

FLORIDA UTILITY SERVICES 1, LLC
5911 TROUBLE CREEK RD.
NEW PORT RICHEY, FL. 34652
863-904-5574

October 20, 2020

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

RE: Application for a staff assisted rate case for Mcloed Gardens
Utilities, LLC Docket # 20200168

Dear Commission Clerk:

Enclosed please find the company's response to staff's second
data request.

On behalf of the company,


Mike Smallridge.

COMMISSION
CLERK

2020 OCT 27 PM 1:11

RECEIVED-FPSC

Re: Company response to staff's second data request in Docket No. 20200168-WS – Application for staff-assisted rate case in Polk County, and request for interim rate increase, by McLeod Gardens Utilities, LLC.

Monthly Operating Reports (MORs)

1. Please provide a copy of the MORs from June 2019 through December 2019.
Company Response: Please see enclosed MOR's.

Meter Testing and Replacements

2. Please provide the number of meters tested from January 2016 through present day.

Company Response: estimated at 66.

3. Please provide the number of meters replaced from January 2016 through present day.

Company response: 43. Please see enclosed.

4. Does the utility have a meter testing program? If no, please explain.

Company response: The Company requests a meter change out program in this docket.

Pro Forma

5. Please provide bids or invoices for the replacement of the well house. In addition, provide an anticipated date of completion.

Company response: I am still gathering bids. This will be a late filed item.

Growth

6. Please verify the total number of lots the system serves.
Company response: There are currently 98 active customers with 8 vacant lots to be built on in phase 1. Phase 2 is within the utility's franchise territory and is platted for 43 homes but there are no homes currently under construction.

7. Is the McLeod Garden system built out? If not, are new homes expected to be built in the development?

Company response: No. I certainly hope someone will build some new homes. Currently, we have no notification of any plans to build on the empty lots.

Bad Debt Expense

8. Please provide support showing actual bad debt expense from January 2017 through September 2020. In addition, provide the estimated bad debt expense through the end of 2020.

Company response: Please see enclosed bad debt information.

On behalf of the utility,



Mike Smallridge

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: Monitoring Period From:06/01/19 To: 06/30/19

A. Public Water System (PWS) Information

PWS Name: Mc Leod Gardens Utilities LLC		PWS Identification Number: 6535393	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 397		Total Population Served at End of Month:	
PWS Owner: Mike Smallridge			
Contact Person: Mike Smallridge		Contact Person's Title: MANAGER	
Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address: NONE			

B. Water Treatment Plant Information

Plant Name: Mc Leod Gardens Utilities LLC		Plant Telephone Number: 863-537-1971	
Plant Address: Bomber Road & Spruce Blvd		City: Eagle Lake/Bartow	State: FL Zip Code:
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 712,800			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	12
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	CHRIS NICHOLS	C	C-20287	

II. Certification by Lead/Chief Operator

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

Gaines Alexander 07/10/2019
Signature and Date

GAINES ALEXANDER
Printed or Typed Name

C-5472
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS: Identification Number: 8535393 Plant Name: Mc Leod Gardens Utilities LLC

Monitoring Period From: 06/01/19 To: 06/30/19
 Means of Achieving Four-Log Virus Inactivation / Removal: *
 Ultraviolet Radiation Other: (Describe): Free Chlorine Chlorine Dioxide Ozone Combined Chlorine(Chloramines)

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

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant In Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2			
1		24	42000												
2		24	42000												
3	X	24	42000		2.9									2.4	
4		24	50000												
5	X	24	50000		2.9									2.4	
6		24	48000											2.4	
7	X	24	48000		2.9									2.4	
8		24	71333												
9		24	71333												
10	X	24	71333		2.5										
11		24	40500											2.0	
12	X	24	40500		2.7									2.1	
13		24	51000												
14	X	24	51000		3.2									2.1	
15		24	63500												
16	X	24	63500		3.2									2.4	
17		24	19000												
18		24	19000												
19	X	24	19000		3.0									2.5	
20		24	30500												
21	X	24	30500		4.4									3.0	
22		24	45667												
23		24	45667												
24	X	24	45667		3.8									3.0	
25		24	49000												
26	X	24	49000		3.6									3.2	
27		24	59000												
28	X	24	59000		3.5									2.6	
29		24	21500												
30		24	21500												
Total			1380000												
Average			45333												
Maximum			71333												

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



DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
FD0H Certification # E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

TS

Lab Receipt Date & Time: _____

Analysis Date & Time: 6/11/19 3:05pm

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 7.4°C

Disinfectant Check Not Detected _____ mg/L

This sample does not meet the following NELAC requirements:

Pyrometer IR# 3

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli Total Coliform/Fecal Enterococci Coliform HPC Other: _____

System Name: McLeod Gardens PWS I.D. 10533393

System Address: City Pad Rd County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Bryan Sweeten Collector's Phone #: 905-2599

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
- Private Well Swimming Pool Bottled Water Other: _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 6-11-19

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>MPN</u>			
							Non Coliform	Total Coliform	E. coli	Data Qualifier ²
<u>13</u>	<u>Well 1</u>	<u>007237</u>	<u>905</u>	<u>R</u>	<u>0</u>	<u>7.7</u>	<u>A</u>	<u>A</u>		
<u>14</u>	<u>Well 2</u>	<u>0072</u>	<u>900</u>	<u>R</u>	<u>0</u>	<u>7.7</u>	<u>A</u>	<u>A</u>		
<u>17</u>	<u>Well 1</u>	<u>007230</u>	<u>905</u>	<u>D</u>	<u>0</u>	<u>7.6</u>	<u>A</u>	<u>A</u>		

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JUN 13 2019

Environmental Health
FD0H - Bartow

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

¹Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.
The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

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

A certified operator (# _____) Employed by a certified lab

Supervised by a cert. operator (# 21471) Employed by DEP or DOH

Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [Signature] Date: 6/12/19

Title: Lab Manager

Name and Mailing Address of Person to Receive Report

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

DEP/DOH USE ONLY

Satisfactory

Incomplete Collection Information

Repeat Samples Required Replacement Samples Required

Date Reviewed by DEP/DOH: 6/14/2019

DEP/DOH Reviewing Official: [Signature]

PLANT NAME: Mc Leod Gardens Monitoring Period From:07/01/19 To: 07/31/19

(WATER REPORT)

DAY	METER 1	METER TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	96730							
1	96816		2.8	2.2		86000		86000
2						88000		88000
3	96992		3.8	3.4		88000		88000
4						59000		59000
5	97110		1.0	0.6		59000		59000
6						38333		38333
7						38333		38333
8	97225		0.5	0.2		38333		38333
9						69000		69000
10	97363		2.5	2.0		69000		69000
11						40500		40500
12	97444		1.8	1.4		40500		40500
13						44333		44333
14						44333		44333
15	97577		1.2	0.7		44333		44333
16						23000		23000
17	97623		1.2	0.8		23000		23000
18						85500		85500
19	97794		1.4	1.0		85500		85500
20						52667		52667
21						52667		52667
22	97952		1.8	1.3		52667		52667
23						21500		21500
24	97995		1.4	1.1		21500		21500
25						19500		19500
26	98034		1.0	0.8		19500		19500
27						27000		27000
28						27000		27000
29	98115		1.4	0.7		27000		27000
30						27000		27000
31	98169		1.7	1.2		27000		27000
Total Flow						1439000		1439000
ADF						46419		46419
MAX			3.8	3.4		88000		88000
MIN			0.5	0.2		19500		19500

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: 07/01/19 **Monitoring Period From:** 07/01/19 **To:** 07/31/19

A. Public Water System (PWS) Information

PWS Name: Mc Leod Gardens Utilities LLC		PWS Identification Number: 6535393	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 397		Total Population Served at End of Month:	
PWS Owner: Mike Smallridge			
Contact Person: Mike Smallridge		Contact Person's Title: MANAGER	
Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address: NONE			

B. Water Treatment Plant Information

Plant Name: Mc Leod Gardens Utilities LLC		Plant Telephone Number: 863-537-1971		
Plant Address: Bomber Road & Spruce Blvd		City: Eagle Lake/Bartow	State: FL Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating capacity of Plant, gallons per day: 712,800		Plant Category (per subsection 62-699.310(4), F.A.C.): V		
Plant Class: D				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	14
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	CHRIS NICHOLS	C	C-20287	

II. Certification by Lead/Chief Operator

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

Gaines Alexander 08/10/2019
Signature and Date

GAINES ALEXANDER
Printed or Typed Name

C-5472
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS: Identification Number: 6535393 Plant Name: Mc Leod Gardens Utilities LLC

Monitoring Period From: 07/01/19 To: 07/31/19

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

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

Day of the month	Days Plant Started or Visited by Operator (Place X)	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg·min/L	Lowest Operating UV Dose, mW·sec/cm ²	Minimum UV Dose required, mW·sec/cm ²	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L			
1	X	24	86000		2.8										2.2	
2		24	88000													
3	X	24	88000		3.8										3.4	
4		24	59000													
5	X	24	59000		1.0										0.6	
6		24	38333													
7		24	38333													
8	X	24	38333		0.5										0.2	
9		24	69000													
10	X	24	69000		2.5										2.0	
11		24	40500													
12	X	24	40500		1.8										1.4	
13		24	44333													
14		24	44333													
15	X	24	44333		1.2										0.7	
16		24	23000													
17	X	24	23000		1.2										0.8	
18		24	85500													
19	X	24	85500		1.4										1.0	
20		24	52667													
21		24	52667													
22	X	24	52667		1.8										1.3	
23		24	21500													
24	X	24	21500		1.4										1.1	
25		24	19500													
26	X	24	19500		1.0										0.8	
27		24	27000													
28		24	27000													
29	X	24	27000		1.4										0.7	
30		24	27000													
31	X	24			1.7										1.2	
Total			1439000													
Average			46419													
Maximum			88000													

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



DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
FDOH Certification # E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

T3

Lab Receipt Date & Time: _____

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 6.9 °C

Disinfectant Check Not Detected 0.2 mg/L

This sample does not meet the following NELAC requirements:

Analysis 7/19/19 9:30am T3
Pyrometer IR# 3

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli Total Coliform/Fecal Enterococci Coliform HPC Other: _____

System Name: McLeod Gardens

PWS I.D. 6535393

System Address: 130 Weeping Willow

County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Brya Sweeten

Collector's Phone #: 965 2599

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
- Private Well Swimming Pool Bottled Water Other _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 7-17-19

To be completed by collector of sample							To be completed by lab			
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>SM9221B</u>			
							Non Coliform	Total Coliform	E. coli	Data Qualifier ²
<u>1/3</u>	<u>Well 1</u>	<u>009175</u>	<u>1130</u>	<u>R</u>	<u>0</u>	<u>7.5</u>	<u>A</u>	<u>A</u>		
<u>2/3</u>	<u>Well 2</u>	<u>009176</u>	<u>1135</u>	<u>R</u>	<u>0</u>	<u>7.7</u>	<u>A</u>	<u>A</u>		
<u>3</u>	<u>106 Weeping Willow</u>	<u>009177</u>	<u>1140</u>	<u>D</u>	<u>55</u>	<u>7.6</u>	<u>A</u>	<u>A</u>		

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30 JUL 25 2019
Environmental Health
FDOH Bureau

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

55

²Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.
The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

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

A certified operator (# _____) Employed by a certified lab

Supervised by a cert. operator (# 21471) Employed by DEP or DOH

Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [Signature] Date 7/19/19

Title: Lab Manager

Name and Mailing Address of Person to Receive Report

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

DEP/DOH USE ONLY

Satisfactory

Incomplete Collection Information

Repeat Samples Required Replacement Samples Required

Date Reviewed by DEP/DOH: 7/25/2019

DEP/DOH Reviewing Official: [Signature]

PLANT NAME: Mc Leod Gardens Monitoring Period From:08/01/19 To: 08/31/19
(WATER REPORT)

DAY	METER 1	METER	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	98169								
1	98215		1.7		1.4		46000		46000
2							18500		18500
3							18500		18500
4							18500		18500
5	98289		3.2		2.5		18500		18500
6							30500		30500
7	98350		3.2		2.5		30500		30500
8							28000		28000
9	98406		2.2		1.7		28000		28000
10							28333		28333
11							28333		28333
12	98491		2.2		1.6		28333		28333
13							26333		26333
14							26333		26333
15	98570		1.5		0.3		26333		26333
16							20000		20000
17	98610		3.0		2.5		20000		20000
18							34500		34500
19	98679		3.3		3.4		34500		34500
20							64500		64500
21	98808		3.4		2.5		64500		64500
22							18000		18000
23	98844		3.5		2.7		18000		18000
24							28000		28000
25							28000		28000
26	98928		4.4		3.5		28000		28000
27							26000		26000
28	98980		2.1		2.0		26000		26000
29							31000		31000
30	99042		2.5		2.1		31000		31000
31	99073						31000		31000
Total Flow							904000		904000
ADF							29161		29161
MAX			4.4		3.5		64500		64500
MIN			1.5		0.3		18000		18000

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: Monitoring Period From: 08/01/19 To: 08/31/19

A. Public Water System (PWS) Information

PWS Name: Mc Leod Gardens Utilities LLC		PWS Identification Number: 6535393	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 397		Total Population Served at End of Month:	
PWS Owner: Mike Smalridge			
Contact Person: Mike Smalridge		Contact Person's Title: MANAGER	
Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address: NONE			

B. Water Treatment Plant Information

Plant Name: Mc Leod Gardens Utilities LLC		Plant Telephone Number: 863-537-1971	
Plant Address: Bomber Road & Spruce Blvd		City: Eagle Lake/Bartow	State: FL Zip Code:
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 712,800			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	CHRIS NICHOLS	C	C-20287	

II. Certification by Lead/Chief Operator

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

Gaines Alexander 09/10/2019
Signature and Date

GAINES ALEXANDER
Printed or Typed Name

C-5472
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS: Identification Number: 6535393 Plant Name: Mc Leod Gardens Utilities LLC

Monitoring Period From: 08/01/19 To: 08/31/19
 Means of Achieving Four-Log Virus Inactivation / Removal: *
 Ultraviolet Radiation Other: (Describe):
 Free Chlorine Chlorine Dioxide Ozone Combined Chlorine(Chloramines)

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

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant In Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-Sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L			
1	X	24	48000		1.7										1.4	
2		24	18500													
3		24	18500													
4		24	18500													
5	X	24	18500		3.2											
6		24	30500												2.5	
7	X	24	30500		3.2										2.5	
8		24	28000													
9	X	24	28000		2.2										1.7	
10		24	28333													
11		24	28333													
12	X	24	28333		2.2										1.6	
13		24	26333													
14		24	26333													
15	X	24	26333		1.5										0.3	
16		24	20000													
17	X	24	20000		3.0										2.5	
18		24	34500													
19	X	24	34500		3.3										3.4	
20		24	64500													
21	X	24	64500		3.4										2.5	
22		24	18000													
23	X	24	18000		3.5										2.7	
24		24	28000													
25		24	28000													
26	X	24	28000		4.4										3.5	
27		24	26000													
28	X	24	26000		2.1										2.0	
29		24	31000													
30	X	24	31000		2.5										2.1	
31		24														
Total			904000													
Average			29161													
Maximum			64500													

*Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-955.900(3)
 Effective Aug X



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
FD0H Certification # E84567 • Margaret Rajpaal - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time:
Analysis Date & Time:
Sample Acceptance Criteria:
Sample Preservation: On Ice [X] Not On Ice [] 6.3 °C
Disinfectant Check: Not Detected [X] 2.3 mg/L
This sample does not meet the following NELAC requirements:
ANALYSIS - 8/15/19 @ 3:45 PM
Pyrometer IR# 3

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli [X] Total Coliform/Fecal [] Enterococci [] Coliform [] HPC [] Other []

System Name: McLeod Garden

PWS I.D. 6530373

System Address: Lily Pad Rd

County: Polk

System or Owner's Phone #: [] Fax #: []

Collector: Bryan Swartz

Collector's Phone #: 905-2199

Type of Supply: (check only one)

- Community Water System [] Noncommunity Water System [] Nontransient Noncommunity Water System [] Limited Use System []
Private Well [] Swimming Pool [] Bottled Water [] Other []

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 8-15-19

Table with columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfect Res'd (mg/L), pH, Total Coliform Analysis Method, E. coli Analysis Method, Non Coliform, Total Coliform, E. coli, Data Qualifier. Includes handwritten entries for wells 1, 2, and 130.

RECEIVED

AUG 22 2019

Environmental Health
FD0H - Barlow

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.
The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric [X] Other: []
Person performing analysis is (Please see instructions on reverse):
A certified operator (# 21471) [X] Employed by a certified lab []
Supervised by a cert. operator (# 21471) [X] Employed by DEP or DOH []
Authorized representative of supplier of water []

Date PWS notified by lab of positive results:
Date, State notified by lab of positive results:
Lab Signature: [Signature] Date: 8/16/19
Title: Lab Manager

Name and Mailing Address of Person to Receive Report

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

DEP/DOH USE ONLY
Satisfactory [X] Incomplete Collection Information [] Repeat Samples Required [] Replacement Samples Required []
Date Reviewed by DEP/DOH: 8/22/19
DEP/DOH Reviewing Official: [Signature]

1DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: Monitoring Period From:09/01/19 To: 09/30/19

A. Public Water System (PWS) Information

PWS Name: Mc Leod Gardens Utilities LLC		PWS Identification Number: 6535393	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 397		Total Population Served at End of Month:	
PWS Owner: Mike Smallridge			
Contact Person: Mike Smallridge		Contact Person's Title: MANAGER	
Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address: NONE			

B. Water Treatment Plant Information

Plant Name: Mc Leod Gardens Utilities LLC		Plant Telephone Number: 863-537-1971		
Plant Address: Bomber Road & Spruce Blvd		City: Eagle Lake/Bartow	State: FL Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating capacity of Plant, gallons per day: 712,800				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	CHRIS NICHOLS	C	C-20287	

II. Certification by Lead/Chief Operator

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

Gaines Alexander 10/10/2019
 Signature and Date

GAINES ALEXANDER
 Printed or Typed Name

C-5472
 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS: Identification Number: 6535393 Plant Name: McLeod Gardens Utilities LLC

Monitoring Period From: 09/01/19 To: 09/30/19

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

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

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Free Chlorine					Combined Chlorine(Chloramines)						Chlorine Dioxide
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose required, mW-sec/cm ²	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/l		
1		24	42000												
2		24	42000												
3	X	24	42000			0.5									
4		24	30500											0.2	
5	X	24	30500			1.0									0.6
6		24	33500												0.6
7	X	24	33500			0.6									0.3
8		24	33000												0.2
9	X	24	33000			0.5									0.2
10		24	28500												3.0
11	X	24	28500			3.5									3.0
12		24	31500												3.0
13	X	24	31500			3.7									3.0
14		24	37333												
15		24	37333												
16	X	24	37333			2.1									
17		24	32500												1.7
18	X	24	32500			1.9									1.4
19		24	28000												1.4
20	X	24	28000			1.8									1.4
21		24	37000												
22		24	37000												
23	X	24	37000			1.0									0.6
24		24	32500												0.6
25	X	24	32500			0.8									0.4
26		24	38500												0.4
27	X	24	38500			0.8									0.5
28		24	44000												0.5
29		24	44000												
30	X	24	44000			0.2									0.4
Total			1058000												
Average			35267												
Maximum			44000												

*Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 82-566.900(3)
 Effective Aug X



DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
FDOH Certification # E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: _____

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 7.6 °C

Disinfectant Check Not Detected 0.1 mg/L

This sample does not meet the following NELAC requirements:

Pyrometer IR# 3
Analysis 9/11/19 9:25am

Analysis Requested: (check all that apply)

Total Coliform/E-Coli Total Coliform/Fecal Enterococci Colilert HPC Other: _____

System Name: McLeod Gardens

PWS I.D. 6535393

System Address: Bomber Rd 3 Spruce Rd

County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Bryan Switzer Collector's Phone #: 905 2597

Type of Supply: (check only one)

Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 9-5-19

To be completed by collector of sample							To be completed by lab			
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>219222B</u>			
							Non Coliform	Total Coliform	E. coli	Data Qualifier ²
<u>1/3</u>	<u>Well 1</u>	<u>011329</u>	<u>1400</u>	<u>R</u>	<u>0</u>	<u>7.3</u>		<u>A</u>	<u>A</u>	
<u>2/3</u>	<u>Well 2</u>	<u>011330</u>	<u>1405</u>	<u>R</u>	<u>0</u>	<u>7.3</u>		<u>A</u>	<u>A</u>	
<u>3/3</u>	<u>111 Weeping Willow</u>	<u>011331</u>	<u>1410</u>	<u>D</u>	<u>5.0</u>	<u>7.6</u>		<u>A</u>	<u>A</u>	

RECEIVED
SEP 12 2019
Environmental Health
FDOH - Polk

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

50
²Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.
The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# _____) Employed by a certified lab
 Supervised by a cert. operator (# 21471) Employed by DEP or DOH
 Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: Margaret Rajpaul Date 9/12/19
Title: Lab Manager

Name and Mailing Address of Person to Receive Report
Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required Replacement Samples Required
Date Reviewed by DEP/DOH: 9/12/2019
DEP/DOH Reviewing Official: [Signature]

PLANT NAME: Mc Leod Gardens Monitoring Period From:10/01/19 To: 10/31/19

(WATER REPORT)

DAY	METER 1	METER	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	100131								
1							29500		29500
2	100190		3.7		3.0		29500		29500
3							29500		29500
4	100249		3.8		3.1		29500		29500
5							53667		53667
6							53667		53667
7	100410		0.3		0.2		53667		53667
8							35000		35000
9	100480		3.9		3.2		35000		35000
10							44500		44500
11	100569		4.0		3.5		44500		44500
12							36333		36333
13							36333		36333
14	100678		2.5		1.7		36333		36333
15							35000		35000
16							35000		35000
17							35000		35000
18	100818		2.2		1.6		35000		35000
19							33000		33000
20							33000		33000
21	100917		2.3		1.6		33000		33000
22							30000		30000
23	100977		2.2		1.4		30000		30000
24							32000		32000
25	101041		2.1		1.2		32000		32000
26							31333		31333
27							31333		31333
28	101135		1.6		0.9		31333		31333
29							28000		28000
30	101191		2.0		1.1		28000		28000
31	101219						28000		28000
Total Fl							1088000		1088000
ADF							35097		35097
MAX			4.0		3.5		53667		53667
MIN			0.3		0.2		28000		28000

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: Monitoring Period From:10/01/19 To: 10/31/19

A. Public Water System (PWS) Information

PWS Name: Mc Leod Gardens Utilities LLC		PWS Identification Number: 6535393	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 397		Total Population Served at End of Month:	
PWS Owner: Mike Smallridge			
Contact Person : Mike Smallridge		Contact Person's Title: MANAGER	
Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address: NONE			

B. Water Treatment Plant Information

Plant Name: Mc Leod Gardens Utilities LLC		Plant Telephone Number: 863-537-1971	
Plant Address: Bomber Road & Spruce Blvd		City: Eagle Lake/Bartow	State: FL Zip Code:
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day: 712,800			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	12
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	CHRIS NICHOLS	C	C-20287	

II. Certification by Lead/Chief Operator

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

Chris Nichols 11/06/2019
Signature and Date

CHRIS NICHOLS
Printed or Typed Name

C-20287
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS: Identification Number: 6535393 Plant Name: McLeod Gardens Utilities LLC

Monitoring Period From: 10/01/19 To: 10/31/19
 Means of Achieving Four-Log Virus Inactivation / Removal: Ultraviolet Radiation Free Chlorine Chlorine Dioxide Ozone Combined Chlorine(Chloramines)
 Other: (Describe): _____

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

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Sample Point in Distribution System, mg/L		
1		24	29500												
2	X	24	29500		3.7									3.0	
3		24	29500												
4	X	24	29600		3.8									3.1	
5		24	53667												
6		24	53667												
7	X	24	53667		0.3									0.2	
8		24	35000												
9	X	24	35000		3.9									3.2	
10		24	44500												
11	X	24	44500		4.0									3.5	
12		24	36333												
13		24	36333												
14	X	24	36333		2.5									1.7	
15		24	35000												
16		24	35000												
17		24	35000												
18	X	24	35000		2.2									1.6	
19		24	33000												
20		24	33000												
21	X	24	33000		2.3									1.6	
22		24	30000												
23	X	24	30000		2.2									1.4	
24		24	32000												
25	X	24	32000		2.1									1.2	
26		24	31333												
27		24	31333												
28	X	24	31333		1.6									0.9	
29		24	28000												
30	X	24	28000		2.0									1.1	
31		24	28000												
Total			1088000												
Average			35097												
Maximum			53667												

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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492

Write Project # or Place Project Label Here

T1919013



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: _____

Analysis Date & Time: 10/25/19 1500

Sample Acceptance Criteria:

Sample Preservation: On Ice Not On Ice 4.0°C

Disinfectant Check: Not Detected _____

This Sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/*E. coli* Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: McLeod Gardens

PWS I.D.: 6535393

PWS Address: Bomber Rd and Spruce Road

City: Bartow

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: _____

Collector: Oliver Switzer

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System

Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey

Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 10-24-19

DCN#: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ²					
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #	
1/3	Well 1	1145	R	0	7.7		A				D15
2/3	Well 2	1130	R	0	7.7		A				D16
3/3	202 Lilypad Road	1155	D	1.1	7.6		A				D17

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (check one).

1.1

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

Date and time PWS notified by lab of positive results: _____

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

Date Report Issued: 10/28/19

Lab Signature: Brandy Desilli

Title: PM-A

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

A certified operator (# _____)

Supervised by certified operator (# C21471)

Employed by a certified lab Employed by DEP or DOH

Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Consta Flow Inc
5574 Commercial Blvd
Winter Haven, FL 33880
863-965-2599
Jennifer@constaflow.com

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).

2. Lab certification number for the listed method is included at top with the laboratory address.

3. Please circle appropriate selection.

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

5. 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.

Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: [Signature]

Date: 10/25 Time: _____

Received By: Dayane Smith

Date: 10-25-19 Time: 9:35

PLANT NAME: Mc Leod Gardens Monitoring Period From:11/01/19 To: 11/30/19

(WATER REPORT)

DAY	METER 1	METER	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	1219								
1	1248		1.7		1.0		29000		29000
2							34000		34000
3							34000		34000
4	1350		3.4		2.6		34000		34000
5							30000		30000
6	1410		1.4		1.1		30000		30000
7							29500		29500
8	1469		1.6		1.1		29500		29500
9							32667		32667
10							32667		32667
11	1567		3.5		2.8		32667		32667
12							30500		30500
13	1628		2.5		1.3		30500		30500
14							27500		27500
15	1683		2.4		1.0		27500		27500
16							30333		30333
17							30333		30333
18	1774		2.1		1.3		30333		30333
19							29000		29000
20	1832		1.9		1.4		29000		29000
21							32000		32000
22	1896		2.4		1.6		32000		32000
23							31333		31333
24							31333		31333
25	1990		2.3		1.4		31333		31333
26							26500		26500
27	2043		2.4		1.3		26500		26500
28							24500		24500
29	2092		2.1		1.2		24500		24500
30	2117						25000		25000
Total Fl							898000		898000
ADF							29933		29933
MAX			3.5		2.8		34000		34000
MIN			1.4		1.0		24500		24500

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: Monitoring Period From: 11/01/19 To: 11/30/19

A. Public Water System (PWS) Information

PWS Name: Mc Leod Gardens Utilities LLC		PWS Identification Number: 6535393	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 397		Total Population Served at End of Month:	
PWS Owner: Mike Smalridge			
Contact Person: Mike Smalridge		Contact Person's Title: MANAGER	
Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address: NONE			

B. Water Treatment Plant Information

Plant Name: Mc Leod Gardens Utilities LLC		Plant Telephone Number: 863-537-1971	
Plant Address: Bomber Road & Spruce Blvd		City: Eagle Lake/Bartow	State: FL Zip Code:
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 712,800		Plant Class: D	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			
Licensed Operators	Name	License Class	License Number/Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287 13

II. Certification by Lead/Chief Operator:

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

Chris Nichols 12/04/2019

CHRIS NICHOLS
Printed or Typed Name

C-20287
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS: Identification Number: 6535393 Plant Name: McLeod Gardens Utilities LLC

Monitoring Period From: 11/01/19 To: 11/30/19
 Means of Achieving Four-Log Virus Inactivation / Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine(Chloramines)
 Ultraviolet Radiation Other: (Describe):

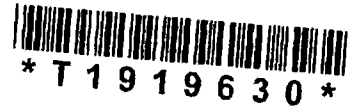
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine(Chloramines) Chlorine Dioxide

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	29000		1.7										1.0
2		24	34000												
3		24	34000												
4	X	24	34000		3.4										2.6
5		24	30000												
6	X	24	30000		1.4										1.1
7		24	29500												
8	X	24	29500		1.6										1.1
9		24	32667												
10		24	32667												
11	X	24	32667		3.5										2.8
12		24	30500												
13	X	24	30500		2.5										1.3
14		24	27500												
15	X	24	27500		2.4										1.0
16		24	30333												
17		24	30333												
18	X	24	30333		2.1										1.3
19		24	29000												
20	X	24	29000		1.9										1.4
21		24	32000												
22	X	24	32000		2.4										1.6
23		24	31333												
24		24	31333												
25	X	24	31333		2.3										1.4
26		24	26500												
27	X	24	26500		2.4										1.3
28		24	24500												
29	X	24	24500		2.1										1.2
30		24	25000												
Total			898000												
Average			29933												
Maximum			34000												

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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 11/19/19 1400
 Analysis Date & Time: 11/15/19 1544
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

- Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: McLeod Gardens

PWS I.D.: 6535393

PWS Address: Bomber Rd and Spruce Road

City: Bartow

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: _____

Collector: Bryan Sweeten

Collector's Phone #: 863-965-2599

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: 11-4-19

DCN#: AD-DO45

Effective 01/95, Electronic WEB Revision 02/27/2019

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1/3	Well 1	945	R	0	7.7		A			001
2/3	Well 2	950	R	0	7.7		A			002
3/3	112 Weeping Willow	955	D	2.5	7.6		A			003
Average of disinfectant residuals for distribution routine & repeat samples. ⁵ <input checked="" type="checkbox"/> Free chlorine or <input type="checkbox"/> Total chlorine (check one).						2.5				

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

Date and time PWS notified by lab of positive results: _____

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

Date Report Issued: 11/7/19

Lab Signature: Branely Deville

Title: PM-A

Disinfectant Residual Analysis Method:

- DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# _____)
 Supervised by certified operator (# C21471)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

Consta Flow Inc
 5574 Commercial Blvd
 Winter Haven, FL 33880
 863-965-2599
 Jennifer@constaflow.com

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. 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.
- Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: _____

Date: _____ Time: _____

Received By: [Signature]

Date: 11/15/19 Time: 11:40



PLANT NAME: Mc Leod Gardens Monitoring Period From:12/01/19 To: 12/31/19

(WATER REPORT)

DAY	METER 1	METER	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	2117								
1							40500		40500
2	2198		2.3		1.5		40500		40500
3							24500		24500
4	2247		2.1		1.3		24500		24500
5							29000		29000
6	2305		1.9		1.3		29000		29000
7							40667		40667
8							40667		40667
9	2427		3.2		2.4		40667		40667
10							54500		54500
11	2536		1.0		0.4		54500		54500
12							22000		22000
13	2580		2.7		1.3		22000		22000
14							30333		30333
15							30333		30333
16	2671		2.8		1.3		30333		30333
17							24500		24500
18	2720		2.7		1.1		24500		24500
19							28000		28000
20	2776		1.8		0.9		28000		28000
21							44333		44333
22							44333		44333
23	2909		2.0		1.1		44333		44333
24							24500		24500
25	2958		1.9		0.8		24500		24500
26							43500		43500
27	3045		2.0		1.2		43500		43500
28							27667		27667
29							27667		27667
30	3128		1.8		1.0		27667		27667
31							25000		25000
Total Fl							1036000		1036000
ADF							33419		33419
MAX			3.2		2.4		54500		54500
MIN			1.0		0.4		22000		22000

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: Monitoring Period From: 12/01/19 To: 12/31/19

A. Public Water System (PWS) Information

PWS Name: Mc Leod Gardens Utilities LLC		PWS Identification Number: 6535393	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 397		Total Population Served at End of Month:	
PWS Owner: Mike Smallridge			
Contact Person: Mike Smallridge		Contact Person's Title: MANAGER	
Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address: NONE			


B. Water Treatment Plant Information

Plant Name: Mc Leod Gardens Utilities LLC		Plant Telephone Number: 863-537-1971	
Plant Address: Bomber Road & Spruce Blvd		City: Eagle Lake/Bartow	State: FL Zip Code:
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 712,800			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	CHRIS NICHOLS	C	C-20287	13

II. Certification by Lead/Chief Operator

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

	01/07/2020	CHRIS NICHOLS	C-20287
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS: Identification Number: 8535393 Plant Name: McLeod Gardens Utilities LLC

Monitoring Period From: 12/01/19 To: 12/31/19

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

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

Day of the month	Days Plant Started or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C-Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-Seconds/m ²	Minimum UV Dose required, mW-sec/cm ²	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		24	40500												
2	X	24	40500			2.3								1.5	
3		24	24500												
4	X	24	24500			2.1								1.3	
5		24	29000												
6	X	24	29000			1.9								1.3	
7		24	40667												
8		24	40667												
9	X	24	40667			3.2								2.4	
10		24	54500												
11	X	24	54500			1.0								0.4	
12		24	22000												
13	X	24	22000			2.7								1.3	
14		24	30333												
15		24	30333												
16	X	24	30333			2.8								1.3	
17		24	24500												
18	X	24	24500			2.7								1.1	
19		24	28000												
20	X	24	28000			1.8								0.9	
21		24	44333												
22		24	44333												
23	X	24	44333			2.0								1.1	
24		24	24500												
25	X	24	24500			1.9								0.8	
26		24	43500												
27	X	24	43500			2.0								1.2	
28		24	27667												
29		24	27667												
30	X	24	27667			1.8								1.0	
31		24	25000												
Total			1036000												
Average			33419												
Maximum			54500												

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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 12/15/19 1400
 Analysis Date & Time: 12/15/19 1530
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

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

Public Water System (PWS) Name: McLeod Gardens PWS I.D.: 6535393
 PWS Address: Bomber Rd and Spruce Road City: Bartow

PWS or PWS Owner's Phone #: 863-965-2599 Fax #: _____
 Collector's Phone #: 863-965-2599

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: 12/15/19 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ¹				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1/3	Well 1	0630	R	0	7.7		A			207
2/3	Well 2	0635	R	0	7.4		A			202
3/3	113 Weeping Willow	0642	D	.64	7.6		A			203

Average of disinfectant residuals for distribution routine & repeat samples.⁴ Free chlorine or Total chlorine (check one). .64

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# _____)
- Supervised by certified operator (# C21471)
- Employed by a certified lab Employed by DEP or DOH
- Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: _____

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

Date Report Issued: 12/19/19

Lab Signature: Branely Derwillin

Title: PM-A

INSTRUMENT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

Consta Flow Inc
 5574 Commercial Blvd
 Winter Haven, FL 33880
 863-965-2599
 Jennifer@constaflow.com

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

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, N = Entry Point in Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. 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.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550 730 Reporting Format)

Relinquish By: _____

Date: _____ Time: _____

Received By: [Signature]

Date: 12/5/19 Time: 1140



McLeod Gardens Utilities Meter Change out.

2016 New meters – 14

2017 New meters – 18

2018 New meters – 6

2019 New meters – 3

2020 New meters - 2

Total - 43

McLeod Gardens Utilities LLC
Staff's Second Data Request
October 26, 2020

Bad Debt Expense

8. Please provide support showing actual bad debt expense from January 2017 through September 2020. In addition, provide the estimated bad debt expense through the end of 2020. This includes, but it is not limited to billing registers, descriptions, and calculations, showing how bad debt is determined and calculated.

See attached Account Aging reports that are used to determine the bad debt expense.

At year-end, the bad debt expense is determined by totaling the unpaid balances of all closed accounts which received their last payment at least 90 days prior to year-end. For example, the 2020 bad debt expense will total the unpaid balances of accounts with a last payment that occurs between October 1, 2019 and September 30, 2020.

2017 – \$228.81

To bring the bad debt expense current in 2017, the amount was determined by the total of all closed account balances. However, the \$5 pass-thru charge for LTX was deducted by mistake because the pass-thru is paid in full to LTX and remains owed to MGU. The total bad debt in the 2017 Annual Report should have been \$258.81, not \$228.81.

2018 – \$7.00

For the 2018 Annual Report, no closed accounts had an unpaid balance and last payment in the 12-month period that determines bad debt. Since one account (with a balance of \$26.88) missed the cut off date by only one day, an estimate of \$7 was entered.

2019 – \$56.90

For the 2019 Annual Report, two closed accounts had a balance and last payment in the 12-month period that determines bad debt. However, one of them was partially expensed in 2018 so it was not added to the total bad debt expense for the 2019 Annual Report.

Jan-Sep 2020 – \$219.94

As of today, the 3 closed accounts with last payment dates between 10/1/2019 and 9/30/20 have balances that total \$219.94.

2020 Estimate – \$219.94

Because it is already past the last payment cutoff date of September 30, 2020, we estimate that the total bad debt expensed in 2020 will be \$219.94 unless one of the accounts is paid in full before year-end.

McLeod Gardens Utilities, LLC

BAD DEBT EXPENSE REPORT
LAST PAYMENT REC'D IN 2017

2017 AR

258.81 TOTAL 3/22/2018 6:31:21 PM

30.00 LTX
228.81 MGA

CTX

Account Aging

Customer	Read Seq	Account Number	Service Adr	Last Payment Date	< 81	81 - 446	> 446	Current Balance
zCallie Foggie	34	111WW	111 Weeping Willow R	10/10/2010	0.00	0.00	72.22	72.22
zEdgar Ramirez	88	323AR	323 Arrowroot Rd	11/28/2016	0.00	0.00	25.80	25.80
zElizabeth Coronado	46	222LP	222 Lily Pad Rd	1/31/2017	0.00	70.99	0.00	70.99
zErica Williams	34	111WW	111 Weeping Willow R	8/9/2017	0.00	0.98	0.00	0.98
zJessica Blackman	23	133WW	133 Weeping Willow R	2/7/2017	0.00	19.95	54.38	74.33
zKachelle George	62	205LP	205 Lily Pad Rd	1/27/2017	-3.00	0.00	0.00	-3.00
zLatoria S. Mathis	35	109WW	109 Weeping Willow R	10/2/2017	0.00	26.88	0.00	26.88
zMark Dickson	11	120WW	120 Weeping Willow R	10/10/2010	0.00	0.00	56.22	56.22
zNatasha Morris	26	127WW	127 Weeping Willow R	6/29/2017	0.00	58.40	0.00	58.40
zSackett Diversified Corp.	23	133WW-1	133 Weeping Willow R	1/21/2018	-17.10	0.00	0.00	-17.10
zSherry Defoe	16	130WW	130 Weeping Willow R	5/15/2017	-0.32	0.00	0.00	-0.32
zSteve Hodge	38	206LP	206 Lily Pad Rd	8/11/2017	0.00	7.72	0.00	7.72
zTabitha Singltary	45	220LP	220 Lily Pad Rd	10/10/2010	0.00	0.00	44.49	44.49
zTerrell Linwood	72	318AR	318 Arrowroot Rd	6/29/2017	0.00	72.02	0.00	72.02
zWinna Bramwell	28	123WW	123 Weeping Willow R	10/10/2017	0.00	1.87	0.00	1.87
Report Totals					-20.42	258.81	253.11	491.50

5.00

5.00

5.00

5.00

5.00

5.00

30

should be →
correct amount

258.81 TOTAL
- 30.00 LTX *

2017 AR →

228.81 MGA

2018 AR

2/1/2019 1:14:14 PM

McLeod Gardens Utilities, LLC

Last Payment



Account Aging

Customer	Read Seq	Account Number	Service ADR	Last Payment Date	< 30	30 - 60	> 60	Current Balance
zCallie Foggie	34	111WW	111 Weeping Willow R	10/10/2010	0.00	0.00	72.22	72.22
zElizabeth Coronado	46	222LP	222 Lily Pad Rd	1/31/2017	0.00	0.00	70.99	70.99
zErica Williams	34	111WW	111 Weeping Willow R	8/9/2017	0.00	0.00	0.98	0.98
zJessica Blackman	23	133WW	133 Weeping Willow R	2/7/2017	0.00	0.00	74.33	74.33
zLatoria S. Mathis	35	109WW	109 Weeping Willow R	10/2/2017	0.00	0.00	26.88	26.88
zMark Dickson	11	120WW	120 Weeping Willow R	10/10/2010	0.00	0.00	56.22	56.22
zNatasha Morris	26	127WW	127 Weeping Willow R	6/29/2017	0.00	0.00	58.40	58.40
zShannon Cashdollar	10	118WW	118 Weeping Willow R	5/30/2018	-2.40	0.00	0.00	-2.40
zSherry DeFoe	16	130WW	130 Weeping Willow R	5/15/2017	-0.32	0.00	0.00	-0.32
zSteve Hodge	38	206LP	206 Lily Pad Rd	8/11/2017	0.00	0.00	7.72	7.72
zTabitha Singltary	45	220LP	220 Lily Pad Rd	10/10/2010	0.00	0.00	44.49	44.49
zTerrell Linwood	72	318AR	318 Arrowroot Rd	6/29/2017	0.00	0.00	72.02	72.02
zTracy Faison	11	120WW-2	120 Weeping Willow R	5/21/2018	-0.37	0.00	0.00	-0.37
zWinna Bramwell	28	123WW	123 Weeping Willow R	10/10/2017	0.00	0.00	1.87	1.87
zYanetsy Martin	30	119WW-3	119 Weeping Willow R	11/27/2018	-4.23	0.00	0.00	-4.23
Report Totals					-7.32	0.00	486.12	478.80

+90 days Bad Debt Total 26.88

\$ 7.00 expensed in 2018 AR

2019 AR

12/31/2019 10:40:19 AM

McLeod Gardens Utilities, LLC

Last Payment
10-1-18 to 9-30-19



Account Aging

Customer	Read Seq	Account Number	Service ADR	Last Payment Date	< 30	30 - 60	> 60	Current Balance
zCallie Foggie	34	111WW	111 Weeping Willow R	10/10/2010	0.00	0.00	72.22	72.22
zElizabeth Coronado	46	222LP	222 Lily Pad Rd	1/31/2017	0.00	0.00	70.99	70.99
zErica Williams	34	111WW	111 Weeping Willow R	8/9/2017	0.00	0.00	0.98	0.98
zJessica Blackman	23	133WW	133 Weeping Willow R	2/7/2017	0.00	0.00	74.33	74.33
zLatoria S. Mathis	35	109WW	109 Weeping Willow R	10/2/2017	0.00	0.00	26.88	26.88
zMark Dickson	11	120WW	120 Weeping Willow R	10/10/2010	0.00	0.00	56.22	56.22
zNatasha Morris	26	127WW	127 Weeping Willow R	6/29/2017	0.00	0.00	58.40	58.40
zShannon Cashdollar	10	118WW	118 Weeping Willow R	5/30/2018	-2.40	0.00	0.00	-2.40
zSherry Defoe	16	130WW	130 Weeping Willow R	5/15/2017	-0.32	0.00	0.00	-0.32
zSteve Hodge	38	206LP	206 Lily Pad Rd	8/11/2017	0.00	0.00	7.72	7.72
zTabitha Singltary	45	220LP	220 Lily Pad Rd	10/10/2010	0.00	0.00	44.49	44.49
zTara Ross	66	306AR(4)	306 Arrowroot Rd	8/28/2019	0.00	0.00	56.90	56.90
zTerrell Linwood	72	318AR	318 Arrowroot Rd	6/29/2017	0.00	0.00	72.02	72.02
zTracy Faison	11	120WW-2	120 Weeping Willow R	5/21/2018	-0.37	0.00	0.00	-0.37
zWinna Bramwell	28	123WW	123 Weeping Willow R	10/10/2017	-0.63	0.00	0.00	-0.63
zYanetsy Martin	30	119WW-3	119 Weeping Willow R	11/27/2018	-4.23	0.00	0.00	-4.23
Report Totals					-7.95	0.00	541.15	533.20

+ 90 days Bad Debt Total 56.90

Jan - June 2020

10/1/2020 12:14:37 PM

McLeod Gardens Utilities, LLC

Last Payment
10-1-19 to 6-30-20



Account Aging

Customer	Read Seq	Account Number	Service Adr	Last Payment Date	< 30	30 - 60	> 60	Current Balance
zCallie Foggie	34	111WW	111 Weeping Willow R	10/10/2010	0.00	0.00	72.22	72.22
zElizabeth Coronado	46	222LP	222 Lily Pad Rd	1/31/2017	0.00	0.00	70.99	70.99
zErica Williams	34	111WW	111 Weeping Willow R	8/9/2017	0.00	0.00	0.98	0.98
zFrandall Bellmon	67	308AR	308 Arrowroot Rd	6/19/2020	0.00	0.00	184.87	184.87
zGeorge Garl	41	212LP-3	212 Lily Pad Rd	6/15/2020	0.00	0.00	7.52	7.52
zJames Rosser	58	213LP	213 Lily Pad Rd	2/10/2020	0.00	0.00	27.55	27.55
zJessica Blackman	23	133WW	133 Weeping Willow R	2/7/2017	0.00	0.00	74.33	74.33
zLatoria S. Mathis	35	109WW	109 Weeping Willow R	10/2/2017	0.00	0.00	26.88	26.88
zMark Dickson	11	120WW	120 Weeping Willow R	10/10/2010	0.00	0.00	56.22	56.22
zNatasha Morris	26	127WW	127 Weeping Willow R	6/29/2017	0.00	0.00	58.40	58.40
zShannon Cashdollar	10	118WW	118 Weeping Willow R	5/30/2018	-2.40	0.00	0.00	-2.40
zSherry Defoe	16	130WW	130 Weeping Willow R	5/15/2017	-0.32	0.00	0.00	-0.32
zSteve Hodge	38	206LP	206 Lily Pad Rd	8/11/2017	0.00	0.00	7.72	7.72
zTabitha Singlary	45	220LP	220 Lily Pad Rd	10/10/2010	0.00	0.00	44.49	44.49
zTara Ross	66	306AR(4)	306 Arrowroot Rd	8/28/2019	0.00	0.00	56.90	56.90
zTerrell Linwood	72	318AR	318 Arrowroot Rd	6/29/2017	0.00	0.00	72.02	72.02
zTracy Faison	11	120WW-2	120 Weeping Willow R	5/21/2018	-0.37	0.00	0.00	-0.37
zWinna Bramwell	28	123WW	123 Weeping Willow R	10/10/2017	-0.63	0.00	0.00	-0.63
zYanetsy Martin	30	119WW-3	119 Weeping Willow R	11/27/2018	-4.23	0.00	0.00	-4.23
Report Totals					-7.95	0.00	761.09	753.14

+90 days Bad Debt Total 219.94