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September 30, 2019

Via Hand Delivery

Andrew L. Maurey
Director, Division of Accounting and Finance
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Re: Docket 20190118-WU -- Application for increase in water rates in Gulf County by Lighthouse Utilities Company, Inc.

Dear Mr. Maurey:

Lighthouse Utilities Company, Inc. (the "Utility") respectfully submits its responses to your letter dated August 9, 2019 ("Staff Letter"), which identified certain deficiencies to the Utility's minimum filing requirements ("MFRs"). For ease of reference, the deficiencies set forth in the Staff Letter are repeated verbatim herein, with the Utility's response immediately following each item.

- Pursuant to Rule 25-30.110(2), F.A.C., the MFRs shall be consistent and reconcilable with the Utility's annual reports. The following MFR schedules do not reconcile to the Utility's 2018 Annual Report. Please reconcile these amounts.
 - a. MFR Schedule A-19 (Comparative Balance Sheet Equity Capital and Liabilities), Lines 21-23.

Response: See Attachment 1.

2. Pursuant to Rule 25-30.436(l)(b), F.A.C., the applicant should provide the names and addresses of all persons who own five percent or more of the applicant's stock. The applicant provided in (2)(c) of the application the names of said stockholders. However, the Utility did not provide the addresses. Please provide the addresses for all persons who own five percent or more of the applicant's stock.

Response: See Attachment 2.

3. Pursuant to Rule 25-30.437, F.A.C., each utility applying for a rate increase shall provide the information required by Commission Form PSC/ECR 19 (11/93), entitled "Class B

Anchorage | Atlanta | Austin | Boston | Chicago | Dallas | Denver | Fort Lauderdale | Jacksonville | Lakeland | Los Angeles | Miami New York | Northern Virginia | Orlando | Portland | San Francisco | Tallahassee | Tampa | Washington, D.C. | West Palm Beach

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Mr. Andrew L. Maurey September 30, 2019

Page: 2

Water and/or Wastewater Utilities Financial, Rate and Engineering Minimum Filing Requirements." Please revise the following items in accordance with this rule.

- a. MFR Schedule B-1, Line 9 references MFR Schedule A-1 as a supporting schedule. However, the Utility's adjustment and final rate base listed on Schedule B-1 does not reconcile with Schedule A-1. Please revise the incorrect schedule, along with all necessary fall-out schedules affected by the revision.
- b. The rate for the residential 2" meter size shown on MFR Schedule E-2 does not correspond with the rate indicated on the Utility's currently approved tariff.
- c. The number of gallons shown in column (3) on MFR Schedule E-2 does not match the gallons shown on MFR Schedules E-14.
- d. The instructions of MFR Schedule F-1, Gallons of Water Pumped, Sold and Unaccounted For in Thousands of Gallons, require the gallons pumped should match the supporting documentation. The gallons sold information on schedule F-1 does not match the gallons sold figures on the corresponding schedules E-2 and E-14.

Response: See Attachments 3, 4, and 5.

4. Pursuant to Rule 25-30.440(l)b., F.A.C., the applicant should provide a detailed map showing the location and respective classification of the applicant's customers. Please provide a map that indicates the location and respective classification of the Utility's customers.

Response: The Utility is not in possession of detailed map at this time showing the location and respective classification of the Utility's current customers. The Utility is in the process of creating a map and will provide it as soon as possible.

5. Pursuant to Rule 25-30.440(2), F.A.C., the applicant should provide a list of chemicals used for water treatment, by type, showing the dollar amount and quantity purchased, the unit prices paid and the dosage rates utilized. Please provide the dosage rates utilized for each chemical used for water treatment.

Response: See Attachment 6.

6. Pursuant to Rule 25-30.440(3), F.A.C., the applicant should provide a copy of the most recent chemical analyses for each water system conducted by a certified laboratory covering the inorganic, organic turbidity, microbiological, radionuclide, secondary and unregulated contaminants specified in chapter 62-550, F.A.C. Please provide the results of the Utility's most recent chemical analyses for inorganic, organic turbidity, microbiological, radionuclide, secondary and unregulated contaminants.

Response: See Attachment 7. This is the most recent water quality report and chemical analysis conducted by the Utility, and the Florida Department of Environmental Protection has approved

Mr. Andrew L. Maurey September 30, 2019

Page: 3

this report. The Utility's water source is ground water and, for this reason, the Utility is not required to test for turbidity. See also Attachment 8.

7. Pursuant to Rule 25-30.440(8), F.A.C., the applicant should provide a list of all field employees, their duties, responsibilities, and certificates held, and an explanation of each employees' salary allocation method to the utility's capital or expense accounts. Please provide an explanation of the salary allocation method to the Utility's capital or expense accounts for each employee listed on page 215 of the Utility's MFR - Volume III Engineering Information.

Response: See Attachment 9.

8. Pursuant to Rule 25-30.440(9), F.A.C., the applicant should provide a list, by serial number and description, of all vehicles owned or leased by the utility showing the original cost or annual lease expense, who the vehicle is assigned to, and the method of allocation to the utility. Please provide the serial numbers and a description of all vehicles owned or leased by the Utility, as well as the original cost or annual lease expense, who the vehicle is assigned to, and the method of allocation.

Response: See Attachments 9, 10, and 11.

9. Pursuant to Rule 25-30.440(10), F.A.C., the applicant should provide a list, by customer, of all complaints received during the test year, with an explanation of how each complaint was resolved. Please provide an explanation of how each complaint starting at page 224 of the Utility's MFR - Volume III Engineering Information was resolved.

Response: See Attachment 12. Many of these complaints were related to Hurricane Michael and resulting service issues. It was verbally represented to the Utility that the Commission understood the complications surrounding the complaints that arose from Hurricane Michael, as well as the corresponding resolutions, and to not be overly concerned.

10. Pursuant to Rule 25-30.440(11), F.A.C., the applicant should provide a copy of all customer complaints that the utility has received regarding DEP secondary water quality standards during the past five years. Please provide all customer complaints that the Utility has received regarding DEP secondary water quality standards during the past five years or indicate that no complaints were received.

Response: No such complaints were received.

* * *

Mr. Andrew L. Maurey September 30, 2019

Page: 4

Should you have any questions regarding this filing, please do not hesitate to contact me. Thank you for your consideration.

Sincerely,

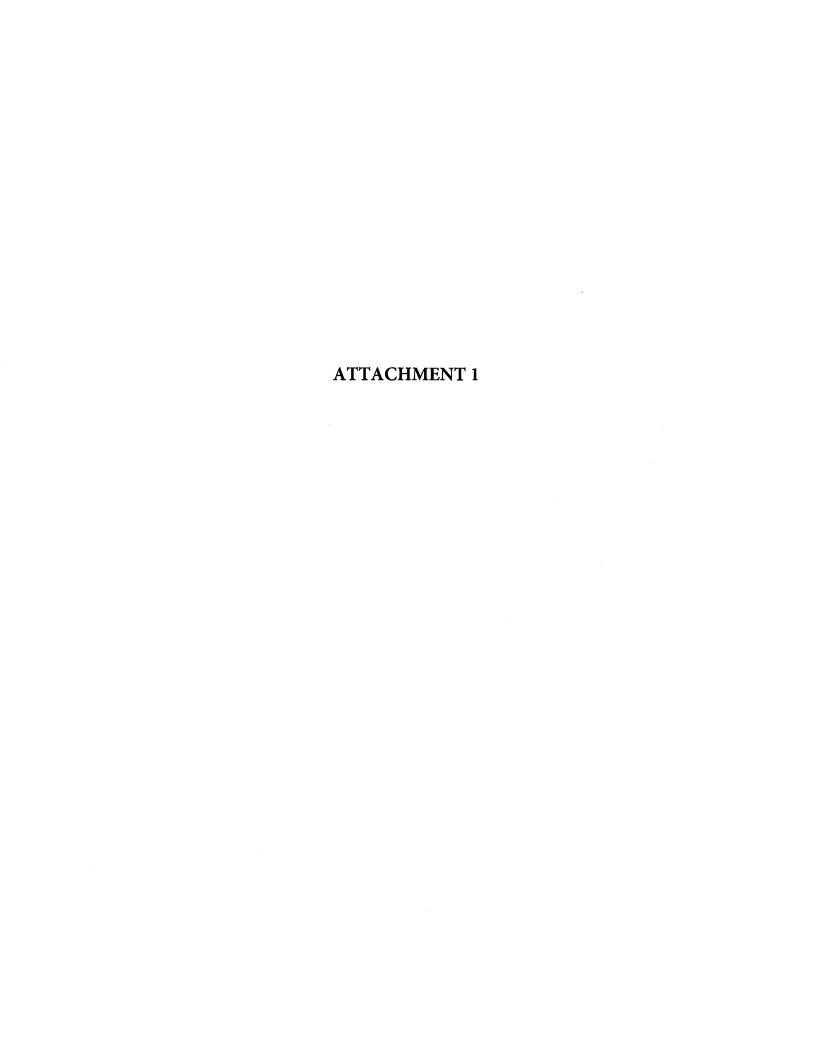
HOLLAND & KNIGHT LLP

D. Bruce May, Jr.

DBM:kjg Enclosures

cc:

Jennifer Crawford, Esq. Kristen Simmons, Esq. Office of Commission Clerk Patricia Christensen, Esq. William J. Rish, Jr.



Comparative Balance Sheet - Assets

Company: Lighthouse Utilities Company, Inc. Docket No.: 20190118-WU Test Year Ended: December 31, 2018 Explanation: Provide a balance sheet for years requested. Provide same for historical base or intermediate years, if not already shown.

Florida Public Service Commission

Schedule: A-18 [REVISED] Page 1 of 1 Preparer: Michael D McKenzie, CPA

| Line | (1) | (2) | (3) | (4) |
|------|--|-------------|-------------|-------------|
| No. | | Prior Year | December | Simple |
| | ASSETS | 12/31/2017 | 2018 | Avg Bal |
| 1 | There Division is | | | |
| 2 | Utility Plant in Service | 3,628,459 | 3,452,635 | 3,540,547 |
| 3 | Construction Work in Progress | 40,542 | 40,542 | 40,542 |
| 4 | Other Utility Plant Adjustments | - | - | - |
| 5 | Less: Accumulated Depreciation | (1,827,883) | (1,788,242) | (1,808,063) |
| 6 | Net Plant | 1,841,118 | 1,704,935 | 1,773,027 |
| 7 | | | | |
| 8 | Utility Plant Acquistion Adjustments | | | |
| 9 | | | | |
| 10 | TOTAL NET UTILITY PLANT | 1,841,118 | 1,704,935 | 1,773,027 |
| 11 | | | | |
| 12 | Cash | 87,825 | 39,109 | 63,467 |
| 13 | Accounts Rec'b - Customer | 26,690 | 35,365 | 31,028 |
| 14 | Notes & Accts, Rec'b - Assoc, Cos. | - | _ | - |
| 15 | Prepayments | 10,672 | 1,625 | 6,149 |
| 16 | Allowance for Bad Debts | - | = | - |
| 17 | Materials & Supplies | - | _ | - |
| 18 | Miscellaneous Current & Accrued Assets | - | - | - |
| 19 | | | | |
| 20 | | | | |
| 21 | TOTAL CURRENT ASSETS | 125,187 | 76,099 | 100,643 |
| 22 | | | | |
| 23 | Unamortized Debt Discount & Exp. | - | _ | _ |
| 24 | Prelim. Survey & Investigation Charges | - | - | - |
| 25 | Clearing Accounts | • | - | - |
| 26 | Deferred Rate Case Expense | , | _ | - |
| 27 | Accum. Deferred Income Taxes | - | - | - |
| 28 | TOTAL DEFERRED DEBITS | - | | _ |
| 29 | | | | |
| 30 | TOTAL ASSETS | 1,966,305 | 1,781,034 | 1,873,670 |

Comparative Balance Sheet - Equity Capital & Liabilities

Florida Public Service Commission

Company: Lighthouse Utilities Company, Inc. Docket No.: 20190118-WU Test Year Ended: December 31, 2018 Explanation: Provide a balance sheet for years requested. Provide same for historical base or intermediate years, if not already shown.

Schedule: A-19 [REVISED] Page 1 of 1 Preparer: Michael D McKenzie, CPA

| Line | (1) | (2) | (3) | (4) |
|----------|---|-------------|-------------|---------------|
| No. | (1) | Prior Year | December | (4) Simple |
| . 10. | EQUITY CAPITAL & LIABILITIES | 12/31/2017 | 2018 | Avg Bal |
| <u> </u> | E GOTT OF THE G ENDERTED | 12/01/2011 | | Avy Dai |
| 2 | Common Stock Issued | 224 | 224 | 224 |
| 3 | Preferred Stock Issued | | | |
| 4 | Additional Paid in Capital | 223,761 | 223,761 | 223,761 |
| 5 | Retained Earnings | (376,941) | (625,961) | (501,451) |
| 6 | Other Equity Capital | | (323,551) | (001,101) |
| 7 | -1.7 1 | | | |
| 8 | TOTAL EQUITY CAPITAL | (152,956) | (401,976) | (277,466) |
| 9 | | | 1722127.27 | . (=::;;;==; |
| 10 | Bonds | | | |
| 11 | Reacquired Bonds | | | |
| 12 | Advances From Associated Companies | | | |
| 13 | Other Long-Term Debt | 28,132 | 19,625 | 23,879 |
| 14 | - | · | | |
| 15 | TOTAL LONG-TERM DEBT | 28,132 | 19,625 | 23,879 |
| 16 | | | | |
| 17 | Accounts Payable | 7,784 | 3,950 | 5,867 |
| 18 | Notes Payable | 845,040 | 843,383 | 844,212 |
| 19 | Notes & Accounts Payable - Assoc. Cos. | | | |
| 20 | Customer Deposits | | | |
| 21 | Accrued Taxes | 16,304 | 29,629 | 22,967 |
| 22 | Accrued Interest | 14,465 | 14,456 | 14,461 |
| 23 | Accrued Dividends | | | - |
| 24 | Misc. Current & Accrued Liabilities | 156 | 1,597 | 877 |
| 25 | | | | |
| 26 | TOTAL CURRENT & ACCRUED LIABILITIES | 883,749 | 893,015 | 888,382 |
| 27 | | | | |
| 28 | Advances For Construction | | | |
| 29 | Other Deferred Credits | | | |
| 30 | Accum. Deferred ITCs | | | |
| 31 | Operating Reserves | | | |
| 32 | | | | |
| 33 | TOTAL DEFERRED CREDITS & OPER. RESERVES | | | |
| 34 | | | | |
| 35 | Contributions in Aid of Construction | 2,413,633 | 2,551,833 | 2,482,733 |
| 36 | Less: Accum, Amortization of CIAC | (1,206,253) | (1,281,463) | (1,243,858) |
| 37 | | | | |
| 38 | TOTAL NET CIAC | 1,207,380 | 1,270,370 | 1,238,875 |
| 39 | | | | |
| 40 | TOTAL EQUITY CAPITAL & LIABILITIES | 1,966,305 | 1,781,034 | 1,849,791 |

ATTACHMENT 2

| Name | Address | Percent Ownership |
|---|--|----------------------|
| Catherine Womac | 4425 Pine Hollow Court, Alpharetta, GA 30022 | 25.14859 |
| William J. Rish Jr. and Jessica Rish, tenants by entireties | PO Box 428, Port St Joe, FL 32457 | 10.51508 |
| Carol T. Rish | PO Box 39, Port St Joe, FL 32457 | 5.99270 |
| Amanda T. Flowers | PO Box 997, Thomasville, GA 31792 | 8.76901 |
| Margaret Ann Flowers | 436 Woodlakes Dr., Thomasville, GA 31792 | 9.47006 |
| Langdon S. Flowers III | PO Box 997, Thomasville, GA 31792 | 8.64538 |
| Other members under 5% | | 22.45918 |
| Total | | 100.00000 |

ATTACHMENT 3

Schedule of Water Rate Base

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Schedule Year Ended: December 31, 2018

Interim [] Final [X]
Historical [X] Projected []

Florida Public Service Commission

Schedule: A-1 [REVISED]

Page 1 of 1

Preparer: Michael D McKenzie, CPA

Explanation: Provide the calculation of average rate base for the test year, showing all adjustments. All non-used and useful items should be reported as Plant Held For Future Use.

| Line No. | (1) Description | (2) Balance Per Books | (3) Utility Adjustments | (4) Adjusted Utility Balance | (5) Supporting Schedule(s) |
|-------------|-----------------------------------|--------------------------------|-------------------------------|---------------------------------------|----------------------------------|
| 1 | Utility Plant in Service | 3,540,547 | 994,000 | 4,534,547 | A-5 |
| 2 | Utility Land & Land Rights | - | - | - | A-5 |
| 3 | Less: Non-Used & Useful Plant | - | - | - | A-7 |
| 4 | Construction Work in Progress | - | - | - | - |
| 5 | Less: Accumulated Depreciation | (1,808,062) | - | (1,808,062) | A-9 |
| 6 | Less: CIAC | ` (2,482,733) | - | (2,482,733) | A-12 |
| 7 | Accumulated Amortization of CIAC | 1,243,859 | - | 1,243,859 | A-14 |
| 8 | Acquisition Adjustments | - | - | - | - |
| 9 | Accum. Amort. of Acq. Adjustments | - | - | - | - |
| 10 | Advances For Construction | - | - | - | A-16 |
| 11 | Working Capital Allowance | 81,081 | - | 81,081 | A-17 |
| 12 | Total Rate Base | 574,691 | 994,000 | 1,568,691 | |

Schedule of Water Net Operating Income

Company: Lighthouse Utilities Company, Inc. Schedule Year Ended: December 31, 2018 Interim [] Final [X] Historic [X] or Projected []

Florida Public Service Commission

Schedule: B-1 [REVISED]

Page 1 of 1

Docket No.: 20190118-WU Preparer: Michael D McKenzie, CPA

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) | (2) Balance Per | (3) Utility Test Year | | (4) Utility Adjusted | (5) Requested Revenue | | (6) Requested Annual | (7) Supporting |
|-------------|----------------------------------|-----------------------|-----------------------------|-----|----------------------------|-----------------------------|-----|----------------------------|-------------------|
| NO. | Description | Books | Adjustments | _ | Test Year | Adjustment | | Revenues | Schedule(s) |
| 1 | OPERATING REVENUES | 728,696 | (29,148) | (D) | 699,548 | 206,900 | (A) | 906,448 | B-4 |
| 2 | Operation & Maintenance | 648,651 | 23,638 | (B) | 672,289 | - | | 672,289 | B-5 |
| 3 | Depreciation, net of CIAC Amort. | 32,434 | - | | 32,434 | - | | 32,434 | B-13 |
| 4 | Amortization | - | • | | - | - | | - | |
| 5 | Taxes Other Than Income | 66,738 | - | | 66,738 | 9,311 | (C) | 76,049 | B-15 |
| 6 | Provision for Income Taxes | | | _ | | | | - | C-1 |
| 7 | OPERATING EXPENSES | 747,823 | 23,638 | _ | 771,460 | 9,311 | | 780,771 | |
| 8 | NET OPERATING INCOME | \$ (19,127) | \$ (52,785) | \$ | (71,912) | \$ 197,590 | | \$ 125,678 | |
| 9 | RATE BASE | 574,691 | 994,000 | (E) | 1,568,691 | | | 1,568,691 | A-1 |
| 10 | RATE OF RETURN | -3.33% | | | -4.58% | | | 8.01% | D-1 |

- (A) Reference Schedule B-3 for explanation
- (B) Reference Schedule B-3 for explanation
- (C) Reference Schedule B-3 for explanation
- (D) The Utility suffered a 4% decrease in customers solely due to storm damage that occurred during October 2018, equating to 70 metered customers.
- (E) Reference Engineer's Cost Opinion for Hurricane Michael Emergency DBP Improvements required under Consent Order

Schedule of Adjustments to Operating Income

Company: Lighthouse Utilities Company, Inc. Schedule Year Ended: December 31, 2018

Interim [] Final [X]
Historic [X] or Projected []

Florida Public Service Commission

Schedule: B-3 [REVISED]

Page 1 of 1

Docket No.: 20190118-WU Preparer: Michael D McKenzie, CPA

Explanation: Provide a detailed description of all adjustments to operating income per books, with a total for each line item shown on the net operating income statement.

| Description | | Water | Wastewate |
|---|----|---------|-----------|
| (A) Adjustments to Revenue | | | |
| (1) Revenue Increase | \$ | 206,900 | N/A |
| Total adjustment to revenue | | 200,000 | |
| (B) Adjustments to Operations & Maintenance Expenses | | | |
| Test Year Adjustments | | | |
| (1) Adjustment to include one fourth of rate case expense in operating expenses | | | |
| Holland and Knight = 45,650 / 4 yrs | | 11,413 | |
| Roberson and Associates = 31,950 / 4 yrs | | 7,988 | |
| Mailing costs @ (\$3.00 x 1,883 customers x 3 mailings) / 4 yrs | | 4,237 | |
| | | | |
| | \$ | 23,638 | |
| | | | |
| | | | |
| | | | |
| (C) Requested revenue Adjustments | | | |
| (1) To adjust test year regulatory assessment fees for requested increase in revenues | • | | |
| Total requested increase in revenues | | 206,900 | |
| RAF rate | | 4.50% | |
| RAF adjustment | \$ | 9,311 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Detail | of Operation & Maintenance Expenses By Mo | onth - Water | | | | | | | | | | Florida Publi | ic Service C | ommission | | |
|---|--|---------------------------|-------------------------|---------------------------|-------------------------|---------------------------|-------------------------|------------------------------------|--|--------------------------|------------------------|---------------------------|-------------------------|------------------------------|------|--------------------|
| Company: Lighthouse Utilities Company, Inc. Docket No.: 20190118-WU Schedule Year Ended: December 31, 2018 Historic [X] or Projected [] Explanation: Provide a schedule of operation and maintenance expenses by primary account for each month of the test year. If schedule Year Ended: December 31 account tiles and numbers. | | | | | | | | | Schedule: B-5 [REVISED] Page 1 of 1 Preparer: Michael D McKenzie, CPA Recap Schedules: B-1 | | | | | | | |
| Line No. | (1) Account No. and Name | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) Total | (15) | (16) Adj. Total |
| NO. | Account No. and Name | Jan | Feb | Mar | Арг | May | June | July | Aug | Sept | Oct | Nov | Dec | Annual | Adj. | Annual |
| 1 2 3 4 | 601 Salaries & Wages - Employees 603 Salaries & Wages - Officers, Etc. 604 Employee Pensions & Benefits 610 Purchased Water | 11,054 10,409 2,841 | 10,470 10,409 508 | 10,869 10,409 2,920 | 10,594 10,409 517 | 11,822 10,409 2,859 | 12,677 10,409 563 | 14,621 10,409 3,100 9,152 | 11,630 10,409 548 | 11,217 9,659 2,963 | 12,715 5,159 564 | 12,220 10,409 2,991 | 13,590 21,909 620 | 143,479 130,408 20,994 | | |
| 5 | 615 Purchased Power 616 Fuel for Power Purchased | 7,318 | 4,119 | 242 | 7,885 | 4,041 | 311 | 4,838 | 1,749 5,254 | 4,541 | 4,631 | 161 | 8,308 | 10,901 51,649 | | |
| 7 | 618 Chemicals | 627 | 582 | 248 | 496 | 746 | 762 | 758 | 248 | 379 | 496 | 1,121 | 421 | 6,884 | | |
| 8 | 620 Materials & Supplies 631 Contractual Services - Engr. | 2,736 | 6,587 | 5,833 | 16,513 | 5,244 | 8,052 | 1,936 | 5,185 | 3,333 | 3,434 | 9,821 | 5,464 | 74,137 | | |
| 10 | 632 Contractual Services - Engr. | 5,046 | 3,653 | 3,687 | 3,223 | 2,774 | 2,754 | 3,586 | | | | | | - | | |
| 11 | 633 Contractual Services - Legal | 810 | 450 | 2,468 | 3,573 | 300 | 2,754 300 | 3,586 853 | 5,869 300 | 2,747 300 | 5,342 300 | 3,712 | 8,549 | 50,942 | | |
| 12 | 634 Contractual Services - Mgmt, Fees | 0.0 | 400 | 2,400 | 0,010 | 300 | 300 | 655 | 300 | 300 | 300 | 7,058 | 5,903 | 22,615 | | |
| 13 | 635 Contractual Services - Testing | 280 | 355 | 490 | 160 | 120 | 1,070 | 1,250 | 165 | 805 | 230 | 120 | | 5.045 | | |
| 14 | 636 Contractual Services - Other | 8,421 | 7,276 | 2,002 | 6,866 | 7,860 | 9,297 | 9,224 | 2,259 | 1,380 | 2,707 | 1,649 | 2.080 | 61,021 | | |
| 15 | 641 Rental of Building/Real Prop. | 1,710 | 1,336 | 1,336 | 2,297 | 1,336 | 375 | 2,297 | 1,336 | 519 | 960 | 748 | 375 | 14,625 | | |
| 16 | 642 Rental of Equipment | | | | | | | | | | | | | | | |
| 17 18 | 650 Transportation Expenses 656 Insurance - Vehicle | 2,340 | 1,350 | 1,289 | 2,199 | 2,044 | 200 | 5,107 | 1,477 | 2,615 | 1,073 | 2,085 | 86 9 | 22,648 | | |
| 19 | 657 Insurance - General Liability | - | 125 | - | | - | - | - | | - | - | - | 2,779 | 2,779 | | |
| 20 | 658 Insurance - Workman's Comp. | | 2.994 | 266 | 111 876 | 876 | 876 | 876 | 625 | - | - | | 577 | 1,438 | | |
| 21 | 659 Insurance - Other | - | 2,354 | 200 | 6/6 | 0/0 | 8/6 | 8/6 | 874 | - | | 1,528 | 970 | 10,136 | | |
| 22 | 660 Advertising Expense | | 237 | 300 | 749 | 144 | 519 | 910 | 242 | | | | 10,672 | 10,672 | | |
| 23 | 666 Reg. Comm. Exp Rate Case Amort. | | 20. | 555 | 143 | 144 | 313 | 510 | 242 | | | | | 3,101 | | |
| 24 | 667 Reg. Comm. Exp Other | | | | | | | | | | | | | - | | |
| 25 | 670 Bad Debt Expense | | | | | | | | | | | | | - | | |
| 26 | 675 Miscellaneous Expenses | 431 | 431 | 431 | 431 | 431 | 432 | 431 | 431 | 432 | 431 | 432 | 432 | 5.176 | | |
| 27 ### | | | | | | | | | | | | | | | | |
| ### | TOTAL | \$ 54,023 | \$ 50,882 | \$ 42,790 | \$ 66,899 | \$ 51,006 | \$ 48,597 | \$ 69,348 | \$ 48,601 | \$ 40,890 | \$ 38,042 | \$ 54,055 | \$ 83,518 | \$ 648,650 | \$ | \$ |
| | | | | | | | | | | | | | | | | |

Income Tax Returns

Florida Public Service Commission

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Test Year Ended: December 31, 2018

Schedule: C-9 [REVISED]

Page 1 of 1

Preparer: Michael D. McKenzie, CPA

Explanation: Provide a copy of the most recently filed federal income tax return, state income tax return and most recent final IRS revenue agent's report for the applicant or consolidated entity (whichever type of return is filed). A statement of when and where the returns and reports are available for review may be provided in lieu of providing the returns and reports.

1 The Company's tax returns are available for inspection during normal business hours at:

Gulf Coast Real Estate Group 155 W Hwy 98 Port St Joe, FL 32456

OR

Roberson and Associates, PA 116A Sailors Cove Dr Port St Joe, FL 32456 Rate Schedule

Florida Public Service Commission

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Test Year Ended: December 31, 2018

Water [X] or Wastewater []

Schedule: E-1 [REVISED]

Page 1 of 1

Preparer: Michael D McKenzie, CPA

Explanation: Provide a schedule of present and proposed rates. State residential wastewater cap, if one exists.

| Line No. | (1) Class/Meter Size | (2) Present Rates | (3) Proposed Rates |
|-------------|------------------------------------|--------------------------------------|---|
| 1 | | 0.000.000.000.000.000 | *************************************** |
| 2 | | AL SERVICE AND MULTI-RESIDENTIAL SEI | RVICE (GS AND RS) |
| 3 | Base Facility Charge | | |
| 4 | E/01 0/41 | 44.70 | 40.0 |
| 5 6 | 5/8" x 3/4" 1" | 14.72 22.09 | 18.33 27.50 |
| 7 | 1-1/2" | 36.82 | 45.8 |
| 8 | 2" | 73.62 | 91.6 |
| 9 | 3" | 117.80 | 146.6 |
| 10 | 4" | 235.60 | 293.2 |
| 11 | 6" | 368.12 | 458.2 |
| 12 | 8" | 1,325.24 | 1,649.5 |
| 13 | 10" | 2,135.10 | 2,657.5 |
| 14 | | _, | _, |
| 15 | | | |
| 16 | Gallonage Charge Per 1,000 Gallons | 3.60 | 4.4 |
| 17 | | | |
| 18 | | | |
| 19 | | | |

Revenue Schedule at Present and Proposed Rates

Florida Public Service Commission

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Test Year Ended: December 31, 2018

Water [X] or Wastewater []

53

Schedule: E-2 [REVISED]

Page 1 of 1

Preparer: Michael D McKenzie, CPA

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) Number Bills | (3) Consumption in MG | (4) Present Rate | (5) Revenues at Present Rates | | (6) Proposed Rate | | (7) Revenues at Proposed Rates | |
|-------------|--------------------------|------------------------|-----------------------------|------------------------|-------------------------------------|------------|-------------------------|----|--------------------------------|--|
| | | DIIIS | | | | seni Raies | | | | |
| 1 | RESIDENTIAL | | | | | | | | | |
| 2 | 5/8" x 3/4" | 22,689 | - | 14.72 | \$ | 333,982 | 18.32 | \$ | 415,707 | |
| 3 | M Gallons | - | 97,258 | 3.60 | | 350,129 | 4.48 | | 435,805 | |
| 4 | 1" | 96 | - | 22.09 | | 2,121 | 27.50 | | 2,640 | |
| 5 | M Gallons | - | 421 | 3.60 | | 1,516 | 4.48 | | 1,886 | |
| 6 | 1-1/2" | 24 | | 36.82 | | 884 | 45.83 | | 1,100 | |
| 7 | M Gallons | - | 26 | 3.60 | | 94 | 4.48 | | 117 | |
| 8 | 2" | 24 | | 73.62 | | 1,767 | 91.63 | | 2,199 | |
| 9 | M Gallons | <u>-:</u> | 891 | 3.60 | | 3,208 | 4.48 | | 3,992 | |
| 10 | Total Residential | 22,833 | 98,596 | 0.00 | | 693,699 | 4.40 | | 863,447 | |
| 11 | Total Teologitia | 22,000 | 00,000 | | | 000,000 | | | 000,111 | |
| 12 | Average Dill | | | | • | 30.38 | | \$ | 37.82 | |
| | Average Bill | | | | \$ | 30.36 | | Ф | 31.02 | |
| 13 | AU II TI DEGIDENTIAL | | | | | | | | | |
| 14 | MULTI-RESIDENTIAL | 4.0 | | 00.00 | | | 45.00 | | | |
| 15 | 1-1/2" | 12 | - | 36.82 | | 442 | 45.83 | | 550 | |
| 16 | M Gallons | | 404 | 3.60 | | 1,454 | 4.48 | | 1,810 | |
| 17 | Total Multi-Residential | 12 | 404 | | | 1,896 | | | 2,360 | |
| 18 | | | | | | | | | | |
| 19 | OTHER | | | | | | | | | |
| 20 | 1" | 24 | - | 22.09 | | 530 | 27.50 | | 660 | |
| 21 | M Gallons | _ | 374 | 3.60 | | 1,346 | 4.48 | | 1,676 | |
| 22 | 1-1/2" | 12 | _ | 36.82 | | 442 | 45.83 | | 550 | |
| 23 | M Gallons | _ | 158 | 3.60 | | 569 | 4.48 | | 708 | |
| 24 | 2" | 12 | _ | 73.62 | | 883 | 91.63 | | 1,100 | |
| 25 | M Gallons | '- | 91 | 3.60 | | 328 | 4.48 | | 408 | |
| 26 | 4" | 12 | - | 235.60 | | 2,827 | 293.25 | | 3,519 | |
| 27 | M Gallons | 12 | 3,213 | 3.60 | | 11,567 | 4.48 | | 14,397 | |
| 28 | Total Other | 60 | 3,836 | 3.00 | | 18,492 | 4.40 | | 23,017 | |
| | Total Other | 00 | 3,030 | | | 10,432 | | | 23,017 | |
| 29 | A Dill | | | | • | 200.20 | | • | 202.62 | |
| 30 | Average Bill | | | | \$ | 308.20 | | \$ | 383.62 | |
| 31 | | | | | | | | | | |
| 32 | | | | | | | | | | |
| 33 | COMMERCIAL | | | | | | | | | |
| 34 | 5/8" x 3/4" | 141 | - | 14.72 | \$ | 2,076 | 18.32 | \$ | 2,583 | |
| 35 | M Gallons | - | 2,276 | 3.60 | | 8,194 | 4.48 | | 10,199 | |
| 36 | 1-1/2" | 12 | - | 36.82 | | 442 | 45.83 | | 550 | |
| 37 | M Gallons | | 87 | 3.60 | | 313 | 4.48 | | 390 | |
| 38 | Total Commercial | 153 | 2,363 | | | 11,024 | | | 13,722 | |
| 39 | | | | | | | | | | |
| 40 | Average Bill | | | | \$ | 72.05 | | \$ | 89.68 | |
| 41 | | | | | | | | | | |
| 42 | Grand Totals | 23,058 | 105,199 | | | | | | | |
| 43 | Total Calculated Revenue | -, | , - - | | | 725,112 | | | 902,546 | |
| 44 | | Returned che | ck fee | | | 1,125 | | | 1,125 | |
| 45 | | Late charges | | | | 1,491 | | | 1,491 | |
| 46 | | Initial connect | ion | | | 1,281 | | | 1,281 | |
| 47 | | Normal recon | | | | -,=01 | | | 1,201 | |
| 48 | | Rounding | ico: | | | (313) | | | 5 | |
| 40 49 | | Total Booked | Pevenue | | | 728,696 | | | 906,448 | |
| | | TOTAL DOUNED | Nevenue | | | 120,080 | | | 300,440 | |
| 50 | | Variance co | pared to MAC (-L- | ¢700 c00\ | | (n) ± | | | | |
| 51 | | variance comp | pared to W-9 (sho | JWS \$128,096) | | (0) | | | | |
| 52 | | | | | | | | | | |

^{*}Represents variance with A/R on annual report vs. corrected A/R at December 31, 2018

Customer Monthly Billing Schedule

Florida Public Service Commission

Company: Lighthouse Utilities Company, Inc. Docket No.: 20190118-WU

Test Year Ended: December 31, 2018 Water [X] or Wastewater []

Schedule: E-3 [REVISED]

Page 1 of 1

Preparer: Michael D McKenzie, CPA

Explanation: Provide a schedule of monthly customers billed or served by class.

| Line No. | (1) Month/ Year | (2) Residential | (3) Commercial | (4) Other | (5) Total |
|-------------|-----------------------|------------------------|--|--------------|--------------|
| 1 | January | 1,893 | 13 | 5 | 1,911 |
| 2 | February | 1,895 | 13 | 5 | 1,913 |
| 3 | March | 1,901 | 13 | 5 | 1,919 |
| 4 | April | 1,911 | 13 | 5 | 1,929 |
| 5 | May | 1,928 | 13 | 5 | 1,946 |
| 6 | June | 1,928 | 13 | 5 | 1,946 |
| 7 | July | 1,935 | 13 | 5 | 1,953 |
| 8 | August | 1,935 | 13 | 5 | 1,953 |
| 9 | September | 1,947 | 13 | 5 | 1,965 |
| 10 | October | 1,889 | 12 | 5 | 1,906 |
| 11 | November | 1,850 | 12 | 5 | 1,867 |
| 12 | December | 1,833 | 12 | 5 | 1,850 |
| 13 | | | | | 1,030 |
| 14 | Total | 22,845 | 153 | 60 | 23,058 |
| 15 | | | All the second s | | 20,030 |
| 16 | | includes | | | |
| 17 | | 12 MM residentia | al | | |
| 18 | | | | | |
| 19 | RECONCILIATION | ON TO W-9 OF THE | ANNUAL REPORT | | |
| 20 | | | | | |
| 21 | Total above as o | of December 31, 2018 | | 1,850 | |
| 22 | Overstatement of | of active customers on | annual report | 33 | |
| 23 | | | | | |
| 24 | Total Year End | Number of Customers | 1,883 | | |
| 25 | | | F | 1,000 | |
| 26 | | | | | |
| 27 | | | | | |

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: RESIDENTIAL

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------------|--------------|----------------|------------------|-----------------|------------------|----------------|---------------------|------------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| | | 6,672 | C C72 | | | 16.017 | | 0.000/ |
| 2 | L - | 2,987 | 6,672 | 2.007 | 2.007 | 16,017 | 16.017 | 0.00% |
| 3 | | 2,987 2,633 | 9,659 | 2,987 | 2,987 | 13,030 | 16,017 | 16.47% |
| | | 2,033 2,098 | 12,292 | 5,266 | 8,253 | 10,397 | 29,047 | 29.87% |
| 2 | | 2,036 1,479 | 14,390 15,869 | 6,294 5,016 | 14,547 | 8,299 | 39,444 | 40.56% |
| e | | 1,479 | 17,011 | 5,916 5,710 | 20,463 | 6,820 5,678 | 47,743 | 49.09% |
| 7 | | 1,142 | 18,048 | 5,710 6,222 | 26,173 | 5,678 | 54,563 | 56.10% |
| 8 | | 838 | 18,886 | 5,866 | 32,395 38,261 | 4,641 3,803 | 60,241 64,882 | 61.94% 66.71% |
| 9 | | 674 | 19,560 | 5,392 | 43,653 | 3,603 3,129 | 68,685 | 70.62% |
| 10 | | 501 | 20,061 | 5,392 4,509 | | | | |
| 11 | | 419 | 20,061 | | 48,162 | 2,628 | 71,814 | 73.84% |
| 12 | | 328 | 20,460 | 4,190 | 52,352 | 2,209 | 74,442 | 76.54% |
| 13 | | 268 | | 3,608 | 55,960 50,176 | 1,881 | 76,651 | 78.81% |
| 14 | | 202 | 21,076 | 3,216 | 59,176 | 1,613 | 78,532 | 80.75% |
| 15 | | | 21,278 | 2,626 | 61,802 | 1,411 | 80,145 | 82.40% |
| 16 | | 193 | 21,471 | 2,702 | 64,504 | 1,218 | 81,556 | 83.86% |
| | | 168 | 21,639 | 2,520 | 67,024 | 1,050 | 82,774 | 85.11% |
| 17 | | 126 | 21,765 | 2,016 | 69,040 | 924 | 83,824 | 86.19% |
| 18 | | 121 | 21,886 | 2,057 | 71,097 | 803 | 84,748 | 87.14% |
| 19 | | 90 | 21,976 | 1,620 | 72,717 | 713 | 85,551 | 87.96% |
| 20 | | 83 | 22,059 | 1,577 | 74,294 | 630 | 86,264 | 88.70% |
| 21 | | 58 | 22,117 | 1,160 | 75,454 | 572 | 86,894 | 89.34% |
| 22 | | 47 | 22,164 | 987 | 76,441 | 525 | 87,466 | 89.93% |
| 23 | | 49 | 22,213 | 1,078 | 77,519 | 476 | 87,991 | 90.47% |
| 24 | | 39 | 22,252 | 897 | 78,416 | 437 | 88,467 | 90.96% |
| 25 | | 23 | 22,275 | 552 | 78,968 | 414 | 88,904 | 91.41% |
| 26 | | 37 | 22,312 | 925 | 79,893 | 377 | 89,318 | 91.84% |
| 27 | | 24 | 22,336 | 624 | 80,517 | 353 | 89,695 | 92.22% |
| 28 | | 25 | 22,361 | 675 | 81,192 | 328 | 90,048 | 92.59% |
| 29 | | 27 | 22,388 | 756 | 81,948 | 301 | 90,376 | 92.92% |
| 30 | | 15 | 22,403 | 435 | 82,383 | 286 | 90,677 | 93.23% |
| 31 | | 14 | 22,417 | 420 | 82,803 | 272 | 90,963 | 93.53% |
| 32 | | 15 | 22,432 | 465 | 83,268 | 257 | 91,235 | 93.81% |
| 33 | | 17 | 22,449 | 544 | 83,812 | 240 | 91,492 | 94.07% |
| 34 | | 9 | 22,458 | 297 | 84,109 | 231 | 91,732 | 94.32% |
| 35 | | 12 | 22,470 | 408 | 84,517 | 219 | 91,963 | 94.56% |
| 36 | 35 | 13 | 22,483 | 455 | 84,972 | 206 | 92,182 | 94.78% |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: RESIDENTIAL

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------------|--------------|--------------|--------------|-----------------|-----------------|--------------|---------------------|------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| | | | | | | | | |
| 37 | ' 36 | 9 | 22,492 | 324 | 85,296 | 197 | 92,388 | 94.99% |
| 38 | 37 | 7 | 22,499 | 259 | 85 <i>,</i> 555 | 190 | 92,585 | 95.20% |
| 39 | 38 | 6 | 22,505 | 228 | 85,783 | 184 | 92,775 | 95.39% |
| 40 | 39 | 11 | 22,516 | 429 | 86,212 | 173 | 92,959 | 95.58% |
| 41 | 40 | 10 | 22,526 | 400 | 86,612 | 163 | 93,132 | 95.76% |
| 42 | 41 | 12 | 22,538 | 492 | 87,104 | 151 | 93,295 | 95.93% |
| 43 | 42 | 6 | 22,544 | 252 | 87,356 | 145 | 93,446 | 96.08% |
| 44 | 43 | 6 | 22,550 | 258 | 87,614 | 139 | 93,591 | 96.23% |
| 45 | 44 | 7 | 22,557 | 308 | 87,922 | 132 | 93,730 | 96.37% |
| 46 | 45 | 9 | 22,566 | 405 | 88,327 | 123 | 93,862 | 96.51% |
| 47 | 46 | 6 | 22,572 | 276 | 88,603 | 117 | 93,985 | 96.63% |
| 48 | 47 | 6 | 22,578 | 282 | 88,885 | 111 | 94,102 | 96.76% |
| 49 | 48 | 11 | 22,589 | 528 | 89,413 | 100 | 94,213 | 96.87% |
| 50 | 49 | 3 | 22,592 | 147 | 89,560 | 97 | 94,313 | 96.97% |
| 51 | . 50 | 5 | 22,597 | 250 | 89,810 | 92 | 94,410 | 97.07% |
| 52 | 51 | 1 | 22,598 | 51 | 89,861 | 91 | 94,502 | 97.17% |
| 53 | 52 | 6 | 22,604 | 312 | 90,173 | 85 | 94,593 | 97.26% |
| 54 | 53 | 4 | 22,608 | 212 | 90,385 | 81 | 94,678 | 97.35% |
| . 55 | 54 | 6 | 22,614 | 324 | 90,709 | 75 | 94,759 | 97.43% |
| 56 | 55 | 4 | 22,618 | 220 | 90,929 | 71 | 94,834 | 97.51% |
| 57 | 56 | 2 | 22,620 | 112 | 91,041 | 69 | 94,905 | 97.58% |
| 58 | 57 | 1 | 22,621 | 57 | 91,098 | 68 | 94,974 | 97.65% |
| 59 | | 2 | 22,623 | 116 | 91,214 | 66 | 95,042 | 97.72% |
| 60 | 59 | 3 | 22,626 | 177 | 91,391 | 63 | 95,108 | 97.79% |
| 61 | . 60 | 2 | 22,628 | 120 | 91,511 | 61 | 95,171 | 97.85% |
| 62 | | 3 | 22,631 | 183 | 91,694 | 58 | 95,232 | 97.92% |
| 63 | | 2 | 22,633 | 124 | 91,818 | 56 | 95,290 | 97.98% |
| 64 | | - | 22,633 | - | 91,818 | 56 | 95,346 | 98.03% |
| 65 | | 1 | 22,634 | 64 | 91,882 | 55 | 95,402 | 98.09% |
| 66 | | 3 | 22,637 | 195 | 92,077 | 52 | 95,457 | 98.15% |
| 67 | | 1 | 22,638 | 66 | 92,143 | 51 | 95,509 | 98.20% |
| 68 | | - | 22,638 | - | 92,143 | 51 | 95,560 | 98.25% |
| 69 | | - | 22,638 | - | 92,143 | 51 | 95,611 | 98.31% |
| 70 | | 2 | 22,640 | 138 | 92,281 | 49 | 95,662 | 98.36% |
| 71 | | 2 | 22,642 | 140 | 92,421 | 47 | 95,711 | 98.41% |
| 72 | 71 | 2 | 22,644 | 142 | 92,563 | 45 | 95,758 | 98.46% |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: RESIDENTIAL

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|----------|--------------|--------------|--------------|-----------------|-----------------|--------------|---------------------|------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| No. | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| 73 | 72 | 2 | 22.647 | 246 | 00.770 | | | |
| 73 74 | | 3 | 22,647 | 216 | 92,779 | 42 | 95,803 | 98.50% |
| 74 | | 1 1 | 22,648 | 73 | 92,852 | 41 | 95,845 | 98.55% |
| 75 76 | | | 22,649 | 74 | 92,926 | 40 | 95,886 | 98.59% |
| 70 | | 1 1 | 22,650 | 75 76 | 93,001 | 39 | 95,926 | 98.63% |
| 77 78 | | 3 | 22,651 | 76 | 93,077 | 38 | 95,965 | 98.67% |
| 78 79 | | 1 | 22,654 | 231 | 93,308 | 35 | 96,003 | 98.71% |
| 80 | | 2 | 22,655 | 78 150 | 93,386 | 34 | 96,038 | 98.75% |
| 81 | | | 22,657 | 158 | 93,544 | 32 | 96,072 | 98.78% |
| 82 | | 2 | 22,659 | 160 | 93,704 | 30 | 96,104 | 98.81% |
| 83 | | 1 | 22,660 | 81 | 93,785 | 29 | 96,134 | 98.84% |
| 84 | | 1 2 | 22,661 | 82 | 93,867 | 28 | 96,163 | 98.87% |
| 85 | | _ | 22,663 | 166 | 94,033 | 26 | 96,191 | 98.90% |
| 86 | | | 22,663 | - | 94,033 | 26 | 96,217 | 98.93% |
| 87 | | - | 22,663 | - | 94,033 | 26 | 96,243 | 98.96% |
| 88 | | 1 | 22,664 | 86 | 94,119 | 25 | 96,269 | 98.98% |
| 89 | | 1 | 22,665 | 87 | 94,206 | 24 | 96,294 | 99.01% |
| | | 2 | 22,667 | 176 | 94,382 | 22 | 96,318 | 99.03% |
| 90 | | 1 | 22,668 | 89 | 94,471 | 21 | 96,340 | 99.06% |
| 91 | | 2 | 22,670 | 180 | 94,651 | 19 | 96,361 | 99.08% |
| 92 | | 1 | 22,671 | 91 | 94,742 | 18 | 96,380 | 99.10% |
| 93 | | - | 22,671 | - | 94,742 | 18 | 96,398 | 99.12% |
| 94 | | - | 22,671 | - | 94,742 | 18 | 96,416 | 99.13% |
| 95 | | 2 | 22,673 | 188 | 94,930 | 16 | 96,434 | 99.15% |
| 96 | 96 | 2 | 22,675 | 192 | 95,122 | 14 | 96,466 | 99.19% |
| 97 | 98 | 1 | 22,676 | 98 | 95,220 | 13 | 96,494 | 99.21% |
| 98 | 100 | 1 | 22,677 | 100 | 95,320 | 12 | 96,520 | 99.24% |
| 99 | 101 | 1 | 22,678 | 101 | 95,421 | 11 | 96,532 | 99.25% |
| 100 | 106 | 1 | 22,679 | 106 | 95,527 | 10 | 96,587 | 99.31% |
| 101 | 109 | 1 | 22,680 | 109 | 95,636 | 9 | 96,617 | 99.34% |
| 102 | 110 | 1 | 22,681 | 110 | 95,746 | 8 | 96,626 | 99.35% |
| 103 | 116 | 1 | 22,682 | 116 | 95,862 | 7 | 96,674 | 99.40% |
| 104 | 123 | 1 | 22,683 | 123 | 95,985 | 6 | 96,723 | 99.45% |
| 105 | 145 | 1 | 22,684 | 145 | 96,130 | 5 | 96,855 | 99.59% |
| 106 | 147 | 1 | 22,685 | 147 | 96,277 | 4 | 96,865 | 99.60% |
| 107 | 149 | 1 | 22,686 | 149 | 96,426 | 3 | 96,873 | 99.60% |
| 108 | 163 | 1 | 22,687 | 163 | 96,589 | 2 | 96,915 | 99.65% |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company. Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: RESIDENTIAL

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------|--------------|--------------|--------------|-----------------|-----------------|--------------|---------------------|------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| No. | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | KGallons | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| | | | | | | | | |
| 109 | 280 | 1 | 22,688 | 280 | 96,869 | 1 | 97,149 | 99.89% |
| 110 | 389 | 1 | 22,689 | 389 | 97,258 | - | 97,258 | 100.00% |
| 111 | L | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 112 | 2 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 113 | 3 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 114 | l | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 115 | 5 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 116 | 5 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 117 | 7 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 118 | 3 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 119 |) | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 120 |) | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 121 | L | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 122 | 2 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 123 | 3 | | 22,689 | · - | 97,258 | - | 97,258 | 100.00% |
| 124 | 1 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 125 | 5 | | 22,689 | • | 97,258 | - | 97,258 | 100.00% |
| 126 | 5 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 127 | 7 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 128 | 3 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 129 | 9 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 130 |) | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 131 | L | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 132 | 2 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 133 | 3 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 134 | 1 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 135 | 5 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 136 | 5 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 137 | 7 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 138 | 3 | | 22,689 | _ | 97,258 | - | 97,258 | 100.00% |
| 139 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 140 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 141 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 142 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 143 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 144 | 4 | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| | | | | | | | | |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018

Schedule: E-14 [REVISED]

Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: RESIDENTIAL

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------|-----------------|-----------------|------------------|------------------|-----------------|--------------|---------------------|------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| No. | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| | | | | | | | | |
| 145 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 146 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 147 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 148 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 149 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 150 | | | 22,689 | - | 97,258 | - | 97,258 | 100.00% |
| 151 | | | | | | | | |
| 152 | | | | | Rounding | _ | - | 0.00% |
| 153 | | | | | Total | | 97,258 | 100.00% |
| 154 | | | | | | | | |
| 155 | | | | | | | | |
| 156 | Total 5/8"x3/4 | " meter for Re | esidential custo | mer type (abov | /e) | | 97,258 | |
| 157 | Total 1" Reside | ential custome | r type spreadsl | neet | | | 421 | |
| 158 | | | | | | | | |
| 159 | Total 1.5" Resi | idential custon | ner type spread | Isheet | | | 26 | |
| | Total 2" Reside | | | | | | 891 | |
| 161 | | | | | | - | | |
| 162 | Total RESIDEN | TIAL customer | type usage per | sheets | | | 98,596 | |
| 163 | | | | | | - | | |
| 164 | | | | | | | | |
| | Total 1.5" Mul | lti-Residential | customer type | spreadsheet | | | 404 | |
| 166 | | | одологиот одра | | | | | |
| | Total agrees to | MULTI-RESID | ENTIAL usage p | er billing softv | vare | - | 404 | • |
| 168 | | | | | | | | • |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

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

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: COMMERCIAL

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------------|--------------|--------------|--------------|-----------------|-----------------|--------------|---------------------|-----------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | KGallons | <u>Bills</u> | ((1)x(6))+(5) | <u>of Total</u> |
| | | | | | | | | |
| 1 | | 9 | 9 | - | - | 132 | - | 0.00% |
| 2 | | 20 | 29 | 20 | 20 | 112 | 132 | 5.80% |
| 3 | | 11 | 40 | 22 | 42 | 101 | 244 | 10.72% |
| 4 | | 7 | 47 | 21 | 63 | 94 | 345 | 15.16% |
| 5 | | 3 | 50 | 12 | 75 | 91 | 439 | 19.29% |
| ϵ | | 2 | 52 | 10 | 85 | 89 | 530 | 23.29% |
| 7 | | 3 | 55 | 18 | 103 | 86 | 619 | 27.20% |
| 8 | | 4 | 59 | 28 | 131 | 82 | 705 | 30.98% |
| 9 | | 6 | 65 | 48 | 179 | 76 | 787 | 34.58% |
| 10 | | 3 | 68 | 27 | 206 | 73 | 863 | 37.92% |
| 11 | | 1 | 69 | 10 | 216 | 72 | 936 | 41.12% |
| 12 | | 6 | 75 | 66 | 282 | 66 | 1,008 | 44.29% |
| 13 | | 7 | 82 | 84 | 366 | 59 | 1,074 | 47.19% |
| 14 | | 4 | 86 | 52 | 418 | 55 | 1,133 | 49.78% |
| 15 | | 5 | 91 | 70 | 488 | 50 | 1,188 | 52.20% |
| 16 | | 4 | 95 | 60 | 548 | 46 | 1,238 | 54.39% |
| 17 | | 1 | 96 | 16 | 564 | 45 | 1,284 | 56.41% |
| 18 | | 3 | 99 | 51 | 615 | 42 | 1,329 | 58.39% |
| 19 | | 1 | 100 | 18 | 633 | 41 | 1,371 | 60.24% |
| 20 | | 2 | 102 | 38 | 671 | 39 | 1,412 | 62.04% |
| 21 | | 1 | 103 | 20 | 691 | 38 | 1,451 | 63.75% |
| 22 | | 4 | 107 | 84 | 775 | 34 | 1,489 | 65.42% |
| 23 | | 1 | 108 | 22 | 797 | 33 | 1,523 | 66.92% |
| 24 | | 3 | 111 | 69 | 866 | 30 | 1,556 | 68.37% |
| 25 | | 2 | 113 | 48 | 914 | 28 | 1,586 | 69.68% |
| 26 | | 1 | 114 | 25 | 939 | 27 | 1,614 | 70.91% |
| 27 | | 1 | 115 | 26 | 965 | 26 | 1,641 | 72.10% |
| 28 | | - | 115 | - | 965 | 26 | 1,667 | 73.24% |
| 29 | | 4 | 119 | 112 | 1,077 | 22 | 1,693 | 74.38% |
| 30 | | 2 | 121 | 58 | 1,135 | 20 | 1,715 | 75.35% |
| 31 | | 1 | 122 | 30 | 1,165 | 19 | 1,735 | 76.23% |
| 32 | | 2 | 124 | 62 | 1,227 | 17 | 1,754 | 77.07% |
| 33 | | 1 | 125 | 32 | 1,259 | 16 | 1,771 | 77.81% |
| 34 | | 1 | 126 | 33 | 1,292 | 15 | 1,787 | 78.51% |
| 35 | | 2 | 128 | 68 | 1,360 | 13 | 1,802 | 79.17% |
| 36 | 35 | 2 | 130 | 70 | 1,430 | 11 | 1,815 | 79.75% |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: COMMERCIAL

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|------------|--------------|--------------|--------------|-----------|-----------------|--------------|---------------|------------|
| | | | | KGallons | | | Consolidated | |
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| 37 | 36 | - | 130 | - | 1,430 | 11 | 1,826 | 80.23% |
| 38 | 39 | 1 | 131 | 39 | 1,469 | 10 | 1,859 | 81.68% |
| 39 | 44 | 2 | 133 | 88 | 1,557 | 8 | 1,909 | 83.88% |
| 40 | 45 | - | 133 | - | 1,557 | 8 | 1,917 | 84.23% |
| 41 | 51 | 1 | 134 | 51 | 1,608 | 7 | 1,965 | 86.34% |
| 42 | 56 | 1 | 135 | 56 | 1,664 | 6 | 2,000 | 87.87% |
| 43 | 58 | 1 | 136 | 58 | 1,722 | 5 | 2,012 | 88.40% |
| 44 | 61 | 1 | 137 | 61 | 1,783 | 4 | 2,027 | 89.06% |
| 45 | 63 | 1 | 138 | 63 | 1,846 | 3 | 2,035 | 89.41% |
| 46 | 69 | 1 | 139 | 69 | 1,915 | 2 | 2,053 | 90.20% |
| 47 | 78 | 1 | 140 | 78 | 1,993 | 1 | 2,071 | 90.99% |
| 48 | 283 | 1 | 141 | 283 | 2,276 | - | 2,276 | 100.00% |
| 49 | | | | | | | | |
| 50 | | | | | Rounding | _ | <u>-</u> | 0.00% |
| 51 | | | | | Total | | 2,276 | 100.00% |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: RESIDENTIAL

Meter Size: 1"

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------------|--------------|--------------|--------------|-----------------|-----------------|--------------|---------------------|------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| No. | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| | | | | | | | | |
| 1 | L - | 29 | 29 | - | - | 62 | - | 0.00% |
| 2 | 2 1 | 23 | 52 | 23 | 23 | 39 | 62 | 14.73% |
| 3 | 3 2 | 4 | 56 | 8 | 31 | 35 | 101 | 23.99% |
| 4 | 4 3 | 3 | 59 | 9 | 40 | 32 | 136 | 32.30% |
| 5 | 5 4 | 4 | 63 | 16 | 56 | 28 | 168 | 39.90% |
| ϵ | 5 5 | 5 | 68 | 25 | 81 | 23 | 196 | 46.56% |
| 7 | 7 6 | 1 | 69 | 6 | 87 | 22 | 219 | 52.02% |
| 8 | 3 7 | 1 | 70 | 7 | 94 | 21 | 241 | 57.24% |
| g | 8 | 2 | 72 | 16 | 110 | 19 | 262 | 62.23% |
| 10 | 9 | 4 | 76 | 36 | 146 | 15 | 281 | 66.75% |
| 11 | 1 10 | 3 | 79 | 30 | 176 | 12 | 296 | 70.31% |
| 12 | 2 11 | - | 79 | - | 176 | 12 | 308 | 73.16% |
| 13 | 3 12 | - | 79 | - | 176 | 12 | 320 | 76.01% |
| 14 | 4 13 | 1 | 80 | 13 | 189 | 11 | 332 | 78.86% |
| 15 | 5 14 | 1 | 81 | 14 | 203 | 10 | 343 | 81.47% |
| 16 | 5 15 | 2 | 83 | 30 | 233 | 8 | 353 | 83.85% |
| 17 | 7 16 | 2 | 85 | 32 | 265 | 6 | 361 | 85.75% |
| 18 | 3 17 | - | 85 | - | 265 | 6 | 367 | 87.17% |
| 19 | | - | 85 | - | 265 | 6 | 373 | 88.60% |
| 20 | 0 19 | 1 | 86 | 19 | 284 | 5 | 379 | 90.02% |
| 21 | | - | 86 | - | 284 | 5 | 384 | 91.21% |
| 22 | 2 21 | 1 | 87 | 21 | 305 | 4 | 389 | 92.40% |
| 23 | | 2 | 89 | 44 | 349 | 2 | 393 | 93.35% |
| 24 | 4 24 | - | 89 | - | 349 | 2 | 397 | 94.30% |
| 25 | 5 29 | 1 | 90 | 29 | 378 | 1 | 407 | 96.67% |
| 26 | 6 43 | 1 | 91 | 43 | 421 | - | 421 | 100.00% |
| 27 | 7 | _ | 91 | - | 421 | - | 421 | 100.00% |
| 28 | 8 | - | 91 | - | 421 | - | 421 | 100.00% |
| 29 | 9 | - | 91 | - | 421 | - | 421 | 100.00% |
| 30 | | - | 91 | - | 421 | - | 421 | 100.00% |
| 31 | | | | | | | | |
| 32 | 2 | | | | Rounding | | - | 0.00% |
| 33 | | | | | Total | | 421 | 100.00% |
| 34 | | | | | | | | |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: OTHER

Meter Size: 1"

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------------|--------------|--------------|--------------|-----------------|-----------------|--------------|---------------------|------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| | | | | | | | | |
| 1 | - | - | - | - | - | 24 | - | 0.00% |
| 2 | 2 1 | 5 | 5 | 5 | 5 | 19 | 24 | 6.42% |
| 3 | 3 | 1 | 6 | 3 | 8 | 18 | 62 | 16.58% |
| 4 | 4 | 1 | 7 | 4 | 12 | 17 | 80 | 21.39% |
| 5 | 5 5 | 2 | 9 | 10 | 22 | 15 | 97 | 25.94% |
| ϵ | 6 | 2 | 11 | 12 | 34 | 13 | 112 | 29.95% |
| 7 | 7 | 1 | 12 | 7 | 41 | 12 | 125 | 33.42% |
| 8 | 9 | 1 | 13 | 9 | 50 | 11 | 149 | 39.84% |
| 9 | 12 | 1 | 14 | 12 | 62 | 10 | 182 | 48.66% |
| 10 | 13 | 1 | 15 | 13 | 75 | 9 | 192 | 51.34% |
| 11 | . 14 | 1 | 16 | 14 | 89 | 8 | 201 | 53.74% |
| 12 | 2 23 | 1 | 17 | 23 | 112 | 7 | 273 | 72.99% |
| 13 | 3 28 | 1 | 18 | 28 | 140 | 6 | 308 | 82.35% |
| 14 | 29 | 1 | 19 | 29 | 169 | 5 | 314 | 83.96% |
| 15 | 30 | 2 | 21 | 60 | 229 | 3 | 319 | 85.29% |
| 16 | 37 | 1 | 22 | 37 | 266 | 2 | 340 | 90.91% |
| 17 | 49 | 1 | 23 | 49 | 315 | 1 | 364 | 97.33% |
| 18 | 59 | 1 | 24 | 59 | 374 | - | 374 | 100.00% |
| 19 |) | | 24 | - | 374 | = | 374 | 100.00% |
| 20 |) | | 24 | - | 374 | = | 374 | 100.00% |
| 21 | - | | 24 | - | 374 | - | 374 | 100.00% |
| 22 | <u>!</u> | | 24 | - | 374 | - | 374 | 100.00% |
| 23 | 3 | | | | | | | |
| 24 | ļ. | | | | Rounding | _ | - | 0.00% |
| 25 | ; | | | | Total | _ | 374 | 100.00% |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: COMMERCIAL

Meter Size: 1 1/2"

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|------------|--------------|--------------|--------------|-----------|-----------------|--------------|---------------|------------|
| | | | | KGallons | | | Consolidated | |
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| | 1 - | 1 | 1 | - | - | 11 | - | 0.00% |
| ; | 2 1 | 1 | 2 | 1 | 1 | 10 | 11 | 12.64% |
| ; | 3 3 | 1 | 3 | 3 | 4 | 9 | 31 | 35.63% |
| | 4 5 | 1 | 4 | 5 | 9 | 8 | 49 | 56.32% |
| ! | 5 7 | 5 | 9 | 35 | 44 | 3 | 65 | 74.71% |
| | 6 9 | 1 | 10 | 9 | 53 | 2 | 71 | 81.61% |
| | 7 11 | 1 | 11 | 11 | 64 | 1 | 75 | 86.21% |
| : | 8 23 | 1 | 12 | 23 | 87 | - | 87 | 100.00% |
| ! | 9 | | 12 | - | 87 | - | 87 | 100.00% |
| 1 | 2 | | | | | | | |
| 1 | 3 | | | | Rounding | _ | - | 0.00% |
| 1 | 4 | | | | Total | _ | 87 | 100.00% |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: MULTI-RESIDENTIAL

Preparer: Michael D McKenzie, CPA

Schedule: E-14 [REVISED]

This one meter is connected to six dwellings (Scallop Cove Villas)

Meter Size: 1 1/2"

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------------|--------------|--------------|--------------|-----------------|-----------------|--------------|---------------------|------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| 1 | 1 - | 1 | 1 | - | - | 11 | - | 0.00% |
| 2 | 2 22 | 1 | 2 | 22 | 22 | 10 | 242 | 59.90% |
| 3 | 3 25 | 1 | 3 | 25 | 47 | 9 | 272 | 67.33% |
| 4 | 4 30 | 1 | 4 | 30 | 77 | 8 | 317 | 78.47% |
| 5 | 5 33 | 1 | 5 | 33 | 110 | 7 | 341 | 84.41% |
| 6 | 5 35 | 1 | 6 | 35 | 145 | 6 | 355 | 87.87% |
| 7 | 7 39 | 1 | 7 | 39 | 184 | 5 | 379 | 93.81% |
| 8 | 3 43 | 1 | 8 | 43 | 227 | 4 | 399 | 98.76% |
| 9 | 9 44 | 3 | 11 | 132 | 359 | 1 | 403 | 99.75% |
| 10 |) 45 | 1 | 12 | 45 | 404 | - | 404 | 100.00% |
| 13 | 1 - | - | 12 | . | 404 | - | 404 | 100.00% |
| 12 | 2 | | | | | | | |
| 13 | 3 | | | | Rounding | _ | • | 0.00% |
| 14 | 4 | | | | Total | - | 404 | 100.00% |

NOTE: Although the type of customer is mult-residential service, the billing software categorizes this customer as Commercial.

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: OTHER

Meter Size: 1 1/2"

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------------|--------------|--------------|--------------|-----------------|-----------------|--------------|---------------------|------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| 1 | _ | 1 | 1 | _ | - | 11 | | 0.00% |
| 2 | | 1 | 2 | 1 | 1 | 10 | 11 | 6.96% |
| 3 | | - | 2 | _ | 1 | 10 | 21 | 13.29% |
| 4 | 3 | - | 2 | _ | 1 | 10 | 31 | 19.62% |
| 5 | | - | 2 | _ | 1 | 10 | 41 | 25.95% |
| ϵ | 5 5 | - | 2 | - | 1 | 10 | 51 | 32.28% |
| 7 | ' 6 | - | 2 | - | 1 | 10 | 61 | 38.61% |
| 8 | 7 | 1 | 3 | 7 | 8 | 9 | 71 | 44.94% |
| 9 | 8 | - | 3 | - | 8 | 9 | 80 | 50.63% |
| 10 | | - | 3 | - | 8 | 9 | 89 | 56.33% |
| 11 | . 10 | - | 3 | - | 8 | 9 | 98 | 62.03% |
| 12 | | - | 3 | - | 8 | 9 | 107 | 67.72% |
| 13 | | 1 | 4 | 12 | 20 | 8 | 116 | 73.42% |
| 14 | | 1 | 5 | 13 | 33 | 7 | 124 | 78.48% |
| 15 | | 1 | 6 | 14 | 47 | 6 | 131 | 82.91% |
| 16 | | 3 | 9 | 45 | 92 | 3 | 137 | 86.71% |
| 17 | | 1 | 10 | 16 | 108 | 2 | 140 | 88.61% |
| 18 | | - | 10 | - | 108 | 2 | 142 | 89.87% |
| 19 | | = | 10 | - | 108 | 2 | 144 | 91.14% |
| 20 | | 1 | 11 | 19 | 127 | 1 | 146 | 92.41% |
| 21 | | - | 11 | • - | 127 | 1 | 147 | 93.04% |
| 22 | | - | 11 . | - | 127 | 1 | 148 | 93.67% |
| 23 | | - | 11 | - | 127 | 1 | 149 | 94.30% |
| 24 | 31 | 1 | 12 | 31 | 158 | - | 158 | 100.00% |
| 25 | | | | | | | | |
| 26 | | | | | Rounding | | _ | 0.00% |
| 27 | | | | ٦ | Гotal | | 158 | 100.00% |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Preparer: Michael D McKenzie, CPA

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018

Schedule: E-14 [REVISED]

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: RESIDENTIAL

Meter Size: 1 1/2"

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|--------------------|-----------------------------|---------------------------|----------------------------|-----------------------|-------------------------------|--------------------------|-------------------------|------------------------|
| Line <u>No.</u> | Consumption <u>Level</u> | Number of <u>Bills</u> | Cumulative <u>Bills</u> | Consumed (actual)* | Cumulative <u>KGallons</u> | Reversed <u>Bills</u> | Factor ((1)x(6))+(5) | Percentage of Total |
| 1 | - ا | 19 | 19 | - | - | 5 | - | 0.00% |
| 2 | 2 1 | 3 | 22 | 3 | 3 | 2 | 5 | 19.23% |
| 3 | 3 10 | 1 | 23 | 10 | 13 | 1 | 23 | 88.46% |
| 2 | 13 | 1 | 24 | 13 | 26 | - | 26 | 100.00% |
| 5 | - | - | 24 | - | 26 | ~ | 26 | 100.00% |
| ϵ | - | - | 24 | - | 26 | - | 26 | 100.00% |
| 7 | - | - | 24 | - | 26 | - | 26 | 100.00% |
| 8 | - | - | 24 | - | 26 | - | 26 | 100.00% |
| 9 | - | - | 24 | - | 26 | _ | 26 | 100.00% |
| 12 | | | | | | | | 200.0070 |
| 13 | | | | | Rounding | | _ | 0.00% |
| 14 | | | | | Total | _ | 26 | 100.00% |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Schedule: E-14 [REVISED]

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018 Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: RESIDENTIAL

Meter Size: 2"

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) |
|------------|----------------|--------------|--------------|-----------------|-----------------|--------------|---------------------|------------|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total |
| | | _ | | | | | | |
| 1 | | 5 | 5 | - | - | 19 | - | 0.00% |
| 2 | | 1 | 6 | 1 | 1 | 18 | 19 | 2.13% |
| 3 | | 1 | 7 | 6 | 7 | 17 | 109 | 12.23% |
| 4 | | 1 | 8 | 7 | 14 | 16 | 126 | 14.14% |
| 5 | | 1 | 9 | 16 | 30 | 15 | 270 | 30.30% |
| 6 | | 1 | 10 | 23 | 53 | 14 | 375 | 42.09% |
| 7 | — - | 1 | 11 | 25 | 78 | 13 | 403 | 45.23% |
| 8 | | 2 | 13 | 66 | 144 | 11 | 507 | 56.90% |
| 9 | | 1 | 14 | 37 | 181 | 10 | 551 | 61.84% |
| 10 | | 1 | 15 | 44 | 225 | 9 | 621 | 69.70% |
| 11 | 53 | 1 | 16 | 53 | 278 | 8 | 702 | 78.79% |
| 12 | 65 | 1 | 17 | 65 | 343 | 7 | 798 | 89.56% |
| 13 | 71 | 1 | 18 | 71 | 414 | 6 | 840 | 94.28% |
| 14 | 72 | 1 | 19 | 72 | 486 | 5 | 846 | 94.95% |
| 15 | 75 | 1 | 20 | 75 | 561 | 4 | 861 | 96.63% |
| 16 | 76 | 1 | 21 | 76 | 637 | 3 | 865 | 97.08% |
| 17 | 82 | 1 | 22 | 82 | 719 | 2 | 883 | 99.10% |
| 18 | 85 | 1 | 23 | 85 | 804 | 1 | 889 | 99.78% |
| 19 | 87 | 1 | 24 | 87 | 891 | | 891 | 100.00% |
| 20 | | | | 1 | Rounding | | - | 0.00% |
| 21 | | | | | Total | _ | 891 | 100.00% |
| 22 | | | | | | | 551 | 100.0078 |
| 23 | | | | | | | | |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Florida Public Service Commission

Preparer: Michael D McKenzie, CPA

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018

Schedule: E-14 [REVISED]

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: OTHER

Meter Size: 2"

| | (1) | (2) | (3) | (4) KGallons | (5) | (6) | (7) Consolidated | (8) | |
|------------|--------------|--------------|----------------|-----------------|-----------------|--------------|---------------------|------------|--|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage | |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | of Total | |
| | 1 - | 1 | 1 | - | - | 11 | - | 0.00% | |
| | 2 3 | 1 | 2 | 3 | 3 | 10 | 33 | 36.26% | |
| | 3 4 | 1 | 3 | 4 | 7 | 9 | 43 | 47.25% | |
| | 4 5 | 3 | 6 | 15 | 22 | 6 | 52 | 57.14% | |
| | 5 6 | 2 | 8 | 12 | 34 | 4 | 58 | 63.74% | |
| | 6 7 | 2 | 10 | 14 | 48 | 2 | 62 | 68.13% | |
| | 7 8 | 1 | 11 | 8 | 56 | 1 | 64 | 70.33% | |
| | 8 35 | 1 | 12 | 35 | 91 | - | 91 | 100.00% | |
| : | 9 | | Rounding - 0.0 | | | | | | |
| 1 | 0 | Total 91 | | | | | | | |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Historical Test Year Ended: December 31, 2018

Schedule: E-14 [REVISED]

Preparer: Michael D McKenzie, CPA

Water [x] or Sewer []

For Usage Jan to Dec (Billing Feb 2018 to Jan 2019)

Customer Class: OTHER

Meter Size: 4"

| | (1) | (2) | (3) | (3) (4) KGallons | | (6) | (7) Consolidated | (8) | |
|------------|--|------------------|-------------------|---------------------|-------------------|--------------------|---------------------|-----------------|--|
| Line | Consumption | Number of | Cumulative | Consumed | Cumulative | Reversed | Factor | Percentage | |
| <u>No.</u> | <u>Level</u> | <u>Bills</u> | <u>Bills</u> | (actual)* | <u>KGallons</u> | <u>Bills</u> | ((1)x(6))+(5) | <u>of Total</u> | |
| 1 | | 1 | 1 | - | - | 11 | - | 0.00% | |
| 2 | 31 | 1 | 2 | 31 | 31 | 10 | 341 | 10.61% | |
| 3 | 36 | 1 | 3 | 36 | 67 | 9 | 391 | 12.17% | |
| 4 | 229 | 1 | 4 | 229 | 296 | 8 | 2,128 | 66.23% | |
| 5 | 254 | 1 | 5 | 254 | 550 | 7 | 2,328 | 72.46% | |
| 6 | 300 | 1 | 6 | 300 | 850 | 6 | 2,650 | 82.48% | |
| 7 | 309 | 1 | 7 | 309 | 1,159 | 5 | 2,704 | 84.16% | |
| 8 | 323 | 1 | 8 | 323 | 1,482 | 4 | 2,774 | 86.34% | |
| 9 | 362 | 1 | 9 | 362 | 1,844 | 3 | 2,930 | 91.19% | |
| 10 | 399 | 1 | 10 | 399 | 2,243 | 2 | 3,041 | 94.65% | |
| 11 | | 1 | 11 | 421 | 2,664 | 1 | 3,085 | 96.02% | |
| 12 | | 1 | 12 | 549 | 3,213 | - | 3,213 | 100.00% | |
| 13 | | | | | | | | | |
| 14 | | | <u>-</u> | 0.00% | | | | | |
| 15 | | | | | Total | | 3,213 | 100.00% | |
| 16 | | | | | | | | | |
| 17 | NOTE: Per the | billing softwa | re Usage Break | down By Units, | a bill for 910k (| Gals is reflected | , as well | | |
| 18 | as a bil | I to St. Joseph' | s State Park's fo | or 10,360k Gals | . The entire 910 | Ok bill is incorre | ect and not | | |
| 19 | shown | above (see line | e 28). Only the | correct portion | n (360k - line 3) | is shown above | 9 | | |
| 20 | for the | State Park bill | (see line 30 for | r remaining usa | ige as a reconcil | ing item). | | | |
| 21 | | | • | | | | | | |
| 22 | 22 Total 4" meter for Other customer type (above) 3,213 | | | | | | | | |
| | Total 2" Othe | | | | | | 91 | | |
| | Total 1.5" Oth | 158 | | | | | | | |
| | Total 1" Othe | | 374 | | | | | | |
| 26 | | ,, | • | | | | | | |
| | | ustomer type u | usage per sheet | S | | | 3,836 | | |
| 28 | | | · . | | | | | | |
| | 29 Usage reflected in the billing software, but monetarily adjusted out | | | | | | | | |
| | Usage reflecte | | | | | | | | |
| 31 | | | , | | | | | | |
| | ? Total agrees t | 3,836 | - - | | | | | | |
| 33 | | | | - | | | | • | |
| | | ON TO ANNU | AL REPORT PA | GE W-11: | | | | | |
| | 35 RECONCILIATION TO ANNUAL REPORT PAGE W-11: 36 Totals for all E-14 spreadsheets | | | | | | | | |
| | 37 Overstatement of reported sold gallons on W-11 of the annual report | | | | | | | | |
| | 3 Total Water S | | | 105,199 | | | | | |
| 50 | J TOTAL VVALET 3 | OIG OII VV II C | | • | | | | | |

^{*} Utility has provided the actual Kgals per 1,000 unit consumption level.

Gallons of Water Pumped, Sold and Unaccounted For In Thousands of Gallons

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Test Year Ended: December 31, 2018

Florida Public Service Commission

Schedule F-1 [REVISED]

Page 1 of 1

Preparer: Michael D McKenzie, CPA

Explanation: Provide a schedule of gallons of water pumped, sold and unaccounted for each month of the test year. The gallons pumped should match the flows shown on the monthly operating reports sent to DEP. The other uses may include plant use, flushing of hydrants and water and wastewater lines, line breakages and fire flows. Provide all calculations to substantiate the other uses. If unaccounted for water is greater than 10%, provide an explanation as to the reasons why; if less than 10%, Columns 4 & 5 may be omitted.

| | (1) | (2) | (3) | (4) | (5) Unaccounted | (6) % |
|--------|---------------|-----------|--------------------|-------|--------------------|---------------|
| Month/ | Total Gallons | Gallons | Gallons | Other | For Water | Unaccounted |
| Year | Pumped | Purchased | Sold | Uses | (1)+(2)-(3)-(4) | For Water |
| | | | | | | |
| Jan 18 | 11,814,000 | - | 8,754,000 | - | 3,060,000 | 25.90% |
| Feb 18 | 9,874,000 | - | 5,455,000 | • | 4,419,000 | 44.75% |
| Mar 18 | 13,760,000 | - | 10,866,000 | - | 2,894,000 | 21.03% |
| Apr 18 | 12,690,000 | - | 8,133,000 | - | 4,557,000 | 35.91% |
| May 18 | 14.900,000 | - | 10,962,000 | - | 3,938,000 | 26.43% |
| Jun 18 | 15,930,000 | 1.149.000 | 15,048,000 | = | 2,031,000 | 12.75% |
| Jul 18 | 16,360,000 | 1.038.000 | 12,195,000 | - | 5,203,000 | 31.80% |
| Aug 18 | 12,835,000 | - | 8,198,000 | - | 4,637,000 | 36.13% |
| Sep 18 | 13,878,000 | - | 9,872,000 | - | 4,006,000 | 28.87% |
| Oct 18 | 10,380,000 | - | 5,539,000 | - | 4,841,000 | 46.64% |
| Nov 18 | 11,620,000 | - | 4,503,000 | - | 7,117,000 | 61.25% |
| Dec 18 | 10,480,000 | | 5,674,000 | | 4,806,000 | <u>45.86%</u> |
| Total | 154,521,000 | 2,187,000 | 105,199,000 (g) | - | 51,509,000 | 33.33% |

Notes

The 2009 rate case explained the reasons for unaccounted for water, mostly due to leakage and breaks throughout the system accounting for approximately 16% of the pumped water. The remaining 12% is less than the 19.69% unaccounted for from 2019 due to improved leak detection.

RECONCILIATION TO ANNUAL REPORT PAGE W-11:

Total Gallons Sold (above)

105,199,000 (g)

Total Water Sold on W-11 of the annual report

105,199,000

Equivalent Residential Connections - Water

Company: Lighthouse Utilities Company, Inc.

Docket No.: 20190118-WU

Test Year Ended: December 31, 2018

Florida Public Service Commission

Schedule F-9 [REVISED]

Page 1 of 1

Preparer: Michael D McKenzie, CPA

Explanation: Provide the following information in order to calculate the average growth in ERCs for the last five years, including the test year. If the utility does not have single-family residential (SFR) customers, the largest customer class should be used as a substitute.

| | (1) | (2) | (3) (4) SFR Customers | | (5) SFR Gallons | (6) Gallons/ SFR | (7) Total Gallons | (8) Total ERCs | (9) Annual % Incr. |
|---|------|-----------|--------------------------|---------|-----------------------|------------------------|-------------------------|----------------------|--------------------------|
| Line No. | Year | Beginning | Ending | Average | Sold | (5)/(4) | Sold | (7)/(6) | in ERCs |
| 1 | 2014 | 1,513 | 1,625 | 1,569 | 52,980,000 | 33,767 | 96,524,000 | 2,859 | |
| 2 | 2015 | 1,625 | 1,724 | 1,675 | 51,110,000 | 30,523 | 103,503,000 | 3,391 | 18.63% |
| 3 | 2016 | 1,724 | 1,886 | 1,805 | 37,964,000 | 21,033 | 111,060,000 | 5,280 | 55.72% |
| 4 | 2017 | 1,886 | 1,865 | 1,876 | 45,305,000 | 24,156 | 110,577,000 | 4,578 | -13.31% |
| 5 | 2018 | 1,865 | 1,865 | 1,865 | 33,862,000 | 18,157 | 105,199,000 | 5,794 | 26.57% |
| Average Growth Through 5-Year Period (Col. 8) | | | | | | | | | 102.69% |

ATTACHMENT 4

LIGHTHOUSE UTILITIES COMPANY, INC.

WATER TARIFF

GENERAL SERVICE

RATE SCHEDULE GS

| AVAILABILTY - | Available throughout the area serviced by the Company. |
|---------------|--|
|---------------|--|

APPLICABILITY - For water service so all customers for which no other schedule applies.

LIMITATIONS - Subject to all of the Rules and Regulation of this Tariff and General Rules and Regulations of the Commission.

BILLING PERIOD - Monthly

| RATE - | METER SIZE | BASE | FACILITIES CHARGE |
|--------|-------------------------------------|------|-------------------|
| | 5/8 X ³ / ₄ " | \$ | 18.32 |
| | 1" | \$ | 27.50 |
| | 1 ½" | \$ | 45.83 |
| | 2" | \$ | 91.63 |
| | 3" | \$ | 146.63 |
| | 4" | \$ | 293.25 |
| | 6" | \$ | 458.20 |
| | 8" | \$ | 1,649.53 |
| | 10" | \$ | 2,657.56 |
| | Gallonage Charge per 1,000 gallons | \$ | 4.48 |

MINIMUM CHARGE - Ba

Base Facilities Charge

TERMS OF PAYMENT -

Bills are due and payable when rendered and become delinquent if not paid within twenty (20) days. After five working days written notice is mailed to the customer separate and apart from any other bill, service may then be disconnected.

EFFECTIVE DATE -

TYPE OF FILING -

Rate Case, Test Year December 31, 2018

William J. Rish, Jr. President

LIGHTHOUSE UTILITIES COMPANY, INC.

WATER TARIFF

RESIDENTIAL SERVICE

| | RATE SC | HEDULE RS | | |
|------------------|---|----------------------|--|--|
| AVAILABILTY - | Available throughout the | e area service | d by the Company. | |
| APPLICABILITY - | For water service for all purposes is private residential and individually Metered apartment units. | | | |
| LIMITATIONS - | Subject to all of the Rule Rules and Regulations o | _ | tion of this Tariff and General ssion. | |
| BILLING PERIOD - | Monthly | | | |
| RATE - | METER SIZE | BASE I | FACILITIES CHARGE | |
| | 5/8 X ³ / ₄ " 1" 1 ¹ / ₂ " 2" 3" 4" | \$ \$ \$ \$ | 18.32 27.50 45.83 91.63 146.63 293.25 | |

| 10" | 2 | 2,657.56 |
|---------------------------------------|----|----------|
| Gallonage Charge per 1,000 gallons | \$ | 4.48 |

MINIMUM CHARGE -

Base Facilities Charge

TERMS OF PAYMENT -

Bills are due and payable when rendered and become delinquent if not paid within twenty (20) days. After five working days written notice is mailed to the customer separate and apart from any other bill, service may then be disconnected.

EFFECTIVE DATE -

TYPE OF FILING -

Rate Case, Test Year December 31, 2018

William J. Rish, Jr. President

458.20 1.649.53

LIGHTHOUSE UTILITIES COMPANY, INC.

WATER TARIFF

MULTI-RESIDENTIAL SERVICE

RATE SCHEDULE RS

| | RATE SCH | EDULE KS | |
|------------------|--|-------------------------------|--|
| AVAILABILTY - | Available throughout the a | area serviced | by the Company. |
| APPLICABILITY - | For water service to any m But not limited to Condon | naster-metere niniums, Apa | ed residential customer including artments, and Mobile Home Parks. |
| LIMITATIONS - | Subject to all of the Rules Rules and Regulations of | | ion of this Tariff and General sion. |
| BILLING PERIOD - | Monthly | | |
| RATE - | METER SIZE | BASE F | ACILITIES CHARGE |
| | 5/8 X ³ / ₄ " 1" 1 ¹ / ₂ " 2" 3" 4" | \$ \$ \$ \$ \$ \$ \$ \$ | 18.32 27.50 45.83 91.63 146.63 293.25 458.20 |

| 10'' | \$ 2,657.56 |
|------------------------------------|----------------|
| Gallonage Charge per 1,000 gallons | \$ 4.48 |

MINIMUM CHARGE -

Base Facilities Charge

TERMS OF PAYMENT -

Bills are due and payable when rendered and become delinquent if not paid within twenty (20) days. After five working days written notice is mailed to the customer separate and apart from any other bill, service may then be disconnected.

1.649.53

EFFECTIVE DATE -

TYPE OF FILING -

Rate Case, Test Year December 31, 2018

William J. Rish, Jr. President

EXHIBIT III

LIGHTHOUSE UTILITES COMPANY, INC. WATER TARIFF

MISCELLANEOUS SERVICE CHARGES

The company may charge the following miscellaneous service charges in accordance with the terms stated herein. If both water and wastewater services are provided, only a single charge is appropriate unless circumstances beyond the control of the Company require multiple actions.

<u>INITIAL CONNECTION</u>- This charge may be levied for service initiation at a location where service did not exist previously.

<u>NORMAL RECONNECTION</u>- This charge may be levied for transfer of services to a new Customer account at a previously served location or reconnection of service subsequent to a Customer requested disconnection.

<u>VIOLATION RECONNECTION</u>- This charge may be levied prior to reconnection of an existing Customer after disconnection of service for cause according to Rule 25-30.320(2), Florida Administrative Code, including a delinquency in bill payment.

<u>PREMISES VISIT CHARGE</u>- This charge may be levied when a service representative visits a premises for the purpose of discontinuing service for nonpayment of a due and collectible bill and does not discontinue service because the Customer pays the service representative or otherwise makes satisfactory arrangements to pay the bill.

<u>RETURNED CHECK CHARGE</u>- This charge would be levied when the instrument used to pay the utility bill is not honored by the Customer's financial institution when presented for payment by the Utility.

<u>LATE PAYMENT CHARGE</u>- This charge would be levied when a customer's billing account is not paid within 20 days, and is therefore delinquent.

SCHEDULE OF MISCELLANEOUS SERVICE CHARGES

| | Normal Business Hours | After Normal Business Hours |
|----------------------------|-----------------------|-----------------------------|
| Initial Connection Fee | \$21.00 | \$42.00 |
| Normal Reconnection Fee | \$21.00 | \$42.00 |
| Violation Reconnection Fee | Actual cost | Actual cost |
| Premises Visit | \$21.00 | \$42.00 |
| Returned check charge | \$25.00 | \$25.00 |
| Late Payment Charge | \$5.25 | \$5.25 |
| EFFECTIVE DATE - | | |
| TYPE OF FILING - | | William J. Rish, Jr. |
| | | ISSUING OFFICER |
| | _ | <u>President</u> TITLE |

LIGHTHOUSE UTILITES COMPANY, INC. WATER TARIFF

SERVICE AVAILABILITY FEES AND CHARGES

Plant Capacity Charge: Main Installation Charge:

\$157.00

\$843.00

ATTACHMENT 5

REVISED

| | F793 7 | | |
|------|--------|----|-----|
| UTIL | HΥ | NA | ML: |

Lighthouse Utilities Company, Inc.

YEAR OF REPORT December 31, 2018

SYSTEM NAME / COUNTY:

Gulf County

PUMPING AND PURCHASED WATER STATISTICS

| MONTH (a) January February March April May June July August Sentember | WATER PURCHASED FOR RESALE (Omit 000's) (b) 1,149 1,038 | FINISHED WATER PUMPED FROM WELLS (Omit 000's) (c) 11,814 9,874 13,760 12,690 14,900 15,930 16,360 12,835 13,878 | WATER USED FOR LINE FLUSHING, FIGHTING FIRES, ETC. (d) 3,060 4,419 2,894 4,557 3,938 2,031 5,203 4,637 4,006 | TOTAL WATER PUMPED AND PURCHASED (Omit 000's) [(b)+(c)-(d)] (e) 8,754 5,455 10,866 8,133 10,962 15,048 12,195 8,198 9,872 | WATER SOLD TO CUSTOMERS (Omit 000's) (f) 8,754 5,455 10,866 8,133 10,962 15,048 12,195 8,198 9,872 | | |
|--|--|--|---|--|---|--|--|
| September October November December | | 13,878 10,380 11,620 10,480 | 4,006 4,841 7,117 4,806 | 9,872 5,539 4,503 5,674 | 9,872 5,539 4,503 5,674 | | |
| Total for Year | 2,187 | 154,521 | 51,509 | 105,199 | 105,199 | | |
| If water is purchased for resale, indicate the following: Vendor City of Port St Joe supplied some purchased water during July and August while the Company suffered outages. Point of delivery Interconnect near SR30/Hwy 98 If water is sold to other water utilities for redistribution, list names of such utilities below: | | | | | | | |

SOURCE OF SUPPLY

| List for each source of supply: | CAPACITY OF WELL | GALLONS PER DAY FROM SOURCE | TYPE OF SOURCE |
|---------------------------------|---------------------|-----------------------------------|----------------------------|
| Well # 1 Well # 2 | 300 gpm 625 gpm | 432,000 900,000 | groundwater groundwater |
| | | | - |

| W-11 | |
|--------|--|
| GROUP | |
| SYSTEM | |

ATTACHMENT 6

Dosage Rate

The chlorine feed rate varies, but is adjusted to maintain a minimum 0.2 parts per million residual throughout the distribution system. Typically a rate of 8 to 20 pounds per day meets the demand and results in the necessary residual throughout the distribution system, though up to 50 pounds per day may be fed into the system when necessary.

ATTACHMENT 7

Lighthouse Utilities Company Inc. 2018 Annual Drinking Water Quality Report

We're pleased to present to you this year's Annual Water Quality Report. This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to ensuring the quality of your water. Our water source is ground water from 2 wells. The wells draw from the Floridan Aquifer. Because of the excellent quality of our water, the only treatment required is aeration for hydrogen sulfide removal and chlorine for disinfection purposes. We also received water from the City of Port St. Joe in 2018. Port St. Joe obtains their water from the Chipola River Canal. Their water is pretreated with lime followed by enhanced coagulation and flocculation, clarification, submerged membrane microfiltration, disinfection, and closed with a corrosion inhibitor.

In 2018 the Florida Department of Environmental Protection performed a Source Water Assessment on Lighthouse Utilities system and a search of the data sources indicated no potential sources of contamination near our wells. A Source Water Assessment was also performed on the City of Port St. Joe. Their surface water system is considered to be at high risk due to the many potential sources of contamination present in their assessment area. The assessment results are available on the FDEP Source Water Assessment and Protection Program website at www.dep.state.fl.us/swapp.

If you have any questions about this report or concerning your water utility, please contact Larry McArdle at (850) 227-5349. We encourage our valued customers to be informed about their water utility.

Lighthouse Utilities routinely monitors for contaminants in your drinking water according to Federal and State laws, rules, and regulations. Except where indicated otherwise, this report is based on the results of our monitoring for the period of January 1 to December 31, 2018. Data obtained before January 1, 2018, and presented in this report are from the most recent testing done in accordance with the laws, rules, and regulations.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791.

In the table below, you may find unfamiliar terms and abbreviations. To help you better understand these terms we've provided the following definitions:

Maximum Contaminant Level or MCL: The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

Maximum Contaminant Level Goal or MCLG: The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

Action Level (AL): The concentration of a contaminant which, if exceeded, triggers treatment or other requirements that a water system must follow.

Maximum residual disinfectant level or MRDL: The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

Maximum residual disinfectant level goal or MRDLG: The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.

"ND": means not detected and indicates that the substance was not found by laboratory analysis.

Parts per billion (ppb) or Micrograms per liter (µg/l): one part by weight of analyte to 1 billion parts by weight of the water sample.

Parts per million (ppm) or Milligrams per liter (mg/l): one part by weight of analyte to 1 million parts by weight of the water sample.

Picocurie per liter (pCi/L): measure of the radioactivity in water.

Nephelometric Turbidity Unit (NTU): measure of the clarity of water. Turbidity in excess of 5 NTU is just noticeable to the average person.

2018 Water Quality Results Table

| Contaminant and Unit of Measurement | Dates of sampling (mo.lyr.) | MCL Violation Y/N | The Highest Single Measurement | The Lowest Monthly Percentage of Samples Meeting Regulatory Limits | MCLG | MCL | Likely Source of Contamination |
|---|-----------------------------|-------------------------|--------------------------------------|--|------|-----|-----------------------------------|
| Microbiological | Contaminan | ts | | | | | |
| Turbidity (NTU) (City of Port St. Joe only) | Jan-2018 thru Dec-2018 | N | 0.238 | 100 | NA | ТТ | Soil runoff |

Turbidity is a measure of cloudiness of the water and has no health effects. Port St. Joe monitors it because it is a good indicator of the effectiveness of their filtration system. High turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea, and associated headaches. They had no turbidity exceedances in 2018.

| Contaminant and Unit of Measurement | Dates of sampling (mo./yr.) | MCL Violation Y/N | Level Detected | Range of Results | MCLG | MCL | Likely Source of Contamination |
|---|-------------------------------|-------------------------|-------------------|---------------------|---------|------|--|
| | Contamin | ants | | | | • | |
| Alpha emitters (pCi/L) | Aug-2014 thru Oct- 2017 | N | 3.5 | ND – 3.5 | 0 | 15 | Erosion of natural deposits |
| Uranium(ppb) (City of Port St. Joe only) | May-2017 | N | 0.888 | NA | 0 | 30 | Erosion of natural deposits |
| Radium 226 + 228 or combined radium (pCi/L) | Aug-2014 & May-2017 | N | 2.2 | 0.6 - 2.2 | 0 | 5 | Erosion of natural deposits |
| Inorganic Co | ontaminan | ts | | | , | | |
| Barium (ppm) | May-2017 & April- 2018 | N | 0.03 | 0.02 - 0.03 | 2 | 2 | Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits |
| Fluoride (ppm) | May-2017 & April- 2018 | N | 4.0 | ND - 4.0 | 4 | 4.0 | Erosion of natural deposits; discharge from fertilizer and aluminum factories. Water additive which promotes strong teeth when at the optimum level of 0.7 ppm |
| Lead (point of entry) (ppb) | May-2017 & April- 2018 | N | 0.1 | ND-0.1 | 0 | 15 | Residue from man-made pollution such as auto emissions and paint; lead pipe, casing, and solder |
| Nitrate (as Nitrogen) (ppm) | May-2017 thru Nov- 2018 | N | 0.29 | ND-0.29 | 10 | 10 | Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits |
| Nitrite (as Nitrogen) (ppm) | May-2017 thru Nov- 2018 | N | 0.023 | ND-0.023 | 1 | 1 | Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits |
| Nickel (ppb) | May-2017 & April- 2018 | N | 3.1 | ND-3.1 | NA | 100 | Pollution from mining and refining operations. Natural occurrence in soil |
| Mercury (inorganic) (ppb) | May-2017 & April- 2018 | N | 0.1 | ND-0.1 | 2 | 2 | Erosion of natural deposits; discharge from refineries and factories; runoff from landfills; runoff from cropland |
| Sodium (ppm) | May-2017 & April- 2018 | N | 22 | 9.1 - 22 | N/A | 160 | Salt water intrusion, leaching from soil |
| Synthetic Or | ganic Con | taminant | s includi | ng Pestici | des and | Herb | icides |
| 2,4-D(ppb) | Oct-2011 & May-2018 | N | 0.11 | ND - 0.11 | 70 | 70 | Runoff from herbicide used on row crops |
| Dalapon (ppb) | Oct-2011 & Oct-2018 | N | 1.7 | ND – 1.7 | 200 | 200 | Runoff from herbicide used on rights of way |
| Volatile Orga | anic Conta | minants | | | | | |
| Xylenes (ppm) | Sep-2017 thru Nov-2018 | N | 0.00076 | ND- 0.00076 | 10 | 10 | Discharge from petroleum factories; discharge from chemical factories |

| Contaminant and Unit | | es of sampling (mo./yr.) | | | Level Detected | Range of Results | MCLG or MRDLG | MCL or MRDL | Likely Source of Contamination | |
|--|------------------------------|--------------------------|----------|-------------------|---|---------------------|-------------------------|--|---|--|
| of Measurement Stage 2 Disinf | Factants | and Disir | fection | Bv-P | roducts | | | | | |
| *Chlorine (ppm) | i i | n – Dec 2018 | N | <u>- J - </u> | 1.1 | 0.44 - 2.09 | MRDLG = | MRDL = 4.0 | Water additive used to control microbes | |
| (Stage 1) *Haloacetic Acids (HAA5) (ppb) | | uarterly 2018 | Y | | 62.38 | 18.9 - 72.1 | N/A | 60 | By-product of drinking water disinfection | |
| *Haloacetic Acids (HAA5)- Barrier Dune | es C | uarterly 2018 | Y | | 62.38 | 23.2 – 72.1 | N/A | 60 | By-product of drinking water disinfection | |
| Unit #2 (ppb) *Total Trihalomethan | es C | Juarterly 2018 | Y | | 114.38 | 45.2 – 103 | N/A | 80 | By-product of drinking water disinfection | |
| *Total Trihalomethanes | | Quarterly 2018 | Y | | 114.38 | 71.9-103 | N/A | 80 | By-product of drinking water disinfection | |
| Dunes Unit #2 (ppb) *Total Trihalomethanes (TTHM)- 7182 | | uarterly 2018 Y | | | 90 | 45.2 – 79.5 | N/A | 80 | By-product of drinking water disinfection | |
| SR-30-E (ppb) Contaminant and Unit of Measurement | minant and Dates of sampling | | 7000 | | o. of sampling tes exceeding MCLG (Action Likely Source of Level) | | Source of Contamination | | | |
| | | (Y/N) Fan Water | •) | | | | | | | |
| *Copper (tap water) (ppm) *Copper (tap 2017 | | i i | 0.65 | | 0 of 20 | 1.3 | 1.3 | Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives | | |
| *Lead (tap water) | Jun – Sep 2017 | t N | 13 | | 1 of 20 | 0 | 15 | Corrosion of household plumbing systems; erosion of natural deposit | | |
| Unregulated | | minants | <u> </u> | | | | | | | |
| Contaminant | | Dates of san | ·P·····5 | Level D | i i | | Range | Likely | Source of Contamination | |
| (Unit of Measurement= ppb) *HAA5 | | (mo/yr) May-201 | | (average) 83.4 | | 76.74-90.0 | | | Unavailable | |
| *HAA6Br | | May-20 | | 9.02 | | 8.10-9.94 | | | Unavailable | |
| *HAA9 | | | | | .02 | 85.94-98.10 | | Unavailable | | |

^{*}Sample's from Lighthouse Utilities only. All other data, unless otherwise noted, consist of samples collected by both Lighthouse Utilities and the City of Port St. Joe.

In May of 2018, Lighthouse Utilities monitored for unregulated contaminants (UCs) as part of a study to help the U.S. Environmental Protection Agency (EPA) determine the occurrence in drinking water of UCs and whether or not these contaminants need to be regulated. Due to the impact of Hurricane Michael, EPA was not able to arrange for the samples we collected in November 2018 to be delivered to the laboratory for analysis. As a result, we will be collecting this round of sample in 2019 and the results will be included in our 2019 water quality report. At present, no health standards (for example, maximum contaminant levels) or likely sources have been established for UCs. However, we are required to publish the analytical results of our UC monitoring in our annual water quality report. All detections are shown on the table, but if you would like a copy of our 2018 or upcoming 2019 UC data, contact this water system at the number provided in this report. If you would like more information on the EPA's Unregulated Contaminants Monitoring Rule, please call the Safe Drinking Water Hotline at (800) 426-4791

Port St. Joe also monitored for unregulated contaminants (UCs) in 2018. We are pleased to report that they had no detections of any of the contaminants tested in 2018. They will also continue to monitor in 2019. Those results will be published as required in our 2019 Water Quality Report. However, if you would like a copy of the 2018 or the 2019 results sooner than the next report, please contact Chad Mack at 850-229-6395 to get a copy as soon as they are available.

TTHM (Total Trihalomethanes): In 2018, Lighthouse Utilities had MCL violations for Total Trihalomethanes (TTHM) in February and May 2018 at Barrier Dunes Unit #2 and 7182 SR-30-E. We also had an MCL violation for HAA5 in February 2018 at Barrier Dunes Unit #2. Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer. Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous systems, and may have an increased risk of getting cancer. We routinely flush distribution system lines and have cleaned each of our ground storage tanks to try and resolve the issue in hopes of insuring compliance in the future.

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Lighthouse Utilities is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at http://www.epa.gov/safewater/lead.

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

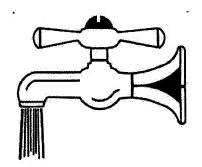
- (A) Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- (B) Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- (C) Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
- (D) Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.
- (E) Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, the EPA prescribes regulations, which limit the amount of certain contaminants in water provided by public water systems. The Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water, which must provide the same protection for public health.

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by Cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

Please DO NOT FLUSH your unused/unwanted medications down toilets or sink drains. For more information, please visit http://www.dep.state.fl.us/waste/categories/medications/pages/disposal.htm.

ATTACHMENT 8



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

06/06/17

LÂB ID:

WS17MAY02-009-001

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By:

Trish Jackson, President

Serial #: WS17MAY02-009-001-Original

Date: 6-8-/7

Report Type:Original

| Data Qualifier | Qualifier Definition | | | | | | |
|----------------|--|--|--|--|--|--|--|
| A | Value reported is the mean (average) of two or more determinations. | | | | | | |
| В | Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range. | | | | | | |
| D | Measurement was made in the field. | | | | | | |
| Е | Extra samples were taken at composite stations. | | | | | | |
| F | Species: Female sex. | | | | | | |
| H | Value based on field kit determination; results may not be accurate. | | | | | | |
| I | The reported value is between the laboratory MDL and the laboratory PQL. | | | | | | |
| J | Estimated value; value not accurate. All results with a "J" qualifier require comment. | | | | | | |
| K | Off-scale low. Actual value is known to be less than the value given. | | | | | | |
| L | Off-scale high. Actual value is known to be greater than value given. | | | | | | |
| M | Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex | | | | | | |
| N | Presumptive evidence of presence of material | | | | | | |
| O | Sampled, but analysis lost or not performed | | | | | | |
| Q | Sample held beyond the accepted holding time | | | | | | |
| R | Significant rain in the past 48 hours. | | | | | | |
| T | Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis. | | | | | | |
| U | Compound was analyzed for but not detected. | | | | | | |
| V | Analyte was detected in both the sample and the associated method blank. | | | | | | |
| Y | Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate | | | | | | |
| Z | Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code. | | | | | | |
| ? | Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data. | | | | | | |
| * | Not analyzed due to interference. | | | | | | |
| ! | Data deviates from historically established concentration ranges. | | | | | | |

| PUBLIC WATER SYSTEM INFORMATION (to be comple | ted by sampler – please type or print legibly) PWS I.D. #: |
|--|--|
| System Name: Lighthouse Utilities | |
| System Type (check one): Community Address: P.D. Bow 428 | □ Nontransient Noncommunity □ Transient Noncommunity |
| Address. A. F. Cl. O. | E-Mail Address: LUCÍ 2013 DU Fair paint, NET |
| | 1471 2012 Defair point, NET |
| Phone # 227. 5349 Fax#: 229-1/18 | E-Mail Address: LWE/ 2015 C |
| SAMPLE INFORMATION (to be completed by sampler) | 6 2 . 17 |
| Sample Number:Samp | le Date: 5-2-17 Sample Time: 1053 AM PM (Circle One) |
| Sample Location (be specific): 14" will | Point of Entry to distribution Location Code: |
| Disinfectant Residual (Required when reporting results for trihalo | methanes and haloacetic acids): 1.69 mg/L Field pH: 7,7 |
| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
| Distribution | Routine Compliance with 62-550 Replacement (of Invalidated Sample) |
| ★Entry Point (to Distribution) | ☐Confirmation of MCL Exceedance* ☐Special (not for compliance with 62-550) |
| ☐Plant Tap (not for compliance with 62-550) | ☐Composite of Multiple Sites** ☐Clearance (permitting) |
| □Raw (at well or intake) | Other: |
| ☐Max Residence Time | Sampling Procedure Used or Other Comments: |
| ☐Ave Residence Time | |
| ── Near First Customer | |
| _ | *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 |
| Larry McArolle | Manager do HEREBY CERTIFY (Print Title) |
| that the above public water system and sample collection info | ormation is complete and correct. |
| that the above public water system and sample sensorem. | |
| Signature: Larry Meardle | Date: 5-2-17 |
| Certified Operator #: 589Phone #: | -53 49 Sampler's Fax #: 229-///8 |
| Signature: Stary Meccale Certified Operator #: 589 Phone #: 127 Sampler's E-mail: Luci 2013 & Fair | PainT, Net |

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – please type or print legibly)

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

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: <u>Lighthouse</u> | Utilites | | PWS I.D. #; 1230848 | | |
|--------------------------------|--------------------------|--|--|--|--|
| System Type (check one): | ⊠Community | ☐Nontransient Noncommunity | ☐Transient Noncommunity | | |
| Address: P.O Box 428 | | | | | |
| City: Port St. Joe | | ZIP Code: 32 | 456- | | |
| | | | | | |
| SAMPLE INFORMATION | | | | | |
| Sample Number: WS17M. | AY02-009-001 | Sample Date: <u>05/02/2017</u> | Sample Time: 10:53 (AM PA | | |
| | | | Location Code: | | |
| | | for trihalomethanes and haloacetic acids): 1.69 mg | | | |
| Sample Type (Check Only O | | | uple (Check all that apply) | | |
| ☐Distribution | | ⊠Routine Compliance with 62-550 | Replacement (of Invalidated Sample) | | |
| Entry Point (to Distribution |) | ☐Confirmation of MCL Exceedance* | ☐Special (not for compliance with 62-550) | | |
|]Plant Tap (not for compliar | nce with 62-550) | Composite of Multiple Sites** | Clearance (permitting) | | |
| Raw (at well or intake) | | Other: | C) | | |
| Max Residence Time | | Sampling Procedure Used or Other Com | | | |
|]Ave Residence Time | | | | | |
| Near First Customer | | | | | |
| | | *See 62-550.500(6) for requirements and restr And 62-550.512(3) for nitrate or nitrite exceed | ictions. **See 62-550.550(4) for requirements and attach a results page for each site. | | |
| | | SAMPLER CERTIFICATION | V | | |
| McArdle/Pope | | A certified operator | do HEREBY CERT | | |
| | (Print Name) | | Title) | | |
| at the above public water sy | stem and sample collec | tion information is complete and correct. | | | |
| ignature: | | Date | | | |
| ertified Operator #: 589 | Phone #: <u>850-22</u> 7 | -5349 Samp | oler's Fax #; | | |
| | | | | | |

Reporting Format 62-550,730 Effective January 1995, Revised February 2010

| Lab Name: The Water Spi | got, Inc. | Florida DOH Certific | cation #: <u>E81105</u> | Certification Expiration Date: June | |
|---|---|--|--|--|---------|
| | | | ATTACH CURRENT DOH | | |
| Address: 5806 E. Highwa | ay 22, Panama City, FL 3 | 2404 | Phone #: (850) 871-1900 |) | |
| Were any analyses subcor | ntracted? ☐Yes ⊠No | If yes, please provide | DOH certification number(s): | | |
| | | | | SHEET FOR EACH SUBCONTRACTED LAB* | |
| ANALYSIS INFORMATIO | N (to be completed by lab) | Date Sample(s) Rec | ceived: <u>05/02/2017</u> | | |
| PWS ID (From Page 1): 1230 | 0848 | Sample Number (Fro | om Page 1): <u>WS17MAY02-009-001</u> | Lab Assigned Report # : WS17MAY02-009 | -001 |
| Group(s) Analyzed & Resu | ults attached for complian | nce with Chapter 62-55 | 50, F.A.C. (Check all that apply): | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| Inorganics ☑All Except Asbestos ☐Partial ☐Nitrate ☐Nitrite ☐Asbestos | Synthetic Organics ☐All 30 ☐All Except Dioxin ☐Partial ☐Dioxin Only | Volatile Organics □Ali 21 □Partial | <u>Disinfection Byproducts</u> ☐Trihalomethanes ☐Haloacetic Acids ☐Chlorite ☐Bromate | Radionuclides Secondaries ☐ Single Sample ☐ All 14 ☐ Qtrly Composite** ☐ Partial | |
| | | LAB CE | ERTIFICATION | | |
| Ι,Τ | rish Jackson | <u> </u> | President | , do HEREBY CERTI | IFY |
| that all attached analytical dat | (Print Name) | | (Print Title) | ······································ | |
| that all attached arranytical de- | a are correct and unless no | oted meet all requirement | is of the National Environmental | Laboratory Accreditation Conference (NELAC). | |
| Signature: | will Jeck | <u>a</u> | Date: 6 | -6-17 | |
| Failure to provide a valid ar possible enforcement again Please provide radiological | ior tire public water system i | or ianule to samble and | a current Analyte Sheet for the a may result in notification of the I | ttached analysis results will result in rejection of the r DOH Bureau of Laboratory Services. | report, |
| NON-DETE | CONFIRMATION & NOTIFIC ECTS ARE TO BE REPORTE | ATION IS REQUIRED WI ED AS THE MDL WITH A | THIN 24 HRS FOR NITRATE OR I "U" QUALIFIER. (Non-detects repo | NITRITE MCL EXCEEDANCES rted as "BDL" or with a "<" are not acceptable.) | |
| COMPLIANCE DETERMIN | NATION (to be completed t | by DEP or DOH attach | notes as necessary) | | |
| Sample Collection & Analys | sis Satisfactory:∐Yes | No | Replacement Sample or | Report Requested (circle or highlight group(s) above) | |
| | | | | g Official: | |
| | | | | | |

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: WS17MAY02-009-001

PWS ID (From Page 1): 1230848

| Contam | Contam | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|------------|---------------------|-------|----------|--------------------|------------|----------------------|--------------|------------------|------------------|----------------------------|
| ID 1040 | Name Nitrate (as N) | 10 | mg/L | 0.1 | | EPA 353.2 | 0.1 | 05/03/2017 | 10:00 | E81105 |
| 1041 | Nitrite (as N) | 1 | mg/L | 0.1 | U | EPA 353.2 | 0.1 | 05/03/2017 | 10:00 | E81105 |
| 1005 | Arsenic | 0.010 | mg/L | 0.002 | U | EPA 200.9 | 0.002 | 05/15/2017 | 16:49 | E81105 |
| 1010 | Barium | 2 | mg/L | 0.030 | | EPA 200.7 | 0.001 | 05/22/2017 | 19:00 | E81105 |
| | Cadmium | 0.005 | mg/L | 0.0001 | U | EPA 200.9 | 0.0001 | 05/18/2017 | 16:09 | E81105 |
| 1015 | Chromium | 0.003 | mg/L | 0.002 | U | EPA 200.7 | 0.002 | 05/22/2017 | 19:00 | E81105 |
| 1020 | | 0.1 | mg/L | 0.004 | U | EPA 335.4 | 0.004 | 05/04/2017 | 16:41 | E81105 |
| 1024 | Cyanide | 4.0 | mg/L | 0.77 | | SM 4500-F C | 0.1 | 05/11/2017 | 13:00 | E81105 |
| 1025 | Fluoride | 0.015 | mg/L | 0.001 | U | EPA 200.9 | 0.001 | 05/05/2017 | 10:38 | E81105 |
| 1030 | Lead | | <u> </u> | 0.0002 | U | EPA 245.1 | 0.0002 | 05/11/2017 | 15:00 | E81105 |
| 1035 | Mercury | 0.002 | mg/L | 0.002 | U | EPA 200.7 | 0.002 | 05/22/2017 | 19:00 | E81105 |
| 1036 | Nickel | 0.1 | mg/L | 0.002 | U | EPA 200.9 | 0.003 | 05/30/2017 | 19:50 | E81105 |
| 1045 | Selenium | 0.05 | mg/L | | <u> </u> | SM 3111 B | 1 | 05/02/2017 | 15:15 | E81105 |
| 1052 | Sodium | 160 | mg/L | 9.1 | J | EPA 200.9 | 0.002 | 05/30/2017 | 12:25 | E81105 |
| 1074 | Antimony | 0.006 | mg/L | 0.002 | U | | | | 16:27 | E81105 |
| 1075 | Beryllium | 0.004 | mg/L | 0.0001 | U | EPA 200.9 | 0.0001 | 05/30/2017 | | |
| 1085 | Thallium | 0.002 | mg/L | 0.001 | U | EPA 200.9 | 0.001 | 05/24/2017 | 13:50 | E81105 |
| 1094 | Asbestos | 7 MFL | MFL | | | | | | <u> </u> | E |

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

Page 5 of 5

^{*}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.

THE WATER SPIGOT, INC.

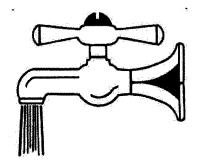
5806 EAST HWY 22 PANAMA CITY, FL. 32404

Invoice

| Date | Invoice # |
|----------|-----------|
| 6/6/2017 | 17-2080 |

| Bill To | |
|---|--|
| Lighthouse Utilities PO Box 428 Port St. Joe, FL 32456 | |
| | |

| P.O. No. | Terms | Project |
|----------|------------|---------|
| | ON RECEIPT | |



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishi-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe. FL 32456-

Report Date:

06/06/17

LAB ID:

WS17MAY02-009-002

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By:

Trish Jackson, President

Serial #: WS17MAY02-009-002-Original

Date:

Report Type:Original

| Data Qualifier | Qualifier Definition | | | | | | |
|----------------|---|--|--|--|--|--|--|
| Α | Value reported is the mean (average) of two or more determinations. | | | | | | |
| В | Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate which the total number of colonies is outside the method indicated ideal range. | | | | | | |
| D | Measurement was made in the field. | | | | | | |
| E | Extra samples were taken at composite stations. | | | | | | |
| F | Species: Female sex. | | | | | | |
| Н | Value based on field kit determination; results may not be accurate. | | | | | | |
| I | The reported value is between the laboratory MDL and the laboratory PQL. | | | | | | |
| J | Estimated value; value not accurate. All results with a "J" qualifier require comment. | | | | | | |
| K | Off-scale low. Actual value is known to be less than the value given. | | | | | | |
| L | Off-scale high. Actual value is known to be greater than value given. | | | | | | |
| M | Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex | | | | | | |
| N | Presumptive evidence of presence of material | | | | | | |
| O | Sampled, but analysis lost or not performed | | | | | | |
| Q | Sample held beyond the accepted holding time | | | | | | |
| R | Significant rain in the past 48 hours. | | | | | | |
| T | Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis. | | | | | | |
| U | Compound was analyzed for but not detected. | | | | | | |
| V | Analyte was detected in both the sample and the associated method blank. | | | | | | |
| Y | Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accura- | | | | | | |
| Z | Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code. | | | | | | |
| ? | Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data. | | | | | | |
| * | Not analyzed due to interference. | | | | | | |
| ļ | Data deviates from historically established concentration ranges. | | | | | | |

| PUBLIC WATER SYSTEM INFORMATION (to be cor System Name: Lighthenae Util | npleted by sampler – please type or print legibly | PWS I.D. #: |
|--|--|--|
| System Type (check one): Community | ☐Nontransient Noncommunity | ☐Transient Noncommunity |
| Address: Pill, Box 428 | ZIP Code: | 32457 |
| City: 100 8. 900 Phone # 127-5349Fax#: | ZIP Code: E-Mail Address:LUCI | 2013@FAIR POINT, NEI |
| Sample Number: Sample I ocation (be specific): & '' walk | Point of Entry to distribution | Sample Time: 1035AM PM (Circle One) |
| Disinfectant Residual (Required when reporting results for tr | ihalomethanes and haloacetic acids): 1180 mg/ | L Field pH: |
| Sample Type (Check Only One) □ Distribution ■ Fintry Point (to Distribution) □ Plant Tap (not for compliance with 62-550) | Routine Compliance with 62-550 ☐Confirmation of MCL Exceedance* ☐Composite of Multiple Sites** | ☐Replacement (of Invalidated Sample) ☐Special (not for compliance with 62-550) ☐Clearance (permitting) |
| ☐Raw (at well or intake) ☐Max Residence Time ☐Ave Residence Time | Sampling Procedure Used or Other Comm | |
| □ Near First Customer | *See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceeds | ctions. **See 62-550.550(4) for requirements and ances. attach a results page for each site. |
| I, | SAMPLER CERTIFICATION Makes experience of the contract of the | do HEREBY CERTIFY |
| a mill | Date: | 5-1-17 pler's Fax# 229-11/8 |
| | | 41.1. |

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – please type or print legibly)

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

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)

| PWS I.D. #: 1230848 |
|--|
| Noncommunity |
| |
| |
| *** |
| |
| ne: 10:35 AM PM (Circle Or |
| Location Code: |
| pH: <u>7.6</u> |
| at apply) |
| nent (of Invalidated Sample) |
| ot for compliance with 62-550) |
| e (permitting) |
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| * |
| ee 62-550.550(4) for requirements and tach a results page for each site. |
| |
| do HEREBY CERTIFY |
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Reporting Format 62-550,730 Effective January 1995, Revised February 2010

| Lab Name: The Water Spigot, Inc. | | Florida DOH Certif | ication #: <u>E81105</u> | _Certification Expiration Date: June | | | | |
|--|---|---|---|---|--|--|--|--|
| | | | ATTACH CURRENT DOH | ANALYTE SHEET* | | | | |
| Address: 5806 E. Highw | vay 22, Panama City, FL | 32404 | Phone #: (850) 871-190 | 0 | | | | |
| Were any analyses subco | ontracted? □Yes ⊠No | If yes, please provide | e DOH certification number(s) | | | | | |
| | | | ATTACH DOH ANALYTE | | | | | |
| ANALYSIS INFORMATION | ON (to be completed by lab) | Date Sample(s) Re | eceived: <u>05/02/2017</u> | | The second secon | | | |
| PWS ID (From Page 1): 123 | 30848 | Sample Number (F | rom Page 1): WS17MAY02-009-002 | Lab Assigned Rep | ort # : <u>WS17MAY02-009-002</u> | | | |
| Group(s) Analyzed & Res | sults attached for complia | nce with Chapter 62-5 | 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 | <u>Volatile Organics</u> ∏All 21 ∏Partial | Disinfection Byproducts ☐Trihalomethanes ☐Haloacetic Acids ☐Chlorite ☐Bromate | Radionuclides ☐Single Sample ☐Qtrly Composite** | Secondaries ☐All 14 ☑Partial | | | |
| | | LAB C | ERTIFICATION | | | | | |
| ĺ, | Trish Jackson | i i | President | | , do HEREBY CERTIFY | | | |
| that all attached analysisses d | (Print Name) | -1111 | (Print Title) | | 0 (0)51.46 | | | |
| triat all attached arialytical o | ata are correct and unless in | oted meet all requireme | nts of the National Environmenta | | Conterence (NELAC). | | | |
| Signature: * Failure to provide a valid | and current Florida DOH lab | certification number and | , , , , , , , , , , , , , , , , , , , | attached analysis results y | will result in rejection of the report | | | |
| possible enforcement aga ** Please provide radiological | inst the public water system | for failure to sample, ar | nd may result in notification of the | DOH Bureau of Laborato | ry Services. | | | |
| NON-DE | | | VITHIN 24 HRS FOR NITRATE OR A "U" QUALIFIER. (Non-detects rep | | | | | |
| COMPLIANCE DETERM | INATION (to be completed | by DEP or DOH attac | ch notes as necessary) | | | | | |
| Sample Collection & Ana | lysis Satisfactory:∐Yes [| | Replacement Sample of | r Report Requested (cir | cle or highlight group(s) above) | | | |
| Person Notified: | * * * * * * * * * * * * * * * * * * * | Date Notified: | DEP/DOH Reviewir | ng Official: | | | | |
| | | | | | | | | |

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: WS17MAY02-009-002

PWS ID (From Page 1): 1230848

| Contam | Contam | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|------------|---------------------|-------|-------|--------------------|------------|----------------------|----------|------------------|------------------|----------------------------|
| 1D 1040 | Name Nitrate (as N) | 10 | mg/L | 0.29 | i i | EPA 353.2 | 0.1 | 05/03/2017 | 10:00 | E81105 |
| | Nitrite (as N) | 1 | mg/L | 0.1 | U | EPA 353.2 | 0.1 | 05/03/2017 | 10:00 | E81105 |
| 1041 | | 0.010 | mg/L | 0.002 | U | EPA 200.9 | 0.002 | 05/15/2017 | 16:49 | E81105 |
| 1005 | Arsenic | 2 | mg/L | 0.024 | | EPA 200.7 | 0.001 | 05/22/2017 | 19:00 | E81105 |
| 1010 | Barium | | mg/L | 0.0001 | U | EPA 200.9 | 0.0001 | 05/18/2017 | 16:09 | E81105 |
| 1015 | Cadmium | 0.005 | | 0.002 | U | EPA 200.7 | 0.002 | 05/22/2017 | 19:00 | E81105 |
| 1020 | Chromium | 0.1 | mg/L | 0.002 | U | EPA 335.4 | 0.004 | 05/04/2017 | 16:41 | E81105 |
| 1024 | Cyanide | 0.2 | mg/L | | <u> </u> | SM 4500-F C | | 05/11/2017 | 13:00 | E81105 |
| 1025 | Fluoride | 4.0 | mg/L | 1.8 | U | EPA 200.9 | 0.001 | 05/05/2017 | 10:38 | E81105 |
| 1030 | Lead | 0.015 | mg/L | 0.001 | | EPA 245.1 | 0.0002 | 05/11/2017 | 15:00 | E81105 |
| 1035 | Mercury | 0.002 | mg/L | 0.0002 | U | | 0.002 | 05/22/2017 | 19:00 | E81105 |
| 1036 | Nickel | 0.1 | mg/L | 0.002 | U | EPA 200.7 | <u> </u> | 05/30/2017 | 19:50 | E81105 |
| 1045 | Selenium | 0.05 | mg/L | 0.003 | U | EPA 200.9 | 0.003 | | 15:15 | E81105 |
| 1052 | Sodium | 160 | mg/L | 17 | | SM 3111 B | 1 | 05/02/2017 | | E81105 |
| 1074 | Antimony | 0.006 | mg/L | 0.002 | U | EPA 200.9 | 0.002 | 05/30/2017 | 12:25 | |
| 1075 | Beryllium | 0.004 | mg/L | 0.0001 | U | EPA 200.9 | 0.0001 | 05/30/2017 | 16:27 | E81105 |
| 1085 | Thallium | 0.002 | mg/L | 0.001 | U | EPA 200.9 | 0.001 | 05/24/2017 | 13:50 | E81105 |
| 1094 | Asbestos | 7 MFL | MFL | | | | | | | Е |

Reporting Format 62-550,730 Effective January 1995, Revised February 2010 Page 5 of 5

^{*}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.

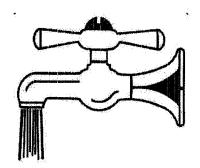
The Water Spigot 5806 E. Hwy. 22 * Panama City, FL 32404 (850) 871-1900 * Fax (850) 871-9303 Email:trishj-waterspigot@comcast.net

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CHAIN OF CUSTODY RECORD

| Company Name / Plant Lighthouse Wilities Company Address P.O. Box 418 City, State, Zip | # | Project Name | | *************** | | | | | | s | ample # | na | کی (| <u> </u> | -0 | $\overline{\mathcal{C}}$ | |
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| P.O. Box 418 |] [| Lau Dispose | | | | | | | | C | heck If R | ısh | | | | | |
| City, State, Zip Port St. goc, 31 32457 Sept Report To: | С | Return to Client Other | | | | | | | | | | | | | | 4 | |
| Sent Report To: 32 45 7 | 0 | _ | | | | | | | | S | pecial Ins | tructio | 15 | | | | |
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| Yes X No Phone # Fax # | 4 ! | Containers | | | | | | | - | | | Telu D | ata | - | | m Chlor | |
| | N E | 7 | .53 | | | † | | | | | | T | T | ⊸ l | ool Only | - | ide |
| Fax ResultsYesNo Sampling Type Matrix | R | | .s estes | | | | | | | | | | | 1 . | | oric Acid | |
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| | | Age | Inor | | | | | | | | | 1 | | 1 | ulfuric A odium Ti | cid hiosulfa | te |
| | <u>L,</u> | | 17 2 | | ÷ | | | | | | Temp | CL2 | pН | 1 | nc Aceta | | |
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| 5.2-17 1035 XX 6" WILL POE | 1 | | $\geq \downarrow$ | 011 | | 1435 | | | | | | 1.28 | 7.6 | | 0.0 | tner | |
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| Sampled By & Title L. McArdle /M. Pope 5-2-171635 | ET | Relinquished By | | | | | | | Date / Ti | me | | <u> </u> | <u> </u> | · | | | |
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| ASTRIBUTED BY MALL A SALE WILL | 1 | Remarks | 108 (H) | ANU J.F | FDFX | OTHER | | | | | ······································ | 10 | - D | | | | -:: |
| Ethica Mellerski 327 11:10 | Λ | | 200 200 200 | | ····· | · · · · · · · · · · · · · · · · · · · | | | Temp. | Receive | d in Lab: | 18 | . <u>U</u> | | | iilwi. | |

Distribution: Original - LAB Yellow - CLIENT



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

10/10/17

LAB ID:

WS17SEP26-042-001

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By

Trish Jackson, President

Serial #: WS17SEP26-042-001-Original

Date: 10-10

Report Type:Original

| Data Qualifier | Qualifier Definition |
|----------------|--|
| Α | Value reported is the mean (average) of two or more determinations. |
| В | Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range. |
| D | Measurement was made in the field. |
| E | Extra samples were taken at composite stations. |
| F | Species: Female sex. |
| H | Value based on field kit determination; results may not be accurate. |
| j j | The reported value is between the laboratory MDL and the laboratory PQL. |
| 1 | Estimated value; value not accurate. All results with a "J" qualifier require comment. |
| K | Off-scale low. Actual value is known to be less than the value given. |
| L | Off-scale high. Actual value is known to be greater than value given. |
| M | Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex |
| N | Presumptive evidence of presence of material |
| O | Sampled, but analysis lost or not performed |
| Q | Sample held beyond the accepted holding time |
| R | Significant rain in the past 48 hours. |
| T | Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis. |
| U | Compound was analyzed for but not detected. |
| V | Analyte was detected in both the sample and the associated method blank. |
| Y | Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate. |
| Z | Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code. |
| ? | Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data. |
| | Not analyzed due to interference. |
| į į | Data deviates from historically established concentration ranges. |

| PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print System Name: Cightheuse Utilities Chloritansient Noncommunity | legibly) PWS I.D. #: |
|--|--|
| Nondanistri Mondanistri versa | |
| System Type (check one): | e: 32457 |
| Phone # | Will and following one Et |
| SAMPLE INFORMATION (to be completed by sampler) Sample Number: Sample Location (be specific): 7521 CR 30-A ENTRY Point to discontinuous and haloacetic acids): 137 | Sample Time: 1291 AND PROJECTION OF STATE OF STA |
| Disinfectant Residual (Required when reporting results for time of the control of | or Sample (Check all that apply) |
| Sample Type (Check Only One) ☐ Distribution ☐ Confirmation of MCL Exceedant ☐ Composite of Multiple Sites** ☐ Other: | O Replacement (of Invalidated Sample) |
| ☐Raw (at well or intake) ☐Max Residence Time Sampling Procedure Used or Other | ner Comments: |
| □ Ave Residence Time □ Near First Customer *See 62-550.500(6) for requirements And 62-550.512(3) for nitrate or nitrit | s and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site. |
| SAMPLER CERTIFIC (Print Name) SAMPLER CERTIFIC | Manager do HEREBY CERTIFY (Print Title) |
| (Print Name) that the above public water system and sample collection information is complete and correct. | Date: 9-16-17 |
| Signature. Samy Mcardle Certified Operator #: 589 Phone #: 227-5349 Sampler's E-mail: Luci 2013 for FAirpoint NET | Sampler's Fax #: |
| Sampler's E-mail: Luci 2013 A FAIrpoin . NET | - |

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

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: Lighthouse Utilites | | PWS I.D. #: 1230848 |
|--|--|--|
| System Type (check one): Community Address: P.O Box 428 | ☐Nontransient Noncommunity | ☐Transient Noncommunity |
| | | 32456- |
| Phone # <u>850-227-7427</u> Fax #: | E-Mail Address: | |
| SAMPLE INFORMATION (to be completed by sa | ampler) | |
| Sample Number: WS17SEP26-042-001 | Sample Date: 09/26/2017 | Sample Time: 12:54 AM (PM) Circle O |
| | | Location Code: |
| • | Its for trihalomethanes and haloacetic acids): 1.37 n | |
| Sample Type (Check Only One) | | imple (Check all that apply) |
| ☐ Distribution | ⊠Routine Compliance with 62-550 | Replacement (of Invalidated Sample) |
| ⊠Entry Point (to Distribution) | ☐Confirmation of MCL Exceedance* | Special (not for compliance with 62-550) |
| ☐Plant Tap (not for compliance with 62-550) | ☐Composite of Multiple Sites** | ☐Clearance (permitting) |
| □Raw (at well or intake) | Other: | |
| ☐Max Residence Time | Sampling Procedure Used or Other Cor | mments |
| ☐Ave Residence Time | | |
| □Near First Customer | | |
| | *See 62-550.500(6) for requirements and res And 62-550.512(3) for nitrate or nitrite exceed | |
| | SAMPLER CERTIFICATION | NC |
| I, McArdle/Pope | , A certified operator | do HEREBY CERTIFY |
| (Print Name) | (Pr | int Title) |
| that the above public water system and sample coll | lection information is complete and correct. | |
| Signature: | Dat | te: |
| Certified Operator #: 589 Phone #: 850-2 | 227-5349 Sa | mpler's Fax #; |
| Sampler's E-mail: | | |
| - | | |
| | | |

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – please type or print legibly)

Reporting Format 62-550,730 Effective January 1995, Revised February 2010

| ATTACH CURRENT DOH ANALYTE SHEET* Phone #_(850) 871-1900 Were any analyses subcontracted? | Lab Name: The Water Spice | got, Inc. | _Florida DOH Certifica | tion #: <u>E81105</u> | _Certification Expiration Da | te: June |
|---|--|---|--|---|--|--|
| Were any analyses subcontracted? | | | | | | |
| 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: 09/26/2017 PWS ID (From Page 1): 1230848 Sample Number (From Page 1): WSITSEP26-042-001 Lab Assigned Report #: WSITSEP26-042-001 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): | Address: 5806 E. Highwa | y 22, Panama City, FL 3 | 2404 | Phone #: (850) 871-190 | 0 | |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 09/26/2017 PWS ID (From Page 1): 1230848 | Were any analyses subcor | ntracted? Yes No | If yes, please provide D | OH certification number(s) | • | |
| PWS ID (From Page 1): 1230848 | | | | | | |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Inorganics | ANALYSIS INFORMATIO | N (to be completed by lab) | Date Sample(s) Rece | ived: <u>09/26/2017</u> | | Province Control of the Control of t |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Inorganics | PWS ID (From Page 1): 1230 | 848 | _Sample Number (From | Page 1): WS17SEP26-042-001 | Lab Assigned Report | # : WS17SEP26-042-001 |
| All Except Asbestos All 30 All 21 Trihalomethanes All Except Dioxin Partial All Except Dioxin Only All Except Dioxin Partial All Except Dioxin Partial All Except Dioxin Partial All Except Dioxin All 14 Partial All Except Dioxin Partial All Except Dioxin All Except Dioxin Partial All Except Dioxin All 14 Partial All Except Dioxin All 14 Partial All Except Dioxin All Except Dioxin All 14 Partial All Except Dioxin All Except Dioxin All 14 Partial All Except Dioxin All Except | Group(s) Analyzed & Resu | Its attached for complian | | | | |
| In the state of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: Date: Date: 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) | ☐All Except Asbestos ☐Partial ☐Nitrate ☐Nitrite | ☐All 30 ☐All Except Dioxin ☐Partial | ⊠All 21 | ☐Trihalomethanes ☐Haloacetic Acids ☐Chlorite | ☐Single Sample ☐ |]All 14 |
| (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: Date: Date: * 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) | | | LAB CE | RTIFICATION | | |
| that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: Date: Date: Date: Date: Pailure 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) | I,I | | | President | | , do HEREBY CERTIFY |
| 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) | that all attached and utilities dot | | to due a stall as the stall st | (Print Title) | | * |
| 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) | * Failure to provide a valid an possible enforcement again | d current Florida DOH lab of st the public water system f | ertification number and a | Date: Date: | 2)017 | esult in rejection of the report |
| 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) | riease provide radiological | sample dates & locations to | r each quarter. | | | |
| Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested (circle or highlight group(s) above) | O NON-DETE | ONFIRMATION & NOTIFICA CTS ARE TO BE REPORTE | ATION IS REQUIRED WITH ED AS THE MDL WITH A "(| fin 24 HRS FOR NITRATE OR U" QUALIFIER. (Non-detects rep | NITRITE MCL EXCEEDANCE orted as "BDL" or with a "<" are no | S t acceptable.) |
| | COMPLIANCE DETERMIN | IATION (to be completed b | y DEP or DOH attach n | otes as necessary) | | |
| Person Notified:Date Notified:DEP/DOH Reviewing Official: | Sample Collection & Analys | sis Satisfactory: ☐ Yes ☐ | No | Replacement Sample o | r Report Requested (circle or | highlight group(s) above) |
| | Person Notified: | | _Date Notified: | DEP/DOH Reviewir | ng Official: | |

Reporting Format 62-650 730 Effective January 1995 Revised February 2010

VOLATILE ORGANICS 62-550.310(4)(a)

Report Number / Job ID: WS17SEP26-042-001

PWS ID (From Page 1): 1230848

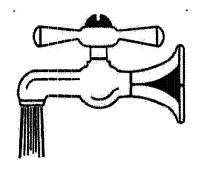
| Contam | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | RDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------|----------------------------|--------|-------|--------------------|------------|----------------------|------------|-----|------------------|------------------|----------------------------|
| 2378 | 1,2,4-Trichlorobenzene | 70 | µg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2380 | cis-1,2-Dichloroethylene | 70 | µg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2955 | Xylenes (total) | 10,000 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2964 | Dichloromethane | 5 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2968 | o-Dichlorobenzene | 600 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2969 | para-Dichlorobenzene | 75 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2976 | Vinyl Chloride | 1 | µg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2977 | 1,1-Dichloroethylene | 7 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2979 | trans-1,2-Dichloroethylene | 100 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2980 | 1,2-Dichloroethane | 3 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2981 | 1,1,1-Trichloroethane | 200 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2982 | Carbon tetrachloride | 3 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2983 | 1,2-Dichloropropane | 5 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2984 | Trichloroethylene | 3 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2985 | 1,1,2-Trichloroethane | 5 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2987 | Tetrachloroethylene | 3 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2989 | Monochlorobenzene | 100 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2990 | Benzene | 1 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2991 | Toluene | 1,000 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2992 | Ethylbenzene | 700 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 17:35 | E81105 |
| 2996 | Styrene | 100 | µg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 17:35 | E81105 |

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

Reporting Format 62-550,730 Effective January 1995, Revised February 2010

Page 5 of 5

^{*}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. C. R. or Y must be accompanied by written justification and will be evaluated on a way. A course basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results must be replaced with acceptable results must be replaced.



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

10/10/17

LAB ID:

WS17SEP26-042-002

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Serial #: WS17SEP26-042-002-Original

Report Type:Original

| Data Qualifier | Qualifier Definition | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|
| Α | Value reported is the mean (average) of two or more determinations. | | | | | | | | |
| В | Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range. | | | | | | | | |
| D | Measurement was made in the field. | | | | | | | | |
| E, | Extra samples were taken at composite stations. | | | | | | | | |
| F | Species: Female sex. | | | | | | | | |
| H | Value based on field kit determination; results may not be accurate. | | | | | | | | |
| 1 | The reported value is between the laboratory MDL and the laboratory PQL. | | | | | | | | |
| J | Estimated value; value not accurate. All results with a "J" qualifier require comment. | | | | | | | | |
| K | Off-scale low. Actual value is known to be less than the value given. | | | | | | | | |
| L | Off-scale high. Actual value is known to be greater than value given. | | | | | | | | |
| M | Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex | | | | | | | | |
| N | Presumptive evidence of presence of material | | | | | | | | |
| 0 | Sampled, but analysis lost or not performed | | | | | | | | |
| Q | Sample held beyond the accepted holding time | | | | | | | | |
| R | Significant rain in the past 48 hours. | | | | | | | | |
| T | Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis. | | | | | | | | |
| U | Compound was analyzed for but not detected. | | | | | | | | |
| V | Analyte was detected in both the sample and the associated method blank. | | | | | | | | |
| Y | Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accura | | | | | | | | |
| Z | Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code. | | | | | | | | |
| ? | Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data. | | | | | | | | |
| * | Not analyzed due to interference. | | | | | | | | |
| ! | Data deviates from historically established concentration ranges. | | | | | | | | |

| PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or p | orint legibly) |
|--|--|
| System Name: Lighthouse Utilities | PWS I.D. #: |
| System Type (check one): Community Nontransient Noncommunit | y |
| Address: P.O. Box 428 | |
| City: Port St. Joe ZIPC | Code: 32 4 5 7 |
| City: Port 51. Joe ZIP C Phone # 227-5349 Fax #: 229-118 E-Mail Address: | Luci 2013 @ Pairpoint, neT |
| SAMPLE INFORMATION (to be completed by sampler) | |
| Sample Number: Sample Date: 9-24-17 | Sample Time: /230 AM PM (Circle One) E7 |
| Sample Number: Sample Date: 9-26-17 Sample Location (be specific): 5610 5R30-A ENTRY Point to | distribution Location Code: |
| Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 | 96 mg/L Field pH: <u>7.6</u> |
| Sample Type (Check Only One) Reason(s | s) for Sample (Check all that apply) |
| □Distribution | 550 Replacement (of Invalidated Sample) |
| Entry Point (to Distribution) Confirmation of MCL Exceeds | ance* Special (not for compliance with 62-550) |
| ☐Plant Tap (not for compliance with 62-550) ☐Composite of Multiple Sites** | ☐Clearance (permitting) |
| Raw (at well or intake) | |
| Max Residence Time Sampling Procedure Used or Of | ther Comments: |
| Ave Residence Time | |
| □ Near First Customer | |
| *See 62-550.500(6) for requirement And 62-550.512(3) for nitrate or nit | |
| SAMPLER CERTIFI | CATION |
| 1. Larry McArdle, M | langer do HEREBY CERTIFY |
| that the above public water system and sample collection information is complete and correct. | (Fint ride) |
| | 0 4: 17 |
| Signature: Farry McMdle | Date: 9-26-11 |
| Signature: Farry McMdle Certified Operator #: 589 Phone #: 227-5349 Sampler's E-mail: 640 2013@Fair point, Net | Date: 9-26-17 Sampler's Fax #: 229-1118 |
| Sampler's E-mail: Luci 2013@ Fair point, Net | |
| | |

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

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

| | PWS I.D. #: 1230848 | | | |
|---|--|--|--|--|
| ☐Nontransient Noncommunity | ☐Transient Noncommunity | | | |
| | | | | |
| ZIP Code: 33 | 2456- | | | |
| E-Mail Address: | | | | |
| oler) | | | | |
| Sample Date: 09/26/2017 | Sample Time: 12:30AM (PM) circle | | | |
| | | | | |
| for trihalomethanes and haloacetic acids): 0.96 m | ng/L Field pH: <u>7.6</u> | | | |
| Reason(s) for Sar | mple (Check all that apply) | | | |
| ☑Routine Compliance with 62-550 | Replacement (of Invalidated Sample) | | | |
| ☐Confirmation of MCL Exceedance* | ☐Special (not for compliance with 62-550) | | | |
| ☐Composite of Multiple Sites** | ☐Clearance (permitting) | | | |
| Other: | | | | |
| Sampling Procedure Used or Other Comments: | | | | |
| | | | | |
| | S. Statement S. St | | | |
| "See 62-550.500(6) for requirements and res And 62-550.512(3) for nitrate or nitrite excee | | | | |
| SAMPLER CERTIFICATION | ON | | | |
| , A certified operator | do HEREBY CERTIFY | | | |
| (Pri | nt Title) | | | |
| ion information is complete and correct. | | | | |
| Date | e: | | | |
| -5349 San | mpler's Fax# | | | |
| | | | | |
| | | | | |
| | E-Mail Address: Deer) Sample Date: 09/26/2017 For trihalomethanes and haloacetic acids): 0.96 m Reason(s) for Same acids a | | | |

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – please type or print legibly)

Reporting Format 62-650-730
Effective January 1995 Revised February 2010

| Lab Name: The Water Spigot, Inc. | Florida DOH Certific | cation #: <u>E81105</u> | _Certification Expiratior | n Date: <u>June</u> | | | |
|--|--|--|---|---|--|--|--|
| | | ATTACH CURRENT DOF | ANALYTE SHEET* | | | | |
| Address: 5806 E. Highway 22, Pana | ıma City, FL 32404 | Phone #: <u>(850) 871-1900</u> | | | | | |
| Were any analyses subcontracted? | Yes ⊠No If yes, please provide | DOH certification number(s |): | | | | |
| | | ATTACH DOH ANALYTE | SHEET FOR EACH SUE | SCONTRACTED LAB | | | |
| ANALYSIS INFORMATION (to be con | npleted by lab) Date Sample(s) Re | ceived: _09/26/2017 | | | | | |
| PWS ID (From Page 1): 1230848 | Sample Number (Fr | om Page 1): <u>WS17SEP26-042-002</u> | Lab Assigned Rep | ort # : WS17SEP26-042-002 | | | |
| Group(s) Analyzed & Results attache | d for compliance with Chapter 62-5 | 50, F.A.C. (Check all that apply): | | | | | |
| All Except Asbestos All 30 | Organics Volatile Organics ⊠All 21 ept Dioxin □Partial Only | <u>Disinfection Byproducts</u> ☐Trihalomethanes ☐Haloacetic Acids ☐Chlorite ☐Bromate | Radionuclides ☐Single Sample ☐Qtrly Composite** | Secondaries ☐All 14 ☐Partial | | | |
| | LAB C | ERTIFICATION | | | | | |
| I, Trish Jack | son | President | *** | do HEREBY CERTIFY | | | |
| (Print Nam | • | (Print Title) | | | | | |
| that all attached analytical data are corre | ct and unless noted meet all requiremen | nts of the National Environmenta | al Laboratory Accreditation | Conference (NELAC). | | | |
| * Failure to provide a valid and current F possible enforcement against the public | lorida DOH lab certification number and c water system for failure to sample, an | Date: Date: | attached analysis results | will result in rejection of the report, | | | |
| ** Please provide radiological sample dat | es & locations for each quarter. | a may room in nonnounon or an | S D O () Daroda O (Laborat | | | | |
| | TION & NOTIFICATION IS REQUIRED W TO BE REPORTED AS THE MDL WITH A | | | | | | |
| COMPLIANCE DETERMINATION (to | be completed by DEP or DOH – attac | h notes as necessary) | | | | | |
| Sample Collection & Analysis Satisfa | ctory:□Yes □No | Replacement Sample | or Report Requested (c | ircle or highlight group(s) above) | | | |
| Person Notified: | Date Notified: | DEP/DOH Review | ng Official: | | | | |

VOLATILE ORGANICS 62-550.310(4)(a)

Report Number / Job ID: WS17SEP26-042-002

PWS ID (From Page 1): 1230848

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | RDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|----------------------------|--------|-------|--------------------|------------|----------------------|------------|-----|------------------|------------------|----------------------------|
| 2378 | 1,2,4-Trichlorobenzene | 70 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2380 | cis-1,2-Dichloroethylene | 70 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2955 | Xylenes (total) | 10,000 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2964 | Dichloromethane | 5 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2968 | o-Dichlorobenzene | 600 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2969 | para-Dichlorobenzene | 75 | μg/L | 0.2 | Ú | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2976 | Vinyl Chloride | 1 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2977 | 1,1-Dichloroethylene | 7 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2979 | trans-1,2-Dichloroethylene | 100 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2980 | 1,2-Dichloroethane | 3 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2981 | 1,1,1-Trichloroethane | 200 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2982 | Carbon tetrachloride | 3 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2983 | 1,2-Dichloropropane | 5 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2984 | Trichloroethylene | 3 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2985 | 1,1,2-Trichloroethane | 5 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2987 | Tetrachloroethylene | 3 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2989 | Monochlorobenzene | 100 | μg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2990 | Benzene | 1 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2991 | Toluene | 1,000 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2992 | Ethylbenzene | 700 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 18:02 | E81105 |
| 2996 | Styrene | 100 | μg/L | 0.5 | U | EPA 524.2 | 0.5 | 0.5 | 09/28/2017 | 18:02 | E81105 |

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance,

Reporting Format 62-550,730 Effective January 1995, Revised February 2010

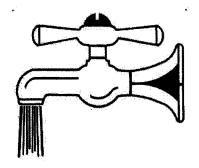
Page 5 of 5

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A. F. H. B. T. F. Z. 2. 2. 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 easy the according violation, and the same monitoring period.

The Water Spigot 5806 E. Hwy. 22 * Panama City, FL 32404 (850) 871-1900 * Fax (850) 871-9303

| Email:trishj-waterspigot@comcast.net | | CHAIN OF CUSTODY RECORD Nº 92/28 |
|--|----------------|---|
| Company Name / Plant Lighthouse Utilitie | <u>*</u> اع | |
| Company Address P. D. Box 428 | F | Lab Dispose Check If Rush Return to Client |
| City, State, Zip POrt St. Joe, FL 32457 | 7 C | Other |
| Sent Report To: | N | |
| Copy To DEP / DOH (circle one) Email Address Tyes N | lo T | Alialysis Requested |
| Yes 🛕 No 🗀 | | Preservatives 7H Field Data Preservative Codes Containers G A-Ammonium Chloride |
| Phone # Fax # Fax Results Yes No |) N E | C - Cool Only |
| Sampling Type Matrix ET C G W S W. S Sample 9-26-17 m a t U a t i Date Time p b r g e r Sampling Type Matrix O I G W S W. S Sample Site (Be Specific) | R | M - Monochloracetic Acid N - Nitric Acid OH - Sodium Hydroxide S - Sulfuric Acid T - Sodium Thiosulfate Temp. CL2 pH Z - Zinc Acetate |
| 9-26-17/254 XX 7521 CR 30-A | 1 | 09/7-14099 1.37 7,7 Container Codes |
| 1 1256 XX ENTRY POINT | To 1 | 09/7-14690 V-VOA vial |
| 1258 XX distribution | 1 | 0917-14// G-glass |
| | | P - plastic M - micro bag/cup |
| 9-26-17/230 XX 5610 5R30-A | -11 | 0419+ (1/4) 0.96 1/6 |
| 1232 XX ENTRY Point 7 | 6 J | 0917-1913 |
| 1234 distribution | -1 | 0917-14199 |
| | | |
| | | |
| | | |
| Sampled By & Title L. Mc Arrill M. Fees P-11-17 | Time 27 | Relinquished By 11 1334 CST |
| Received By | | Relinquished By Date / Time |
| Received By | | Relinquished By Date / Time |
| Received By | | Shipped VIA UPS BUS HAND FED EX OTHER |
| Betella Melleraz oghujn | 30405 | Remarks Temp. Received in Lab: |

Distribution: Original - LAB Yellow - CLIENT



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishi-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

08/10/17

LAB ID:

WS17JUL25-008-001

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By:

Trish Jackson, President

Serial #: WS17JUL25-008-001-Original

Date:

Report Type:Original

| Data Qualifier | Qualifier Definition | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|
| A | Value reported is the mean (average) of two or more determinations. | | | | | | | | |
| В | Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range. | | | | | | | | |
| D | Measurement was made in the field. | | | | | | | | |
| Ē | Extra samples were taken at composite stations. | | | | | | | | |
| F | Species: Female sex. | | | | | | | | |
| H | Value based on field kit determination; results may not be accurate. | | | | | | | | |
| Ī | The reported value is between the laboratory MDL and the laboratory PQL. | | | | | | | | |
| J | Estimated value; value not accurate. All results with a "J" qualifier require comment. | | | | | | | | |
| K | Off-scale low. Actual value is known to be less than the value given. | | | | | | | | |
| L | Off-scale high. Actual value is known to be greater than value given. | | | | | | | | |
| M | Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex | | | | | | | | |
| N | Presumptive evidence of presence of material | | | | | | | | |
| О | Sampled, but analysis lost or not performed | | | | | | | | |
| Q | Sample held beyond the accepted holding time | | | | | | | | |
| R | Significant rain in the past 48 hours. | | | | | | | | |
| T | Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis. | | | | | | | | |
| U | Compound was analyzed for but not detected. | | | | | | | | |
| V | Analyte was detected in both the sample and the associated method blank. | | | | | | | | |
| Y | Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate | | | | | | | | |
| Z | Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code. | | | | | | | | |
| ? | Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data. | | | | | | | | |
| - | Not analyzed due to interference. | | | | | | | | |
| ! | Data deviates from historically established concentration ranges. | | | | | | | | |

| | e completed by sampler – please type or print legib | — — · · · · · · · · · · · · · · · · · · | | | | |
|--|--|--|--|--|--|--|
| System Name: Fight hous | Utilities | PWS I.D. #: | | | | |
| System Type (check one): | ☐Nontransient Noncommunity | ☐Transient Noncommunity | | | | |
| Address: <u> </u> | | | | | | |
| City: Part St. goe | JR ZIP Code: | 32459 | | | | |
| Phone # | 9-1/19 _E-Mail Address; | 1012013 & Fairfoint. NET | | | | |
| SAMPLE INFORMATION (to be completed by sam | oler) | • | | | | |
| Sample Number: | Sample Date: 7-15-17 | Sample Time:/ C28AM PM (Circle | | | | |
| Sample Location (be specific): | Sample Date: 7-15-17 752/CR-304 | Location Code: | | | | |
| Disinfectant Residual (Required when reporting results | | | | | | |
| Sample Type (Check Only One) | _Reason(s) for Sam | ple (Check all that apply) | | | | |
| □Distribution | Routine Compliance with 62-550 | Replacement (of Invalidated Sample) | | | | |
| Entry Point (to Distribution) | ☐Confirmation of MCL Exceedance* | ☐Special (not for compliance with 62-550) | | | | |
| Plant Tap (not for compliance with 62-550) | ☐Composite of Multiple Sites** | | | | | |
| □Raw (at well or intake) | □Other: | | | | | |
| ☐Max Residence Time | Sampling Procedure Used or Other Comn | nents: | | | | |
| Ave Residence Time | | | | | | |
| □Near First Customer | | | | | | |
| | *See 62-550.500(6) for requirements and restri And 62-550.512(3) for nitrate or nitrite exceeds | ictions. **See 62-550.550(4) for requirements and attach a results page for each site. | | | | |
| | SAMPLER CERTIFICATION | . | | | | |
| Larry McArdle | Manag | do HEREBY CERTIFY | | | | |
| (Print Name) | / Manag | Title) | | | | |
| hat the above public water system and sample collect | on information is complete and correct. | | | | | |
| Signature: Lany McArdle | Date: | 7-25-17 | | | | |
| Signature: Samy McAudle Certified Operator #: 589 Phone #: 4461 3 | 227-5349 Samp | oler's Fax #: | | | | |
| the state of the s | | | | | | |

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

Page 1 of 9

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: Lighthouse Utilites | | PWS I.D. #; 1230848 | | | |
|--|--|---|--|--|--|
| System Type (check one): | ☐Nontransient Noncommunity | ☐Transient Noncommunity | | | |
| Address: P.O Box 428 | | | | | |
| City: Port St, Joe | ZIP Code: 3 | 2456- | | | |
| Phone # <u>850-227-7427</u> Fax #: | E-Mail Address: | · · · · · · · · · · · · · · · · · · · | | | |
| SAMPLE INFORMATION (to be completed by san | npler) | · | | | |
| Sample Number: WS17JUL25-008-001 | Sample Date: <u>07/25/2017</u> | Sample Time: 10:28 AM PM (Circle On | | | |
| Sample Location (be specific) : LUCI - 16" POE | | Location Code: | | | |
| Disinfectant Residual (Required when reporting results | for trihalomethanes and haloacetic acids): 3.65 m | ng/L Field pH: 7.6 | | | |
| Sample Type (Check Only One) | Reason(s) for Sar | mple (Check all that apply) | | | |
| ☐ Distribution | ⊠Routine Compliance with 62-550 | Replacement (of Invalidated Sample) | | | |
| ⊠Entry Point (to Distribution) | ☐Confirmation of MCL Exceedance* | ☐Special (not for compliance with 62-550) | | | |
| ☐Plant Tap (not for compliance with 62-550) | ☐Composite of Multiple Sites** | ☐Clearance (permitting) | | | |
| □Raw (at well or intake) | Other: | | | | |
| ☐Max Residence Time | Sampling Procedure Used or Other Com | nments: | | | |
| ☐Ave Residence Time | | | | | |
| □Near First Customer | | | | | |
| | *See 62-550.500(6) for requirements and resi And 62-550.512(3) for nitrate or nitrite excee | | | | |
| | SAMPLER CERTIFICATION | DN | | | |
| i, McArdle/Pope | , A certified operator | do HEREBY CERTIFY | | | |
| (Print Name) | · | nt Title) | | | |
| that the above public water system and sample collect | ction information is complete and correct. | | | | |
| Signature: | Date | e: | | | |
| Certified Operator #: 589 Phone #: 850-22 | 7-5349 San | npler's Fax #: | | | |
| Sampler's E-mail: | 200 | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – please type or print legibly)

Reporting Format 62-550,730 Effective January 1995. Revised February 2010

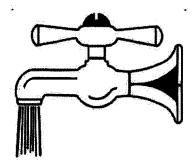
| Lab Name: The Water Spi | got, Inc. | Florida DOH Certification #: <u>E81105</u> Certification Expiration Date: <u>June</u> | | | |
|---|---|---|---|--|--|
| | | | ATTACH CURRENT DOH | ANALYTE SHEET* | · |
| Address: 5806 E. Highwa | ay 22, Panama City, FL 3 | 2404 | Phone #: <u>(850) 871-190</u> | 0 | |
| Were any analyses subcor | ntracted? ∐Yes ⊠No | If yes, please provide [| OOH certification number(s) | | |
| | | | ATTACH DOH ANALYTE | | · · · · · · · · · · · · · · · · · · · |
| ANALYSIS INFORMATIO | N (to be completed by lab) | Date Sample(s) Rece | eived: <u>07/25/2017</u> | | |
| PWS ID (From Page 1): 1230 | 0848 | _Sample Number (Fron | n Page 1): <u>WS17JUL25-008-001</u> | Lab Assigned Rep | ort # : <u>WS17JUL25-008-001</u> |
| Group(s) Analyzed & Resu | ults attached for complian | | D, 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** | <u>Secondaries</u> ∏All 14 ⊠Partial |
| | | LAB CE | RTIFICATION | | |
| 1, | Frish Jackson | | President | | do HEREBY CERTIFY |
| | (Print Name) | | (Print Title) | | · · · · · · · · · · · · · · · · · · · |
| that all attached analytical dat | ta are correct and unless no | ted meet all requirements | of the National Environmenta | Laboratory Accreditation | Conference (NELAC). |
| * Failure to provide a valid ar possible enforcement agair ** Please provide radiological | ist the public water system : | or failure to sample, and i | Date: current Analyte Sheet for the may result in notification of the | attached analysis results of DOH Bureau of Laborator | will result in rejection of the report, ry Services. |
| NON-DETI | CONFIRMATION & NOTIFIC ECTS ARE TO BE REPORTI | ATION IS REQUIRED WIT ED AS THE MDL WITH A " | HIN 24 HRS FOR NITRATE OR 'U" QUALIFIER. (Non-detects rep | NITRITE MCL EXCEEDAN | NCES re not acceptable.) |
| COMPLIANCE DETERMIN | NATION (to be completed l | oy DEP or DOH attach i | notes as necessary) | | |
| Sample Collection & Analy | sis Satisfactory: Yes | No | Replacement Sample o | or Report Requested (circ | cle or highlight group(s) above) |
| Person Notified: | viaminia. | Date Notified: | DEP/DOH Reviewir | ng Official: | and the second of the second o |
| | | | | | |

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: WS17JUL25-008-001

PWS ID (From Page 1): 1230848

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|---------------------------|-----------|-------|--------------------|------------|------------------------|------------|------------------|------------------|----------------------------|
| 1002 | Aluminum | 0.2 | mg/L | 0.05 | U | EPA 200.7 | 0.05 | 08/01/2017 | 14:30 | E81105 |
| 1017 | Chloride | 250 | mg/L | 13 | | SM 4500-CL-E (21st) | 1 | 07/27/2017 | 09:00 | E81105 |
| 1022 | Copper | 1 | mg/L | 0.01 | U | SM 3111 B | 0.01 | 07/27/2017 | 14:21 | E81105 |
| 1025 | Fluoride | 2.0 | mg/L | 0.73 | | SM 4500-F C | 0.1 | 07/31/2017 | 10:00 | E81105 |
| 1028 | Iron | 0.3 | mg/L | 0.04 | U | EPA 200.7 | 0.04 | 08/01/2017 | 14:30 | E81105 |
| 1032 | Manganese | 0.05 | mg/L | 0.001 | U | EPA 200.7 | 0.001 | 08/01/2017 | 14:30 | E81105 |
| 1050 | Silver | 0.1 | mg/L | 0.04 | U | SM 3111 B | 0.04 | 07/31/2017 | 14:28 | E81105 |
| 1055 | Sulfate | 250 | mg/L | 5 | U | EPA 375.2 | 5 | 07/27/2017 | 11:30 | E81105 |
| 1095 | Zinc | 5 | mg/L | 0.004 | U | EPA 200.7 | 0.004 | 08/01/2017 | 14:30 | E81105 |
| 1905 | Color | 15 | CU | 1 | U | SM 2120 B (21st) | 1 | 07/27/2017 | 16:00 | E81105 |
| 1920 | Odor | 3 | TON | 1.0 | U | SM 2150B | 1 | 07/27/2017 | 16:10 | E81105 |
| 1925 | pH (field pH from page 1) | 6.5 - 8.5 | S.U. | 7.6 | | | | 07/25/2017 | 10:28 | FIELD |
| 1930 | Total Dissolved Solids | 500 | mg/L | 252 | | SM 2540 C (21st) | 1 | 07/26/2017 | 14:00 | E81105 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.025 | U | SM 5540 C | 0.025 | 07/26/2017 | 10:45 | E81105 |



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

08/10/17

LAB ID:

WS17JUL25-008-002

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By:

Trish Jackson, President

Serial #: WS17JUL25-008-002-Original

Date: 8-10-1

Report Type:Original

| Data Qualifier | Qualifier Definition | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|
| A | Value reported is the mean (average) of two or more determinations. | | | | | | | | |
| В | Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range. | | | | | | | | |
| D | Measurement was made in the field. | | | | | | | | |
| E | Extra samples were taken at composite stations. | | | | | | | | |
| F | Species: Female sex. | | | | | | | | |
| Н | Value based on field kit determination; results may not be accurate. | | | | | | | | |
| I | The reported value is between the laboratory MDL and the laboratory PQL. | | | | | | | | |
| J | Estimated value; value not accurate. All results with a "J" qualifier require comment. | | | | | | | | |
| K | Off-scale low. Actual value is known to be less than the value given. | | | | | | | | |
| L | Off-scale high. Actual value is known to be greater than value given. | | | | | | | | |
| M | Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex | | | | | | | | |
| N | Presumptive evidence of presence of material | | | | | | | | |
| O | Sampled, but analysis lost or not performed | | | | | | | | |
| Q | Sample held beyond the accepted holding time | | | | | | | | |
| R | Significant rain in the past 48 hours. | | | | | | | | |
| Ť | Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis. | | | | | | | | |
| U | Compound was analyzed for but not detected. | | | | | | | | |
| V | Analyte was detected in both the sample and the associated method blank. | | | | | | | | |
| Y | Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate. | | | | | | | | |
| Z | Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code. | | | | | | | | |
| ? | Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data. | | | | | | | | |
| * | Not analyzed due to interference. | | | | | | | | |
| 1 | Data deviates from historically established concentration ranges. | | | | | | | | |

| PUBLIC WATER SYSTEM INFORMATION (to be com | | sibly) | |
|--|---|-----------------------------------|--------------|
| System Name: | Utilities | PWS I.D. #: | 1230848 |
| System Type (check one): Scommunity Address: P.O. Box 428 | ☐Nontransient Noncommunity | ☐Transient Noncommunity | |
| city: Port St. Goe F | ZIP Code: | 32457 | <u></u> |
| Phone # 227-5349 Fax #: 229-1 | //8E-Mail Address: | LUCI 2013 @ Fair | DOINT, UET |
| SAMPLE INFORMATION (to be completed by sampler) | | | |
| Sample Number: San | nple Date: 7-25-17 | Sample Time: 1012 | AM M (Circle |
| Sample Number: Sample Location (be specific): 6 well 561 | 0 SR-30A | Location Code: | |
| Disinfectant Residual (Required when reporting results for trih | | | |
| Sample Type (Check Only One) | | imple (Check all that apply) | |
| ☐ Distribution | Routine Compliance with 62-550 | ☐Replacement (of Invalidated Sam | iple) |
| Entry Point (to Distribution) | □ Confirmation of MCL Exceedance* | ☐Special (not for compliance with | 62-550) |
| Plant Tap (not for compliance with 62-550) | ☐Composite of Multiple Sites** | ☐Clearance (permitting) | |
| ☐Raw (at well or intake) | ☐Other: | | |
| ☐Max Residence Time | Sampling Procedure Used or Other Co | mments: | |
| ☐Ave Residence Time | | | |
| ☐Near First Customer | | | |
| | *See 62-550.500(6) for requirements and re And 62-550.512(3) for nitrate or nitrite exce | | |
| | SAMPLER CERTIFICATION | ON · | * |
| Larry McArdle (Print Name) | | nager , do HE | REBY CERTIFY |
| that the above public water system and sample collection in | formation is complete and correct. | * | |
| Signature: Luci 2013 (6 | Da | te: 7-25-17 | |
| Certified Operator #: 589 Phone #: 327 | 7-5349 sa | mpler's Fax #: 229-11 | 18 |
| Sampler's E-mail: | g Fairfoint NET | | |
| | *************************************** | - V | |

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

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: Lighthouse Utilites | | PWS I.D. #: 1230848 |
|---|--|---|
| System Type (check one): Community Address: P.O Box 428 | ☐Nontransient Noncommunity | ☐Transient Noncommunity |
| ity: Port St. Joe | ZIP Code: 32 | 2456- |
| Phone # <u>850-227-7427</u> Fax #: | E-Mail Address: | |
| SAMPLE INFORMATION (to be completed by sam | npler) | |
| Sample Number: WS17JUL25-008-002 | Sample Date: <u>07/25/2017</u> | Sample Time: 10:12 (AM PM (Circle |
| Sample Location (be specific) : LUCI - 6" POE | A CONTRACTOR OF THE CONTRACTOR | Location Code: |
| Disinfectant Residual (Required when reporting results | | |
| Sample Type (Check Only One) | Reason(s) for Sam | nple (Check all that apply) |
| Distribution | ⊠Routine Compliance with 62-550 | Replacement (of Invalidated Sample) |
| Entry Point (to Distribution) | ☐Confirmation of MCL Exceedance* | ☐Special (not for compliance with 62-550) |
| Plant Tap (not for compliance with 62-550) | ☐Composite of Multiple Sites** | ☐Clearance (permitting) |
| Raw (at well or intake) | Other: | |
|]Мах Resideпce Time | Sampling Procedure Used or Other Com | ments: |
| Ave Residence Time | | |
| Near First Customer | | |
| | *See 62-550,500(6) for requirements and rest And 62-550.512(3) for nitrate or nitrite exceed | V / V |
| | SAMPLER CERTIFICATIO | N |
| McArdle/Pope | , A certified operator | do HEREBY CERTIFY |
| (Print Name) | (Prin | it Title) |
| nat the above public water system and sample collec | tion information is complete and correct. | |
| ignature: | Date | |
| ertified Operator #: 589 Phone #: 850-22 | 7-5349 Sam | pler's Fax#: |
| | | |

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

| Lab Name: The Water Spigot, Inc. | | _Florida DOH Certifica | ition #: <u>E81105</u> | Certification Expiration Date: June | | | | | | | | |
|--|---|---|---|--|--|--|--|--|--|--|--|--|
| | | | ATTACH CURRENT DOH ANALYTE SHEET* | | | | | | | | | |
| Address: 5806 E. Highwa | y 22, Panama City, FL 3 | 2404 | Phone #: <u>(850)</u> 871-1900 | | | | | | | | | |
| Were any analyses subcor | ntracted? □Yes ⊠No | If yes, please provide [| OOH certification number(s) | | | | | | | | | |
| | | | ATTACH DOH ANALYTE | | | | | | | | | |
| ANALYSIS INFORMATION | N (to be completed by lab) | Date Sample(s) Rece | eived: <u>07/25/2017</u> | | | | | | | | | |
| PWS ID (From Page 1): 1230 |)848 | _Sample Number (From | n Page 1): WS17JUL25-008-002 | Lab Assigned Repo | ort # : WS17JUL25-008-002 | | | | | | | |
| Group(s) Analyzed & Resu | | | | · · | | | | | | | | |
| 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 CE | RTIFICATION | | | | | | | | | |
| I, | rish Jackson | 1 | President | | , do HEREBY CERTIFY | | | | | | | |
| About all attack and an about about | (Print Name) | | (Print Title) | The state of the s | | | | | | | | |
| * Failure to provide a valid an possible enforcement again | d current Florida DOH lab o | certification number and a | Date: | attached analysis results w | vill result in rejection of the report | | | | | | | |
| ** Please provide radiological | sample dates & locations fo | or each quarter. | | | | | | | | | | |
| NON-DETE | CONFIRMATION & NOTIFICA ECTS ARE TO BE REPORTE | ATION IS REQUIRED WIT ED AS THE MDL WITH A " | HIN 24 HRS FOR NITRATE OR U" QUALIFIER. (Non-detects rep | NITRITE MCL EXCEEDAN orted as "BDL" or with a "<" are | ICES e not acceptable.) | | | | | | | |
| COMPLIANCE DETERMIN | NATION (to be completed t | oy DEP or DOH attach r | notes as necessary) | | ¥ | | | | | | | |
| Sample Collection & Analys | sis Satisfactory: ☐ Yes ☐ | No | Replacement Sample o | r Report Requested (circ | de or highlight group(s) above) | | | | | | | |
| Person Notified: | | _Date Notified: | DEP/DOH Reviewir | ng Official: | | | | | | | | |
| | | | | | | | | | | | | |

SECONDARY CONTAMINANTS

Report Number / Job ID: WS17JUL25-008-002

62-550.320

PWS ID (From Page 1): <u>1230848</u>

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # | |
|--------------|---------------------------|-----------|-------|--------------------|-----------------|------------------------|-----------------|------------------|------------------|----------------------------|--|
| 1002 | Aluminum | 0.2 | mg/L | 0.05 | U | EPA 200.7 | 0.05 08/01/2017 | | 14:30 | E81105 | |
| 1017 | Chloride | 250 | mg/L | 20 | | SM 4500-CL-E (21st) | 1 | 07/27/2017 | 09:00 | E81105 | |
| 1022 | Copper | 1 | mg/L | 0.042 | | SM 3111 B | 0.01 | 07/27/2017 | 14:21 | E81105 | |
| 1025 | Fluoride | 2.0 | mg/L | 1.6 | | SM 4500-F C | 0.1 | 07/31/2017 | 10:00 | E81105 | |
| 1028 | Iron | 0.3 | mg/L | 0.04 | U | EPA 200.7 | 0.04 | 08/01/2017 | 14:30 | E81105 | |
| 1032 | Manganese | 0.05 | mg/L | 0.001 | U | EPA 200.7 | 0.001 | 08/01/2017 | 14:30 | E81105 | |
| 1050 | Silver | 0.1 | mg/L | 0.04 | U | SM 3111 B | 0.04 | 07/31/2017 | 14:28 | E81105 | |
| 1055 | Sulfate | 250 | mg/L | 11 | 1 | EPA 375.2 | 5 | 07/27/2017 | 11:30 | E81105 | |
| 1095 | Zinc | - 5 | mg/L | 0.025 | | EPA 200.7 | 0.004 | 08/01/2017 | 14:30 | E81105 | |
| 1905 | Color | 15 | сυ | 1 | U | SM 2120 B (21st) | 1 | 07/27/2017 | 16:00 | E81105 | |
| 1920 | Odor | 3 | TON | 1.0 | | SM 2150B | 1 | 07/27/2017 | 16:10 | E81105 | |
| 1925 | pH (field pH from page 1) | 6.5 - 8.5 | S.U, | 7.6 | 0.000 | | | 07/25/2017 | 10:12 | FIELD | |
| 1930 | Total Dissolved Solids | 500 | mg/L | 250 | *************** | SM 2540 C (21st) | 1 | 07/26/2017 | 14:00 | E81105 | |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.025 | U | SM 5540 C | 0.025 | 07/26/2017 | 10:45 | E81105 | |

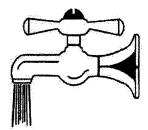
The Water Spigot
5806 E. Hwy. 22 * Panama City, FL 32404
(850) 871-1900 * Fax (850) 871-9303
Email:trishj-waterspigot@comcast.net

CHAIN OF CUSTODY RECORD

Νō 90996

| Company Name / Plant Lighthouse Utilities | # | Secondary Contamuna | | | | | | it « | Sample # QQ 25-008 Container # | | | | | | | | | | | |
|---|--------|---------------------|---|-----------------------|----------|-------------|--|---|--------------------------------|-------------|----------------------|------------------------|--------|--------------------------|------|---|---|--|-------------|--|
| Company Name / Plant Lighthouse Utilities Company Address P.D. Box 428 City, State, Zip Port H. Jac, Fl 32 457 Sent Report To: | F | Retur | Lab Dispose 🖹 Return to Client 🗋 | | | | | | Check if Rush | | | | | | | | | | | |
| Sent Report To: | 0 N | Other | Other 🗋 | | | | | | | | Special Instructions | | | | | | | | | |
| Copy To DEP / DOH (circle one) Email Address Yes No | T | | <u></u> | 4 | Analy | sis Req | uested | i | | | | P.O. | # | - 1 - 1-1-1-1 | | *************************************** | | | | |
| Yes I No 🗆 | A | Pre | servatives | ; / / | | | · | | | | | Field Data Preservativ | | | | | | | des | |
| Phone # Fax # Fax Results Yes No | NEC | Co | ntainers | \\ \frac{p}{\sqrt{s}} | ingits | <u>,</u> | | | | | | | | | | C - C | ool Only | m Chlor v oric Acid | | |
| Sampling Type Matrix | RS | \$ A | ST. | Secondar | Secondar | Color/odo. | | | | | | | Temp: | CL2 | рН | M - M N - Ni OH - 3 S - SL T - So | lonochio itric Acio Sodium ulfuric A | oracetic f Hydrox cid hiosulfa | Acid ide | |
| 7-25-7/028 XX 7521 CR30-A 16" | 1 | | | K | | | 00 | 17- | - 00 | 45 | nt | | | 3.65 | 26 | | Cont | ainer C | Codes | |
| 7-25-17 1029 XX Point of Entry to | 1 | | | \rightarrow | | | | 2.14 | | | | | | i | , | | V-V | OA vial | | |
| 2-25-19 1631 XX Distribution | i | | | | | \geq | | 617- | | | | | | 4 | * | | G-g P-pl | | | |
| 7-25-17 1012 5610 5R30-A 4" | 1 | | | \triangleright | d | | | 617 | | | | | | 2,34 | 7,32 | | М-п | icro baç | д/сир | |
| 7-25-17 1013 XX Point of Entry to 7-25-17 1014 X Distribution | 1 | | | \supseteq | \leq | | | 617 | | I | | | | 1 | د ا | | 0-0 | ther | | |
| 7-25-17 1014 X Distribution | 1 | | | | | \cong | ٥ | 617 | - 0 | 043 | W | | | 4 | V | | | | | |
| | | | | | | | | | | | | | ļ | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Sampled By & Title McArdle Pope 7-25-11/012 | | Relinqu | ished By | الح ٥٥ | <u> </u> | | | | | Date / | Time | | | | ğ | | | | | |
| ved By Relinquished By Relinquished By Relinquished By Relinquished By | | | | | | | ······································ | Date / Time | | | | | | | | | | | | |
| Received By | | Relinquished By | | | | | | | Date / | Date / Time | | | | | | | | | | |
| Received By | | Shipped | I VIA UPS | s BUS | (HAND) | FED EX | OTHER | *************** | | <u> </u> | | | | | O | | | | | |
| Received lab BYSQ TISH IC | \Box | Remark | s | too and | | | | *************************************** | | Temp | . Rece | eived ir | n Lab: | (0 |) | | | | | |

Distribution: Original - LAB Yellow - CLIENT



the water spigot, inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 (850) 871-1900 * Fax (850)871-9303 trishj-waterspigot@comcast.net

Certificate of Analysis

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

September 29, 2017

LAB ID:

WS17SEP15-001

Comment:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

Results for solid sample are calculated and reported on a dry weight basis unless otherwise noted.

Results contained within this report relate only to the samples referenced in this report.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By:

Trish Jackson, Presider

Date: (217

Panama City, FL. 32404 5806 East Hwy. 22

(850) 871-1900 F: (850) 871-9303

NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #1-5588 CSB Rd.

Lab ID:

WS17SEP15-001-001

Collection Date:

9/14/2017 14:15

Matrix:

AQUEOUS-Drinking

Recy By:

Ellen Peel

Recv Dt:

9/15/2017 09:35

Sampler:

0.01

Limit

0.001

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001

Run: 1

Copper

0.25 1

<u>Limit</u> <u>Limit</u> 0.05

<u>Detection</u> Reporting

Qual <u>Unit</u>

mg/L

Dilution Factor Prep By

Analyzed By

Analysis Date/Time

Prep Date/Time

BS 09/19/2017 14:05

Result

BS

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Lead

Dilution Factor

Prep By Prep Date/Time

Analyzed By Analysis Date/Time Resuit

0.0016 1 TS

09/19/2017 11:54 TS

09/19/2017 16:09

Detection Reporting Qual

Limit 0.005

mg/L

Unit

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #2-182 Flamingo

Lab ID:

WS17SEP15-001-002

Collection Date:

9/14/2017 13:24

Recy By: Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

0.01

Limit

0.001

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Result

Detection Reporting Limit Limit

Qual

Unit

Copper **Dilution Factor**

0.54 1

Detection Reporting

Prep By

BS

0 05

mg/L

Analyzed By

Prep Date/Time

Analysis Date/Time

09/19/2017 14:05

BS

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Limit 0.005

Lead

Dilution Factor

0.0011 1

TS

Result

TS

09/19/2017 16:09

Batch: W-091917-018 Run: 1

Qual

Unit

Prep By

Prep Date/Time Analyzed By

Analysis Date/Time

09/19/2017 11:54

mg/L

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303

NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #4-6113 Nassau Ln

Qual

Qual

Lab ID:

WS17SEP15-001-003

Collection Date:

9/14/2017 13:55

Recv By:

Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

<u>Limit</u>

0.01

Limit

0.001

M. Pope

<u>Analyses</u>

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Result 0:17

Detection Reporting

Unit

Copper

<u>Limit</u> 0.05

Dilution Factor

1

<u>Detection</u> Reporting

mg/L

Unit

mg/L

Prep By Prep Date/Time BS

09/19/2017 14:05

BS

Analyzed By Analysis Date/Time

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018

<u>Limit</u>

0.005

Run: 1

Lead Dilution Factor Prep By

Prep Date/Time

Analysis Date/Time

Analyzed By

0.001 1 TS

Result

09/19/2017 11:54

TS

09/19/2017 16:09

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #5-6115 Nassau Ln.

Qual

Lab ID:

WS17SEP15-001-004

Collection Date:

9/14/2017 13:50

Recy By: Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

Limit

0.01

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Result

Detection Reporting

<u>Unit</u>

Copper

0.25

<u>Limit</u>

Dilution Factor

mg/L

1

0.05

Prep By Prep Date/Time

Analyzed By

Analysis Date/Time

BS

09/19/2017 14:05

BS

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Lead

Prep Date/Time

Analysis Date/Time

Analyzed By

Result

Detection Reporting Qual

<u>Limit</u> 0.001

Limit 0.005

<u>Unit</u> mg/L

Dilution Factor

Prep By

0.0098

1

TS

09/19/2017 11:54

TS

09/19/2017 16:09

Panama City, FL. 32404 5806 East Hwy. 22

(850) 871-1900 F: (850) 871-9303

NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #6-6121 Nassau Ln.

Lab ID:

WS17SEP15-001-005

Collection Date:

9/14/2017 13:46

Recy By: Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Result

Detection Reporting

<u>Unit</u>

Copper

0.16

<u>Limit</u> **Limit**

<u>Qual</u>

1

Dilution Factor

0.01

0.05

mg/L

Prep By Prep Date/Time

Analyzed By

Analysis Date/Time

BS

09/19/2017 14:05

BS

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018

Run: 1

Result

Detection Reporting

Limit 0.001

Limit 0.005

Lead

Dilution Factor

Prep Date/Time

Analysis Date/Time

Analyzed By

0.013

1

09/19/2017 11:54

TS

09/19/2017 16:09

Qual

Unit

mg/L

Prep By

TS

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #10-6131 Nassau Ln.

Lab ID:

WS17SEP15-001-006

Collection Date:

9/14/2017 13:42

Recy By: Ellen Peel

Matrix:

AQUEOUS-Drinking

Recy Dt:

9/15/2017 09:35

Sampler:

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run 1

Result

Detection Reporting Limit

Qual

Unit

Copper

0.27

0.01

Limit 0:05

Dilution Factor

1

mg/L

Prep By Prep Date/Time

Analyzed By

BS

09/19/2017 14:05

BS

Analysis Date/Time

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Lead

Result

<u>Limit</u>

Detection Reporting <u>Limit</u>

Qual Unit

0.0045

0.001

0.005

mg/L

Dilution Factor Prep By

Prep Date/Time

Analysis Date/Time

Analyzed By

1

TS

09/19/2017 11:54

TS

09/19/2017 16:09

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303

NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #16-6145 Nassau Ln.

Lab ID:

WS17SEP15-001-007

Collection Date:

9/14/2017 13:37

Recv By:

Ellen Peel

Matrix:

AQUEOUS-Drinking

Recy Dt:

9/15/2017 09:35

Sampler:

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Result

Detection Reporting

<u>Unit</u>

Copper

0.26

<u>Limit</u> Limit 0.01

Qual

Dilution Factor

0,05

1

mg/L

Prep By

Prep Date/Time Analyzed By

Analysis Date/Time

BS

09/19/2017 14:05 BS

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018

Run: 1

Qual

Result

Detection Reporting

Limit 0.001

Limit 0.005

Unit mg/L

Lead

Prep By

Dilution Factor

Prep Date/Time

Analysis Date/Time

Analyzed By

0.0061

1

TS

09/19/2017 11:54

TS

09/19/2017 16:09

Panama City, FL. 32404 5806 East Hwy. 22

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #17-6147 Nassau Ln.

Lab ID:

WS17SEP15-001-008

Collection Date:

9/15/2017 09:05

Recy By:

Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

0.01

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Result

Detection Reporting

<u>Unit</u>

Copper

0.33

<u>Limit</u> <u>Limit</u> 0.05

Dilution Factor

1

mg/L

Prep By

BS

09/19/2017 14:05

Qual

Prep Date/Time Analyzed By

Analysis Date/Time

BS 09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018

Run: 1

Lead

Result

<u>Limit</u> 0.001

Detection Reporting <u>Limit</u>

0.005

<u>Unit</u>

Dilution Factor

Prep By

0.0027 1 TS

Prep Date/Time Analyzed By

09/19/2017 11:54 TS

Qual

mg/L

Panama City, FL. 32404 5806 East Hwy. 22

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #19-557 Barrier Dune

Lab ID:

WS17SEP15-001-009

Collection Date:

9/14/2017 13:17

Recy By:

Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001

Run: 1

Result

Detection Reporting

Qual <u>Unit</u>

Copper

0.28

Limit **Limit** 0.01

Dilution Factor

0.05

mg/L

Prep By

BS

Prep Date/Time Analyzed By

Analysis Date/Time

09/19/2017 14:05

BS

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Result

Qual **Detection Reporting**

Unit

mg/L

Lead

Prep By

Limit <u>Limit</u> 0.005 0.001

Dilution Factor

Prep Date/Time

Analysis Date/Time

Analyzed By

0.0032 1

TS

TS

09/19/2017 11:54

09/19/2017 16:09

Panama City, FL. 32404 5806 East Hwy. 22

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #20

Lab ID:

WS17SEP15-001-010

Collection Date:

9/14/2017 13:14

Recy By:

Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001

Run: 1

Result

Detection Reporting Qual

<u>Unit</u>

Copper

0.23

Limit **Limit** 0.05 0.01

mg/L

Dilution Factor

1

Prep By

BS 09/19/2017 14:05

Prep Date/Time Analyzed By

Analysis Date/Time

BS 09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Result

<u>Limit</u>

Detection Reporting <u>Limit</u>

Qual

Unit

Lead Dilution Factor 0.0024 1

0.001

0.005

Prep By Prep Date/Time

Analyzed By

TS

09/19/2017 11:54

TS

mg/L

Analysis Date/Time

09/19/2017 16:09

5806 East Hwy. 22

Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303

NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #21-561 Barrier Dune

Qual

Lab ID:

WS17SEP15-001-011

Collection Date:

9/14/2017 13:11

Matrix:

AQUEOUS-Drinking

Recy By: Ellen Peel

Recv Dt:

9/15/2017 09:35

Sampler:

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001

Run: 1

Result 0.24

Detection Reporting Limit

Unit

Copper

<u>Limit</u> 0.01

0.001

0.05

mg/L

Dilution Factor Prep By

Prep Date/Time

1 BS

09/19/2017 14:05

Analyzed By Analysis Date/Time

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018

Run: 1

Lead

Result

Detection Reporting Limit Limit 0.005

Unit

Prep Date/Time Analyzed By

Dilution Factor Prep By

1 TS

09/19/2017 11:54

0.0050

TS

09/19/2017 16:09 Analysis Date/Time

Qual

mg/L

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

9/15/2017 09:35

Client Sample ID:

LUCI #22-563 Barrier Dune

Lab ID:

WS17SEP15-001-012

Collection Date:

9/14/2017 13:07

Recy By:

Matrix:

AQUEOUS-Drinking

Recv Dt:

Ellen Peel

Sampler:

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Copper Dilution Factor Result 1.2 2 BS

Detection Reporting Limit Limit 0.05 0.01

Detection Reporting

Limit

0.001

Qual

<u>Unit</u> mg/L

<u>Unit</u>

mg/L

Prep By Prep Date/Time

09/19/2017 14:05 Analyzed By BS Analysis Date/Time

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run; 1

Limit

0.005

Qual

1 ead Dilution Factor Prep By Prep Date/Time Analyzed By Analysis Date/Time

<u>Result</u> 0.013 1 TS 09/19/2017 11:54 TS 09/19/2017 16:09

Report Serial # WS17SEP15-001 Page 13 of 22

Report Type: Original

5806 East Hwy. 22

Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303

NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #23-287 Myrtle Dr.

Lab ID:

WS17SEP15-001-013

Collection Date:

9/14/2017 13:04

Recv By:

Ellen Peel

Matrix:

AQUEOUS-Drinking

Qual

Recv Dt:

9/15/2017 09:35

Sampler:

0.01

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Copper

Dilution Factor

0.47

Result

Detection Reporting Limit <u>Limit</u>

<u>Unit</u>

Analyzed By

1

0.05

mg/L

Prep By Prep Date/Time BŞ

09/19/2017 14:05

BS

Analysis Date/Time

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Lead

<u>Result</u> 0.001

Detection Reporting Limit Limit

Unit

Dilution Factor

1

0.005 0.001

Qual U

mg/L

Prep By Prep Date/Time

Analysis Date/Time

Analyzed By

TS

09/19/2017 11:54

TS

09/19/2017 16:09

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #24-285 Myrtle Dr.

Lab ID:

WS17SEP15-001-014

Collection Date:

9/14/2017 13:01

Recy By:

Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Copper

Dilution Factor

Result 0.035

Detection Reporting Limit 0.01

Limit 0.05

Qual

Unit

mg/L

Prep By

Prep Date/Time Analyzed By

Analysis Date/Time

Graphite Furnace Atomic Absorption Lead

BS 09/19/2017 14:05 BS 09/19/2017 16:22

1

EPA 200.9

Batch: W-091917-018 Run: 1

Limit

0.005

Detection Reporting

Limit

0.001

Lead

Dilution Factor Prep By Prep Date/Time Analyzed By

Analysis Date/Time

Result 0.0013 1

TS 09/19/2017 11:54 TS

09/19/2017 16:09

Qual

Unit

mg/L

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #25-283 Myrtle Dr.

Lab ID:

WS17SEP15-001-015

Collection Date:

9/14/2017 12:57

Recy By: Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

Limit

0.01

Limit

0.001

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Copper Dilution Factor

Analysis Date/Time

0.31 1 BS

Detection Reporting <u>Limit</u> 0,05

Qual <u>Unit</u>

Prep By Prep Date/Time

Analyzed By

09/19/2017 14:05 BS

09/19/2017 16:22

Result

mg/L

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

0.005

Lead Dilution Factor Prep By Prep Date/Time Analyzed By

Analysis Date/Time

Result 0.0064 1 TS 09/19/2017 11:54 TS 09/19/2017 16:09

Detection Reporting Qual Limit

Unit

mg/L

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #26-281 Myrtle Dr.

Lab ID:

WS17SEP15-001-016

Collection Date:

9/14/2017 12:53

Recy By:

Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

0.01

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Result

<u>Detection</u> Reporting Limit

Qual Unit

Copper

0.021

Limit 0.05

Dilution Factor

1

Prep By

BS

mg/L

Prep Date/Time Analyzed By

Analysis Date/Time

09/19/2017 14:05

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Lead

Result 0.0012

<u>Limit</u> 0.001

Detection Reporting Limit 0.005

Qual Unit

mg/L

Dilution Factor Prep By

Prep Date/Time

Analysis Date/Time

Analyzed By

1

TS

09/19/2017 11:54

TS

Panama City, FL. 32404 5806 East Hwy. 22

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client;

Lighthouse Utilites

9/15/2017 09:35

Client Sample ID:

LUCI #27-160 Sabal Cr.

Lab ID:

WS17SEP15-001-017

Collection Date:

9/14/2017 12:35

Matrix:

AQUEOUS-Drinking

Recy Dt:

Recy By: Ellen Peel

Sampler:

<u>Limit</u>

0.01

Limit

0.001

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001

Run: 1

Copper

Prep By

Analyzed By

Analysis Date/Time

Dilution Factor

Prep Date/Time

Result 0.37 1 ВS 09/19/2017 14:05 BS 09/19/2017 16:22

Result

Qual **Detection Reporting** <u>Unit</u> Limit 0.05 mg/L

0.005

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run‡1

Lead

Dilution Factor Ргер Ву

0.0018 1 TS 09/19/2017 11:54 Prep Date/Time TS Analyzed By 09/19/2017 16:09 Analysis Date/Time

Detection Reporting Qual <u>Limit</u>

Unit mg/L

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

Client Sample ID:

LUCI #28-158 Sabal Cr.

Lab ID:

WS17SEP15-001-018

Collection Date:

9/14/2017 12:38

Recy By: Ellen Peel

Matrix:

AQUEOUS-Drinking

Recv Dt:

9/15/2017 09:35

Sampler:

Limit

0.01

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Copper

Analysis Date/Time

1.1

Result

Detection Reporting Limit 0.05

<u>Unit</u>

Dilution Factor

2

mg/L

Qual

Prep By Prep Date/Time Analyzed By

BS 09/19/2017 14:05

BS

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Lead

Result 0.066 1

Detection Reporting

Qual

Unit

Dilution Factor

0.001

Limit

Limit 0.005

mg/L

Prep By Prep Date/Time

Analyzed By

Analysis Date/Time

TS

09/19/2017 11:54

TS

5806 East Hwy. 22

Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303

Client:

NELAC Laboratory Certification: E81105

Lighthouse Utilites

Client Sample ID:

LUCI #29-156 Sabal Cr.

Lab ID:

WS17SEP15-001-019

Collection Date:

9/14/2017 12:41

Recy By:

Ellen Peel

Matrix:

AQUEOUS-Drinking

Recy Dt:

9/15/2017 09:35

Sampler:

0.01

M. Pope

Analyses

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001 Run: 1

Result

Detection Reporting

Unit

Copper

0.062

Limit <u>Limit</u> Qual

Dilution Factor

0.05

mg/L

Ргер Ву

1 BS

Prep Date/Time Analyzed By

Analysis Date/Time

09/19/2017 14:05

BS

09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Lead

Prep By

Result

Detection Reporting Limit

Limit

Qual

Unit

mg/L

Dilution Factor

Prep Date/Time

Analysis Date/Time

Analyzed By

0.0094

0.001 0.005

1

TS

09/19/2017 11:54

TS

Panama City, FL. 32404 5806 East Hwy. 22

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

Client:

Lighthouse Utilites

9/15/2017 09:35

Client Sample ID:

LUCI #30-154 Sabal Cr.

Lab ID:

Collection Date:

9/15/2017 08:38

WS17SEP15-001-020

Matrix:

AQUEOUS-Drinking

Recv By: Recv Dt:

Ellen Peel

Sampler:

<u>Limit</u>

0.01

M. Pope

<u>Analyses</u>

Copper in water by FLAA

SM 3111 B

Batch: W-091817-001

Run: 1

Copper

Detection Reporting Limit 0.05

Qual Unit

Dilution Factor Prep By

0.65 1 BS

Result

mg/L

Prep Date/Time Analyzed By

Analysis Date/Time

09/19/2017 14:05

BS 09/19/2017 16:22

Graphite Furnace Atomic Absorption Lead

EPA 200.9

Batch: W-091917-018 Run: 1

Qual

Lead

0.022

Result

Detection Reporting <u>Limit</u> Limit. 0.001

Unit

Dilution Factor Prep By

1 TS 0.005

mg/L

Prep Date/Time Analyzed By

Analysis Date/Time

09/19/2017 11:54

TS

5806 East Hwy. 22 Panama City, FL. 32404

(850) 871-1900 F: (850) 871-9303 NELAC Laboratory Certification: E81105

| Data Qualifier | Qualifier Definition | | | | |
|----------------|--|--|--|--|--|
| В | Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range. | | | | |
| D | Measurement was made in the field. | | | | |
| E | Extra samples were taken at composite stations | | | | |
| G | Analyte was detected in both the sample and the associated field, equipment, or trip blank. | | | | |
| Н | Value based on field kit determination; results may not be accurate. | | | | |
| <u>, j</u> | The reported value is between the laboratory MDL and the laboratory PQL. | | | | |
| J . | This qualifier is used when a QC sample does not meet the requirements in the method (ie: duplicate spike, or control). There will always be a comment explained in the details. Laboratory does not feel that the sample results are compromised. | | | | |
| K | Off-scale low. Actual value is known to be less than the value given. | | | | |
| L | Off-scale high. Actual value is known to be greater than value given. | | | | |
| М | Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex | | | | |
| N | Presumptive evidence of presence of material | | | | |
| 0 | Sampled, but analysis was lost during sample preparation or sample analysis | | | | |
| Q | Sample is either received or analyzed after the holding time. An explanation will be included if the laboratory is at fault. | | | | |
| R | Significant rain in the past 48 hours. | | | | |
| S | Secchi disk visible to bottom of waterbody. The value reported is the depth of the waterbody at the location of the Secchi disk measurement. | | | | |
| T | Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis. | | | | |
| U | Compound was analyzed for but not detected. | | | | |
| V | Analyte was detected in both the sample and the associated method blank. | | | | |
| Y | Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate. | | | | |
| Ζ | Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code. | | | | |
| ? | Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data | | | | |
| * | Not analyzed due to interference. | | | | |
| 1 | Data deviates from historically established concentration ranges. | | | | |
| • | Not analyzed due to high chlorine content or matrix interference | | | | |

For more detailed information sec: Florida Administrative Code rule chapter 62-160 Table 62-160.700. History-New 1-1-91. Amended 2-4-93, 2-27-94, Formerly 17-160.700, Amended 3-24-96, 4-9-02, 6-8-04, 12-3-08, 7-30-14.

Lead and Copper Tap Sample Analysis and Result Ranking

Reporting Format 62-550.730(4)(a)

| System Name: | <u>Lighthouse Utilities</u> |
|--------------|-----------------------------|
|--------------|-----------------------------|

PWS-ID: 1230848

Laboratory Name: The Water Spigot

Lab-ID: <u>E81105</u>

Contact Person. Ellen Peel

Phone: (850)871-1900

Date Submitted to Lab: September 15, 2017

Analysis Date: 09/19/2017

Lab Analysis method: EPA 200.9

Lead or Copper (list one): Lead

Method Detection Limit: 0.001

90th Percentile Value: ___

| Α | RANK | LOCATIO | N CODE | LAB SAMPLE ID: | DATE SITE | LEAD | COPPER |
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CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (±100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME (Please Print): Trish Jackson

TITLE and DATE: President; September 29, 2017

Lead and Copper Tap Sample Analysis and Result Ranking

Reporting Format 62-550.730(4)(a)

| Sustam | Namo: I | Lighthouse | Itilities |
|--------|---------|------------|-----------|
| System | Name: I | Lignthouse | utilities |

PWS-ID: 1230848

Laboratory Name: The Water Spigot

Lab-ID E81105

Contact Person: Ellen Peel

Phone (850)871-1900

Date Submitted to Lab: September 15, 2017

Analysis Date: 09/19/2017

Lab Analysis method: EPA 200.9

Lead or Copper (list one): Lead

Method Detection Limit: 0.001

90th Percentile Value:

| A | RANK | LOCATIO | N CODE | LAB SAMPLE ID | DATE SITE | LEAD | COPPER |
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SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME (Please Print): Trish Jackson

TITLE and DATE: President; September 29, 2017

FORMAT INSTRUCTIONS

A. Header Instructions.

- 1. This ranking report format may be completed by either the authorized representative of the public water system or the certified laboratory. In either case, clearly identify the public water system by name and PWS-ID number and the name and identification number for the certified laboratory. List the name and phone number for the laboratory's designated contact person.
- 2. Show whether lead or copper results are reported. Enter results for lead and copper on separate copies of this format.
- 3. Date submitted to Lab: Enter the date that the latest set of samples reported on this format was received by the lab from the PWS indicated.
 - 4. List the analysis method.
 - 5) Analysis date: Enter the date upon which the latest set of samples reported on this format was analyzed by the lab.
 - 6) List the method detection for lead or copper.
 - 7) List the 90th percentile value for either lead or copper.

B. Table Instructions.

- 1) All additional samples taken, in accordance with the requirements of 40 CFR part 141, Subpart I (1995), must be identified on this format. Additional samples are to be identified by placing a check mark or asterisk in the left-most column.
- 2) Results should be presented for either lead or copper in ascending order. The lowest analytical result is listed first, with a rank equal to one, and the highest result is listed last, with a rank equal to the total number of samples reported. All samples, when reported to the Department, must be listed in order of ascending rank.
- 3) The "LOCATION CODE" consists of the sample site number and tier, and which are found also in the first two columns of Form 62-555.900(12), the SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS.
- 4) The "LAB SAMPLE ID" should be assigned by the laboratory. This identification number should be sufficient for the laboratory to certify and track a specific sample analyzed by their lab.
 - 5) The "DATE SITE SAMPLED" must be the date that the sample was taken from the tap.
 - 6. The measurement for lead or copper results MUST be expressed in units of milligrams per liter (mg/L).
 - 7. Use additional sheets as necessary.

C. Certification Instructions.

1. Complete the certification to attest to the accuracy of the information reported.

Lead and Copper Tap Sample Analysis and Result Ranking

Reporting Format 62-550.730(4)(a)

System Name: Lighthouse Utilities

PWS-ID: 1230848

Laboratory Name: The Water Spigot

Lab-ID: <u>E81105</u>

Contact Person: Ellen Peel

Phone: (850)871-1900

Date Submitted to Lab: September 15, 2017

Analysis Date: 09/19/2017

Lab Analysis method: SM 3111 B

Lead or Copper (list one): Copper

Method Detection Limit: 0.01

90th Percentile Value:

| A | RANK | LOCATIO | N CODE | LAB SAMPLE ID. | DATE SITE | LEAD | COPPER |
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SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME (Please Print): Trish Jackson

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System Name: Lighthouse Utilities

PWS-ID: 1230848

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Lab-ID: E81105

Contact Person: Ellen Peel

Phone: (850)871-1900

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Analysis Date: 09/19/2017

Lab Analysis method: SM 3111 B

Lead or Copper (list one): Copper

Method Detection Limit: 0.01

90th Percentile Value:

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NAME (Please Print): Trish Jackson

TITLE and DATE: President; September 29, 2017

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 - 5) The "DATE SITE SAMPLED" must be the date that the sample was taken from the tap,
 - 6. The measurement for lead or copper results MUST be expressed in units of milligrams per liter (mg/L).
 - 7. Use additional sheets as necessary,

C. Certification Instructions.

1. Complete the certification to attest to the accuracy of the information reported.

Reporting Format 62-550 730(4)(a) Effective Date: December 9, 1996

THE WATER SPIGOT, INC.

5806 EAST HWY 22 PANAMA CITY, FL. 32404

Invoice

| Date | Invoice # |
|------------|-----------|
| 10/01/2017 | 17-3739 |

| Bill To | | |
|---|------|--|
| Calhoun Co. Health Dept 19611 SR 20 West | | |
| Blountstown, FL 32424 | | |
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| P.O. No. | Terms | Project |
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| АСЛЕА2 | ON RECEIPT | |

| Quantity | Description | Rate | Amount |
|----------|---|----------|--------|
| l | TOTAL COLIFORM (CLARKSVILLE MOBILE HOME PARK) | 20.00 | 20.00 |
| l | WS17SEP27-041-001 TOTAL COLIFORM (ABE SPRINGS PENTECOSTAL HOLINESS CHURCH) | 20.00 | 20.00 |
| ŀ | WS17SEP27-042-001 TOTAL COLIFORM (WILLIAMS MEMORIAL METHODIST CHURCH) | 20.00 | 20.00 |
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STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, <u>Subpart H systems</u> seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

| QUARTERLY MONITORING PERIOD*: January-March 201 | 7 | | | | | |
|--|---|--|--|--|--|--|
| Indicate the quarterly monitoring period by months and year (e.g., April-June 2012). | | | | | | |
| SYSTE | M INFORMATION | | | | | |
| PWS ID Number: 1230848 | | | | | | |
| PWS Name: Lighthouse Utilities Co. Inc. | | | | | | |
| Source Water Type and Population Size Category: | | | | | | |
| | ☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999 | ☐ 250,000 - 999,999 ☐ 1,000,000 - 4,999,999 ☐ ≥ 5,000,000 | | | | |
| Monitoring Mode*: ⊠Routine Monitoring ☐ Reduced Monitoring | | | | | | |
| Monitoring Frequency*: ⊠Quarterly □Annually | | | | | | |
| Total Number Of Distribution System Monitoring Locations*: Two | | The state of the s | | | | |
| Contact Person: Larry McArdle | | | | | | |
| Phone 850-227-5349 | | | | | | |
| E-Mail Address (optional):luci2013@fairpoint.net | | | | | | |
| Fax Number (optional): 850-229-1118 | | | | | | |
| * Con 40 CER 141 631 and 141 633 for more details | | | | | | |

| DOH Lab Certification | | Th | and a company of the contract | | | | | | |
|--------------------------|--|---|---|--|---|-----------------------------|--|--|--|
| | A12 24 | 2000年10日 (1995年) 11日 (1995年) 1日 (1995年) | is Quarter | | Previous Quarter | | 3 Quarters Ago | TTHM LRAA** (µg/L) (A+B+C+D)/4 n/a 76.575 54.35 | TTHM OE |
| No. | No. of TTHM Samples | Date Each TTHM Sample Taken | TTHM Sample Result (µg/L) | Quarterly Average (µg/L) | TTHM Locational Quarterly Average (µg/L) | Quarterly Average (µg/L) | TTHM Locational Quarterly Average (µg/L) | | Value*** (µg/L) |
| | Taken | (mo/da/yr) | Troom (pg/c/ | Α | В | C | U | (A+B+C+D)/4 | (2A+B+C)/4 |
| E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| E81105 | 1 | 02/28/17 | 98.7 | 98.7 | 82.2 | 56.7 | 68.7 | 76.575 | 84.075 |
| E81105 | 1 | 02/28/17 | 60.8 | 60.8 | 68.8 | 42.6 | 45.2 | 54.35 | 58.25 |
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| | Does the | TTHM LRAA at | any monitoring | location violate th | e TTHM MCL of 80 |) µg/L? (YES/NO) | 20100 3 200000 | TO THE STATE OF TH | No |
| | Does the TTHM OF value at any monitoring location exceed 80 µg/L? (YES/NO)**** | | | | | | | | Yes |
| | E81105 | E81105 0 E81105 1 E81105 1 Does the Does the | E81105 0 n/a E81105 1 02/28/17 E81105 1 02/28/17 E81105 1 02/28/17 Does the TTHM LRAA at Does the TTHM OE value | E81105 0 n/a n/a n/a E81105 1 02/28/17 98.7 E81105 1 02/28/17 60.8 Does the TTHM LRAA at any monitoring Does the TTHM OE value at any monitoring Does the TTH | Taken | Taken | Taken (mo/da/yr) Nesuri (μg/L) A B C | Taken (mo/da/yr) Nesult (μg/L) A B C D E81105 0 n/a n/a n/a n/a n/a n/a n/a E81105 1 02/28/17 98.7 98.7 82.2 56.7 68.7 E81105 1 02/28/17 60.8 60.8 68.8 42.6 45.2 Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 μg/L? (YES/NO) Does the TTHM DE value at any monitoring location exceed 80 μg/L? (YES/NO) Does the TTHM DE value at any monitoring location exceed 80 μg/L? (YES/NO) Does the TTHM DE value at any monitoring location exceed 80 μg/L? (YES/NO) | Taken (mo/da/yr) Nesuri (µs/L) A B C D (A+B+C+D)/4 |

If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)***** N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

** If any TTHM OE value at any location exceeds 80 µg/L, resume routine quarterly monitoring under 40 CFR 141.626.

| | | | 1.0 | is Quarter | | Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | LIAAE | LIANEOE |
|----------------------|---------------------------------|------------------------------------|---|---------------------------------|---|---|--|---|---|---|
| Monitoring Location* | DOH Lab Certification No. | No. of HAA5 Samples Taken | Date Each HAA5 Sample Taken (mo/da/yr) | HAA5 Sample Result (µg/L) | HAA5 Locational Quarterly Average (µg/L) A | HAA5 Locational Quarterly Average (µg/L) B | HAA5 Locational Quarterly Average (µg/L) | HAA5 Locational Quarterly Average (µg/L) D | HAA5 LRAA** (µg/L) (A+B+C+D)/4 | HAA5 OE Value*** (µg/L) (2A+B+C)/- |
| 2001 Windows Ch | E81105 | 0 | n/a | n/a | | | ala. | | | |
| 091 Windward St. | E81105 | U | | | n/a | n/a | n/a | n/a | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 02/28/17 | 46.0 | 46.0 | 38 | 43.9 | 24.2 | 38.025 | 43.475 |
| 182 SR-30E | E81105 | 1 | 02/28/17 | 27.2 | 27.2 | 32.5 | 44 | 27.6 | 32.825 | 32.725 |
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| | | Does the | HAA5 LRAA at | any monitoring | location violate the | HAA5 MCL of 60 | µg/L? (YES/NO) | | | No |

Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)*****

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 D/DBPR compliance monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

If any HAA5 OE value at any location exceeds 80 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

| | | TTHM | | HAA5 | | |
|----------------------|---------------------------|-----------------------------------|----------------------|-----------------------------------|--------------------|--|
| Monitoring Location* | DOH Lab Certification No. | Date TTHM Sample Taken (mo/da/yr) | TTHM Result** (µg/L) | Date HAA5 Sample Taken (mo/da/yr) | HAA5 Result** (µg/ | |
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Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
 If no TTHM sample exceeds the TTHM MCL of 80 μg/L and no HAA5 sample exceeds the HAA5 MCL of 60 μg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.
 If any sample result at any location exceeds either 60 μg/L for TTHM or 45 μg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

| | <u> </u> | | KING TO QUALIFY FOR, OR REMAIN ON, REDUCED TTHM/HAA5 MOI This Quarter Previous Quarter | | | | | | | | |
|----------------------|------------------------------|-------|---|---------------------------|--|---------|--|---|---|---------------------------------|------------|
| Treatment Plant** | DOH Lab Certification No. | Month | No. of Source Water TOC Samples Taken Each | Date Each Source Water | | Average | Source Water TOC Quarterly Average of Monthly Averages (mg/L) | Source Water TOC Quarterly Average (mg/L) | Source Water TOC Quarterly Average (mg/L) | TOC Quarterly Average (mg/L) | |
| | | | Month | | | | A | В | C | D D | (A+B+C+D)/ |
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Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***

Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water. List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format. If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

| QUARTERLY MONITORING PERIOD*: April-June 2017 | | |
|---|---|---|
| *Indicate the quarterly monitoring period by months and year (e.g., April-June 2012). | | |
| ITRYS | EM INFORMATION | |
| PWS ID Number: 1230848 | | |
| PWS Name: Lighthouse Utilities Co. Inc. | | |
| Source Water Type and Population Size Category: | | |
| | ☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999 | 250,000 - 999,9991,000,000 - 4,999,999≥ 5,000,000 |
| Monitoring Mode*: ⊠Routine Monitoring ☐Reduced Monitoring | | |
| Monitoring Frequency*: ⊠Quarterly □Annually | | |
| Total Number Of Distribution System Monitoring Locations*: Two | | |
| Contact Person: Larry McArdle | | J. P. S. P. S. S. S. S. C. C. R. E. C. C. L. L. L. C. |
| Phone 850-227-5349 | | · · · · · · · · · · · · · · · · · · · |
| E-Mail Address (optional):luci2013@fairpoint.net | | |
| Fax Number (optional): 850-229-1118 | | |
| * See 40 CFR 141,621 and 141,623 for more details. | | |

| | TTHM C | OMPLI. | ANCE SUN | MARY FO | OR SYSTEM | S MONITOR | ING QUART | ERLY | | |
|----------------------|---------------------------------|------------------------------------|---|---------------------------------|----------------------------|---|----------------------------|-----------------------------|---|---------------------------------|
| | | | | is Quarter | | Previous Quarter | | 3 Quarters Ago | TTHM | ттнм ое |
| Monitoring Location* | DOH Lab Certification No. | No. of TTHM Samples Taken | Date Each TTHM Sample Taken (mo/da/yr) | TTHM Sample Result (µg/L) | Quarterly Average (µg/L) A | TTHM Locational Quarterly Average (µg/L) B | Quarterly Average (µg/L) C | Quarterly Average (µg/L) | LRAA** (µg/L) (A+B+C+D)/4 n/a 80.175 56.675 | Value*** (µg/L) (2A+B+C)/ |
| 7091 Windward St. | E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 05/26/17 | 83.1 | 83.1 | 98.7 | 82.2 | 56.7 | 80.175 | 86.775 |
| 7182 SR-30E | E81105 | 1 | 05/26/17 | 54.5 | 54.5 | 60.8 | 68.8 | 42.6 | 56.675 | 59.65 |
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| | <u> </u> | Dage the | TUMI DAA - | | logation violets th | O TTUM MCL of PC | Lugil 2 (VES/NO) | | | Yes |
| | | | | | | e TTHM MCL of 80 ed 80 µg/L? (YES/ | | | | Yes |

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarter. Calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

*** If any TTHM DE value at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.626.

| | HAA5 C | OMPLI | ANCE SUN | MARY FO | OR SYSTEM | S MONITOR | ING QUART | ERLY | | |
|----------------------|---|------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------|----------------|---------------------------------|---------------------------------|
| | | | | is Quarter | Tipiner | Previous Quarter HAA5 Locational | | 3 Quarters Ago | HAA5 | HAA5 OE |
| Monitoring Location* | DOH Lab Certification No. | No. of HAA5 Samples Taken | Date Each HAA5 Sample Taken (mo/da/yr) | HAA5 Sample Result (µg/L) | HAA5 Locational Quarterly Average (µg/L) | Quarterly Average (µg/L) | Quarterly Average (µg/L) C | Quarterly | LRAA** (μg/L) (A+B+C+D)/4 | Value*** (μg/L) (2A+B+C)/ |
| 091 Windward St. | E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 05/26/17 | 66.1 | 66.1 | 46.0 | 38 | 43.9 | 48.5 | 54.05 |
| 7182 SR-30E | E81105 | 1 | 05/26/17 | 31 | 31 | 27.2 | 32.5 | 44 | 33.675 | 30.425 |
| | *************************************** | | | - | | | | | | |
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| | | Does the | HAA5 LRAA at | any monitoring | location violate the | e HAA5 MCL of 60 | μg/L? (YES/NO) | 2000000 | an establish | No |
| | | Does the | HAA5 OE value | at any monito | ring location excee | d 60 µg/L? (YES/I | NO)**** | | O/NIO/NIA**** | No N/A |

PWS ID Number: 1230848

N/A

If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 μg/L at any monitoring location? (YES/NO/NA)*****

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

**Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

**Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

****If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

****If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

| | THMI/HAAS COMPLIAN | ICE SUMMARY FOR SYS | TEMS MONITO | | <u> </u> |
|---------------------------------------|----------------------------|---|----------------------|--|-------------------|
| Monitoring Location* | DOH Lab Certification No. | TTHM | | HAA5 | |
| Monitoring Eccation | DOIT Lab Certification No. | Date TTHM Sample Taken (mo/da/yr) | TTHM Result** (µg/L) | Date HAA5 Sample Taken (mo/da/yr) | HAA5 Result** (µg |
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| | | Does any sample result at any location 60 µg/L for TTHM? (YES/NO)*** | exceed | Does any sample result at any locatio 45 µg/L for HAA5? (YES/NO)*** | n exceed |

Location names or numbers should correspond to those in your Stage 2 D/IDBRR compliance monitoring plan required under 40 CFR 141.622.

If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that

monitoring location.

If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

| 488.6 | | | 1 (style 1 1 /) | This (| Quarter | | | Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | |
|----------------------|------------------------------|-------|---|---|--|--|--|---|-------------------------------|-------------------------------|----------------------------------|
| Treatment Plant** | DOH Lab Certification No. | Month | No. of Source Water TOC Samples Taken Each | Date Each Source Water TOC Sample | Source Water | Source Water TOC Monthly Average (mg/L) | Source Water TOC Quarterly Average of Monthly Averages (mg/L) | Source Water TOC Quarterly Average (mg/L) | Source Water TOC Quarterly | Source Water TOC Quarterly | Source Wate TOC RAA (mg/L) |
| | | | Month | | | 268 | A | В | C | D | (A+B+C+D) |
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Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***

Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water. List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format. If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, <u>Subpart H systems</u> seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

| QUARTERLY MONITORING PERIOD*: July-Septem | ber 2017 | |
|--|---|---|
| *Indicate the quarterly monitoring period by months and year (e.g., April-June 201 | 2). | |
| | SYSTEM INFORMATION | |
| PWS ID Number: 1230848 | | |
| PWS Name: Lighthouse Utilities Co. Inc. | | |
| Source Water Type and Population Size Category: | | |
| ⊠ Ground Water: <10,000 ☐ 10,000 – 99,999 ☐ 100,000 – 499,999 ☐ ≥ 500,000 | ☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999 | ☐ 250,000 - 999,999 ☐ 1,000,000 - 4,999,999 ☐ ≥ 5,000,000 |
| Monitoring Mode*: ⊠Routine Monitoring ☐Reduced Monitoring | | |
| Monitoring Frequency*: ⊠Quarterly □Annually | | |
| Total Number Of Distribution System Monitoring Locations*: Two | | |
| Contact Person: Larry McArdle | (4) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |
| Phone 850-227-5349 | | |
| E-Mail Address (optional):luci2013@fairpoint.net | | |
| Fax Number (optional): 850-229-1118 | | |
| * See 40 CFR 141.621 and 141.623 for more details. | | · · · · · |

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|----------------------|---------------------------------|------------------------------------|--------------------------|---|-----------|---|--|-----------------------------|------------------------------------|---|
| Monitoring Location* | DOH Lab Certification No. | No. of TTHM Samples Taken | Date Each TTHM Sample | is Quarter TTHM Sample Result (µg/L) | Quarterly | Previous Quarter TTHM Locational Quarterly Average (µg/L) B | TTHM Locational Quarterly Average (µg/L) | Quarterly Average (µg/L) | TTHM LRAA** (µg/L) (A+B+C+D)/4 n/a | TTHM OE Value*** (µg/L) (2A+B+C)/4 |
| 7091 Windward St. | E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 08/??/17 | | | 83.1 | 98.7 | 82.2 | | |
| 7182 SR-30E | E81105 | 1 | 08/??/17 | | | 54.5 | 60.8 | 68.8 | | |
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PWS ID Number: 1230848

Yes Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO) Yes Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****

Uoes the TTHM UE value at any monitoring location exceed 80 µg/L? (YES/NU)***** Yes

If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)***** N/A

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

The fany TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

The fany TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

| | | | Th | is Quarter | The state of the s | Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | HAA5 | HAA5 OE |
|----------------------|---------------------------------|------------------------------------|--------------------------|---------------------------------|--|---|--|-----------------------------|---------------------------------|---------------------------------|
| Monitoring Location* | DOH Lab Certification No. | No. of HAA5 Samples Taken | Date Each HAA5 Sample | HAA5 Sample Result (µg/L) | HAA5 Locational Quarterly Average (µg/L) A | HAA5 Locational Quarterly Average (µg/L) B | HAA5 Locational Quarterly Average (µg/L) C | Quarterly Average (µg/L) | LRAA** (µg/L) (A+B+C+D)/4 | Value**** (µg/L) (2A+B+C) |
| 091 Windward St. | E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| arrier Dunes Unit 2 | E81105 | 1 | 08/??/17 | | | 66.1 | 46.0 | 38.0 | | |
| 182 SR-30E | E81105 | 1 | 08/??/17 | | | 31.0 | 27.2 | 32.5 | | |
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| | | | | | | |) µg/L? (YES/NO) | | | l No |

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

If any HAAS DE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

| | TTHM/HAA5 COMPLIAN | ICE SUMMARY FOR SYS | TEMS MONITO | RING ANNUALLY | |
|----------------------|---------------------------|--|----------------------|--|--|
| | | TTHM | | HAA5 | LUARE Decule** (co |
| Monitoring Location* | DOH Lab Certification No. | Date TTHM Sample Taken (mo/da/yr) | TTHM Result** (µg/L) | Date HAA5 Sample Taken (mo/da/yr) | HAAD Result (µg/ |
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| | | Does any sample result at any locatio 60 µg/L for TTHM? (YES/NO)*** | n exceed | Does any sample result at any location 45 µg/L for HAA5? (YES/NO)*** | on exceed |

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that

monitoring location.

If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

| | | | | This | Quarter | | Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | |
|----------------------|------------------------------|-------------|--------------------------|------|---|--|-------------------------------|---|---|----------------------------------|
| Treatment Plant** | DOH Lab Certification No. | Month | Samples Taken Each | | Source Water TOC Sample Result (mg/L) | Source Water TOC Quarterly Average of Monthly Averages (mg/L) | Source Water TOC Quarterly | Source Water TOC Quarterly Average (mg/L) | Source Water TOC Quarterly Average (mg/L) | Source Wate TOC RAA (mg/L) |
| | | | Month | | | Α | В | С | D | (A+B+C+D)/4 |
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Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***

Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water. List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, <u>Subpart H systems</u> seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

| QUARTERLY MONITORING PERIOD*: October-December | 2017 | |
|---|---|---|
| *Indicate the quarterly monitoring period by months and year (e.g., April-June 2012). | | |
| SYSTE | M INFORMATION | |
| PWS ID Number: 1230848 | | |
| PWS Name: Lighthouse Utilities Co. Inc. | | |
| Source Water Type and Population Size Category: | | |
| ⊠ Ground Water: <10,000 ☐ 10,000 – 99,999 ☐ 100,000 – 499,999 ☐ ≥ 500,000 | ☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999 | ☐ 250,000 - 999,999 ☐ 1,000,000 - 4,999,999 ☐ ≥ 5,000,000 |
| Monitoring Mode*: ⊠Routine Monitoring ☐Reduced Monitoring | | |
| Monitoring Frequency*: ⊠Quarterly ☐Annually | | |
| Total Number Of Distribution System Monitoring Locations*: Two | | mana a sa sa mana mana a sa sa sa sa sa sa sa sa sa sa sa sa |
| Contact Person: Larry McArdle | | |
| Phone 850-227-5349 | | |
| E-Mail Address (optional):luci2013@fairpoint.net | | |
| Fax Number (optional): 850-229-1118 | | |
| * See 40 CFR 141.621 and 141.623 for more details. | | |

| PWS | א חו | lumber: | 123084 | 18 |
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| | a a sagar a sagar | 1000 | | nis Quarter | | Previous Quarter | ING QUART | 3 Quarters Ago | | |
|---|---------------------------------|------------------------------------|--------------------------|---------------------------------|--|------------------|--|--|--------------------------|-------------------------------|
| Monitoring Location* | DOH Lab Certification No. | No. of TTHM Samples Taken | Date Each TTHM Sample | TTHM Sample Result (µg/L) | TTHM Locational Quarterly Average (µg/L) | | TTHM Locational Quarterly Average (µg/L) | TTHM Locational Quarterly Average (µg/L) | TTHM LRAA** (µg/L) | TTHM OF Value*** (µg/L) |
| Samuel de la companya de la companya de la companya de la companya de la companya de la companya de la companya | 11.444 | laken | | | A | , B | С | D | (A+B+C+D)/4 | (2A+B+C)/ |
| 7091 Windward St. | E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 11/??/17 | | | 205 | 83.1 | 98.7 | | |
| 7182 SR-30E | E81105 | 1 | 11/??/17 | | | 112 | 54.5 | 60.8 | | |
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| | | Does the | J TTHM I RAΔ at | any monitoring | location violate the | TTHM MCL of 90 | ug/L2 (VES/NO) | :500 | | Yes |
| | | | | | ring location excee | | | | | Yes |
| | | | | | | | ıg/L at any monitori | ing location? (YES | S/NO/NA)**** | N/A |

If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)***** N/A

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

If any TTHM OE value at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

| | Tr T | | | is Quarter | | S MONITOR Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | HAA5 | HAA5 OE |
|----------------------|---------------------------------|------------------------------------|---|---------------------------------|---|---|---|---|---------------------------------|----------------------------------|
| Monitoring Location* | DOH Lab Certification No. | No. of HAA5 Samples Taken | Date Each HAA5 Sample Taken (mo/da/yr) | HAA5 Sample Result (µg/L) | HAA5 Locational Quarterly Average (µg/L) A | HAA5 Locational Quarterly Average (µg/L) B | HAA5 Locational Quarterly Average (µg/L) C | HAA5 Locational Quarterly Average (μg/L) D | LRAA** (µg/L) (A+B+C+D)/4 | Value**** (µg/L) (2A+B+C)/ |
| 7091 Windward St. | E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 11/??/17 | | | 64.5 | 66.1 | 46 | | |
| 7182 SR-30E | E81105 | 1 | 11/??/17 | | | 25 | 31 | 27.2 | | |
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| | | Does the | HAA5 LRAA a | t any monitoring | g location violate the oring location exce | ne HAA5 MCL of 60 |) µg/L? (YES/NO) | | | No No |

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

* Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

***Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

***If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

****If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

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|--|---------------------------|--|---------------------------------|--|--------------------------|
| Monitoring Location* | DOH Lab Certification No. | TTHM | q uara | HAA5 | |
| |] | Date TTHM Sample Taken (mo/da/yr) | TTHM Result** (µg/L) | Date HAA5 Sample Taken (mo/da/yr) | HAA5 Result** (µg |
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| | | Does any sample result at any location | ovcood | Does any sample result at any location | n ovoood |
| | | 60 µg/L for TTHM? (YES/NO)*** | CAUCCU | 45 µg/L for HAA5? (YES/NO)*** | ii exoceu |

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

PWS ID Number:

| | | | 14. | | Quarter | | | N/HAA5 MOI Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | |
|----------------------|------------------------------|-----------------------|---|--|---|-------------------|--|---|---|--------------------|------------|
| Treatment Plant** | DOH Lab Certification No. | Month | No. of Source Water TOC Samples Taken Each | Date Each Source Water TOC Sample Taken (mo/da/yr) | Source Water TOC Sample Result (mg/L) | Average | Source Water TOC Quarterly Average of Monthly Averages (mg/L) | Source Water TOC Quarterly Average (mg/L) | Source Water TOC Quarterly Average (mg/L) | Source water | |
| | | | Month | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | A | В | С | D | (A+B+C+D)/ |
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Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***

Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water. List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format. If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).



State of Florida

Reduced Monitoring Application Questionnaire For Synthetic Organic Contaminants

| Date | : September 25, 2017 |
|--------|--|
| PWS | S Name: Lighthouse Utilities |
| PWS | S ID Number: 1230848 |
| Florid | da Unique Well ID Number (FLUWID): AAA7521and AAG9116 |
| 1) | Has the public water system completed and complied with the provisions of a current state sanctioned sanitary survey? Yes X No Date of last sanitary survey: August 17, 2016 |
| 2) | Have any previous monitoring results been above detection limits for any regulated Synthetic Organic Contaminant? Yes No X (Attach copy of recent Synthetic Organic Contaminant results) |
| 3) | Do recent nitrate results exceed 5 milligrams per liter? Yes No X (Attach copy of most recent nitrate results) |
| 4) | Have any regulated Synthetic Organic Contaminants been used, manufactured, stored, or spilled within 500 meters (~1640 ft.) of your well head? Yes No X |
| | If yes, attach an explanation of event and/or situation. Include a list of regulated Synthetic Organic Contaminants associated with each event or situation. |

Cycle2WVR.doc

(5) Reduced Monitoring Review Area Sketch

PWS ID:

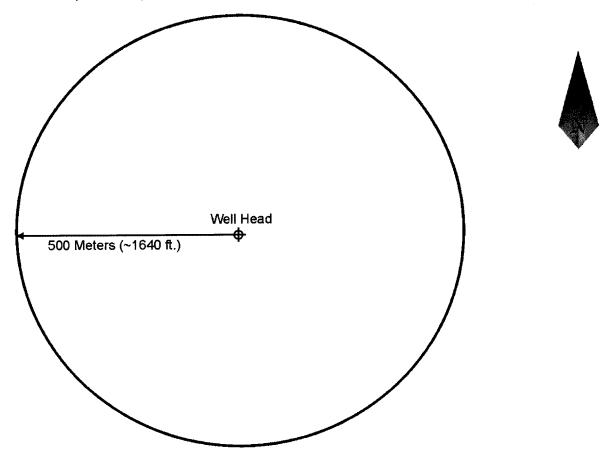
PWS Name:

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then CompleteThe "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required



Include all pertinent local, county, state and federal highways, roads or rail lines.

(6) CONTAMINANT USE INVENTORY

For *each* source identified (sketched) in Section (5) of this questionnaire, indicate contaminant use, manufacture, storage or spillage by recording the *source number*(s) from Section (5) in the column titled "**SOURCE**" adjacent to the contaminant of concern. Separate multiple sources with commas.

REGULATED SYNTHETIC ORGANIC CONTAMINANTS

| CONTAMINANT | ID# | CAS# | SOURCE |
|-------------|-----|------|--------|

| 2,3,7,8-TCDD (Dioxin) 2063 1746-01-6 None 2,4_D 2105 94-75-7 None 2,4,5-TP (Silvex) 2110 93-72-1 None Alachlor 2051 15972-60-8 None Atrazine 2050 1912-24-9 None Benzo(a)pyrene 2306 50-32-8 None Carbofuran 2046 1563-66-2 None Chlordane 2959 57-74-9 None Dalapon 2031 75-99-0 None Di(2-ethylhexyl)adipate 2035 103-23-1 None Di(2-ethylhexyl)phthalate 2039 117-81-7 None Dibromochloropropane (DBCP) 2931 96-12-8 None Diposeb 2041 88-85-7 None Diquat 2032 85-00-7 None Endothall 2033 145-73-3 None Ethylene dibromide (EDB) 2946 106-93-4 None Glyphosate 2034 1071-83-6 None Heptachlor epoxide 2065 76-44-8 None <tr< th=""><th></th><th></th><th></th><th></th></tr<> | | | | |
|--|--------------------------------|------|------------|------|
| 2,4,5-TP (Silvex) 2110 93-72-1 None Alachlor 2051 15972-60-8 None Atrazine 2050 1912-24-9 None Benzo(a)pyrene 2306 50-32-8 None Carbofuran 2046 1563-66-2 None Chlordane 2959 57-74-9 None Dalapon 2031 75-99-0 None Di(2-ethylhexyl)adipate 2035 103-23-1 None Di(2-ethylhexyl)phthalate 2039 117-81-7 None Dibromochloropropane (DBCP) 2931 96-12-8 None Diquat 2032 85-00-7 None Endothall 2033 145-73-3 None Endrin 2005 72-20-8 None Ethylene dibromide (EDB) 2946 106-93-4 None Glyphosate 2034 1071-83-6 None Heptachlor 2065 76-44-8 None Heptachlor epoxide 2067 1024-57-3 None Hexachlorocyclopentadiene 2042 77-47-4 None | 2,3,7,8-TCDD (Dioxin) | 2063 | 1746-01-6 | None |
| Alachlor 2051 15972-60-8 None Atrazine 2050 1912-24-9 None Benzo(a)pyrene 2306 50-32-8 None Carbofuran 2046 1563-66-2 None Chlordane 2959 57-74-9 None Dalapon 2031 75-99-0 None Di(2-ethylhexyl)phthalate 2035 103-23-1 None Di(2-ethylhexyl)phthalate 2039 117-81-7 None Dibromochloropropane (DBCP) 2931 96-12-8 None Diquat 2032 85-00-7 None Diquat 2033 145-73-3 None Endothall 2033 145-73-3 None Endrin 2005 72-20-8 None Ethylene dibromide (EDB) 2946 106-93-4 None Glyphosate 2034 1071-83-6 None Heptachlor 2065 76-44-8 None Heptachlor 2065 76-44-8 None Heptachlor 2065 76-44-8 None Hexachlorobenzene 2274 118-74-1 None Lindane 2010 58-89-9 None Methoxychlor 2015 72-43-5 None Methoxychlor 2026 87-86-5 None Pentachlorophenol 2326 87-86-5 None Polychlorinated biphenyl (PCB) 2383 1336-36-3 None None None None None None None None | 2,4_D | 2105 | 94-75-7 | None |
| Atrazine 2050 1912-24-9 None Benzo(a)pyrene 2306 50-32-8 None Carbofuran 2046 1563-66-2 None Chlordane 2959 57-74-9 None Dalapon 2031 75-99-0 None Di(2-ethylhexyl)phthalate 2035 103-23-1 None Di(2-ethylhexyl)phthalate 2039 117-81-7 None Dibromochloropropane (DBCP) 2931 96-12-8 None Diquat 2032 85-00-7 None Diquat 2032 85-00-7 None Endothall 2033 145-73-3 None Ethylene dibromide (EDB) 2946 106-93-4 None Ethylene dibromide (EDB) 2946 106-93-4 None Glyphosate 2034 1071-83-6 None Heptachlor 2065 76-44-8 None Heptachlor 2065 76-44-8 None Hexachlorobenzene 2274 118-74-1 None Hexachlorocyclopentadiene 2042 77-47-4 None Lindane 2010 58-89-9 None Methoxychlor 2015 72-43-5 None Methoxychlor 2015 72-43-5 None Oxamyl (vydate) 2036 23135-22-0 None Pentachlorophenol 2326 87-86-5 None Picloram 2040 1918-02-1 None Polychlorinated biphenyl (PCB) 2383 1336-36-3 None Simazine None | 2,4,5-TP (Silvex) | 2110 | 93-72-1 | None |
| Benzo(a)pyrene 2306 50-32-8 None | Alachior | 2051 | 15972-60-8 | None |
| Carbofuran 2046 1563-66-2 None Chlordane 2959 57-74-9 None Dalapon 2031 75-99-0 None Di(2-ethylhexyl)adipate 2035 103-23-1 None Di(2-ethylhexyl)phthalate 2039 117-81-7 None Dibromochloropropane (DBCP) 2931 96-12-8 None Dinoseb 2041 88-85-7 None Diquat 2032 85-00-7 None Endothall 2033 145-73-3 None Endrin 2005 72-20-8 None Ethylene dibromide (EDB) 2946 106-93-4 None Ethylene dibromide (EDB) 2946 106-93-4 None Glyphosate 2034 1071-83-6 None Heptachlor 2065 76-44-8 None Heptachlor epoxide 2067 1024-57-3 None Hexachlorobenzene 2274 118-74-1 None Hexachlorocyclopentadiene 2042 77-47-4 | Atrazine | 2050 | 1912-24-9 | None |
| Carbotran 2048 1563-66-2 None Chlordane 2959 57-74-9 None Dalapon 2031 75-99-0 None Di(2-ethylhexyl)phthalate 2039 117-81-7 None Dibromochloropropane (DBCP) 2931 96-12-8 None Dinoseb 2041 88-85-7 None Diquat 2032 85-00-7 None Endothall 2033 145-73-3 None Endrin 2005 72-20-8 None Ethylene dibromide (EDB) 2946 106-93-4 None Glyphosate 2034 1071-83-6 None Heptachlor 2065 76-44-8 None Heptachlor epoxide 2067 1024-57-3 None Hexachlorobenzene 2274 118-74-1 None Hexachlorocyclopentadiene 2042 77-47-4 None Lindane 2010 58-89-9 None Methoxychlor 2015 72-43-5 None | Benzo(a)pyrene | 2306 | 50-32-8 | None |
| Dalapon 293 57-74-9 None Di(2-ethylhexyl)adipate 2035 103-23-1 None Di(2-ethylhexyl)phthalate 2039 117-81-7 None Dibromochloropropane (DBCP) 2931 96-12-8 None Dinoseb 2041 88-85-7 None Diquat 2032 85-00-7 None Endothall 2033 145-73-3 None Endrin 2005 72-20-8 None Ethylene dibromide (EDB) 2946 106-93-4 None Glyphosate 2034 1071-83-6 None Heptachlor 2065 76-44-8 None Heptachlor epoxide 2067 1024-57-3 None Hexachlorobenzene 2274 118-74-1 None Hexachlorocyclopentadiene 2042 77-47-4 None Lindane 2010 58-89-9 None Methoxychlor 2015 72-43-5 None Oxamyl (vydate) 2036 23135-22-0 Non | Carbofuran | 2046 | 1563-66-2 | None |
| Daiapon 2031 75-99-0 None | Chlordane | 2959 | 57-74-9 | None |
| Di(2-etnylnexyl)adapate 2033 103-23-1 None | Dalapon | 2031 | 75-99-0 | None |
| Ditermochloropropane (DBCP) 2931 96-12-8 None | Di(2-ethylhexyl)adipate | 2035 | 103-23-1 | None |
| Dinoseb 2041 88-85-7 None None | Di(2-ethylhexyl)phthalate | 2039 | 117-81-7 | None |
| Diquat 2032 85-00-7 None None Endothall 2033 145-73-3 None Endrin 2005 72-20-8 None None Ethylene dibromide (EDB) 2946 106-93-4 None None Methoxychlor 2065 76-44-8 None Methoxychlor 2015 72-43-5 None Methoxychlor 2015 72-43-5 None Methoxychlor 2015 72-43-5 None Methoxychlor 2036 23135-22-0 None Methoxychlor 2036 23135-22-0 None Methoxychlor 2040 1918-02-1 None Methoxychlor 2040 1918-02-1 None Methoxychlor 2040 1918-02-1 None Methoxychlor 2040 1918-02-1 None Methoxychlor 2040 1918-02-1 None Methoxychlor 2040 1918-02-1 None Methoxychlor 2040 1918-02-1 None Methoxychlor 2040 1918-02-1 None Methoxychlor 2040 1918-02-1 None Methoxychlorinated biphenyl (PCB) 2383 1336-36-3 None Methoxychlorinated biphenyl (PCB) 2383 1336-36-3 None Methoxychlorinated biphenyl (PCB) 2383 132-34-9 None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None Methoxychlorinated None None Methoxychlorinated None Non | Dibromochloropropane (DBCP) | 2931 | 96-12-8 | None |
| Endothall 2033 145-73-3 None Endrin 2005 72-20-8 None Ethylene dibromide (EDB) 2946 106-93-4 None Glyphosate 2034 1071-83-6 None Heptachlor 2065 76-44-8 None Heptachlor epoxide 2067 1024-57-3 None Hexachlorobenzene 2274 118-74-1 None Hexachlorocyclopentadiene 2042 77-47-4 None Lindane 2010 58-89-9 None Methoxychlor 2015 72-43-5 None Methoxychlor 2036 23135-22-0 None Pentachlorophenol 2326 87-86-5 None Picloram 2040 1918-02-1 None Polychlorinated biphenyl (PCB) 2383 1336-36-3 None Simazine None | Dinoseb | 2041 | 88-85-7 | None |
| Endomail 2033 145-73-3 None Ethylene dibromide (EDB) 2946 106-93-4 None Glyphosate 2034 1071-83-6 None Heptachlor 2065 76-44-8 None Heptachlor epoxide 2067 1024-57-3 None Hexachlorobenzene 2274 118-74-1 None Hexachlorocyclopentadiene 2042 77-47-4 None Lindane 2010 58-89-9 None Methoxychlor 2015 72-43-5 None Oxamyl (vydate) 2036 23135-22-0 None Pentachlorophenol 2326 87-86-5 None Picloram 2040 1918-02-1 None Polychlorinated biphenyl (PCB) 2383 1336-36-3 None Simazine 2037 122-34-9 None | Diquat | 2032 | 85-00-7 | None |
| Ethylene dibromide (EDB) Ethylene dibromide (EDB) 2946 106-93-4 None None Heptachlor Heptachlor epoxide Hexachlorobenzene 2067 Hexachlorocyclopentadiene 2042 77-47-4 None Hexachlorocyclopentadiene 2010 S8-89-9 None Methoxychlor Oxamyl (vydate) Pentachlorophenol Picloram Polychlorinated biphenyl (PCB) Simazine 2946 106-93-4 None None None None None None None 118-74-1 None None None None None None 12326 87-86-5 None None None None None None None None None Polychlorinated biphenyl (PCB) None None | Endothall | 2033 | 145-73-3 | None |
| Glyphosate 2034 1071-83-6 None Heptachlor 2065 76-44-8 None Heptachlor epoxide 2067 1024-57-3 None Hexachlorobenzene 2274 118-74-1 None Hexachlorocyclopentadiene 2042 77-47-4 None Lindane 2010 58-89-9 None Methoxychlor 2015 72-43-5 None Oxamyl (vydate) 2036 23135-22-0 None Pentachlorophenol 2326 87-86-5 None Picloram 2040 1918-02-1 None Polychlorinated biphenyl (PCB) 2383 1336-36-3 None Simazine 2037 122-34-9 None | Endrin | 2005 | 72-20-8 | None |
| Heptachlor 2065 76-44-8 None | Ethylene dibromide (EDB) | 2946 | 106-93-4 | None |
| Heptachlor epoxide 2067 1024-57-3 None | Glyphosate | 2034 | 1071-83-6 | None |
| Hexachlorobenzene 2274 118-74-1 None | Heptachlor | 2065 | 76-44-8 | None |
| Hexachlorocyclopentadiene 2042 77-47-4 None | Heptachlor epoxide | 2067 | 1024-57-3 | None |
| Lindane 2010 58-89-9 None | Hexachlorobenzene | 2274 | 118-74-1 | None |
| Methoxychlor 2015 72-43-5 None Oxamyl (vydate) 2036 23135-22-0 None Pentachlorophenol 2326 87-86-5 None Picloram 2040 1918-02-1 None Polychlorinated biphenyl (PCB) 2383 1336-36-3 None Simazine 2037 122-34-9 None | Hexachlorocyclopentadiene | 2042 | 77-47-4 | None |
| Methoxychior 2015 72-43-5 None Oxamyl (vydate) 2036 23135-22-0 None Pentachlorophenol 2326 87-86-5 None Picloram 2040 1918-02-1 None Polychlorinated biphenyl (PCB) 2383 1336-36-3 None Simazine 2037 122-34-9 None | Lindane | 2010 | 58-89-9 | None |
| Pentachlorophenol 2326 87-86-5 None | Methoxychlor | 2015 | 72-43-5 | None |
| Pentachiorophenoi 2326 87-86-3 None Picloram 2040 1918-02-1 None Polychlorinated biphenyl (PCB) 2383 1336-36-3 None Simazine 2037 122-34-9 None | Oxamyl (vydate) | 2036 | 23135-22-0 | None |
| Polychlorinated biphenyl (PCB) 2383 1336-36-3 None Simazine 2037 122-34-9 None | Pentachlorophenol | 2326 | 87-86-5 | None |
| Simazine 2037 122-34-9 None | Picloram | 2040 | 1918-02-1 | None |
| Simazine 2037 122-34-9 None | Polychlorinated biphenyl (PCB) | 2383 | 1336-36-3 | None |
| Toxaphene 2020 8001-35-2 None | Simazine | 2037 | 122-34-9 | None |
| | Toxaphene | 2020 | 8001-35-2 | None |

TYPICAL SOURCES of SYNTHETIC ORGANIC CONTAMINANTS

(Not a comprehensive list)

Commercial, agricultural or horticultural areas
Seed & feed sales and storage areas
Recreational areas (Golf courses, campgrounds, parks...)
Communication or Railroad storage and maintenance yards
Pesticide manufacturer, storage, spill or transport site
Super Fund site
Landfill or dump
Drainage wells
Wood preserving facility
Military base (Industrial area)
Chemical manufacturer, storage, spill or transport site
Petroleum distribution or bulk storage facilities.
Any industry using or generating PCBs
Gas Stations
Dry Cleaners

I certify that the information provided is true and accurate to the best of my knowledge.

| Owners Signature: | |
|-------------------|--|
| • | |

Print Name: William J. Rish, Jr.

Date: September 25, 2017



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, <u>Subpart H systems</u> seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

| QUARTERLY MONITORING PERIOD*: January - March 20 | 118 | |
|---|---|---|
| *Indicate the quarterly monitoring period by months and year (e.g., April-June 2012). | | |
| SYSTE | EM INFORMATION | |
| PWS ID Number: 1230848 | | |
| PWS Name: Lighthouse Utilities Co. Inc. | | |
| Source Water Type and Population Size Category: | | |
| ☐ Ground Water: <10,000 ☐ 10,000 - 99,999 ☐ 100,000 - 499,999 ☐ ≥ 500,000 | ☐ Subpart H: ☐ 500 - 3,300 ☐ 3,301 - 9,999 ☐ 10,000 - 49,999 ☐ 50,000 - 249,999 | 250,000 - 999,9991,000,000 - 4,999,999≥ 5,000,000 |
| Monitoring Mode*: ⊠Routine Monitoring ☐Reduced Monitoring | | |
| Monitoring Frequency*: ⊠Quarterly □Annually | | |
| Total Number Of Distribution System Monitoring Locations*: Two | | |
| Contact Person: Larry McArdle | | |
| Phone 850-227-5349 | | |
| E-Mail Address (optional):luci2013@fairpoint.net | | |
| Fax Number (optional): 850-229-1118 | | |
| * See 40 CFR 141 621 and 141 623 for more details | | |

| | 1 1446 | 6.7. S. 1.7. | 71 | nis Quarter | | Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | | |
|----------------------|---------------------------------|------------------------------------|--------------------------|-------------|---|--|----------------|----------------|---|---|
| Monitoring Location* | DOH Lab Certification No. | No. of TTHM Samples Taken | Date Each TTHM Sample | TTHM | TTHM Locational Quarterly Average (µg/L) A | TTHM Locational Quarterly Average (µg/L) B | | | TTHM LRAA** (µg/L) (A+B+C+D)/4 | TTHM OE Value*** (µg/L) (2A+B+C)/4 |
| 7091 Windward St. | E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 02/27/18 | 103 | 103 | 66.4 | 205 | 83.1 | 114.375 | 119.35 |
| 7182 SR-30E | E81105 | 1 | 02/27/18 | 79.5 | 79.5 | 114 | 112 | 54.5 | 90 | 96.25 |
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| | | | | | | e TTHM MCL of 80 d 80 µg/L? (YES/I | | | | Yes Yes |

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

**Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

**Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the LRAA (using zero for the results of subsequent quarters).

**If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

| | | | | is Quarter | | S MONITOR Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | | |
|----------------------|---------------------------------|------------------------------------|---|---------------------------------|---|----------------------------|------------------------------|--|---|---|
| Monitoring Location* | DOH Lab Certification No. | No. of HAA5 Samples Taken | Date Each HAA5 Sample Taken (mo/da/yr) | HAA5 Sample Result (µg/L) | HAA5 Locational Quarterly Average (µg/L) A | | HAA5 Locational Quarterly | HAA5 Locational Quarterly Average (µg/L) | HAA5 LRAA** (μg/L) (A+B+C+D)/4 | HAA5 OE Value*** (µg/L) (2A+B+C)/4 |
| 7091 Windward St. | E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 02/27/18 | 72.1 | 72.1 | 46.8 | 64.5 | 66.1 | 62.375 | 63.875 |
| 7182 SR-30E | E81105 | 1 | 02/27/18 | 36.1 | 36.1 | 43.3 | 25 | 31 | 33.85 | 35.125 |
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| | | Door the | HAAS I DAA at | any monitoring | Location violate th | e HAA5 MCL of 60 | Lug/L2 (YES/NO) | | | No |
| | | Does the | HAA5 OF value | any monito | ring location excee | ed 60 µg/L? (YES/ | NO)**** | d ** | | No |

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

QUARTERLY MONITORING PERIOD:

| Monitoring Location* | DOH Lab Certification No. | TTHM | | HAA5 | | | |
|----------------------|---------------------------|--|----------------------|--------------------------------------|-------------------|--|--|
| Homitoring Location | DON Lab Certification No. | Date TTHM Sample Taken (mo/da/yr) | TTHM Result** (µg/L) | Date HAA5 Sample Taken (mo/da/yr) | HAA5 Result** (µg | | |
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Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

1 If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

1 If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

| | | | | i his | Quarter | | | Previous Quarter | 2 Quarters Ago | 3 Quarters Ann | 1484-PK 1 |
|----------------------|------------------------------|-------|--------------------------|-------|---|---------|--|---|-------------------------------|----------------|----------------------------------|
| Treatment Plant** | DOH Lab Certification No. | Month | Samples Taken Each | | Source Water TOC Sample Result (mg/L) | Average | Source Water TOC Quarterly Average of Monthly Averages (mg/L) | Source Water TOC Quarterly Average (mg/L) | Source Water TOC Quarterly | | Source Wate TOC RAA (mg/L) |
| | | | Month | | | | Α | В | С | D | (A+B+C+D)/ |
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Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***

Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water.

List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

| QUARTERLY MONITORING PERIOD*: April - June 2018 | | |
|---|---|---|
| *Indicate the quarterly monitoring period by months and year (e.g., April-June 2012). | | |
| SYST | EM INFORMATION | |
| PWS ID Number: 1230848 | | |
| PWS Name: Lighthouse Utilities Co. Inc. | | |
| Source Water Type and Population Size Category: | | |
| ⊠ Ground Water: <10,000 ☐ 10,000 – 99,999 ☐ 100,000 – 499,999 ☐ ≥ 500,000 | ☐ Subpart H: ☐ 500 - 3,300 ☐ 3,301 - 9,999 ☐ 10,000 - 49,999 ☐ 50,000 - 249,999 | ☐ 250,000 - 999,999 ☐ 1,000,000 - 4,999,999 ☐ ≥ 5,000,000 |
| Monitoring Mode*: ⊠Routine Monitoring ☐Reduced Monitoring | | |
| Monitoring Frequency*: ⊠Quarterly □Annually | | |
| Total Number Of Distribution System Monitoring Locations*: Two | | |
| Contact Person: Larry McArdle | | |
| Phone 850-227-5349 | | |
| E-Mail Address (optional):luci2013@fairpoint.net | | |
| Fax Number (optional): 850-229-1118 | | |
| * See 40 CFR 141.621 and 141.623 for more details. | | |

| | 77.1 | | | is Quarter | | Previous Quarter | ING QUART | | | Professor |
|----------------------|---------------------------------|------------------------------------|---|---------------------------------|---|------------------|----------------|---|---|----------------------------------|
| Monitoring Location* | DOH Lab Certification No. | No. of TTHM Samples Taken | Date Each TTHM Sample Taken (mo/da/yr) | TTHM Sample Result (µg/L) | TTHM Locational Quarterly Average (µg/L) A | | | 3 Quarters Ago TTHM Locational Quarterly Average (µg/L) D | TTHM LRAA** (µg/L) (A+B+C+D)/4 | TTHM Of Value*** (µg/L) (2A+B+C) |
| 091 Windward St. | E81105 | 0 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 05/??/18 | 71.9 | 71.9 | 103 | 66.4 | 205 | 111.575 | 78.3 |
| 182 SR-30E | E81105 | 1 | 05/??/18 | 45.2 | 45.2 | 79.5 | 114 | 112 | 87.675 | 70.975 |
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| | | Does the 1 | THM LRAA at a | ny monitorina | location violate the | TTHM MCL of 80 | ug/L2 (YES/NO) | | | Yes |
| | 1 | Does the T | THM OF value | at any monitori | ing location exceed | 80 µg/L? (YES/N | O**** | | | No Yes |

If you are on reduced quarterly monitoring, does the 1 HM LRAA exceed 40 μg/L at any monitoring location? (YES/NO/NA)***** N/A

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarter. calculate and enter the LRAA (using zero for the results of subsequent quarters. Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 μg/L.

THM OE value at any location exceeds 80 μg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

| | | | TI. | nis Quarter | | Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | | |
|----------------------|---------------------------------|------------------------------------|---|---------------------------------|---|--|---|--|---|---|
| Monitoring Location* | DOH Lab Certification No. | No. of HAA5 Samples Taken | Date Each HAA5 Sample Taken (mo/da/yr) | HAA5 Sample Result (µg/L) | HAA5 Locational Quarterly Average (µg/L) A | HAA5 Locational Quarterly Average (µg/L) B | HAA5 Locational Quarterly Average (µg/L) C | HAA5 Locational Quarterly Average (µg/L) | HAA5 LRAA** (μg/L) (A+B+C+D)/4 | HAA5 OE Value*** (µg/L) (2A+B+C) |
| 7091 Windward St. | E81105 | 0 | n/a | n/a | , | | | | | |
| 7031 Williamaia St. | E01103 | · · | | | n/a | n/a | n/a | n/a ∣ | n/a | n/a |
| Barrier Dunes Unit 2 | E81105 | 1 | 05/??/18 | 23.2 | 23.2 | 72.1 | 46.8 | 64.5 | 51.65 | 41.325 |
| 7182 SR-30E | E81105 | 1 | 05/??/18 | 50 | 50 | 36.1 | 43.3 | 25 | 38.6 | 44.85 |
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| | | Does the I | HAA5 I RAA at a | ny monitorina | ocation violate the | HAA5 MCL of 60 µ | IO/ 2 (VES/NO) | | | III Jang |
| | | Does the I | HAA5 OE value | at any monitori | ng location exceed | 160 µg/L? (YES/N | 19/L: (TEO/NU) | | | No No |
| | | If you are | on reduced qua | terly monitoring | , does the HAA5 I | LRAA exceed 30 µg | J/L at any monitori | ng location? (YES | ΝΟ/ΝΔ)**** | N/A |

If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)***** N/A

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

QUARTERLY MONITORING PERIOD:

| Monitoring Location* | DOH Lab Certification No. | TTHM | | HAA5 | |
|---------------------------------------|---------------------------|-----------------------------------|---------------------------------|----------------------------------|-------------------|
| , , , , , , , , , , , , , , , , , , , | DOI Lab Gertilication No. | Date TTHM Sample Taken (mo/da/yr) | TTHM Result** (µg/L) | Date HAA5 Sample Taken (mo/da/yr | HAA5 Result** (µg |
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Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

| | | | - J.J. 477 | This | Quarter | | | Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | 2-18/2 |
|----------------------|--|-------|--------------------------|--|---|---|--|------------------|---|---|----------------------------------|
| Treatment Plant** | DOH Lab Certification No. | Month | Samples Taken Each | Date Each Source Water TOC Sample Taken (mo/da/yr) | Source Water TOC Sample Result (mg/L) | | Source Water TOC Quarterly Average of Monthly Averages (mg/L) | | Source Water TOC Quarterly Average (mg/L) | Source Water TOC Quarterly Average (mg/L) | Source Wate TOC RAA (mg/L) |
| | A. A. A. A. A. A. A. A. A. A. A. A. A. A | | Month | | | | Α | В | С | D | (A+B+C+D)/ |
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Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***

Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water. List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format.

If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, <u>Subpart H systems</u> seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

| QUARTERLY MONITORING PERIOD*: July - September 2 | 018 | | |
|---|---|---|---------|
| *Indicate the quarterly monitoring period by months and year (e.g., April-June 2012). | | | Strate. |
| SYSTE | EM INFORMATION | | |
| PWS ID Number: 1230848 | | | |
| PWS Name: Lighthouse Utilities Co. Inc. | | | |
| Source Water Type and Population Size Category: | | | |
| | ☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999 | 250,000 - 999,9991,000,000 - 4,999,999≥ 5,000,000 | |
| Monitoring Mode*: ⊠Routine Monitoring ☐Reduced Monitoring | | | |
| Monitoring Frequency*: ⊠Quarterly □Annually | | | |
| Total Number Of Distribution System Monitoring Locations*: Two | | | |
| Contact Person: Larry McArdle | | | |
| Phone 850-227-5349 | | | |
| E-Mail Address (optional):luci2013@fairpoint.net | | | |
| Fax Number (optional): 850-229-1118 | | | |
| See 40 CFR 141 621 and 141 623 for more details | | | |

| | TTHM C | OMPLI | ANCE SUI | MMARY F | OR SYSTEM | S MONITOR | ING QUART | ERLY | | |
|-------------------------------|---------------------------------|---------------------------|-----------------|---------------------------------|--|-----------------------------|-----------------------------|--|--------------------------|-------------------------------|
| | | | TI | nis Quarter | | Previous Quarter | | 3 Quarters Ago | | |
| Monitoring Location* | DOH Lab Certification No. | No. of TTHM Samples | | TTHM Sample Result (µg/L) | TTHM Locational Quarterly Average (µg/L) | Quarterly Average (µg/L) | Quarterly Average (µg/L) | TTHM Locational Quarterly Average (µg/L) | TTHM LRAA** (µg/L) | TTHM OE Value*** (µg/L) |
| | | Taken | (mo/da/yr) | | А | В | C | D | (A+B+C+D)/4 | (2A+B+C)/ |
| 561 Barrier Dunes Drive | E81105 | 1 | 08/20/18 | 66.1 | 66.1 | n/a | n/a | n/a | n/a | n/a |
| 7182 SR-30E | E81105 | 1 | 08/20/18 | 70.61 | 70.61 | 46.2 | 79.5 | 114 | 77.5775 | 66.73 |
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| | | Does the | TTHM LRAA at a | any monitoring | location violate the | TTHM MCL of 80 | μg/L? (YES/NO) | A NEW TOOK KEEL M | | Yes |
| | | Does the 1 | TTHM OE value | at any monitori | ing location exceed | 80 µg/L? (YES/N | 0)**** | | | No |
| Location names or numbers sho | | If you are | on reduced quai | terly monitoring | g, does the TTHM L | RAA exceed 40 µ | g/L at any monitori | ng location? (YES | /NO/NA)**** | N/A |

If you are on reduced quartery monitoring, does the LIHM LRAA exceed 40 µg/L at any monitoring location? (YES/NU/NA)**** N/A

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

If any TTHM OE value at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

| | HAA5 C | OMPLI | ANCE SU | MARY F | OR SYSTEM | IS MONITOR | ING QUART | ERLY | | |
|-------------------------|---------------------------------|------------------------------------|--|---|--|---|---|-----------------------------|---|--|
| Monitoring Location* | DOH Lab Certification No. | No. of HAA5 Samples Taken | Date Each HAA5 Sample Taken (mo/da/yr) | is Quarter HAA5 Sample Result (µg/L) | HAA5 Locational Quarterly Average (µg/L) | Previous Quarter HAA5 Locational Quarterly Average (µg/L) B | 2 Quarters Ago HAA5 Locational Quarterly Average (µg/L) C | Quarterly Average (µg/L) | HAA5 LRAA** (µg/L) (A+B+C+D)/4 | HAA5 OE Value*** (µg/L) (2A+B+C)/ |
| 561 Barrier Dunes Drive | E81105 | 1 | 08/20/18 | 18.9 | 18.9 | n/a | n/a | n/a | n/a | n/a |
| 7182 SR-30E | E81105 | 1 | 08/20/18 | 35 | 35 | 50 | 36.1 | 43.3 | 41.1 | 39.025 |
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| | | | V. 1985 T. HINNEY | | · Nitrofore, we with a residence | | | | | |
| | | Does the I | HAA5 LRAA at a | any monitoring | location violate the | HAA5 MCL of 60 µ 1 60 µg/L? (YES/N | ug/L? (YES/NO) | | | No No |
| | | If you are | on reduced qua | terly monitoring | g, does the HAA5 | LRAA exceed 30 u | g/L at any monitori | ng location? (YES | /NO/NA)**** | N/A |

If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)**** N/A

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

If any HAA5 DE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

QUARTERLY MONITORING PERIOD:

| Monitoring Location* Dotte TTHM Sample | le Taken (mo/da/yr) TTHM Result** (μg/L) Date HAA5 Sample Taken (mo/da/yr) HAA5 Result** (μg/L) |
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Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

| | | | | This | Quarter | | | Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | |
|----------------------|------------------------------|-----------|--------------------------|------|---|---------|--|------------------|---|-------------------------------|----------------------------------|
| Treatment Plant** | DOH Lab Certification No. | Month | Samples Taken Each | | Source Water TOC Sample Result (mg/L) | Avorage | Source Water TOC Quarterly Average of Monthly Averages (mg/L) | | Source Water TOC Quarterly Average (mg/L) | Source Water TOC Quarterly | Source Wate TOC RAA (mg/L) |
| | | | Month | l | | | Α | В | С | D | (A+B+C+D) |
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Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***

Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water.

List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format.

If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, <u>Subpart H systems</u> seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

| QUARTERLY MONITORING PERIOD*: October - December | er 2018 | |
|--|---|--|
| *Indicate the quarterly monitoring period by months and year (e.g., April-June 2012). | | |
| SYSTE | EM INFORMATION | |
| PWS ID Number: 1230848 | | |
| PWS Name: Lighthouse Utilities Co. Inc. | | and the state of t |
| Source Water Type and Population Size Category: | | |
| ☐ Ground Water: <10,000☐ 10,000 - 99,999☐ 100,000 - 499,999☐ ≥ 500,000 | ☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999 | ☐ 250,000 - 999,999 ☐ 1,000,000 - 4,999,999 ☐ ≥ 5,000,000 |
| Monitoring Mode*: ⊠Routine Monitoring ☐Reduced Monitoring | | |
| Monitoring Frequency*: ⊠Quarterly | | |
| Total Number Of Distribution System Monitoring Locations*: Two | | |
| Contact Person: Larry McArdle | | |
| Phone 850-227-5349 | | |
| E-Mail Address (optional):luci2013@fairpoint.net | | |
| Fax Number (optional): 850-229-1118 | | |
| * See 40 CFR 141.621 and 141.623 for more details. | | |

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|---|--------------------------|---------------------|--------------------------|------------------------------|---------------------|--|------------------------------|--|--------------------------|-------------------------------|
| Monitoring Location* | DOH Lab Certification | No. of TTHM | Date Each TTHM Sample | is Quarter TTHM Sample | Quarterly | Previous Quarter TTHM Locational Quarterly | TTHM Locational Quarterly | Quarterly | TTHM LRAA** (µg/L) | TTHM OE Value*** (µg/L) |
| | No. | Samples Taken | Taken (mo/da/yr) | Result (µg/L) | Average (µg/L) A | Average (µg/L) B | Average (µg/L) C | Average (µg/L) D | (A+B+C+D)/4 | |
| 561 Barrier Dunes Drive | E81105 | 1 | 11/15/18 | 70.1 | 70.1 | 66.1 | n/a | n/a | n/a | n/a |
| 7182 SR-30E | E81105 | 1 | 11/15/18 | 66.1 | 66.1 | 70.61 | 45.2 | 79.5 | 65.35 | 62.25 |
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Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO) Yes Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)**** No

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

*** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the LRAA (using zero for the results of subsequent quarters).

*** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

| | | | Th | is Quarter | | Previous Quarter | 2 Quarters Ago | 3 Quarters Ago | | 300 |
|-------------------------|---------------------------------|------------------------------------|---|---------------------------------|---|------------------|----------------|--|---|---|
| Monitoring Location* | DOH Lab Certification No. | No. of HAA5 Samples Taken | Date Each HAA5 Sample Taken (mo/da/yr) | HAA5 Sample Result (µg/L) | HAA5 Locational Quarterly Average (µg/L) A | | | HAA5 Locational Quarterly Average (µg/L) | HAA5 LRAA** (μg/L) (A+B+C+D)/4 | HAA5 OI Value*** (µg/L) (2A+B+C) |
| | | | 11/15/18 | 26 | | | | . | ואוןעדטיעדאן | (ZATOTO) |
| 561 Barrier Dunes Drive | E81105 | 1 | 11/10/10 | | 26 | 18.9 | n/a | n/a | n/a | n/a |
| 7182 SR-30E | E81105 | 1 | 11/15/18 | 29 | 29 | 35 | 50 | 36.1 | 37.53 | 35.75 |
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| | | Does the I | HAA5 LRAA at a | ny monitoring | location violate the | HAA5 MCL of 60 µ | ug/L? (YES/NO) | | | No |
| | | Does the I | HAA5 OE value | at any monitori | ng location exceed | 160 µg/L? (YES/N | O)**** | | | No |

if you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 μg/L at any monitoring location? (YES/NO/NA)***** N/A

Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 μg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

If any HAA5 LRAA at any location exceeds 30 μg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD:

| Maukadaa aaak+ | DOULER CAMBRANET NO | TTHM | | HAA5 | |
|----------------------|---------------------------|-----------------------------------|----------------------|-----------------------------------|-------------------|
| Monitoring Location* | DOH Lab Certification No. | Date TTHM Sample Taken (mo/da/yr) | TTHM Result** (µg/L) | Date HAA5 Sample Taken (mo/da/yr) | HAA5 Result** (µg |
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Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

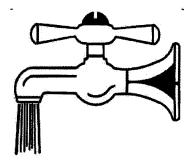
** If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

*** If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

| | | 5,47 | | This | Quarter | | | Previous Quarter | 2 Quarters Ann | 3 Quarters Ago | |
|----------------------|------------------------------|-------|--------------------------|--|---|--|--|------------------|-------------------------------|-------------------------------|----------------------------------|
| Treatment Plant** | DOH Lab Certification No. | Month | Samples Taken Each | Date Each Source Water TOC Sample Taken (mo/da/yr) | Source Water TOC Sample Result (mg/L) | Source Water TOC Monthly Average (mg/L) | Source Water TOC Quarterly Average of Monthly Averages (mg/L) | | Source Water TOC Quarterly | Source Water TOC Quarterly | Source Wate TOC RAA (mg/L) |
| | | | Month | | | | Α | В | C | D | (A+B+C+D), |
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Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***

Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water. List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).



NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

02/04/19

LAB ID:

WS19JAN09-015

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Approved By:

Trish Jackson, President

Serial #: WS19JAN09-015-Original

Date: 4 (1 / 9

Report Type:Original

Page 1 of 2

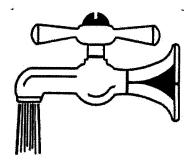
DRINKING WATER MICROBIAL SAMPLE COLLECTION

Page 2 of 2 & LABORATORY REPORTING FORMAT Lab Receipt Date & Time: 01/09/2019 11:15 CDT (62-550.730 Reporting Format Effective 01/1995, Revised 02/2010) Analysis Date & Time: 01/09/2019 14:15 CDT The Water Spigot, Inc. Sample Acceptance Criteria: 5806 East Highway 22 Sample Preservation: ⊠On Ice □Not On Ice Panama City, FL 32404 Disinfectant Check: Not Detected _mg/L This sample does not meet the following NELAC requirements: E81105 Report Number: WS19JAN09-015 Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑Total Coliform/E. coli ☐Total Coliform/Fecal ☐Enterococci ☐Coliphage ☐HPC ☐Other: 3 0 8 4 8 2 PWS I.D. Public Water System (PWS) Name: Lighthouse Utilites PWS Address: P.O Box 428 City: Port St. Joe PWS or PWS Owner's Phone #: 850-227-7427 Fax #: Collector's Phone #: 850-227-5349 Collector: McArdle/Pope 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: 01/08/2019 Analysis Method(s) : Colilert, SM 9223 B Disin-Sample Sample fectant Sample Point Sample Collection pН (Location or Specific Address) Type¹ Residual Fecal, E. coli, Time Non-Total Data I ah Enterococci, or Coliphage² (mg/L) Coliform Coliform Qualifier³ Sample # WS19JAN0 s 7.6 Α 1 LUCI-330 Treasure Dr. 10:52EST 0.7 9-015-001 WS19JAN0 S 0.9 7.6 Α 2 LUCI-380 Treasure Dr. 11:00EST 9-015-002 Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one). 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: Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (see instructions on reverse): Date and time DEP/DOH notified by lab of positive results: ☐A certified operator (# 589 Date Report issued: 02/04/19 Supervised by certified operator (# L. McArdle Lab Signature: ☐Employed by a certified lab ☐Employed by DEP or DOH ☐ Authorized representative of supplier of water Title: President DEP/DOH USE ONLY Larry McArdle □ Satisfactory Lighthouse Utilites ☐ Incomplete Collection Information Repeat Samples Required P.O. Box 428 Replacement Samples Required Port St. Joe, FL 32456

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

For Sample Types see Instructions seet 1 16.
Please chele appropriate selection.
Unfined in Florida Administrative Code Rule 62-160, Table 1.

unity systems serving populations up to and including 4,900. Do not include new or plant samples in the ave



NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

02/04/19

LAB ID:

WS19JAN09-016

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Approved By:

Trish Jackson, President

Serial #: WS19JAN09-016-Original

nt

Page 1 of 2

Date: 2619

Report Type:Original

DRINKING WATER MICROBIAL SAMPLE COLLECTION

Page 2 of 2 & LABORATORY REPORTING FORMAT Lab Receipt Date & Time: 01/09/2019 11:15 CDT (62-550,730 Reporting Format Effective 01/1995, Revised 02/2010) Analysis Date & Time: 01/09/2019 14:15 CDT Sample Acceptance Criteria: The Water Spigot, Inc. Sample Preservation: ⊠On Ice □Not On Ice 5806 East Highway 22 Disinfectant Check: Not Detected mg/L Panama City, FL 32404 This sample does not meet the following NELAC requirements: E81105 Report Number: WS19JAN09-016 Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑Total Coliform/E. coli ☐Total Coliform/Fecal ☐Enterococci ☐Coliphage ☐HPC ☐Other: 8 3 O 8 4 2 PWS I.D. Public Water System (PWS) Name: Lighthouse Utilites PWS Address: P.O Box 428 City: Port St. Joe PWS or PWS Owner's Phone #: 850-227-7427 Fax # Collector's Phone #: 850-227-5349 Collector: McArdle/Pope 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 Repeat □Raw (triggered or assessment) □Raw (triggered or assessment) additional ☐Well Survey ☐Distribution Routine ☐Clearance ☐Replacement (also check type of sample being replaced) ☐Boil Water Notice ☐Other: Sample Collection Date: 01/09/2019 Analysis Method(s) : Colilert, SM 9223 B Disin-Sample fectant Sample Sample Sample Point pН Collection Residual Fecal, E. coli, (Location or Specific Address) Type¹ # Total Data Lab Non-Time (mg/L) Enterococci, or Qualifier³ Sample # Coliform Coliform Coliphage² WS19JAN0 7.6 Α 10:15EST s 1.1 LUCI 330 Treasure Dr. 9-016-001 WS19JAN0 Α 10:20EST S 1.4 7.6 LUCI 380 Treasure Dr. 9-016-002 Average of disinfectant residuals for distribution routine & repeat samples.* Free chlorine or Total chlorine (circle one). Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☐Other: ☑ DPD Colorimetric Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (see instructions on reverse): Date and time DEP/DOH notified by lab of positive results: Date Report Issued: 02/04/19 ☐A certified operator (# 589 Supervised by certified operator (# L. McArdle Lab Signature: ☐Employed by a certified lab ☐Employed by DEP or DOH Title: President Authorized representative of supplier of water DEP/DOH USE ONLY Larry McArdle Satisfactory ☐Incomplete Collection Information Lighthouse Utilites

Repeat Samples Required

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

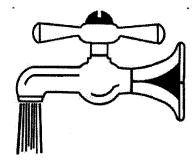
☐Replacement Samples Required

For Sample Types see Instructions item I i 6. Picase circle appropriate selection. Dollned in Florida Administrative Code Ruic

P.O. Box 428

Port St. Joe, FL 32456

tivo Code Rule 62-160, Table 1. nity systems serving populations up to and including 4,900. Do not include raw or pi



NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

02/04/19

LAB ID:

WS19JAN02-015

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Approved By:

Trish Jackson, Presiden

Serial #: WS19JAN02-015-Original

Date:

Report Type:Original

Page 1 of 2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

Page 2 of 2 (62-550,730 Reporting Formal Effective 01/1995, Revised 02/2010) Lab Receipt Date & Time: 01/02/2019 12:10 CDT Analysis Date & Time: 01/02/2019 13:10 CDT The Water Spigot, Inc. Sample Acceptance Criteria: 5806 East Highway 22 Sample Preservation: ⊠On Ice □Not On Ice ☑ 7.0 °C Panama City, FL 32404 Disinfectant Check: ⊠Not Detected □ E81105 This sample does not meet the following NELAC requirements: Report Number: WS19JAN02-015 Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑Total Coliform/E. coli ☐Total Coliform/Fecal ☐Enterococci ☐Coliphage ☐HPC ☐Other: 8 Public Water System (PWS) Name: Lighthouse Utilites PWS I.D. PWS Address: P.O Box 428 City: Port St. Joe PWS or PWS Owner's Phone #: 850-227-7427 Fax #: Collector: McArdle/Pope Collector's Phone #: 850-227-5349 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 Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey ☑Distribution Routine ☐Clearance ☐Replacement (also check type of sample being replaced) ☐Boil Water Notice ☐Other: Sample Collection Date: 01/02/2019 To be completed by collector of sample To be completed by lab Analysis Method(s): Colilert, SM 9223 B Disin-Sample Sample Sample fectant Sample Point Collection pΗ # (Location or Specific Address) Residual Fecal, E. coli, Type¹ Time Non-Total Data Lab Enterococci, or (mg/L) Qualifier³ Coliform Coliform Sample # Coliphage² WS19JAN0 LUCI 8020 CSBR 11:03EST 7,6 Α 0.4 2-015-001 WS19JAN0 В LUCI 4310 CSBR 10:51EST 7,6 D 1.1 Α 2-015-002 WS19JAN0 С LUCI 980 CSBR 10:35EST D 7.6 Α 32 2-015-003 WS19JAN0 D LUCI 7330 CR 30-A 10:08EST D 7.7 Α 3.4 2-015-004 WS19JAN0 Ε LUCI 8391 CR 30-A 09:53EST D 7.6 Α n a 2-015-005 WS19JAN0 F LUCI 6" Well 10:22EST R 7.7 Α 2-015-006 WS19JAN0 LUCI 16" Well 7.8 G 09:36EST 2-015-007 Average of disinfectant residuals for distribution routine & repeat 1,78 samples. Free chlorine or Total chlorine (circle one). 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: Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (see instructions on reverse): Date and time DEP/DOH notified by lab of positive results: Date Report Issued; 02/0 ☑A certified operator (# 589) Supervised by certified operator (#_ Lab Signatures ☐Employed by a certified lab ☐Employed by DEP or DOH Authorized representative of supplier of water Title: President DEP/DOH USE ONLY Larry McArdle Satisfactory ☐Incomplete Collection Information Lighthouse Utilites Repeat Samples Required P.O. Box 428 Replacement Samples Required Port St. Joe, FL 32456

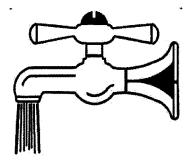
Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:

Please circle appropriate selection.

Defined in Florida Administrative Code Rule 62-160, Table 1,

For Sample Types see Instructions item 1 16.

my systems serving populations up to and including 4,200. Do not include raw or plant samples in the average.



NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

03/05/19

LAB ID:

WS19FEB14-019

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Approved By:

Trish Jackson, President

Serial #: WS19FEB14-019-Original

Date:___

Report Type:Original

Page 1 of 2

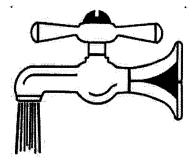
DRINKING WATER MICROBIAL SAMPLE COLLECTION Page 2 of 2 & LABORATORY REPORTING FORMAT (62-550.730 Reporting Format Effective 01/1995, Revised 02/2010) Lab Receipt Date & Time: 02/14/2019 12:05 CDT Analysis Date & Time: 02/14/2019 16:45 CDT The Water Spigot, Inc. Sample Acceptance Criteria: 5806 East Highway 22 Panama City, FL 32404 Disinfectant Check: Not Detected . mg/L E81105 This sample does not meet the following NELAC requirements: Report Number: WS19FEB14-019 Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑Total Coliform/E. co// ☐Total Coliform/Fecal ☐Enterococci ☐Coliphage ☐HPC ☐Other: 8 Public Water System (PWS) Name: Lighthouse Utilities PWS I.D. PWS Address: P.O Box 428 City: Port St. Joe PWS or PWS Owner's Phone #: 850-227-7427 Fax #: Collector: LM/MP Collector's Phone #: 850-227-5349 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: 02/14/2019 Analysis Method(s) : Colilert, SM 9223 B Disin-Sample Sample Sample Point Sample fectant Collection pН (Location or Specific Address) Residual Type¹ Fecal, E. coli, Time Non-Total Data Lab (mg/L) Enterococci, or Coliform Coliform Qualifier³ Sample # Coliphage LUCI-2413 SR 30-A WS19FEB1 11:28EST D 0.3 7.8 Α 4-019-001 LUCI-190 Treasure **WS19FEB1** 09:41EST Đ 0.9 7.6 A 4-019-002 WS19FEB1 С LUCI-4414 CSBR 10:20EST ח 0.5 7.7 Α 4-019-003 WS19FEB1 Ð LUCI-6175 CSBR 10:35EST D 0.2 7.6 A 4-019-004 WS19FEB1 Ε LUCI-8022 CSBR 10:48EST 0.3 7.6 Α 4-019-005 F WS19FEB1 LUCI-6" Well 11:11EST 7.6 Α 4-019-008 LUCI-16" Well WS19FEB1 09:33EST 7.8 4-019-007 Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one). 0.44 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: Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (see instructions on reverse): Date and time DEP/DOH notified by lab of positive results: ☑A certified operator (# 589) Date Report Issued: 03/05/19 ☐Supervised by certified operator (#_ Lab Signature: ☐Employed by a certified lab ☐Employed by DEP or DOH Authorized representative of supplier of water Title: President

Larry McArdle Lighthouse Utilites P.O. Box 428 Port St. Joe, FL 32456

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

For Sainpin Types see Instructions item 1 16.
Please circle appropriate selection.
Defined in Plottes Administrative Code Rule 62-160, Table 1.

ity systems serving populations up to and including 4,900. Do not include raw or plant samples in the ave



NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 <u>Trishj-waterspigot@comcast.net</u>

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

04/01/19

LAB ID:

WS19MAR20-013

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Approved By:

Trish Jackson, President

Serial #: WS19MAR20-013-Original

Date:___

Report Type:Original

Page 1 of 2

DRINKING WATER MICROBIAL SAMPLE COLLECTION

Sample Collection Date: 03/20/2019

| & LABORATORY REPORTING FORMAT | |
|---|---|
| (62-550 730 Reporting Format Effective 01/1995, Revised 02/2010) | Lab Receipt Date & Time: <u>03/20/2019 12:30 CDT</u> |
| | Analysis Date & Time: 03/20/2019 14:03 CDT |
| The Water Spigot, Inc. | Sample Acceptance Criteria: |
| 5806 East Highway 22 | Sample Preservation: ⊠On Ice □Not On Ice ☑ 10.7 °C |
| Panama City, FL 32404 | Disinfectant Check: Not Detectedmg/L |
| E81105 | This sample does not meet the following NELAC requirements: |
| Report Number: WS19MAR20-013 Sub-Contract Lab ID: | |
| Analysis Requested: (check all that apply) ⊠Total Coliform/E. coli | HPC Other: |
| Public Water System (PWS) Name: <u>Lighthouse Utilites</u> | PWS I.D. 1 2 3 0 8 4 8 |
| PWS Address: P.O Box 428 | City: Port St. Joe |
| PWS or PWS Owner's Phone #: <u>850-227-7427</u> Fax | |
| Collector: M. Pope Col | llector's Phone #: 850-227-5349 |
| Type of Supply: (check only one) ⊠Community Water System □Non-Transient Non-community Water System □Tra □Limited Use System □Bottled Water □Private Well □Swimming Pool □O | ansient Non-community Water System |
| Reason for Sampling: (check all that apply) ⊠ Distribution Routine □ Distribution Repeat □ Replacement (also check type of sample being replaced) □ Boil Wat | Raw (triggered or assessment) additional |

Page 2 of 2

| 1.00 | 4 o de completed by collecto | or sample | 4 K | | | | | Y 1 | o be completed) | DVIAD 1 | r.: 1 |
|--|---|------------------------------|-----------------------------|---|----------------------------|---------------|----------------------------|--|--|---------------|-----------------------|
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disin- fectant Residual (mg/L) | pΗ | | | //ethod(s | Fecal, <i>E. coli</i> , | 223 B | Lab |
| - | | | | | | | Colliorm | Collion | Coliphage ² | Qualifier | Sample # |
| Α | LUCI-445 CSBR | 10:25EDT | D | 0.4 | 7.8 | | | Α | | | WS19MAR2 0-013-001 |
| В | LUCI-180 Martinque | 11:18EDT | D | 0.9 | 7.8 | | | Α | | | WS19MAR2 0-013-002 |
| С | LUCI-258 Sandlewood | 11:05EDT | D | 0.3 | 7.6 | | | Α | | | WS19MAR2 0-013-003 |
| D | LUCI-4433 Ebbtide | 11:30EDT | D | 1.0 | 7.;6 | | | Α | | | WS19MAR2 0-013-004 |
| E | LUCI-2115 SR 30-A | 10:00EDT | D | 0.3 | 7.6 | | | А | | | WS19MAR2 0-013-005 |
| F | LUCI-6" Well | 10:13EDT | R | | 7.5 | | | Α | | | WS19MAR2 0-013-006 |
| G | LUCI-16" Well | 09:23EDT | R | | 7,7 | | | Α | | | WS19MAR2 0-013-007 |
| Disinfed DISINFED DIS | e of disinfectant residuals for distribution ros. Free chlorine or Total chlorine (circle one). ctant Residual Analysis Method: D Colorimetric Other: performing disinfectant analysis is (see instertified operator (#_25264 | | | 0.58 e): | NE Date and Date and | LAC d time | C standard e PWS notifi | ls, and the ed by lab on notified by | ests are performe e results relate of of positive results: lab of positive result | only to the s | |
| 1 | pervised by certified operator (# | 2 or DOH |) | | Lab S | ign | ature: | | Law | AK A | |
| F | horized representative of supplier of water | OIDON | | | Title:_ | Pre | sident | | | V | |

☐Satisfactory

☐ Incomplete Collection Information☐ Repeat Samples Required☐ Replacement Samples Required

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

DEP/DOH USE ONLY

Larry McArdle

Lighthouse Utilites P.O. Box 428

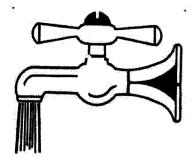
Port St. Joe, FL 32456.

For Sample Types see Instrictions item 1-16.

Please circle appropriate selection

Defined in Floring Administrative Code Rule 62-160, Table 1.

Complete for community & non-transactut non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average



NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Report Date:

Port St. Joe, FL 32456-04/24/19

LAB ID:

WS19APR16-011

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Approved By:

Trish Jackson, President

Serial #: WS19APR16-011-Original

Date: 5-/-/9

Report Type:Original

Page 1 of 2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Report Number: WS19APR16-011 Sub-Contract Lab ID: ___

Public Water System (PWS) Name: Lighthouse Utilites

Analysis Requested: (check all that apply)

☑ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage

The Water Spigot, Inc. 5806 East Highway 22 Panama City, FL 32404 E81105

PWS Address: P.O Box 428

| Anal Sam Sam Disir | Receipt Date ysis Date & T ple Acceptar ple Preservat ifectant Check sample does | ime: _ nce C ion: [2 k: [3]î | 04/16/ Fi teria ☑On Id Not Def | 2019 1 : e | 3:13 CI Not On | Ice | ⊠ _5.8 | mg/L |
|-----------------------------|---|---------------------------------------|--|------------------|-------------------|-----|--|------|
| ⊒нрс | □Other: | | | · | | | ······································ | |
| | r | | | i . | | | \$ | |
| | PWS I.D. | 1 | 2 | 3 | 0 | 8 | 4 | 8 |
| | PWS I.D. | 1 t. Joe | <u> </u> | 3 | 0 | 8 | 4 | 8 |
| | City: Port S | 1 st. Joe | <u> </u> | 3 | 0 | 8 | 4 | 8 |

| PWS or | PWS Owner's Phone #: 850-227-7427 | | | F | ax #: | | | *********** | | | ······································ | |
|------------------|---|--|---|---|--|--|------------------|-------------------|---|--------------------|--|--|
| Collect | or: M. Pope | | *************************************** | | Collecto | r's F | hone #: _8 | 50-227-5 | 349 | | | |
| ⊠Comr □Limite | f Supply: (check only one) nunity Water System □Non-Transient Non-c d Use System □Bottled Water □Private \ n for Sampling: (check all that apply) | ommunity V Well S | Vater Sys wimming | stem 🔲 | ransien Other: | it N | lon-commu | ınity Wate | er System | <u> </u> | | |
| ⊠Distril | oution Routine □Distribution Repeat ⊠R. ance □Replacement (also check type of sam | aw (triggere ple being re | d or asse placed) | essment) Boil W | □Raw /ater No | (triç otice | gered or a | assessme r: | ent) additional | □Well Sur | vey | |
| Sample | Collection Date: 04/16/2019 | | | . نستنبست | | | | | | | | |
| 33 5 6. | ୍ ବର୍ଷ ପର୍ଶ୍ୱର ଓଡ଼ିଆ ଓଡ଼ିଆ | | | | | | | | | | | |
| Sample | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disin- fectant Residual (mg/L) | рН | Analysis Method(s) : Colilert, SM 9223 B | | | | | | |
| * # | | | | | | | Non- Coliform | Total Coliform | Fecal, <i>E. coll,</i> Enterococci, or Coliphage ² | Data Qualifier³ | Lab Sample # | |
| Α | LUCI-8020 CSBR | 10:10EDT | D | 1.3 | 7.6 | | | Α | | | WS19APR1 6-011-001 | |
| В | LUCI-4310 CSBR | 09:47EDT | D | 0.6 | 7.6 | | | Α | | 1 2 1 1 1 1 1 | WS19APR1 6-011-002 | |
| С | LUCI-980 CSBR | 10:34EDT | D | 1.9 | 7.8 | | | Α | | 11 - 21 | WS19APR1 6-011-003 | |
| D | LUCI-7330 CR 30-A | 10:51EDT | D | 1.0 | 7.7 | | , | Α | : | | WS19APR1 6-011-004 | |
| Ε | LUCI-8391 CR 30-A , | 11:12EDT | D | 0.7 | 7.7 | | | Α | | arana ka ajara | WS19APR1 6-011-005 | |
| F | LUCI-6" Well | 11:24EDT | R | | 7.8 | | | А | | | WS19APR1 6-011-006 | |
| G | LUCI-16" Well | 10:59EDT | R | | 7.6 | : | | А | | | WS19APR1 6-011-007 | |
| Average sample: | o of disinfectant residuals for distribution ro .4 Free chlorine or Total chlorine (circle one). | utine & rep | eat | 1.10 | Unless otherwise noted, all tests are performed in accordance with | | | | | | | |
| Disinfe | ctant Residual Analysis Method: | | | | | | | | e results relate o | | | |
| ⊠DP | D Colorimetric | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Date an | nd tim | ne PWS notif | led by lab o | of positive results: | | | |
| 1 | performing disinfectant analysis is (see ins | tructions o | n revers | e): | Date and time DEP/DOH notified by lab of positive results: | | | | | | | |
| 1 — | ertified operator (#_25264 | | | | Date R | epo | t Issued: 0 | 1/24/19 | | | : | |
| 1 | pervised by certified operator (# | |) | | Lab S | Sigi | nature: 👱 | wol | galaa | | | |
| -1 | ployed by a certified lab | P or DOH | | | | | esident | , | Malant | | | |
| | Topiesoniaure of supplier of water | | | | 11116: | C | oolutii(| | | | | |
| | Larry McArdle | The sec | | □ Satis | factory | | **** | | DEP/ | DOH USE | ONLY | |

Satisfactory
Incomplete Collection Information

☐Repeat Samples Required Replacement Samples Required

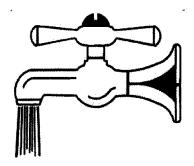
Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:

Lighthouse Utilites P.O. Box 428

Port St. Joe, FL 32456

For Sample Types see Instructions item I 16. Please circle appropriate selection. Defloced in Finitia Administrative Code Rule

ity & non-tritiatent non-community systems serving populations up to and including 4,900. Do not include raw or plant camples in the average,



NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

05/28/19

LAB ID:

WS19MAY22-018

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By:

Trish Jackson, President

Serial #: WS19MAY22-018-Original

Date: 6 - 3 - 19

Report Type:Original

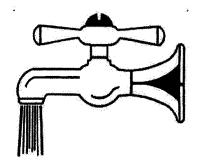
DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

| | | | /2019 12:05 CDT | |
|-----------|-----------------|-------------|-----------------|-----------------|
| t - | Date & Time: | | 19 12:30 CDT | |
| | Acceptance C | | _ | |
| Sample I | Preservation: [| ⊠On Ice | ■Not On Ice | ⊠ <u>7.3</u> °C |
| Disinfect | ant Check: 🔯 | Not Detec | ted 🔲 | mg/L |
| This sam | ple does not n | neet the fo | llowing NELAC | requirements: |

| The Water Spigot, Inc. 5806 East Highway 22 Panama City, FL 32404 E81105 | | | | | | Sample Acceptance Criteria: Sample Preservation: ⊠On Ice □Not On Ice ☑ 7.3 °C Disinfectant Check: ဩNot Detected □mg/L This sample does not meet the following NELAC requirements: | | | | | | | |
|---|--|------------------------------|--|---|--------------------------------------|--|---|--------------------|---------------------------------------|---------------|--|--|--|
| Report N | umber: WS19MAY22-018 Sub-Contract L | ab ID: | | | | | | | | | | | |
| Analysi | s Requested: (check all that apply) Coliform/E. coli □Total Coliform/Fecal □E | | | | | | Other: | | | | | | |
| | Water System (PWS) Name: <u>Lighthous</u> | | | | | | ועוו פע | 1 2 | | 8 4 | 8 | | |
| PWS Ad | dress: P.O Box 428 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Cit | y: <u>Port S</u> | t. Joe | | | | | |
| PWS or | PWS Owner's Phone #: 850-227-7427 | | | F: | ax #: | | | | | | | | |
| Collect | or: <u>LM & MP</u> | | | c | ollecto | r's Pl | noпе #: <u>.8</u> | 50-227-5 | 349 | | | | |
| ⊠Comm ☐Limite | Supply: (check only one) nunity Water System □Non-Transient Non-c d Use System □Bottled Water □Private W | ommunity V Vell | Vater Sys vimming l | tem 🔲T Pool 🔲 | ransiei Other: | nt No | on-commi | unity Wat | er System | | ······································ | | |
| Ministrib | n for Sampling: (check all that apply) pution Routine □Distribution Repeat ☑Ra ance □Replacement (also check type of sam | aw (triggere ple being re | d or asse placed) | ssment) ☐Boil W | □Raw ater N | (trig | gered or a | assessmo r: | ent) additional | □Well Su | vey | | |
| | Collection Date: 05/22/2019 | | iaiaiaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa | | | | · · · · · · · · · · · · · · · · · · · | al list to | | | | | |
| | To be completed by collecto | esikin njeh | | J. | | | | | o be complete) : Colilert, SM | | <u>0.7300</u> 01 | | |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disin- fectant Residual (mg/L) | рΗ | | Non- | Total | Fecal, E. coli | , Data | Lab Sample # | | |
| A | 2413 SR 30A | 11:14CDT | D | 0,3 | 8.0 | 4. | Comonin | A | Coliphage ² | | WS19MAY2 2-018-001 | | |
| В | 190 Treasure Dr. | 09:39CDT | D | 1.0 | 7. 7 | | | Α | | | WS19MAY2 2-018-002 | | |
| С | 4414 CSBR | 10:07CDT | D | 0.2 | 7.6 | | | А | | | WS19MAY2 2-018-003 | | |
| D | 6175 CSBR | 10:41CDT | D | 0,2 | 7.6 | | | А | | | WS19MAY2 2-018-004 | | |
| Е | 8022 CSBR | 10:24CDT | D | 0,3 | 7.6 | | | Α | | | WS19MAY2 2-018-005 | | |
| F | 6" Well | 11:29CDT | R | 0 | 7.4 | 2 | | Α | | | WS19MAY2 2-018-006 | | |
| 1 | 16" Well | 09:25CDT | | 0 | 7.8 | 1 | | A | | | WS19MAY2 2-018-007 | | |
| sample | of disinfectant residuals for distribution ros. Free chlorine or Total chlorine (circle one). | utine & rep | eat | 0.40 | Unles | s oth | nerwise na C standar | oted, all t | ests are perfori he results relate | med in accord | dance with samples. | | |
| I | ctant Residual Analysis Method: | | | : | | | | | of positive results: | | · | | |
| | D Colorimetric Other: | tructions o | n revers | e): | | | | | y lab of positive re | | | | |
| : 1 | ertified operator (# 0000589 | | | • | Date I | Repor | t Issued <u>: C</u> | 5/28/19, | Alexandra | | ···· | | |
| Sup | pervised by certified operator (# | |) | | Lab | Siar | nature: _ | 9 | ciol (| Jackso. | ~ | | |
| | ployed by a certified lab | P or DOH | | | | | | | 1/ | | | | |
| □Aut | horized representative of supplier of water | | | | Title | PR | sident | | | | | | |
| | Larry McArdle Lighthouse Utilites P.O. Box 428 Port St. Joe, FL 32456 | | | □Repe □Repl Date Re | nplete eat Sar aceme eviewe | Colle nples nt Sa d by | ection Info Require Imples Ro DEP/DO | d equired H: | DE | P/DOH USE | ONLY | | |

For Sample Types see Instructions item 146.
Please circle appropriate selection.
Defined in Florida Administrative Code Rule 62-160, Table 1.
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.



NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

06/17/19

LAB ID:

WS19JUN05-043

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By:

Trish Jackson President

Serial #: WS19JUN05-043-Original

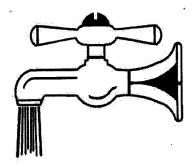
Date: 6-17-19

Report Type:Original

| & LABORATORY REPORTING FORMAT | | | | | Pa | Page 2 of 2 | | | | | | | | | | | | | | |
|---|---|----------------------------------|--|---------------|--|--|---|---|---|---|---|---|--|--------------|---------------------------------|--------|-----|-------|---------|---|
| (62-550 730 Reporting Formal Effective 01/1995, Revised 02/2010) The Water Spigot, Inc. 5806 East Highway 22 | | | | | | Lab Receipt Date & Time: 06/05/2019 11:55 CDT Analysis Date & Time: 06/05/2019 17:00 CDT Sample Acceptance Criteria: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | mple Preserv | ation: 🔯 🤇 | On Ice | e 🔲 | Not O | n Ice 🛭 | 7.2 °C |
| | | | | | | | | | | | | | | | Panama City, FL 32404 E81105 | | | | | Disinfectant Check: ⊠Not Detected ☐mg/L |
| | | | | | | Batt | ı, | | | | Th | This sample does not meet the following NELAC requirements: | | | | | | | | |
| Report | Number: WS19JUN05-043 Sub-Contr | act Lab ID: | | | | | *************************************** | | | | | | | | | | | | | |
| Analy : ⊠Tota | sis Requested: (check all that apply) I Coliform/E. coli | □Enterococc | oi ⊟Co | oliphage | □нро | C □Other: | ******************************* | | | *************************************** | | ······································ | | | | | | | | |
| Public | Water System (PWS) Name: Lighthe | ouse Utilites | *********************** | <u></u> | · record warmed, don- | PWS I.D. | 1 | 2 | 3 | 0 | 8 | 4 8 | | | | | | | | |
| PWS A | ddress: P.O Box 428 | | | | | - | | | 1 | | <u> </u> | L | | | | | | | | |
| PWS or | PWS Owner's Phone #: 850-227-7427 | | ************************************** | | Fax #: | | | ***** | *************** | | | ************************************** | | | | | | | | |
| | tor: I BA/BAD | | | | | or's Phone #: | | | | | | | | | | | | | | |
| ⊠Comı | of Supply: (check only one) munity Water System □ Non-Transient No ed Use System □ Bottled Water □ Priva | on-community to | Water Sy | otom 🗆 | T | | | | | | | | | | | | | | | |
| Reaso | n for Sampling: (check all that apply) | | | | | | | | | | | | | | | | | | | |
| Clear | bution Routine | ⊴Raw (triggere sample being r | ed or asse | essment) | □Rav Vater N | v (triggered or | assessn | nent) | additio | nal | ☐Well S | Survey | | | | | | | | |
| Sample | e Collection Date: 06/05/2019 | , | - p.a.o.a., | | VOICE IN | once Don | | · ···································· | · | rs: | ······································ | *************************************** | | | | | | | | |
| | To be completed by colle | ctor of sample | | 4 (1) | | | | To be | a bomo | lated | hv lah | | | | | | | | | |
| | | | | | 1 | Analysis | Method(s | s) : C | olilert, | SM 92 | 223 B | | | | | | | | | |
| Sample | Sample Point | Sample | Comple | | | | | | | | | | | | | | | | | |
| # | (Location or Specific Address) | Collection | Sample Type ¹ | | рН | - | - | 1 = | | | *************************************** | | | | | | | | | |
| | , | Time | Type | | | Non- | Total | 10.4 | cal, <i>E</i> , terococ | coli. | Data | Lab | | | | | | | | |
| | | | | 3 -7 | | Coliform | Coliforn | 1 6 | olipha | ge ² | Qualifie | r ³ Sample | | | | | | | | |
| Α | LUCI-445 CSBR | 09:54EDT | D | 0.5 | 7.6 | | Α | | | : | | WS19JUN 5-043-00 | | | | | | | | |
| В | LUCI-180 Martinque | 10:38EDT | D | 0.6 | 7.8 | | А | | 30. | | | WS19JUN 5-043-00 | | | | | | | | |
| С | LUCI-258 Sandlewood | 10:15EDT | D | 1,3 | 7,6 | | A | | | | | WS19JUN | | | | | | | | |
| D | LUCI-4433 Ebbtide | 10:50EDT | D | 0,9 | 7.7 | | A | | *************************************** | | | 5-043-00 WS19JUN | | | | | | | | |
| E | LUCI-2115 SR 30-A | 14.00555 | | | | 14 | - | | | | | 5-043-00 | | | | | | | | |
| | | 11:22EDT | D | 0,3 | 7.7 | | A | | *************************************** | | | WS19JUN 5-043-00 | | | | | | | | |
| F | LUCI-6" Well | 11:11EDT | R | | 7.6 | | A | | | | | WS19JUN 5-043-006 | | | | | | | | |
| | LUCI-16" Well | 09:38EDT | R | | 7.7 | | Α | | TET AT I TO A TO BE CONSTROOM | | *************************************** | WS19JUN 5-043-007 | | | | | | | | |
| Average samples | of disinfectant residuals for distribution Free chlorine or Total chlorine (circle one) | routine & rep | eat | 0.72 | | | | <u> </u> | *************************************** | <u>-</u> | ······································ | 3-043-007 | | | | | | | | |
| | ant Residual Analysis Method: | , - | | | Unless | s otherwise no ELAC standar | oted, all te | ests a | re perf | forme | d in accor | dance with | | | | | | | | |
| | | | | | | | | | | | | samples. | | | | | | | | |
| | Colorimetric | | | | Date an | d time PWS notit | fied by lab o | of posit | live resu | its: | ····· | | | | | | | | | |
| ⊠A ce | rtified operator (# 589 | structions on | reverse |): | | d time DEP/DOH | | | positive | results | S: | | | | | | | | | |
| | ervised by certified operator (# | |) | [| Date Re | eport Issued: Of | ofi7/19 | 1 | · · · · · · · · · · · · · · · · · · · | *************************************** | | ********* | | | | | | | | |
| | | |) | | Lah S | ignature: | | \sim \setminus | arb | 40 | | , | | | | | | | | |
| ⊟Auth | loyed by a certified lab | EP or DOH | | | | .70 | 500 · | -6 | <i></i> | | | 3.00 (10.1.05 (1.1.1.05) | | | | | | | | |
| | opiosomatic of supplier of water | | | | i itle: | President | | | | · · · · · · · · · · · · · · · · · · · | | and a second contract of the second contract | | | | | | | | |
| | Larry McArdle | | | □Satisf | | | *** | | | DEP/D | OH USE | ONLY | | | | | | | | |
| | Lighthouse Utilites | | | | | ollection Infor | mation | | | | | | | | | | | | | |
| | P.O. Box 428 | | ŀ | Repea | nplete Collection Information at Samples Required | | | | | | | | | | | | | | | |
| | Port St. Joe, FL 32456 | | ļ. | □Repla | cement | Samples Red | quired | | | | | | | | | | | | | |

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

For Sample Expressee Instructions near F16
Please circle appropriate selection
Please circle appropriate selection
Defined in Florida Administrative Code Rule 62-160, Table 1
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,



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishi-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

06/17/19

LAB ID:

WS19JUN11-007

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

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Approved By:

Trish Jackson, President

Serial #: WS19JUN11-007-Original

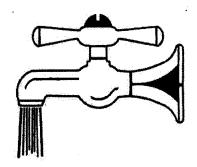
Date: 6-/7-19

Report Type:Original

DIVISION MATER MICRORIAL SAMPLE COLLECTION

| The Wat 5806 Eas | NG WATER MICROBIAL SAMPLE Of & LABORATORY REPORTING FOR (62-550,730 Reporting Formal Effective 01/1995, Revised 02/20 er Spigot, Inc. St Highway 22 City, FL 32404 | RMAT | ION | | Sam Sam | Recei ysis D ple A ple Pr | ot Date ate & T cceptai eservat | ime: <u>06/</u> nce Crite ion: ⊠O k: ⊠Not | 11/2019 ria: n Ice [Detected | d 🗆 | CDT Ce | mg/L |
|---|--|------------------------------|-----------------------------|---|--------------------------|------------------------------------|--|--|--|--|---|--|
| Report Nu | umber: WS19JUN11-007 Sub-Contract La | ab ID: | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| Analuais | Poguested: (check all that apply) | | | nhage [| IHPC | |)ther | | | | | • |
| ☑Total C | coliform/E _k coli | nterococci | | onage | ITTE | (\ | | | 2 3 | 7 0 1 | 8 4 | 8 |
| Public V | Vater System (PWS) Name: <u>Lighthous</u> e | Utilites | - 2005 T. T. T. | | | | 'S I.D. | | | | | |
| PWS Add | iress: P.O Box 428 | | | | | | | | | | <i></i> | |
| PWS or F | PWS Owner's Phone #: 850-227-7427 | 2002 - Carren - 100 C | (1), a | | | | | | | | | |
| | or: <u>LM/MP</u> | | | | ollecto | r's Ph | ione #: | 850-227 | -5349 | | | |
| Comm Limited Reason Distrib Cleara | Supply: (check only one) unity Water System | veii 🗀 Sw | /mmmg | Pool 🔲 | Other: | | nered o | nunity Wa | ment) ad | ditional | □Well Sur | vey |
| Sample | Collection Date: 06/10/2019 To be completed by collector | e al Bamala | | Marija S | 7 7 7 7 | | | | To be c | ompleted I | oy lab | |
| | To be completed by collecto | or sampe | | 1 1 | | 7.1 | Analysis | Method | (s) : Coli | lert, SM 92 | 23 B | |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disin- fectant Residual (mg/L) | рH | | Non- Colifor | Tota m Colifor | Enter | al, <i>E. coli</i> , ococci, or liphage ² | Data Qualifier ³ | Lab Sample # |
| 1 | LUCI-110 Cape Dune Dr. | 13:40EDT | s | 2,1 | 7.6 | | | А | | | | WS19JUN1 1-007-001 |
| 2 | LUCI-158 Cape Dune Dr. | 13:53EDT | s | 1,1 | 7.6 | | | Α | | | | WS19JUN1 1-007-002 |
| | | | | | | | | | | | | |
| | A A A A A A A A A A A A A A A A A A A | | | | | - 1 | | | | anne de la la la la la la la la la la la la la | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 100000000000000000000000000000000000000 | | | ļ | | | -10 | | | | | | |
| | | | | | ļ | 40 | | | | - Vistoria | | |
| | | | | | | | | | | | | |
| sample | e of disinfectant residuals for distribution residuals for distribution res. Free chlorine or Total chlorine (circle one). | outine & re | peat | 1,6 | Unle | ess ot | herwise C stand | noted, a | II tests a | re perform ults relate | ed in accord | dance with samples. |
| | ctant Residual Analysis Method: | | | | Date | and tir | ne PWS | notified by | lab of posi | tive results: _ | | |
| Person | D Colorimetric | structions | on revers | se): | Date | and tir | ne DEP/0 | OH notifie | d by lab of | positive resi | ults; | |
| | certified operator (# <u>589</u> | |) | | Date | Repo | rt Issuec | : 06/17/1 | 9/1 | 10 | <u> </u> | Darren, |
| ∏Su | pervised by certified operator (# | |) | | Lat | Sig | nature | ; | | shyp | nlesa_ | # 10 to 10 t |
| □En | nployed by a certified lab | P or DOH | | | 1 | | esider | | | V | , ago, ago, ago ago ago ago ago ago ago ago ago ago | |
| □Au | thorized representative of supplier of water | ** | | |] ''' | e, Li | Caluci | 3.5 | | | | |
| | Larry McArdle Lighthouse Utilites P.O. Box 428 Port St. Joe, FL 32456 | | | ∏Rep □Rep | mplet eat Sa lacem | e Col ample ient S red by | s Requ amples | Require | d | DEI | P/DOH USE | ONLY |

For Sample Types see Instructions item 1 to
Please encle appropriate selection
Defined in Thorst Administrative Code Rule (2-16) Table 1
Defined in Thorst Administrative Code Rule (2-16) Table 1
Complete for community & non-transcent non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishi-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

06/17/19

LAB ID:

WS19JUN11-008

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Approved By:

Trish Jackson, President

Serial #: WS19JUN11-008-Original

Date: 6-17-19

Report Type:Original

| & LABORATORY REPORT | | CTION | | Page | e 2 of 2 | | | | | | | |
|---|---------------------|------------|-----------|-----------|---------------|---------------------------------------|---------------------------------------|-------------|---|---|----------|--|
| (62-550,730 Reporting Formal Effective 01/1995 | | | | Lab F | Receipt Date | e & Tin | ne: 06 | /11/20 | 19 10:5 | 5 CDT | | |
| The Water Spiger Inc | | | | Analy | ysis Date & ' | Time: . | 06/11/ | 2019 1 | 2:13 C | DT | | |
| | | | | Sam | pie Accepta | ance C | riteria | ; | | | | |
| | | | | Samp | ole Preserva | ation: 🛭 | ₫On I c | :е 🗆 | Not Or | ı lce | ☑ 7. | 6_°C |
| | | | | Disin | fectant Che | ck: 🔯 | Not De | tected | | | ····· | _mg/L |
| | | | | This s | sample does | s not m | eet the | e follow | ving NE | LAC re | equirer | nents: |
| Report Number: WS19JUN11-008 Sub-C | ontract Lab ID: | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Analysis Requested: (check all that apply) | | | | HPC | ☐Other: | - | | | | | | 1000 |
| | | | | | PWS I.D. | 1 | 2 | 3 | 0 | 8 | 4 | 8 |
| PWS Address: P.O Box 428 | | | | | City: Port 5 | St. Ice | L | L | <u> </u> | أسنسنسن | <u> </u> | اـــــا |
| PWS or PWS Owner's Phone #: _850-227-7427 | , | V | Fax | #. | Oity. Libert | <u> </u> | · · · · · · · · · · · · · · · · · · · | | *************************************** | *************************************** | | ************************************** |
| Collector: <u>LM/MP</u> | | | | "`lector' | s Phone # | 850.2 | 77 524 | | 137 | *************************************** | | |
| ype of Supply: (check only one) ☑Community Water System □Non-Transier | nt Non-community | Matar Sua | stem ∏Tra | nsient | Non-comm | nunity \ | Vater S | System | 1 | | | |
| Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat | et ORaw (tringer | od or oone | | D // | 4-3 | | | | | _ | | |
| Sample Acceptance Criteria: Sample Acceptance Criteria: Sample Preservation: 🖾 on Ice 🗆 Not On Ice 💆 7.6 Disinfectant Check: 🖾 Not Detected 🗆 This sample does not meet the following NELAC requirements of the following Nelac Telescompleted of Notation of the following Nelac Telescompleted of Notation of the following Nelac Telescompleted of Notatio | | | | | | | | | | | | |
| To be completed by | collector of sample | , ii | | | | | Tab | a com | i kadi | ar/ lab | | Postáva sa |
| | | | Disin- | l | Analysis | Metho | d(s) : C | olilert, | SM 92 | 23 B | | |

| Sample # | Sample Point (Location or Specific Address) | Sample Collection | Sample | | Hq | | 7313 | wiethouts | , Comert, Sivi 9, | 223 B | |
|---------------------|--|---|---|--------------------|---------------------------------------|---|-------------|---|--|---------------------------------------|---|
| | (Location of Specific Address) | Time | Type' | Residual (mg/L) | Pit | No Coli | | Total Coliform | Fecal, <i>E. coli</i> , Enterococci, or Coliphage ² | Data Qualifier ³ | Lab Sample # |
| 3 | LUCI-110 Cape Dunes Dr. | 10:11EDT | s | 0.4 | 7.6 | | | Α | | | WS19JUN 1-008-001 |
| 4 | LUCI-158 Cape Dunes Dr. | 10:20EDT | S | 0,4 | 7.7 | | | Α | | | WS19JUN 1-008-002 |
| ~ | and the second s | | *************************************** | : | | | | | | | |
| | | · / / / / / / / / / / / / / / / / / / / | | | | <i>*</i> | | | | | |
| | | | S00 - 1 - 200 | | * * | | | | | | |
| | | | · | | · · · · · · · · · · · · · · · · · · · | | | : | | | *************************************** |
| Average samples. | of disinfectant residuals for distribution ro Free chlorine or Total chlorine (circle one). | outine & repe | at | 0.4 | | | | | *************************************** | | |
| ⊠DPD | ant Residual Analysis Method: Colorimetric | | | | NELA | C stan | dard | s, and the | sts are performed results relate of positive results: | nly to the s | ance with amples. |
| Person p | erforming disinfectant analysis is (see ins | tructions on | reverse |): | Date and tir | ne DEP/ | DOH | notified by I | ab of positive results |); | |
| | rtified operator (# <u>589</u> | |) | | Date Repo | | | | | | *************************************** |
| | rvised by certified operator (# | |) | 1 | Lab Sig | | | Lug | L. Onle | · | (***) |
| | oyed by a certified lab Employed by DE | or DOH | | | Lau Sigi | nature | | | - XIA MO | Ļ | |
| | orized representative of supplier of water | | | | Title: Pr | eside | nt | | × · | · · · · · · · · · · · · · · · · · · · | |
| | Larry McArdle | | | □ Satisf | | *************************************** | ****** | *************************************** | DEP/C | OH USE C | NLY I |

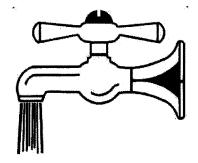
☐Satisfactory
☐Incomplete Collection Information
☐Repeat Samples Required
☐Replacement Samples Required

Date Reviewed by DEP/DOH; DEP/DOH Reviewing Official:

Lighthouse Utilites P.O. Box 428

Port St. Joe, FL 32456

For Sample Types see Instructions item F16
Please circle appropriate selection.
Defined in Honda Administrative Coke Rule 62-160, Table 1
Complete for community & non-transient nun-community systems serving populations up to and including 4,200. Du not include ray or plant samples in the average



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

07/10/19

LAB ID:

WS19JUL02-030

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Approved By:

Trish Jackson,/Freside

Serial #: WS19JUL02-030-Original

Date: 7-11-19

Report Type:Original

Page 1 of 2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

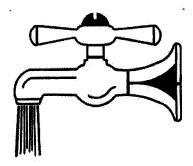
(62-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

The Water Spigot, Inc.

| F | age 2 of 2 |
|--------|---|
| L A | ab Receipt Date & Time: <u>07/02/2019 11:34 CDT</u> nalysis Date & Time: <u>07/02/2019 12:30 CDT</u> |
| | ample Acceptance Criteria: |
| | ample Preservation: ⊠On Ice □Not On Ice <u>□ 14.6°</u> isinfectant Check: ⊠Not Detected □ mg |
| | his sample does not meet the following NELAC requirement |
| | |

| | ast Highway 22 a City, FL 32404 | | | | Di | sinfec | tant Ch | eck: | ⊠N | ot D | etected | □ | LAC red | | mg/L |
|-------------|---|------------------------------|------------------------------|---|------------------------------------|-------------------|-----------------------------|--------------------|-------------------|---------------|--|----------------------------------|------------|-----------------|----------------------|
| Report I | Number: WS19JUL02-030 Sub-Contract | Lab ID: | | www. | | | | | | | ······································ | | | | |
| | is Requested: (check all that apply) Coliform/E. coli | Enterococci | □Co | liphage | HP(| C [|]Other: | - | | | | | · · | | |
| Public | Water System (PWS) Name: <u>Lighthous</u> | e Utilites | likis s - mažinin | ······································ | | P | ws 1.0 |). | 1 | 2 | 3 | 0 | 8 | 4 | 8 |
| PWS Ad | dress: P.O Box 428 | | | | | C | ty: <u>Por</u> | t St. | Joe | | | | | | |
| | PWS Owner's Phone #: 850-227-7427 | | | | ax #: | | | | | | www. | | | ····· | |
| | or: M. Pope | | | | Collec | tor's F | hone # | t: <u>85</u> | 0-22 | 7-53 | 49 | | | | |
| ⊠Comn | f Supply: (check only one) nunity Water System | ommunity V | Vater Sys wimming | stem 📑 Pool 🗀 | Γransi]Othe | ent N | on-con | nmur | nity V | Vate | r Syster | n | ***** | | |
| ⊠Distrib | n for Sampling: (check all that apply) pution Routine □Distribution Repeat ☑R ance □Replacement (also check type of sam | aw (triggere | ed or asse eplaced) | essment) Boil V | □Ra Vater | w (triç Notice | gered | or as | ssess | smer | nt) addil | ional | □Well | Sun | vey |
| Sample | e Collection Date: 07/02/2019 | | | | | | | | | | | | | | ** |
| | To be completed by collected | r of sample | T | | | | | | | | | | | | |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disin- fectant Residual (mg/L) | pН | | Non | | etnod Tota | . T | Fecal, | t, SM 92 E. coli, occi, or | Data | | Lab |
| | | | | (IIIg/L) | | _ | Colifo | rm (| Colifo | rm ' | Colipl | age ² | Qualif | er ³ | Sample |
| Α | LUCI- 8020 CSBR | 10:06EDT | ā | 0.2 | 7.7 | , | | | Α | | | | | | WS19JUL 2-030-00 |
| В | LUCI-4310 CSBR | 09:52EDT | D | 0.4 | 7.7 | | | | Α | | | | | | WS19JUL 2-030-002 |
| С | LUCI-980 CSBR | 10:26EDT | D | 2.5 | 7.6 | | | | Α | | | | - | | WS19JUL 2-030-003 |
| D | LUCI-7330 CR 30-A | 10:39EDT | D | 1.5 | 7.7 | | | | Α | | | | | | WS19JUL 2-030-004 |
| E | LUCI-8391 CR 30-A | 10:51EDT | D | 0.2 | 7.6 | | | | Α | | · | | | | WS19JUL 2-030-005 |
| F | LUCI 6 Well | 11:03EDT | R | | 7,6 | | | | Α | | | | | | WS19JUL 2-030-006 |
| | LUCI 16 Well | 09:27EDT | | | 7.8 | | | | Α | | | | | | WS19JUL 2-030-007 |
| | of disinfectant residuals for distribution ro .4 Free chlorine or Total chlorine (circle one). | utine & rep | eat | 0.96 | Unle | ess oth | nerwise | note | ed al | ll tes | ts are r | erforme | ed in acc | cords | ance with |
| ⊠DPI | tant Residual Analysis Method: Colorimetric Other: | | | | Date | NELA | C stand e PWS r | lards notifie | d by l | d the abof | results | relate o | only to th | | amples. |
| | performing disinfectant analysis is (see inst ertified operator (# <u>0000589</u> | ructions o | n reverse | ə): | ł | | e DEP/D t issued | 1.00 | ****** | | ab of pos | tive resul | ts: | | |
| | ervised by certified operator (# | | | | | | | | TOI 13 | 1 | \mathcal{T} | D | CO | | |
| □Em | oloyed by a certified lab | or DOH | | | Lab | Sigr | ature | | | M | | 4 | -/- | | |
| ∏Autl | norized representative of supplier of water | | | | Title | e: <u>Pre</u> | siden | t | | | | <u> </u> | · | | |
| : | Larry McArdle Lighthouse Utilites P.O. Box 428 Port St. Joe, FL 32456 | | | ☐Satis☐Incor☐Repe | nplete at Sa aceme eviewe | Collemples ent Sa | Requir mples I DEP/De | red Requ OH: | uired | | | DEP/ | DOH U | SE C | NLY |

For Sample Types see Instructions item 1.16
Please circle appropriate selection.
Defined in Florida Administrative Code Rule 62-160, Table 1.
Complete for community & non-transient non-community systems serving populations up to and meluding 4,900. Do not include raw or plant samples in the average.



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Fax (850) 871-9303 Phone (850) 871-1900 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

08/24/19

LAB ID:

WS19AUG20-015

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Serial #: WS19AUG20-015-Original

Report Type:Original

Page 1 of 2

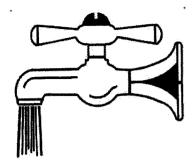
DRINKING WATER MICROBIAL SAMPLE COLLECTION

| The Water Spigot, Inc. |
|------------------------|
| 5806 East Highway 22 |
| Panama City, FL 32404 |
| E81105 |

| DRIN | ING WATER MICROBIAL SAMPLE LABORATORY REPORTING FO | | TION | | Pag | ge 2 | of 2 | | | | |
|--------------------|--|------------------------------|---|-----------------|-------------------|----------|-------------------|-----------------|--|---------------------------|---|
| | (62-550.730 Reporting Formal Effective 01/1995, Revised 02 | /2010) | | | Lab | Rec | eipt Date | & Time: | 08/20/2019 12 | :24 CDT | |
| The W | ater Spigot, Inc. | | | | | | | | 20/2019 15:54 | CDT | |
| | ast Highway 22 | | | | | | Accepta | | | Onton 157 | 146.00 |
| | a City, FL 32404 | | | | | | | | n Ice □Not · Detected □ | | |
| E81105 | • ' | | | | 1 | | | | the following I | | |
| Analys | Number: WS19AUG20-015 Sub-Contract lis Requested: (check all that apply) | | | | | | | | | | |
| ⊠Total | Coliform/E. coli | Enterococci | □Co | liphage | □нрс | |]Other: ∏ | | | | |
| | Water System (PWS) Name: <u>Lighthous</u> | e Utilites | | | | P | ws I.D. | 1 2 | 2 3 0 | 8 4 | 8 |
| | dress: P.O Box 428 | | | | | | | | | | |
| | PWS Owner's Phone #: 850-227-7427 | | | | Fax #: _ | | ***************** | | | | ···· |
| | or: <u>McArdle/Pope</u> | | | | Collecto | r's F | hone #:_ | 850-227- | 5349 | | |
| ☑Comn | f Supply: (check only one) nunity Water System □ Non-Transient Non-c d Use System □ Bottled Water □ Private \ | ommunity V | Vater Sys | stem 📑 | Transie 10ther | nt N | on-comm | unity Wat | er System | | |
| Reasor ⊠Distrib | n for Sampling: (check all that apply) oution Routine □Distribution Repeat ☒Rance □Replacement (also check type of sam | aw (triaaere | d or asse | essment) | ∏Rav | v (tric | agered or | assessm | | _Well Տւ | ırvey |
| | Collection Date: 08/20/2019 | pio boing to | piacca | | valor 14 | Otice | | ′!: | | | *************************************** |
| - | To be completed by collecto | n alseamble | | * | | - A - V | | 1 | a Karamalata | a heriak | |
| | | | | | Ι | 1 | Analysis I | Method(s |) : Colilert, SM | 9223 B | |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Residual | рH | | Non- | Total | Fecal, E. col | i, Data | Lab |
| | | | | (mg/L) | | - | Coliform | Coliform | Enterococci, Coliphage ² | Or Qualifier ³ | Sample # |
| Α | LUCI-2413 SR 30A | 11:41EDT | D | 0,5 | 7,7 | | | A | | | WS19AUG 0-015-001 |
| В | LUCI-190 Treasure Dr. | 09:54EDT | D | 2.0 | 7,8 | | | Α | | | WS19AUG 0-015-002 |
| С | LUCI-4414 CSBR | 10:13EDT | D | 1.4 | 7.7 | | | А | | | WS19AUG 0-015-003 |
| D | LUCI-6175 CSBR | 10:23EDT | D | 0,7 | 7.6 | | | А | | | WS19AUG 0-015-004 |
| E | LUCI-8022 CSBR | 10:55EDT | D | 0.7 | 7.7 | | | Α | | | WS19AUG 0-015-005 |
| G | LUCI-16" Well | 09:37EDT | R | | 7,8 | | | Α | | | WS19AUG 0-015-006 |
| | | | | | | | | | | | |
| verage | of disinfectant residuals for distribution round. Free chlorine or Total chlorine (circle one). | utine & rep | eat | 1.06 | , | | | ļ | <u> </u> | | |
| | | | | | | | | | ests are perforr le results relate | | |
| | tant Residual Analysis Method: | | | | | | | | | - | samples, |
| | O Colorimetric Other: | | ,,,,,,,,,,,,, , | , | | | | • | of positive results: | | |
| | performing disinfectant analysis is (see inst rtified operator (# 589 | ructions or | ı reverse | :): | | | | | lab of positive re | sults: | |
| | ervised by certified operator (# | | / | : | Date R | eport | Issued: 0 | 3/24/1 9 | 7.1 | <u> </u> | ********** |
| | loyed by a certified lab | or DOH | *************************************** | | Lab S | Sign | ature | <u>-</u> | | CKO | ***************************** |
| | orized representative of supplier of water | OI BOIT | | | Title: | Pre | sident | <u> </u> | -0 | | |
| | Law. Manadla | | 1 | | l | <u> </u> | | | nF | P/DOH USE | ONLY |
| | Larry McArdle | | | □Satis | | | | | E/L | | J. 1 |
| | Lighthouse Utilites P.O. Box 428 | | | | | | ction Infor | | | | |
| | Port St. Joe, FL 32456 | | | | | | mples Re | | | | |
| | | | | Data Pa | wiowed | by F | JED/DOH | | | | - |

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

For Sample Types see Instructions stem 1.16
Please circle appropriate velection:
Please circle appropriate velection:
Posted in Private Administrative Code Rule 62-160, Table 1.
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.



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 * Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For:

Lighthouse Utilites

Attention:

Larry McArdle

Client Address:

P.O Box 428

Port St. Joe, FL 32456-

Report Date:

09/16/19

LAB ID:

WS19SEP04-040

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

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Approved By:_

Trish Jackson, President

Serial #: WS19SEP04-040-Original

Date: 9-20-19

Report Type:Original

Page 1 of 2

| The Wa 5806 Ea Panama E81105 Report N Analysi Total C Public N PWS Add PWS or I Collector Type of | ING WATER MICROBIAL SAMPLE & LABORATORY REPORTING FO (62-550.730 Reporting Format Effective 01/1995, Revised 02) ter Spigot, Inc. st Highway 22 City, FL 32404 umber: WS19SEP04-040 Sub-Contract s Requested: (check all that apply) Coliform/E. coli | RMAT (2010) Lab ID: Enterococci se Utilites community W | □Coli | phage From C | Lab I Anal Sam Sam Disir This | ysis D ple Ar ple Pr fectar samp C type City r's Ph | t Date & ate & Time coeptance eservation of Check: de does not there: | ne: 09/04 re Criteria n: \(\text{On I} \) \(\text{Not De} \) ot meet th 1 2 . Joe 50-227-53 | oce Not On I | T ce 🗵 13 | _ mg/L ments: |
|---|--|--|-----------------------------|--------------|-------------------------------|--|--|--|---|-------------------------------------|----------------------|
| □Limite Reason | nunity Water System | vveiisv | virrining | osmont) | Omei. ∏Pav | (triac | ered or a | ssessme | nt) additional | □Well Sur | vey |
| A | C-IItion Date: 00/04/2019 | | | | | | | | | | |
| Sample # | To be completed by collect Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disin- | pН | | Non- | Aethod(s) Total Coliform | : Colilert, SM 92 Fecal, E. coli, Enterococci, or Coliphage ² | 223 B Data Qualifier ³ | Lab Sample # |
| А | LUCI-445 CSBR | 09:32EDT | D | 0,5 | 7.7 | | | А | | | WS19SEP 4-040-001 |
| В | LUCI-180 Martingue | 10:09EDT | D | 0,4 | 7,7 | | NO STATE OF THE PARTY OF THE PA | А | | | WS19SEP 4-040-002 |
| С | LUCI-258 Sandlewood | 09:56EDT | D | 0.7 | 7.7 | | | A | | | WS19SEP 4-040-003 |
| E | LUCI-4433 Ebbtide | 10:19EDT | D | 0.6 | 7.7 | | | Α | | | WS19SEP 4-040-004 |
| F | LUCI-2115 SR 30-A | 00:00EDT | a | 0.2 | 7.7 | | | Α | | | WS19SEP 4-040-005 |
| G | LUCI-16" Well | 09:20EDT | R | | 7.8 | | | A | | | WS19SEP 4-040-006 |
| | | | | | ĺ | | | | | | |
| Averag sample | e of disinfectant residuals for distribution s. Free chlorine or Total chlorine (circle one | routine & rep | peat | 0.48 | Unle | ss oth | erwise n | oted, all to | ests are perform he results relate | ed in accord | dance with |
| ⊠DF Person ⊠A ∈ ∏Su ∏En | ctant Residual Analysis Method: De Colorimetric Other: performing disinfectant analysis is (see in certified operator (#_589 pervised by certified operator (# | | on revers | se): | Date Date Date | and tim and tim Repor | e PWS not e DEP/DO | ified by lab H notified b | of positive results: _ y lab of positive resu | ılts: | |

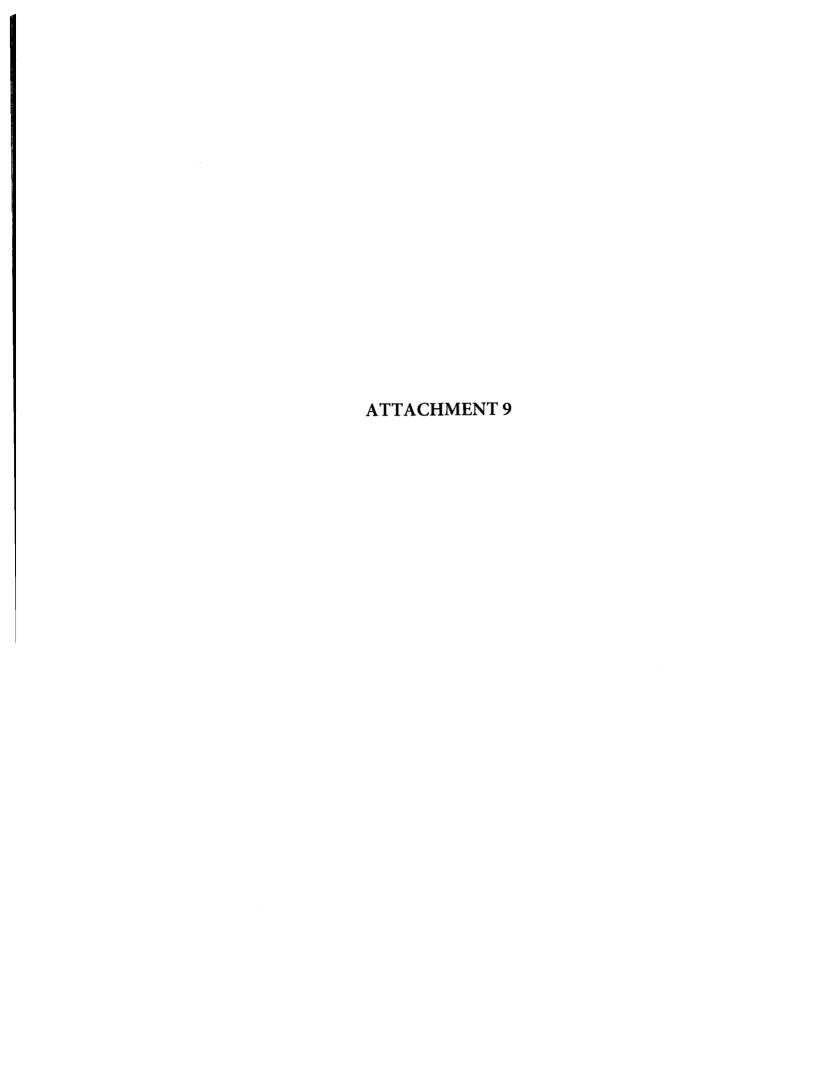
Larry McArdle Lighthouse Utilites P.O. Box 428 Port St. Joe, FL 32456

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

For Sample Types see Instructions item 1.16
Please circle appropriate selection
Defined in Florida Administrator C circle Rule (2-160, Table 1)
Defined in Florida Administrator C circle Rule (2-160, Table 1)
Complex 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
Complex 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

| DRINI | KING WATER MICROBIAL SAMPLE & LABORATORY REPORTING FO (82-550 750 Reporting Format Effective 01/1995, Revised 02 | RMAT | CTION | | LHO |) FLUC | shed By: | . rone | 24-19 | <u> </u> | 8> |
|---|--|----------------------|--|-------------------------------|---------------------------------|-----------------------|---------------------------------------|------------------------------------|---|---|-----------------|
| 5806 Pana | Water Spigot, Inc. E. Highway 22 Ima City, Florida 32404 9871-1900 | | | | San San Disi | mple nple infec | tant Check | ice Critei on: ☑on :: ☐Not [| | | ma/L |
| Report I | Number: Sub-Contract (| Lab ID: | · | | | ***** | | - | | | |
| ⊠Total | is Requested: (check all that apply) Coliform/E. coli | | | _ | _ | |]Other: | | DP04- | 040 | 7 |
| | Water System (PWS) Name: Lighthous | | | | | | W8 I.D. <u>1</u> | 23084 | 18 | | |
| | Idress: <u>P.O. Box 428</u> PWS Owner's Phone #: <u>850-227-3501</u> | | | | | • | ity: <u>Port St.</u> | Joe | *************************************** | | |
| | or: Larry McArdle M. Pope " | 1002 | 5261 | - Ч | rax e. g Collecto | ore (| 229-1118 Phone #: 84 | S0_227_51 | 140 | *************************************** | |
| Type o ⊠Comr ∐Limite | f Supply: (check only one) nunity Water System | ommunity V | Nater Suc | tem 🗀 | Francia | mt bli | | | | | |
| ⊠Distrit □Clear | outlon Routine Distribution Repeat Rance Replacement (also check type of sem) Collection Date: September | ibie peiud id | iplaced) | Boll V | □Rew Vater No | otice | ggered or a | 1850ssme 7: | nt) additional | □Well Sur | Vey |
| | To be completed by collecto | r of sample | <i></i> | | | | | Ţ | o be completed b | y lab | |
| Sample | Sample Point (Location or Specific Address) | Sample Collection | Sample Type ¹ | Disin- fectant Residual | рН | | Analysis N | fethod(s) | | | |
| *************************************** | | ET | 1,700 | (mg/L) | | | Non- Collform | Total Collform | Fecal, <i>E. coli,</i> Enterococci, or Coliphage ³ | Data Qualifier ⁴ | Lab Sample # |
| A | 445 CSBR 0619 - 100 4 | 0932 | D | 0,5 | 7, | 7 | | | | | 33 |
| В | 180 Martinque 0619-1035 | 1009 | D | 0.4 | 7,7 | | | | | | 34 |
| С | 258 Sandlewood 0 19 - 002 | 0956 | D | 0.7 | 7.7 | | | | | | 35 |
| D | 4433 Ebbtide 0619-1038 | 1019 | D | 0,6 | 7,7 | | | | | | 34 |
| | 2115 SR 30-A 0619-1008 | | <u>) o</u> | り、る | 7,7 | | | | | | 37 |
| F | 6"WELL OUT OF SERVICE | | R | | | | | | | | |
| | 16"WELL 0619-1036 | 0920 | R | ~0~ | 7,8 | | | | | | 38 |
| verage emples | of disinfectant residuals for distribution rou Free chlorine or Total chlorine (circle one) | rtine & rep | eat | | Unless | a ott | erwise not | ed all te | sts are performe | i in accords | noe with |
| ⊠ DP0 | tent Residuel Analysis Method:) Colorimetric Other: | · | *********** | | NE | ELA | C standard | s, and the | positive results: | nly to the se | amples. |
| | performing disinfectant analysis is (see insti- perfiled operator (# 0000589 | ructions or | reverse |): | Dete an | nd tim | • DEP/DOH | notified by i | ab of positive results | : | |
| | ervised by certified operator (# 0000589 | | | | | | | | * | | |
| □Emp | loyed by a certified lab Employed by DEP cortzed representative of supplier of water | or DOH | ······································ | | | | | | | | |
| | and the second second of water | | | | ι π ιο : | | | | | | |
| | McArdie 13@falrpoint.net | | | Repe | iplete C at Samj | ples | ction Inform Required mples Req | | DEP/C | OH USE C | NLY |

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



| Allocation Policy for O&M Expenses | .1 | .2 | .3 | .4 | .5 | .6 | .7 | .8 | <u> </u> |
|---------------------------------------|------------|-------------|------------|-------------|----------------|----------------|------------|----------|----------|
| | SOURCE OF | SOURCE OF | WATER | WATER | TRANSMISSION | TRANSMISSION | | | <u> </u> |
| | SUPPLY AND | SUPPLY AND | TREATMENT | TREATMENT | & DISTRIBUTION | & DISTRIBUTION | CUSTOMER | ADMIN. & | |
| | EXPENSES - | EXPENSES - | EXPENSES - | EXPENSES - | EXPENSES - | EXPENSES - | ACCOUNTS | GENERAL | <u> </u> |
| | OPERATIONS | MAINTENANCE | OPERATIONS | MAINTENANCE | OPERATIONS | MAINTENANCE | EXPENSE | EXPENSES | TOTAL |
| | (d) | (e) | Ŋ | (g) | (h) | 0 | (i) | (k) | <u> </u> |
| 601 Salaries and Wages - Employees | 15% | | 5% | | 4% | | 13% | 63% | 100% |
| 603 Salaries and Wages - Officers, | | | | | | | | | |
| Directors and Majority Stockholders | | 5% | | 10% | | 20% | | 65% | 100% |
| 604 Employee Pensions and Benefits | 5% | 9% | 4% | 18% | | 39% | 10% | 15% | 100% |
| 610 Purchased Water | 100% | | | | | | | | 100% |
| 615 Purchased Power | 100% | | | | | | | | 1009 |
| 616 Fuel for Power Production | 100% | | | | | | | | 1009 |
| 618 Chemicals | 100% | | | | | | | | 1009 |
| 620 Materials and Supplies | | | 1 | | 3% | | 86% | 11% | 1009 |
| 631 Contractual Services-Engineering | 15% | 15% | 15% | 15% | 15% | 15% | 5% | 5% | 1009 |
| 632 Contractual Services - Accounting | 15% | 5% | 5% | 5% | 5% | 5% | 25% | 35% | 1009 |
| 633 Contractual Services - Legal | | | | | | | | 100% | 1009 |
| 634 Contractual Services - Mgt. Fees | | | | | | | | 100% | 1009 |
| 635 Contractual Services - Testing | | | | 100% | | | | | 1009 |
| 636 Contractual Services - Other | | | | | 70% | | | 30% | 1009 |
| 641 Rental of Building/Real Property | | | | | | | 50% | 50% | 1009 |
| 642 Rental of Equipment | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 30% | 1009 |
| 650 Transportation Expenses | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 30% | 1009 |
| 656 Insurance - Vehicle | | | | | 100% | | | | 1009 |
| 657 Insurance - General Liability | | | | | | | | 100% | 1009 |
| 658 Insurance - Workman's Comp. | 16.7% | 16.7% | 16,7% | 16.7% | 16.7% | 16.7% | | | 1009 |
| 659 Insurance - Other | 16.7% | 16.7% | 16.7% | 16.7% | 16.7% | 16.7% | | | 1009 |
| 660 Advertising Expense | | | | | | | | 100% | 1009 |
| 666 Regulatory Commission Expenses | | | | | | | | | |
| - Amortization of Rate Case Expense | , | | | | | | | 100% | 1009 |
| 667 Regulatory Commission ExpOther | | | | | | | | 100% | 1009 |
| 668 Water Resource Conservation Exp. | 50% | 50% | | | | | | | 1009 |
| 670 Bad Debt Expense | | | | | | | 100% | | |
| 675 Miscellaneous Expenses | | | | | | | | 100% | 1009 |

ATTACHMENT 10

| Vehicle | Original Cost | Assigned Driver |
|---------------------------------|---------------|-----------------|
| 1998 Chevrolet C1500 | \$17,862.76 | Matthew Pope |
| 2005 Chevrolet Silverado C1500 | \$18,216.91 | Matt Dixon |
| 2006 Dodge Ram 1500 Quad ST/SLT | \$21,731.94 | Larry McArdle |

ATTACHMENT 11

Owners

Page 1

19020 (10-80) 11-09-2018 Issued

AUTOMOBILE POLICY DECLARATIONS

INSURANCE COMPANY 6101 ANACAPRI BLVD., LANSING, MI 48917-3999

HANNON INSURANCE AGENCY LLC

INSURED LIGHTHOUSE UTILITIES CO INC

12-0331-00

MKT TERR 055

(850) 227-1133

POLICY NUMBER

Endorsement Effective 50-990-395-00

Company Use

78-04-FL-1612

11-07-2018

Company

POLICY TERM 12:01 a.m.

12:01 a.m.

Bill

12-14-2017

12-14-2018

ADDRESS PO BOX 428

PORT SAINT JOE FL 32457-0428

This policy is amended in consideration of the additional or return premium shown below. This Declarations voids and replaces all previously issued Declarations bearing the same policy number and premium term.

DESCRIPTION OF ITEM INSURED

TERRITORY

CLASS

| 1. 1998 CHEV C1500 VIN: 1GCEC14W4WZ2! | 59418 | Gulf County, FL | |
|---|--|---|-----------|
| COVERAGES Combined Liability Uninsured Motorist Medical Payments Personal Injury Protection | LIMITS \$1Million occurrence \$1Million person/\$1Million occurrence \$ 2,000 person Medical and Disability - \$10,000 person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 person | PREMIUM \$458.80 303.24 9.02 28.84 | CHANGE . |
| | TOTAL | \$799.90 | No Charge |

Interested Parties: None

Additional Forms For This Item:

89366 (06-13)

79308 (04-14)

89358 (01-13)

79539 (03-99)

ITEM DETAILS: Light truck operated within a 100 mile radius - service use.

USE CLASS (00727): Contractor - Miscellaneous.

A 5% discount has been applied to automobiles used in contracting business.

Vehicle Count Factor Applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2017

130

0013751 0836

| VIN: 1GCEC14X45Z181 | 200 | Gulf County, F | |
|---|--|-------------------------------------|-----------|
| COVERAGES Combined Liability Uninsured Motorist Medical Payments Personal Injury Protection | LIMITS \$1Million occurrence \$1Million person/\$1Million occurrence \$ 2,000 person Medical and Disability - \$10,000 person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 person | \$509.78 303.24 9.02 28.84 | CHANGE |
| | TOTAL | \$850.88 | No Charge |

Interested Parties: None

Additional Forms For This Item:

89366 (06-13)

79308 (04-14)

89358 (01-13)

79539 (03-99)

ITEM DETAILS: Light truck operated within a 100 mile radius - service use.

USE CLASS (00727): Contractor - Miscellaneous.

A 5% discount has been applied to automobiles used in contracting business.

Vehicle Count Factor Applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2017

130

0018751 0836



OWNERS INS. CO.

AGENCY

HANNON INSURANCE AGENCY LLC

12-0331-00

MKT TERR 055

Company Bill

POLICY NUMBER Company Use

50-990-395-00

CLASS

CHANGE

19020 (10-80)

11-09-2018

78-04-FL-1612

Term 12-14-2017 to 12-14-2018

TERRITORY

033

Issued

| DESCRIPTION | OF | ITEM | INSURED |
|-------------|----|------|---------|

INSURED LIGHTHOUSE UTILITIES CO INC

3. 2006 DODG RAM 1500 QUAD ST/SLT Gulf County, FL

VIN: 1D7HU18236S629242 **COVERAGES** Combined Liability

Uninsured Motorist Medical Payments Personal Injury Protection LIMITS \$1 Million occurrence

\$1 Million person/\$1 Million occurrence \$ 2,000 person Medical and Disability - \$10,000 person

Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 person

TOTAL

\$972.38

PREMIUM

\$631.28

303.24

9.02

28.84

No Charge

Interested Parties: None

Additional Forms For This Item:

89366 (06-13)

79308 (04-14)

89358 (01-13)

79539 (03-99)

ITEM DETAILS: Light truck operated within a 100 mile radius - service use.

USE CLASS (00727): Contractor - Miscellaneous.

A 5% discount has been applied to automobiles used in contracting business.

Vehicle Count Factor Applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2017

130

0028001 0836

TOTAL POLICY PREMIUM PAID IN FULL DISCOUNT APPLIES

TERM \$2,623.16 ALL ITEMS

No Charge

The Paid In Full Discount does not apply to fixed fees or statutory charges.

Forms That Apply To All Items: 79706 (07-15) 79419 (03-99) 79001 (03-99) 89058 (04-07) 79200 (06-92) 89368 (03-11)

79524 (06-92) 79517 (01-07)

79540 (03-99)

79550 (06-92)

Policy Rate Code 0000

Paid In Full Discount Applies.

00836 00960

Countersigned By: HANNON INSURANCE AGENCY LLC

ATTACHMENT 12

Fax

Date:

10/23/2018

To:

Willam J. Rish, Jr.1290911C

From:

DIANA VIZCARRONDO

Subject:

"Please contact Consumer Affairs at (850) 413-6100 if you have any fax problems. If you have any questions regarding complaints, please contact the assigned analyst. If you have received this fax in error, please contact Consumer Affairs as soon as possible.

Thank you."

P50-413-6528

No Adm Docker

| # ### ### ### ### ### ### ### ### ### | 1 - Marie | | |
|---|---|--|----------------------------|
| | | | |
| | *** | PL | BASE RETURN THIS FORM |
| FLORIDA PUBLIC SERVICE COMMISSION | | wi | TH REPORT OF ACTION TO: |
| CONSUMER REQUEST | | | |
| 2540 SHUMARD OAK BOULEVARD | | | DIANA VIZCARRONDO |
| TALLAHASSEE, FL. 32399-850 | | | |
| 850-413-6100 | 4/ | | |
| Name VAN DOP , NINA MS | Company LIGHTHOUS | SE UTILITIES COMPANY, R | equest No. 1290907C |
| Business Name | Company Code WU51 | 13 | |
| | | By DV | Time 13:22 Date 10/23/2018 |
| Address 118 SABAL CIRCLE | County Gulf | | |
| | Consumer's (616) | -633-2085 Type IS | 17 Phone E-FORM |
| | Telaphone # (040) | Type 15 | Phone Divad |
| | Can be | | |
| City/Zip Port Saint Joe 32456- | Resphed | | |
| | | many in the second seco | |
| Account Number E-Mail Ad | dress Nvandop@gmail.com | Outreach | Date 10/23/2018 |
| ************************************** | | Public Official N | |
| 0/23/18 THIS IS NOT A COMPLAINT. Please revie | ew austomer darrespondence | Plance contact customs | r recarding concerns shout |
| urricane Michael outage. DVircarrondo | an out topical | | regarding concerns aware |
| | | | |
| Original Message | · · · · · · · · · · · · · · · · · · · | | |
| rom: consumerComplaint@psc.state.fl.us [mailte | o:consumerComplaint@psc.st: | sta.fl.ue] | |
| ent: Tuesday, October 23, 2018 1:12 PM | ž. | | |
| o: Consumer Contact | | | |
| ubject: E-Form Repairs TRACKING NUMBER: 12773 | 9 | | |
| USTONER INFORMATION | · 386-y-986 | | |
| ame: Nina Van Dop | Mayor . | | |
| elephone: (616) 633-2085 | | | |
| | i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de | | |
| mail: Nvandop@gmail.com | * | | |
| | ÷ | | |
| ddress: 6466 terravita Whitehall MI 49461 | ± | | |
| ddress: 6466 terravita Whitehall MI 49461 USINESS INFORMATION | # 2 | | |
| Email: Nvandop@gmail.com Address: 6466 terravits Whitehall MI 49461 SUSINESS INFORMATION Business Account Mame: Nina Van Dop Account Number: 103189 | *** | | |

PAGE NO:

1

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Address: 118 Sabal circle Port at joe FL 32456

Water County Selected: Gulf

COMPLAINT INFORMATION

Complaint: Repairs against Lighthouse Utilities Company, Inc.

1 3

i ji

i k

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PAGE NO:

2

Fax

Date:

10/23/2018

To:

Willam J. Rish, Jr.1290907C

From:

DIANA VIZCARRONDO

Subject:

"Please contact Consumer Affairs at (850) 413-6100 if you have any fax problems. If you have any questions regarding complaints, please contact the assigned analyst. If you have received this fax in error, please contact Consumer Affairs as soon as possible.

Thank you."

| FLORIDA PUBLIC SERVICE CÓMMISSION COMSUMER REQUEST 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL. 32399-850 850-413-6100 | · · · · · · · · · · · · · · · · · · · | PLEASE RETURN THIS FORM WITH REPORT OF ACTION TO: DIANA VIZCARRONDO |
|--|--|---|
| Name LARKIN , CYNTHIA MS | Company LIGHTHOUSE UTILIT | IES COMPANY, Request No. 1290911C |
| Business Name | Company Code WU533 | • |
| Address 122 W OVATION DR | County Gulf | By DV Time 13:29 Date 10/23/20: |
| City/Zip Port Saint Joe 32456- | Telephone # (303) -886-7690 | Type IS-17 Phone E-FORM |
| Account Mumber E-Mail Addg | Reached 3 | |
| | Pu | blic Official N |
| /23/18 THIS IS NOT A COMPLAINT. Please review chael outages. DvizcarrondoOriginal Message om: consumerComplaint@psc.state.fl.us [mailto: at: Tuesday, October 23, 2018 12:37 pm | Pu dustomer correspondence. Please consumerComplaintepsc.state.fl.us | blic Official N contact customer regarding Burricane |
| /23/18 THIS IS MOT A COMPLAINT. Please review chael outages. DVizcarrondoOriginal Message om: consumerComplaint@psc.stmte.fl.us [mailto: nt: Tuesday, October 23, 2018 12:37 PM: Consumer Contact bject: E-Form Service Outage TRACKING NUMBER: | Pu dustomer correspondence. Please consumerComplaintepsc.state.fl.us | blic Official N contact customer regarding Burricane |
| /23/18 THIS IS MOT A COMPLAINT. Please review chael outages. DVizcarrondoOriginal Message om: consumerComplaint@psc.state.fl.us [mailto: at: Tuesday, October 23, 2018 12:37 pm: Consumer Contact bject: E-Form Service Outage TRACKING NUMBER: STOMER INFORMATION | Pu dustomer correspondence. Please consumerComplaintepsc.state.fl.us | blic Official N contact customer regarding Burricane |
| chael outages. DVizcarrondo Original Message om: consumerComplaint@psc.state.fl.us [mailto: at: Tuesday, October 23, 2018 12:37 PM : Consumer Contact bject: E-Form Service Outage TRACKING NUMBER: STOMER INFORMATION ma: Cynthia Larkin | Pu dustomer correspondence. Please consumerComplaintepsc.state.fl.us | blic Official N contact customer regarding Burricane |
| chael outages. DVizcarrondo Original Message om: consumerComplaint@psc.state.fl.us [mailto: nt: Tuesday, October 23, 2018 12:37 PM : Consumer Contact bject: E-Form Service Outage TRACKING NUMBER: STOMER INFORMATION me: Cynthia Larkin lephone: (303) 886-7698 ail: | Pu dustomer correspondence. Please consumerComplaintepsc.state.fl.us | blic Official N contact customer regarding Burricane |
| chael outages. Dvizcarrondo Original Message cm: consumerComplaint@psc.state.fl.us [mailto: nt: Tuesday, October 23, 2018 12:37 PM consumer Contact bject: E-Form Service Outage TRACKING NUMBER: STOMER INFORMATION me: Cynthia Larkin lephone: (303) 886-7698 ail: dress: 122 w ovation dr Port St Joe FL 32456 SINESS INFORMATION | Pu dustomer correspondence. Please consumerComplaintepsc.state.fl.us | blic Official N contact customer regarding Burricane |
| chael outages. Dvizcarrondo Original Message om: consumerComplaint@psc.stmte.fl.us [mailto: nt: Tussday, October 23, 2018 12:37 pm : Consumer Contact bject: E-Form Service Outage TRACKING NUMBER: STONER INFORMATION ma: Cynthia Larkin lephone: (303) 886-7698 ail: dress: 122 w ovation of Post St Joe FL 32456 | Pu dustomer correspondence. Please consumerComplaintepsc.state.fl.us | blic Official N contact customer regarding Burricane |

Name LARKIN , CYNTHIA MS

Request No. 1290911C

Address: 122 w ovation dr Port St Joe FL 32456

+ #

Water County Selected: Gulf

COMPLAINT INFORMATION

Complaint: Service Outage against Lighthouse Utilities Company, Inc. Details:

Details:
I live on CapeSanBlas full time and work

From home full time. We are being told it will be two months before there is water. This is just unacceptable. They haven't even started working on it. Our insurance companies likely won't pay our lodging as it's not related to our home having damage. There are 300 full time residents here. Some came back and are taking showers with bottles water and using buckets for sewer. Please help.

PAGE NO:

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From: DIANA VIZCARRONDO

Fax

Date:

10/23/2018

To:

Willam J. Rish, Jr.1290923C

From:

DIANA VIZCARRONDO

Subject:

"Please contact Consumer Affairs at (850) 413-6100 if you have any fax problems. If you have any questions regarding complaints, please contact the assigned analyst. If you have received this fax in error, please contact Consumer Affairs as soon as possible.

Thank you."

| Request No. 1290923C | Name CAMPBELL , LYNNI | DA MS | Business: | WARRANT CO. | | |
|--|--|--|-------------------|-----------------|---|----------|
| FLORIDA PUBLIC SERVICE COMP CONSUMER REQUEST 2540 SHUMARD OAK BOULEVAR TALLAHASSEE, FL. 32399-85 850-413-6100 | RD | And the second s | | | RETURN THIS FORM PORT OF ACTION TO: DIANA VIZCARRONDO | |
| Name CAMPHELL , LYNNDA MS | | Company LIGHT | OUSE UTILITIES CO | OMPANY, Reques | t No. 1290923C | . |
| Business Name | | Company Code | rU533 | | | |
| Address 103 SUMMER HOUSE LANE | | County Gulf | | by DV T | ime 14:00 Data 10/23/20 | 18 |
| | ······································ | Consumer's (6 | 78)-772-7117 | Type IS-17 | Phone E-FORM | _ |
| | | Can be | | | | |
| City/Sip Port Saint Joe | 32456- | Reached ' [| | | | |
| City/Zip Port Saint Joe Account Humber | 32456- E-Mail Address | Reached | Outreac | h | Date10/23/201 | 8 |
| | | Reached | | h Official N | Date 10/23/201 | 8 |
| Account Number 10/23/18 THIS IS NOT A COMPLAIN Michael outage. Dviscarrondo | R-Mail Address | | Public | Official W | | 8_ |
| Account Number | E-Mail Address T. Please review dus | tomer corresponder | Public : | Official W | | 8 |
| Account Number 10/23/18 THIS IS NOT A COMPLAIN Michael cutage. Dviscarrondo "Original Message From: consumerComplaintSpsc.stm Sent: Tuesday, October 23, 2018 To: Consumer Contact | E-Mail Address Tr. Please review dus te.fl.us [mailto:cons 12:52 PM TRACKING NUMBER: 1277 | sumarComplaintepsc | Public : | Official W | | <u>.</u> |

1

PAGE NO:

Address: 103 summer house lane cape san blas FL 32456

11

Water County Selected: Gulf

COMPLAINT INFORMATION

Complaint: Service Outage against Lighthouse Utilities Company, Inc.

Details:

Hello,

We live in the north end of Cape San Blas. While we are blessed that our house only sustained minor damage from the hurricane, we still do not have water and sewer. While the road is temporally fixed and electricity is up we are not getting any answers about repairs except that it will take weeks. To many of us , this is not acceptable. We are not living in a 3rd world country where we should be without water and sewer for weeks. Please help us get answers and repairs done!! Thank you!!"

PAGE NO:

-

To: Willam J. Rish, Jr.1290927C

Fax

Date:

10/23/2018

To:

Willam J. Rish, Jr.1290927C

From:

DIANA VIZCARRONDO

Subject:

"Please contact Consumer Affairs at (850) 413-6100 if you have any fax problems. If you have any questions regarding complaints, please contact the assigned analyst. If you have received this fax in error, please contact Consumer Affairs as soon as possible.

Thank you."

| | 1 | |
|---|---|---|
| equest No. 1290927C Name CURTIN , DAN MR. | Business: | |
| FLORIDA FUBLIC SERVICE COMMISSION CONSUMER REQUEST 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL. 32399-850 850-413-6100 | 9-100 m. · | PLEASE RETURN THIS FORM WITH REPORT OF ACTION TO: DIANA VIZCARRONDO |
| Name CURTIN ,DAN MR. | Company LIGHTHOUSE UTILITIES COME | PANY, Request No. 1290927C |
| Address 6129 CAPE SAN BLAS RD | Company Code WU533 County Fayette | By DV Time 14:12 Date10/23/2018 |
| City/Zip Payetteville 30215- | Telephone a Can be Reached | Type IS-17 Phone E-FORM |
| | | |
| Account Number 102992 E-Mail Address do | njcurtin@hotheil.com Outreach Public Of | Date 10/23/2018 ficial N |
| D/23/18 THIS IS NOT A COMPLAINT. Please review cust | Public Of | ficialN |
| 0/23/18 THIS IS NOT A COMPLAINT. Please review cust ichael outage. DVizcarrondoOriginal Nessage Trom: consumerComplaint@psc.state.tl.us [mailto:consu | Public Of mer correspondence. Please contact | ficialN |
| 0/23/18 THIS IS NOT A COMPLAINT. Please review cust ichael outage. DViscarrondoOriginal Message rom: consumerComplaint@psc.state.fl.us [mailto:consument: Tuesday, October 23, 2018 1:42 PM o: Consumer Contact | Public Of Public Of Public Of Public Of Public Of Public Of Public Of | ficialN |
| 0/23/18 THIS IS NOT A COMPLAINT. Please review cust ichael outage. DViscarrondoOriginal Nessage rom: consumerComplaint@psc.state.tl.us [mailto:consument: Tuesday, October 23, 2018 1:42 PM | Public Of Public Of Public Of Public Of Public Of Public Of Public Of | ficialN |

The second of

Address: 6129 Cape San Blas RD Port St Joe FL 32456

Water County Selected: Gulf

COMPLAINT INFORMATION

Complaint: Service Outage against Lighthouse Utilities Company, Inc.

1 1

Details:

It is being reported that we will not have water or sewer service on Cape San Blas (north end) for a couple of months. This is unacceptable as we all understand the impact Hurricane Michael has had but they could at least run a temporary line where it was severed until a permanent line can be installed. This impacts several hundred homes and we need your help please."

PAGE NO:



Jay Rish <jayrish2@gmail.com>

Complaint - Scott Kidd - 127 Sandpiper

1 message

Mr Jackie Evans < jevans@iighthouseutilities.com> To: iav@lighthouseutilities.com

Mon, Sep 17, 2018 at 5:12 PM

Jay

On Monday 8/20/2018 I had a message on the phone from Mr. Kidd. In his message he was concerned about an unusually high bill. I tried to call him back but got no answer and the voice mall was not set up on the number he gave me. I sent him an email and later called I called again and talked to Mr. Kidd. I told him the reason for the high bill was that the monthly read showed that his usage was up considerably. He stated no one was at the house and he couldn't understand why the usage would be so high. I urged him to make sure he didn't have a leak. I told him we would try to data log the meter and that would tell us how much usage occurred on which dates. I sent out a work order on 8/20/2018 and the data log was completed on 8/21/2018. I received a copy of the data log in an email from Larry on 8/23/2018. I emailed Mr. Kidd on the same day and attached a copy of the data log report with the service dates highlighted and a copy of the PSC tract that we keep in the office. The report speaks for itself in that the usage did occur. On 8/20/2018 the report showed no usage so if there was a leak it was fixed. My email also stated that we were under no obligation to show how the water was used once it passed through the meter. We talked on the phone after he received the email and I tried to explain that the report only shows when the usage occurred and that was all I could tell him. In that conversation I pointed out that water usage on the 20th was zero and did he have plumbing problems fixed. He said that he had not done any repairs to the plumbing. I said it looks like someone may have left a valve open, found it and turned it off or a toilet might have been stuck. He didn't believe that was what happened. I was speculating so I let that drop. I am not sure of the exact date but Mr. Kidd came by the office after our second phone conversation. Since I couldn't tell him how the water was used he was not satisfied. We talked for 10-20 minutes his response was that he couldn't believe the usage occurred since no one was at the house. I told him the reports shows the water went through the meter. I see no reason to adjust his bill.

Jack

Mr Jackie Evans

From:

Mr Jackie Evans [jevans@lighthouseutilities.com]

Sent:

Thursday, August 23, 2018 3:11 PM

To:

'skidd3309@hotmail.com'

Attachments:

126 Sandpiper Road pdf; PSC TRACT.PDF; PSC TRACT2.pdf

Scott

Attached is the data log report for the house meter at 126 Sandpiper Road. I have highlighted the usage for the service dates on the last invoice. As you can see the daily usage nearly matches the monthly usage. There is difference of 230 gallons for the 8/7/2018 reading. This is due to time the difference. The data log was done at 12:17 PM and the monthly read was at 3:33 PM. The high usage continued for ten more days and you will be billed for that usage on the next read cycle.

We are under no obligation to show how this water was used once it has passed through the meter.

Jack Evans Lighthouse Utilities Billing Office 850-227-7427

Mr Jackie Evans

From:

Mr Jackie Evans [jevans@lighthouseutilities.com] Monday, August 20, 2018 2:29 PM 'skidd3309@hotmail.com'

Sent:

To:

Subject:

Lighthouse Utilities

Our records show you have two meters. There is an indication by the meter connected to the house that you may have a leak. I tried to return you call but I got no answer. Your voice mail is not set up on the number you gave me.

Jack Evans Lighthouse Utilities Billing Office 850-227-7427

| Request No. 1287817W Name KIDD , SCOTT | MR. Business Name | |
|--|---|---|
| Consumer Information Name: SCOTT KIDD Business Name: Svc Address: 126 SANDFIPER RD | Florida Public Service Commission - Consumer Request 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 850-413-6480 | PSC Information Assigned To: REY CASTILLO Entered By: DC Date: 09/12/2018 Time: 16:31 |
| County: Gulf Phone: (205)-461-8164 City/Zip:Port Saint Joe / 32456- Account Number: 103324 | Utility Information Company: Lighthouse Utilities COMPANY, Attn. willam J. Righ, Jr. 1287817W | Via: PHONE Prelim Type: IMPROPER BILLS PO: Disputed Amt: 188.00 |
| Caller's Name: SCOTT KIDD Mailing Address: 122 HIGH HANPTON DR | Response Needed From Company? Y Date Due: 10/03/2018 Interim Report Received: / / | Supmntl Rpt Req'd: / / Certified Letter Sent: / / Certified Letter Rec'd: / / |
| City/Zip: PELHAM , AL 35124- Can Be Reached: E-Tracking Number: | Reply Received: / / Reply Received Timely/Late: Informal Conf.: N | Closed by: Date: / / Closeout Type: Apparent Rule Violation: ^M |

Preclose Type - Improper Bills

What is the amount of the bill in dispute? Customer states his average bill is \$30-40. Customer received a bill for \$228. Disputed amount is \$188.

Name KIDD , SCOTT MR.

What is the date of the bill? 7/9/2018

Why do you believe you have been billed improperly? Customer states contacted Lighthouse Utilities company regarding his high bill.

| Request No. | 1287817W | Name | KIDD , | SCOTT MR. | Business | Mame | |
|-------------|----------|------|--------|-----------|----------|------|--|
| PAGE NO: | 1 | | | | | | |

Customer states the company did not provide a reason on his bill increase. Customer states he was told by the company that he was using 2,000 gallous per day. Customer states that nobody was staying at his residence since the house is used as a vacation home.

Other Comments:

Please provide a 12 month consumption and billing history.

Please check for leaks at the meter and determine if there are any leaks on the customer's side of the meter.

Per Consumer Complaint Rule 25-22.032, please use the following procedures when responding to PSC complaints.

- 1. Complaint resolution should be provided to the customer via direct contact with the customer, either verbally or in writing within 15 working days after the complaint has been sent to the company.
- 2. A response to the PSC is due by 5:00 p.m. Eastern time, of the 15th working days after the complaint has been sent to the company.
- 3. The response should include the following:
 - a) the cause of the problem
 - b) actions taken to resolve the customer's complaint
 - c) the company's proposed resolution to the complaint
 - d) answers to any questions raised by staff in the complaint
 - e) confirmation the company has made direct contact with the customer
- 4. Send your written response to the PSC, and copies of all correspondence with the customer to the following e-mail, fax, or physical addresses:

E-Mail - pscreply@psc.state.fl.us

Fax - 850-413-7168

Mail - 2540 Shumard Oak Bivd.

Tallahassee, Florida 32399-0850

Case taken by Daniel Chung.

Request No. 1287817W Name KIDD .SCOTT MR. Business Name

PAGE NO:

•

Fax

Date:

9/12/2018

To:

Willam J. Rish, Jr.1287817W

From:

REY CASTILLO

Subject:

"Please contact Consumer Affairs at (850) 413-6100 if you have any fax problems. If you have any questions regarding complaints, please contact the assigned analyst. If you have received this fax in error, please contact Consumer Affairs as soon as possible.

Thank you,"

Mr Jackie Evans

To: Subject:

jay@lighthouseutilities.com

Complaint - Scott Kidd - 127 Sandpiper

Jay

On Monday 8/20/2018 I had a message on the phone from Mr. Kidd. In his message he was concerned about an unusually high bill. I tried to call him back but got no answer and the voice mail was not set up on the number he gave me. I sent him an email and later called I called again and talked to Mr. Kidd. I told him the reason for the high bill was that the read showed that his usage was up considerably. He stated no one was at the house and he couldn't understand why the usage would be so high. I told him we would try to data log the meter and that would tell us how much usage occurred on which dates. I sent out a work order on 8/20/2018 and the data log was completed on 8/21/2018. I received a copy of the data log in an email from Larry on 8/23/2018. I emailed Mr. Kidd on the same day and attached a copy of the data log report with the service dates highlighted and a copy of the PSC tract that we keep in the office. The report speaks for itself in that the usage did occur. My email also stated that we were under no obligation to show how the water was used once it passed through the meter. We talked on the phone after he received the email and I tried to explain that the report only shows when the usage occurred and that was all I could tell him. I am not sure of the exact date but Mr. Kidd came by the office. Since I couldn't tell him how the water was used he was not satisfied. I told him the reports shows the water went through the meter and I saw no reason to adjust his bill.

Jack



LIGHTHOUSE UTILITIES COMPANY

P. O. BOX 428

PORT ST. JOE, FLORIDA 32457

PHONE: 850-227-7427

07-06-2018

Florida Public Service Commission 2450 Shumard Oak Boulevard Tallahassee, FL 32399

Re; Complaint 128138W, Mr. Roland Wison

Dear Sir or Madam,

In response to the above referenced complaint and in reference to the response criteria outlined in paragraph 3, I offer you the following:

- A. The cause of our problem was due to mechanical failures caused and loss of reserves.
- B. We have corrected the problem with repairs and restored reserves.
- C. Same as answer for "B."
- D. N/A
- E. I personally spoke with Mr. Roland for several minutes about the situation and believe that he was satisfied with my response to his complaint. It was reported to me a couple of days after the complaint was issued that he intended to withdraw the complaint accordingly.

Please contact me at 850-227-7427, should you have any additional questions or concerns.

Most Sincerely

William J. Rish, Jr.

President

Email: cape7151@yahoo.com

Address: 7151 Cape San Blas Rd Port St. Joe FL 32456

BUSINESS INFORMATION

Business Account Name: Roland Wilson

Account Number: 100235?

Address: 7151 Cape San Blas Rd Port St. Joe FL 32456

Water County Selected: Gulf

COMPLAINT INFORMATION

Complaint: Other Complaint against Lighthouse Utilities Company, Inc.

Details:

On June 20th we had very little water pressure. We called Lighthouse Utilities and was informed that they had a pump motor went out and they had to wait for one to come from Atlants. It took 2 days to get the pressure back up. Then on Tuesday June 26th we had no pressure again and was informed another pump motor went out. During yesterday for a while we had no water at all. Even today the pressure is still low. We believe that they should have standby equipment for these situations. We were told that all this was due to a house fire 2 weeks ago which drained all their tanks. If there had been a fire this week several houses would have been lost. We have been a resident of Cape San Blas for 16 years and we have been complaining that they needed a backup plan with all the development which is going on. "

Per Consumer Complaint Rule 25-22.032, please use the following procedures when responding to PSC complaints.

- 1. Complaint resolution should be provided to the customer via direct contact with the customer, either verbally or in writing, within 15 working days after the complaint has been sent to the company.
- 2. A response to the PSC is due by 5:00 p.m. Eastern time, of the 15th working day after the complaint has been sent to the company.
- 3. The response should include the following:
 - a) the cause of the problem
 - b) actions taken to resolve the customer's complaint
 - c) the company's proposed resolution to the complaint
 - d) answers to any questions raised by staff in the complaint
 - e) confirmation that the company has made direct contact with the customer
- 4. Send your written response to the PSC, and copies of all correspondence with the customer to the following e-mail, fax or physical addresses:

E-Mail - pscreply@psc.state.fl.us

Fax - 850-413-7168

Request No. 1281382W Name WILSON , ROLAND MR. Business Name
PAGE NO: 2

Mail - 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850

Case taken by Diane Hood

To: Willam J. Rish, Jr.1201302W

From: SHOWNA MCCRAY



Date:

6/28/2018

To:

Willam J. Rish, Jr.1281382W

From:

Subject:

"Please contact Consumer Affairs at (850) 413-6100 if you have any fax problems. If you have any questions regarding complaints, please contact the assigned analyst. If you have received this fax in error, please contact Consumer Affairs as soon as possible.

Thank you."

| Consumer Information Name: ROLAND WILSON Business Name: | Florida Public Service Commission - Consumer Request 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 850-413-6480 | PSC Information Assigned To: SHONNA HCCRAY Entered By: DR Date: 06/28/2018 |
|--|--|--|
| Svc Address: 7151 CAPE SAN BLAS RD County; Gulf Phone: (850) -227-7670 | Utility Information | Time: 11:07 Vis: E-roam Prelim Type: water |
| City/Zip: Port Saint Joe / 32456- Account Number: 100235 Caller's Name: ROLAND WILSON Mailing Address: 7151 CAPE SAN BLAS RD | Company: LIGHTHOUSE UTILITIES COMPANY, Attn. Millam J. Rish, Jr. 1281382W Response Needed From Company? Date Due: 07/20/2018 | PO: Disputed Amt: 0.00 Supmntl Rpt Req'd: / / Certified Letter Sent: / / |
| City/Zip: PORT SAINT JOE , FL 32456- Can Be Reached: E-Tracking Number: 126917 | Interim Report Received: / / Reply Received: / / Reply Received Timely/Late: Informal Conf.: N | Certified Letter Rec'd: / / Closed by: Date: / / Closeout Type: Apparent Rule Violation: N |

Please review the "incorporated" Internet correspondence, located between the quotation marks on this form, in which the customer reports the following:

"---Original Message----

From: consumerComplaint@psc.state.fl.us [mailto:consumerComplaint@psc.state.fl.us]

Sent: Thursday, June 28, 2018 10:30 AM

To: Consumer Contact

Subject: E-Form Other Complaint TRACKING NUMBER: 126917

CUSTOMER INFORMATION Name: Roland Wilson Telephone: (850) 227-7670

Request No. 1281382W Name WILSON , ROLAND MR. Business Name

PAGE NO:

1