\_\_ Pick-Up Fee \$ \_\_\_\_\_ Vehicle Surcharge \$ \_\_\_\_\_ Sampling Fee \$ \_\_\_\_\_  
 Sampler Signature: \_\_\_\_\_ Date Sampled: \_\_\_\_\_

ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	(LAB USE ONLY) LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total # Containers
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>			

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
MRL/KL	8/2	1400	K. Bronel	8/2/18	1420				KHL	8/2/18	1415
to KNL											

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

• WHITE - Lab Copy - To Be Scanned

• YELLOW - Client Copy

**Sunrise Water LLC**

3336 Grand Blvd.  
Suite 102  
Holiday, FL 34690  
863-904-5574

**Utility Bill  
Duplicate**

**Original Billing Date**

10/22/2018

**Today's Date**

10/24/2018

**Amount Paid**

**Account Address**  
2476 Thompson Street  
Auburndale, FL 3382

Account Number	Original Due Date	Service Address
[REDACTED]	11/11/2018	2476 Thompson St

Detach Top and Return With Payment

Service From	Service To	Meter Readings		Consumption	Mtr Mult	Estimated
		Previous	Current			
2018 11:35:00	3/2018 7:27:00	357480	361720	4240	X 1	No
					Residential Use	\$13.53
					Residential Base	\$10.01



County Tax \$2.35

**Sub Total** \$25.89

**Previous Balance** (\$9.57)

**Late Fee** \$7.00

<b>Total Amount Owed</b>	<b>\$23.32</b>
--------------------------	----------------

If Payment is made after due date amount due \$30.32

If you have any questions concerning your bills please call our office at 863-904-5574 or email at UTILITYBILL@FUS1LLC.COM

You can pay by phone or online with Payclix.  
<http://payclix.com/sunrisewater>

Please keep meters free of all debris.

<b>Customer Name</b>	
[REDACTED]	
<b>Account</b>	<b>Org Due Date</b>
[REDACTED]	11/11/2018



#8

**Rule 25-30.037(2)(v)**

*If the buyer owns other water or wastewater utilities that are regulated by the Commission, provide a schedule reflecting any economies of scale that are anticipated to be achieved within the next three years and the effect on rates for existing customers served by both the utility being purchased and the buyer's other utilities.*

The buyer is the majority shareholder of Florida Utility Services 1, LLC (FUS1). The economy of scales exists by the sharing of administrative cost for FUS1 through the operation, maintenance, customer service and management of all the utilities owned by FUS1. The administrative cost includes management, maintenance, accounting, regulatory compliance and miscellaneous administrative services provided for all utility systems. The common cost is allocated to each system on a customer calculated basis. With the acquisition of utility systems, the common costs for each existing system is reduced and the share of the common costs to be allocated to the recently purchased system is minimized.

Below is a schedule of utilities owned by FUS1. The schedule calculates the 2018 estimated cost savings for each system based on \$1,000 of FUS1 common cost, assuming a 5.00% increase in common cost due to the addition of 305 customers for the 2 utility systems purchased.

FUS1 System		FUS1 Customer Base (# of services billed)						Common Cost (2)	
		@09/30/17			@09/30/18			2017-18 Inc(Dec)	
		Cust (3)	Allocation	FUS1 Cost	Cust (3)	Allocation	FUS1 Cost		
ALT	Alturas				55	1.77%	\$19		
CCU	Charlie Creek	162	5.80%	\$58	163	5.23%	\$55	(\$3)	-5.61%
CMU	College Manor (1)	55	1.97%	\$20	55	1.77%	\$19	(\$1)	-6.26%
CRU	Crestridge	619	22.18%	\$222	619	19.88%	\$209	(\$13)	-6.26%
EMU	East Marion	105	3.76%	\$38	105	3.37%	\$35	(\$2)	-6.26%
HHU	Heather Hills	355	12.72%	\$127	353	11.34%	\$119	(\$8)	-6.86%
HGU	Holiday Gardens	456	16.34%	\$163	458	14.71%	\$154	(\$9)	-5.80%
LYU	Lake Yale	404	14.48%	\$145	406	13.04%	\$137	(\$8)	-5.74%
MGU	McCleod Gardens	90	3.22%	\$32	95	3.05%	\$32	(\$0)	-0.67%
OLU	Orange Land	74	2.65%	\$27	74	2.38%	\$25	(\$2)	-6.26%
PCU	Pinecrest	132	4.73%	\$47	142	4.56%	\$48	\$1	1.22%
SRU	Sunrise				250	8.03%	\$84		
SVU	Suwannee Valley (1)	23	0.82%	\$8	23	0.74%	\$8	(\$0)	-6.26%
WLU	West Lakeland	316	11.32%	\$113	316	10.15%	\$107	(\$7)	-6.26%
<b>TOTALS</b>		<b>2,791</b>	<b>100.0%</b>	<b>\$1,000</b>	<b>3,114</b>	<b>100.0%</b>	<b>\$1,050</b>	<b>(\$53)</b>	

- (1) SVU & CMU are located in Columbia County which are non-jurisdictional.  
(2) Assumes a 5 % increase in common cost with the addition of 305 customers for the two systems acquired.  
(3) Changes between 2017 and 2018 for each existing system are included in the calculation. The effect is considered non-material.

FUS1 is actively pursuing the acquisition of utility systems. As the base of customers that FUS1 serves grows, the marginal cost to provide services to each customer drops, even with increasing overall costs. Over the next three years, FUS1 will continue to explore opportunities for customer growth through system acquisition, as well as through efficiencies from the economies of scale available to our growing business operation. As the schedule reflects, each existing system should receive an estimated 5.5 percent to 6.5 percent common cost savings with the addition of the Alturas and Sunrise systems beginning in 2018. FUS1 projects that these savings should continue, going forward, assuming additional customer growth through system acquisition. Alturas and Sunrise customers will benefit from better customer service from an experienced professional team of employees at an anticipated lower cost of service.

The estimated 5.5 percent to 6.5 percent common cost savings, when realized, in conjunction with FUS1's active use of the annual Price Index and Pass-Through filing process, should reduce future SARC filings, once compensatory rates are realized for each of the FUS1 systems.



#9.

APPLICATION FOR TRANSFER OF CERTIFICATE  
(Section 367.071, Florida Statutes)

LEGAL NOTICE

Notice is hereby given on 11/1/2018, pursuant to Section 367.071, Florida Statutes, of the application for a transfer of Water Certificate No. 627-W held by Sunrise Utilities, LLC, from Sunrise Utilities, LLC to Sunrise Water, LLC, providing service to the following described territory in Polk County, Florida.

DESCRIPTION OF TERRITORY SERVED

TOWNSHIP 28 SOUTH, RANGE 25 EAST, SECTION 21

SERVING AN AREA GENERALLY KNOWN AS SUNRISE ACRES SUBDIVISION, AN UNRECORDED SUBDIVISION KNOWN AS PINWOOD, AND AN UNRECORDED MOBILE HOME VILLAGE. MORE PARTICULARLY DESCRIBED AS:

FROM THE NORTHWEST CORNER OF SECTION 21, ALSO THE POINT OF BEGINNING, RUN DUE EAST (ALONG THE SOUTH LINE OF SECTION 16 AND THE NORTH LINE OF SECTION 21) FOR A DISTANCE OF 2618.23 FEET, MORE OR LESS; THENCE, DUE SOUTH A DISTANCE OF 1313 FEET, MORE OR LESS; THENCE DUE WEST A DISTANCE OF 1455.20 FEET, MORE OR LESS; THENCE DUE SOUTH A DISTANCE OF 235 FEET, MORE OR LESS; THENCE DUE WEST A DISTANCE OF 405 FEET, MORE OR LESS; THENCE DUE SOUTH A DISTANCE OF 1063 FEET, MORE OR LESS; THENCE DUE WEST A DISTANCE OF 420.71 FEET, MORE OR LESS; THENCE DUE NORTH A DISTANCE OF 695 FEET, MORE OR LESS; THENCE DUE WEST A DISTANCE OF 340 FEET, MORE OR LESS, TO THE WEST LINE OF SECTION 21; THENCE DUE NORTH A DISTANCE OF 1922.35 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

Any objection to the said application must be made in writing and filed with the Office of Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, FL. 32399, within thirty (30) days from the date of this notice. At the same time, a copy of said objection should be mailed to the applicant whose address is set forth below. The objection must state the grounds for the objection with particularity.

Sunrise Water, LLC  
3336 Grand Blvd. Suite 102  
Holiday, FL. 34690

ORIGIN: KYOA (813) 637-8664  
TONY VELOZUEZ  
PUBLIC SERVICE COMMISSION  
1313 NORTH TAMPA STREET SUITE 220  
TAMPA FL 33602  
UNITED STATES US

SHIP DATE: 24OCT18  
ACTWGT: 3.00 LB  
CAD: 103376568INET4040  
BILL SENDER

TO MOHSIN BENGHUZZI - ENG  
FL PUBLIC SERVICE COMMISSION  
2540 SHUMARD OAK BLVD.

TALLAHASSEE FL 32399  
(850) 413-6668 REF: WORK ORDERS  
INV. DEPT.  
PO.

552J1/88FB/DC/5



TRK# 7735 5733 3545  
THU - 25 OCT 3:00P  
STANDARD OVERNIGHT

XH TLHA  
FL-US TLH  
32399



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